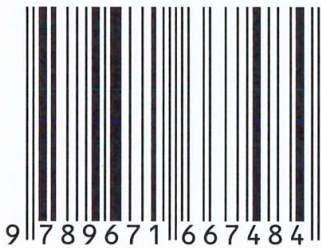


Social Protection for the Poor and Vulnerable Malaysians during COVID-19

Ya Shin Wan | Gamaliel Kan



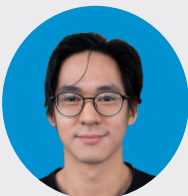
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Executive Summary

This paper examines how social protection has responded to the needs of the vulnerable during the COVID-19 pandemic. It starts by analysing the role of a shock-responsive social protection and the approaches countries adopted in expanding social protection during the COVID-19 pandemic. The paper then moves into the Malaysian context. It analyses the impact of COVID-19 on vulnerable populations in Malaysia and assesses Malaysia's adopted social protection measures in response to the COVID-19 pandemic. The final section reviews the lessons learnt for social protection during the COVID-19 pandemic. Policy recommendations to further strengthen Malaysia's social protection system will also be made in the last section.

The role of a shock-responsive social protection is to respond swiftly to address poverty and vulnerabilities of households caused by a large-scale shock. The effectiveness of shock-responsive social protection is determined according to three features: timeliness, adaptive capacity, and adequacy of support. Existing social protection programmes can be adapted in five potential ways: design tweak; piggybacking; vertical expansion; horizontal expansion; and alignment.

Countries have largely expanded their social safety net programs during the COVID-19 pandemic in three approaches: universal approach; 'self-registration' approach; and leveraging on social protection registry. Countries such as Hong Kong, Singapore and the United States have adopted the universal approach. The experience of Thailand and Colombia have been utilised as an example to demonstrate the 'self-registration' approach and leveraging on social protection registry, respectively.

COVID-19 has exacerbated the existing vulnerabilities of the poor and economically vulnerable in Malaysia. Furthermore, new vulnerabilities that were not prevalent before COVID-19 have also emerged during this pandemic. These vulnerabilities stem from issues relating to food security, loss of livelihood, digital divide, disruption of access to healthcare for non-COVID patients, mental health, and gender disparities.

Malaysia has adapted its existing social protection programmes to respond to the COVID-19 pandemic. Most of the new social protection programmes piggybacked on existing programmes. The assessment of Malaysia's COVID-19 social protection programmes demonstrates that most of the announced measures are designed to 'cope' in nature, short-term, and target groups that are vulnerable to the loss of livelihoods and food insecurity. Other vulnerable groups, such as the informal workers, non-COVID-19 patients, school children and women, are insufficiently protected by COVID-19 social protection programmes during this pandemic. Nonetheless, most of the COVID-19 social protection programmes have a high disbursement rate.

The COVID-19 pandemic has highlighted gaps in our predominantly employment-based, social protection system. It has amplified the need for a comprehensive social protection system as many segments of our society are insufficiently protected by the system, as seen above. Factors that contribute towards this challenge include the lack of integration of social protection measures and databases, the lack of monitoring and evaluation of social protection measures, the inadequate protection our social protection provides for the informal workers and other vulnerable non-working groups and the digital and urban-rural gap. There is a need to integrate our social protection measures and databases, as well as extend social protection coverage and improve the level of adequacy to those who are not protected and insufficiently protected.

Some of the key recommendations included in this paper are:

- Integrate and coordinate all social protection programmes into a system rather than viewing it as fragments of programmes.
- Establish an integrated social protection database for efficiency, effectiveness, and coordination
- Ensure monitoring and evaluation of the social protection programmes to track progress and coverage
- Investigate the factors that lead to the low take-up rate of EPF's i-Saraan Scheme and SOCSO's Self-Employment Social Security Scheme by informal workers and create appropriate incentives for them to contribute voluntarily to these schemes.
- Expand internet connectivity to cover both urban and rural areas to ensure digital inclusivity.
- Increase access to financial services to those who are excluded from traditional banking, such as deploying mobile bank services in inaccessible rural areas.
- Improve social assistance programmes' level of adequacy to ensure that other vulnerable non-working groups are sufficiently protected.

Introduction

The concept of ‘Act Fast and Do Whatever it Takes’ emerged in March 2020 when countries started imposing lockdowns in response to the COVID-19 pandemic. While lockdowns have the potential to reduce the spread of the COVID-19 virus significantly, the socioeconomic impact of lockdowns has been severe, especially on vulnerable populations. Governments were urged to implement drastic measures to flatten the COVID-19 virus curve, protect the people from the economic fallout and help to ensure that the economy can rebound quickly in the future.¹ Gita Gopinath, Chief Economist of the International Monetary Fund, urged policymakers to implement substantial targeted measures to help affected households and businesses through measures such as cash transfers and wage subsidies to help people to meet their needs.² Esther Duflo and Abhijit Banarjee have also called on world governments to “reassure people that financial support will be available for as long as it’s needed”, stating that “conventional fiscal prudence is perhaps less important now than it was in the recent past.”³

Social protection has been at the forefront of the global discussion on how to respond to the COVID-19 pandemic. Governments have also scaled up their social protection systems at an unprecedented rate. By 8th May 2020, 171 countries had already planned, introduced, or adopted 801 social protection measures in response to COVID-19.⁴ Social assistance accounted for the majority of the social protection response, and cash transfer programs appeared to be the most widely used safety net measure. As the disruption of COVID-19 on peoples’ livelihoods happened at an unprecedented pace, the main challenge faced by governments in scaling up their social protection, particularly the expansion of social safety nets, was how to identify vulnerable households and deliver assistance promptly while adhering to the necessary COVID-19 safety measures.

This paper is organised into five sections:

- **Section 1:** Conceptualises shock-responsive social protection.
- **Section 2:** Reviews the experiences of other countries in expanding their social safety net programs during the COVID-19 pandemic.
- **Section 3:** Considers the impact of COVID-19 on the vulnerable in Malaysia.
- **Section 4:** Assesses and analyses Malaysia’s announced social protection measures in response to the COVID-19 pandemic.
- **Section 5:** Reviews the lessons learnt from the COVID-19 for social protection and propose policy recommendations.

¹ Furman, ‘Protecting people now, helping the economy rebound later’, 195.

² Gopinath, ‘Limiting the economic fallout of the coronavirus with large targeted policies’, 46.

³ Banarjee, ‘Coronavirus is a crisis for the developing world, but here’s why it needn’t be a catastrophe’.

⁴ Gentilini, Elmenfi and Dale, *Social Protection and Job Responses to COVID-19: a Real-Time Review of Country Measures 2020 (May version)*, 2.

Conceptualising a Shock-Responsive Social Protection

One of the core mandates of social protection is to address poverty and vulnerabilities of households due to shocks that negatively affect their livelihoods. Social protection during regular times is designed for idiosyncratic shocks, shocks that individuals and households commonly experience throughout the life cycle (i.e. death of a breadwinner, illnesses, and loss of job). Shock-responsive social protection is designed to respond swiftly and flexibly to large-scale shocks that affect a large proportion of the population – covariate shocks (i.e. war, economic crisis, and a pandemic).⁵

Covariate shocks tend to have a disproportionate impact on poorer households as they are more exposed and vulnerable to the rapid decline in economic activity. For instance, following a covariate shock, vulnerable households living just above the poverty line who do not qualify for any social assistance programmes may have recently been pushed into poverty following a large-scale shock. A vast body of evidence has demonstrated that poor households are more likely to resort to negative coping mechanisms, such as reducing food consumption, increasing in borrowing, selling of productive assets and taking children out of school, in response to a covariate shock.⁶ These negative coping mechanisms have negative long-term and irreversible effects, especially on human capital, and it further adds to the economic costs of not assisting poor households during a shock.⁷

Therefore, shock-responsive social protection acts as a safety net. It allows vulnerable households who have been adversely affected by the shock to temporarily fall back on government assistance, preventing them from falling into poverty. Hence, social safety net programs⁸, especially for households that are most vulnerable to shocks, form a core part of shock-responsive social protection.⁹ This not only minimizes the negative socioeconomic impact of the shock on vulnerable households, but it also enables them to “bounce back to their pre-shock state as quickly as possible”¹⁰ following the shock.

Bowen et al. have highlighted the potential of utilising shock-responsive social protection to improve the resilience of poor and vulnerable households by investing in their capacity to prepare, cope and adapt.¹¹

“A cash transfer, for example, provides a supplementary source of income that can enable the beneficiary household to undertake preparedness measures (such as savings) and to invest in higher-risk, higher-return livelihoods, supporting adaptation. If a shock hits, the beneficiary household is better able to smooth consumption and to avoid negative coping strategies. Moreover, after a shock, if preparedness measures are overwhelmed (for example, depleted savings), the continued provision of transfer can directly support the beneficiary household’s capacity to cope.”¹²

⁵ O’Brien, et al., ‘Shock-responsive Social Protection Systems Toolkit: Appraising the use of social protection in addressing large-scale shocks’, 7.

⁶ Hill, Skoufias and Maher, ‘The Chronology of a Disaster: A review and assessment of the value of acting early on household welfare’, 40 - 41)

⁷ Ibid, 41

⁸ The World Bank describes social safety net programs as “non-contributory interventions designed to help individuals and households cope with chronic poverty, destitution, and vulnerability” by targeting the poor and vulnerable. Examples include cash transfers, non-contributory social pensions, in-kind transfers, public works, and fee waivers. See, World Bank Group, ‘The State of Social Safety Nets 2018’, 5.

⁹ Bowen, et al., ‘Adaptive Social Protection: Building Resilience to Shocks’, 8.

¹⁰ Ibid, 4.

¹¹ Ibid, 6.

¹² Ibid, 7.

Different covariate shocks impact households differently. Although most covariate shocks affect households through the labour market (economic shocks), covariate shocks can also induce food insecurity and loss of assets through natural disasters.¹³ Therefore, for social protection to be shock-responsive, social safety net programmes must have the flexibility to scale up and down to provide appropriate and adequate assistance to vulnerable households in a timely manner; according to the characteristics of the shock. Hence, the effectiveness of social protection during a crisis is determined according to three features: timeliness, adaptive capacity, and adequacy of support.¹⁴

O'Brien et al. outlined five potential ways social protection programmes can be adapted and scaled up to respond to crises: design tweak; piggybacking; vertical expansion; horizontal expansion; alignment.¹⁵

Adaptation Type	Description
Design Tweak	Design tweaks are small adjustments made to a routine social protection programme. This introduces flexibility by altering the design of the programme (i.e. waiving conditionalities, increasing coverage, changing payment schedules) to maintain the provision of service to its regular beneficiaries and address vulnerabilities that arise from the shock.
Piggybacking	Piggybacking occurs when an emergency response utilises parts of an established social protection system or program (i.e. relying on a programme's beneficiary list, utilising a programme's payment mechanisms) while delivering something new. The idea is to take advantage of something that is already there rather than starting from scratch.
Vertical Expansion	Vertical expansion is the temporary increase in the benefit value or duration of a social protection programme. This can be achieved by adjusting the transfer amounts or the introduction of extraordinary payments.
Horizontal Expansion	Horizontal expansion is the temporary inclusion of new beneficiaries affected by the shock into existing social protection programme by extending geographic coverage or enrolling additional beneficiaries who meet the programme's usual or modified criteria.
Alignment	Alignment refers to the development of intervention with elements that resemble existing or planned social protection programme. For example, this could be an alignment of objectives, targeting method, transfer value or delivery mechanisms. Governments may opt for this option if the existing social protection programme is not operational as needed in a crisis or because it may not yet exist.

Source: O'Brien, et al. 2018, 8 – 10.

¹³. (Bowen, et al. 2020, 2)

¹⁴. (Bastagli 2014, 6)

¹⁵. (O'Brien, et al. 2018, 8 - 10)

Expansion of Social Safety Nets (Cash Transfers) in Other Countries

Countries' approaches in expanding their social safety net programs during the initial stage of the COVID-19 pandemic can broadly be classified into three categories: universal approach, 'self-registration' approach, and leveraging on social protection registry.

Universal Approach

Hong Kong¹⁶ (HK\$ 10,000), Singapore¹⁷ (SGD\$ 600), the United States¹⁸ (USD\$ 1,200) and Japan¹⁹ (¥ 100,000) are some of the countries who have introduced a one-off universal cash transfer scheme in response to COVID-19. As this approach entitles every citizen to receive the transfer, there is no need for governments to implement complex targeting mechanisms. Thus, this effectively eliminates any exclusion errors.

The disadvantage of this approach would be the high cost. For many countries, this approach simply remains financially and politically unfeasible. There is also a serious challenge in the delivery of the payment. In the United States, those who can receive their stimulus checks via direct deposit would be the ones facing minimal waiting time. However, for the unbanked, who can only receive their stimulus checks via mail, they could expect delays in receiving their checks by up to 5 months.

'Self-registration' Approach

This approach would involve setting up an emergency registration platform where eligible recipients can register for schemes, and their applications will be processed. The platform can either be in digital form (i.e. website) or physical form (i.e. welfare offices). Thailand's first COVID-19 cash transfer scheme - 'Leave No One Behind', is an example of this approach. The scheme was announced in late March as part of the second phase, 126-billion-baht stimulus package. This scheme was designed to cushion informal workers from the COVID-19 shock by providing informal workers who are not covered by the Social Security Fund and whose jobs were affected by COVID-19 a payment of 5,000 baht for three months (April to June).²⁰ Eligible individuals were required to submit an online application²¹ or apply in-person at a state-owned bank.

¹⁶ To register for the Cash Payout Scheme, eligible citizens can register electronically through the 21 participating banks, starting from 21st June 2020, to have the payment deposited to their sole-name bank account. For those who wish to receive the payment with a cheque, they can register with Hong Kong Post and collect it at the post office. See, Government of the Hong Kong Special Administrative Region, 'Government announces details of Cash Payout Scheme'.

¹⁷ The Singapore Government has the bank account details of 90% of Singaporeans due to previous government pay-outs (i.e. SG Bonus in 2018 and GST Voucher – Cash in 2019). Majority of Singaporeans will receive an SMS from Ministry of Finance Singapore stating that the monies have been credited to their respective accounts. For those who have yet to provide their bank account details to the government, they can provide the details through the website: <https://go.gov.sg/spsc>. Alternatively, they can receive them in cheques via the post. See, Ministry of Finance Singapore, 'Budget 2020 Solidarity Payment: Nine In 10 Singaporeans Will Receive \$600 Each, Directly Credited Into Their Bank Accounts on Tuesday' and 'Solidarity Payment FAQs'.

¹⁸ Internal Revenue Service of United States Government 2020, 'Economic impact payments: What you need to know'.

¹⁹ Jiji, 'Japan kicks off application process for ¥100,000 virus-relief handouts'.

²⁰ World Bank Group, 'Thailand Economic Monitor: Thailand in the Time of COVID-19', 41.

²¹ Thailand's Covid-19 cash relief grant for informal workers website: www.เราไม่ทิ้งกัน.com.

The initial budget for the scheme was 50 billion baht, with an assumption that this would suffice for the estimated 3 million beneficiaries.²² However, shortly after the scheme was announced, more than 27 million people have registered for the scheme. This prompted the Thai government to issue an executive decree on borrowing to finance the scheme after it was revealed that the allocated fund was insufficient to meet the demand.²³ As of mid-May 2020, 28.8 million people had registered for the scheme. The scheme also underwent several modifications. After more than 20 million registered for the scheme, the scheme was modified to cover 9 million beneficiaries for 6 months before being revised back to 3 months.²⁴ It was ultimately determined that 15 million people were eligible for the scheme, putting the estimated cost at 225 billion baht.²⁵

Leveraging on Social Protection Registry

Countries can expand their safety net programmes caseloads by leveraging on existing data from their beneficiary registry and social registry. Beneficiary registry tracks the beneficiaries of specific social protection programs whereas social registry contains the information of all applicants (eligible or not) to determine their eligibility for social protection programmes.²⁶ For beneficiary registry, horizontal expansion of safety net programs can include past beneficiaries, those in waiting lists and those who were eligible but had been rejected for various reasons.²⁷ For social registry, this can include those who are registered but were not eligible for any programmes.²⁸ The effectiveness of utilising social protection registries in expanding programmes horizontally is highly dependent on the nature of the registries: its coverage, relevance, accessibility, accuracy and data protection measures.²⁹ As beneficiary registries only contain information of beneficiaries of specific programmes, social registries allow a broader expansion of programmes as it includes the data of a more significant number of vulnerable populations.

Colombia's 'Solidarity Income' scheme, announced in late March 2020, is an example of this approach. Solidarity Income scheme provides a one-off cash transfer of COP\$ 480,000, conducted in three-phases (COP\$ 160,000 for each phase). However, in July 2020, it was announced that the scheme would be extended until June 2021, where starting from January 2021, beneficiaries will receive COP\$ 160,000 every month.³⁰ The scheme is aimed at the 3 million households who are vulnerable or in poverty and are not covered by any social protection programs. Recipients for the scheme need not apply for it. Instead, they are identified by the National Planning Department through Colombia's social registry. The recipients will then be notified via SMS about the instructions to receive the payments.

SISBEN³¹ is Colombia's social registry. Households registered in SISBEN are given a vulnerability score from 0 (poorest) to 100 (richest) based on 24 variables across four dimensions: health, education, housing, and vulnerability.³² Municipalities and districts are responsible for data collection through sweeping surveys (door-

²² Theparat, 'Cash handouts for informal workers'.

²³ Bangprapa, 'Relief cash only covers a month'.

²⁴ World Bank Group, 'Thailand Economic Monitor: Thailand in the Time of COVID-19', 42.

²⁵ *Ibid*, 41.

²⁶ Leite, et al., 'Social Registries for Social Assistance and Beyond: A Guidance Note & Assessment Tool', 8.

²⁷ Barca, 'Options for rapid expansion of social assistance caseloads for COVID-19 responses', 4.

²⁸ *Ibid*, 5.

²⁹ *Ibid*.

³⁰ Presidency of Colombia, 'Presidente Duque anuncia que Ingreso Solidario se extenderá hasta junio de 2021'.

³¹ SISBEN's website, <https://www.sisben.com.co/>

³² Rosero, Castano and Sarmiento, 'SISBEN: A unified vulnerability assessment and identification system for social assistance', 2.

to-door approach) in the poorest geographical areas every three years.³³ People can also update their data through the on-demand survey and request a new assessment of their vulnerabilities.³⁴ In 2014, the SISBEN database held information on more than 34 million people, over 70% of the national population.³⁵

The high coverage and relatively up-to-date and accurate data on SISBEN have made it possible for Colombia to target its cash transfer programs to vulnerable households that are not receiving other social welfare swiftly. Nonetheless, while many may see the scheme's data-intensive approach as a social policy innovation, concerns on data inconsistency were highlighted when the National Planning Department released the beneficiary list with inclusion errors and inconsistencies (i.e. deceased included and incorrect ID numbers).³⁶ Concerns regarding data privacy were also raised as the scheme's beneficiary database was jointly managed by both public and private actors.³⁷

The Impact of COVID-19 on the Vulnerable in Malaysia

In response to the COVID-19 pandemic, Malaysia has implemented nationwide Movement Control Order (MCO) on the 18th March 2020. The MCO would restrict mobility; impose travel restrictions; require the closure of all educational institutions; and all public & private sectors, except for essential services. One hundred days since the introduction of MCO, the Malaysian Ministry of Health announced that Malaysia had succeeded in flattening the curve.³⁸ The third wave of the pandemic occurred after Sabah's State Elections on the 26th September 2020. On the 13th October 2020, it was announced that a Conditional Movement Control Order (CMCO) would be imposed in Sabah.³⁹ Following that, the CMCO was further imposed in the Klang Valley after a surge in COVID-19 cases.⁴⁰ Since 9th November 2020, all States in Peninsular Malaysia except for Perlis, Pahang and Kelantan, were under CMCO.⁴¹

The poor and economically vulnerable face many challenges during this pandemic. Their existing vulnerabilities have been exacerbated due to COVID-19. Furthermore, vulnerabilities which were not prevalent during regular times have emerged as significant vulnerabilities due to COVID-19 and the MCO. Hence, this section is dedicated to understanding the vulnerabilities that have been highlighted in the media and studies during this pandemic. This paper acknowledges that due to the limitation of data and the urgency of the issue, the highlighted vulnerabilities and cases may not be representative of the whole population.

³³ *Ibid*, 2-3.

³⁴ *Ibid*, 3.

³⁵ *Ibid*, 2.

³⁶ *El Tiempo*, 'Inconsistencias en base de datos de Ingreso Solidario: Registraduria'.

³⁷ Lopez, 'The case of the Solidarity Income in Colombia: the experimentation with data on social policy during the pandemic'.

³⁸ *The Star*, '100 days of MCO: Malaysia's success in flattening the Covid-19 infection curve'.

³⁹ *Bernama*, 'Sabah placed under CMCO from Oct 13 to 26 [NSTTV]'.

⁴⁰ Kwan and Thomas, 'CMCO in Klang Valley extended another 14 days'.

⁴¹ *New Straits Times*, 'CMCO in all but 3 Peninsular states'.

Food security

The four main pillars of food security are physical availability of food; economic and physical access to food; food utilization; and stability of the above three dimensions over time. The MCO imposed on 18th March 2020 has caused disruptions to the food supply chain initially as farmers faced difficulties in purchasing inputs and fertilizer, labour shortage⁴² and delivery of products from farm to market⁴³. This disruption has resulted in a shortage of certain food supply, especially in the urban areas during the initial period of MCO. The Senior Minister of Defence commented that there was sufficient rice supply, but certain food products such as eggs and bread had limited daily supply.⁴⁴ This was later rectified when the Standard Operating Procedures (SOP) was fine-tuned to ensure that the food supply chain resume full operation.

Although there is no shortage of food, there are reports of the poor going hungry during the MCO as food banks and soup kitchen operated by NGOs were not allowed to operate.⁴⁵ Many informal sector workers, such as the street vendors, faced disruptions to their livelihood as they could not run their businesses during the MCO.⁴⁶ Children from low-income families, especially those under the *Rancangan Makanan Tambahan* programme, are also deprived of the meals they usually receive in schools due to school closure. The indigenous people and those living in the interior areas also faced a shortage of food due to factors such as roadblocks and the inability to sell their produce.⁴⁷ Furthermore, some villages also failed to receive food aid.⁴⁸

Livelihood

The COVID-19 restrictions and global value chain disruptions have harmed Malaysia's economy.⁴⁹ Malaysia's GDP dropped by 17.1% quarter-on-quarter in Quarter 2 (Figure 1). Quarter 3 shows a lower decline of 2.7% quarter-on-quarter. The unemployment rate has also increased to 5.3% in May 2020, the highest since 1990 (Figure 2). The unemployment rate has decreased since then but maintaining at 4.7% in both July and August 2020 (Figure 2). Thus, the economic shock caused by the COVID-19 pandemic has been detrimental towards the livelihood of many. Groups that are particularly vulnerable in losing their livelihood include the B40 (especially the B20); informal workers; unemployed; those who have to reduce working hours and wages; and those employed in the affected sectors such as tourism, aviation and hospitality.

A study conducted by Rahman, Jasmin and Schmillen on the impact of COVID-19 on jobs revealed that 64.5% of the jobs in Malaysia could not be conducted remotely and 50.9% of them require a high level of physical proximity.⁵⁰ Hence, these jobs are highly vulnerable to job loss during this pandemic. These jobs tend to be occupied by individuals with low-level of income and education.⁵¹ The study also found that jobs in the less developed states are more vulnerable to job loss.⁵²

⁴² Kanyakumari, 'Malaysia's vegetable supply to be disrupted in coming months due to movement control order, say farmers'.

⁴³ Ng and Wahid, 'Cameron Highlands farmers dump hundreds of tonnes of vegetables'.

⁴⁴ Ong, 'Minister: Survey of 27 hypermarts shows food readily available, no shortages'.

⁴⁵ *The Star*, 'Poor who rely on free meals go hungry'.

⁴⁶ Thomas, 'Shuttered food stall operators going hungry under MCO'.

⁴⁷ Tan, 'Isolated and short of supplies, Malaysia's indigenous groups depend on aid to ride out movement control order'.

⁴⁸ *Ibid.*

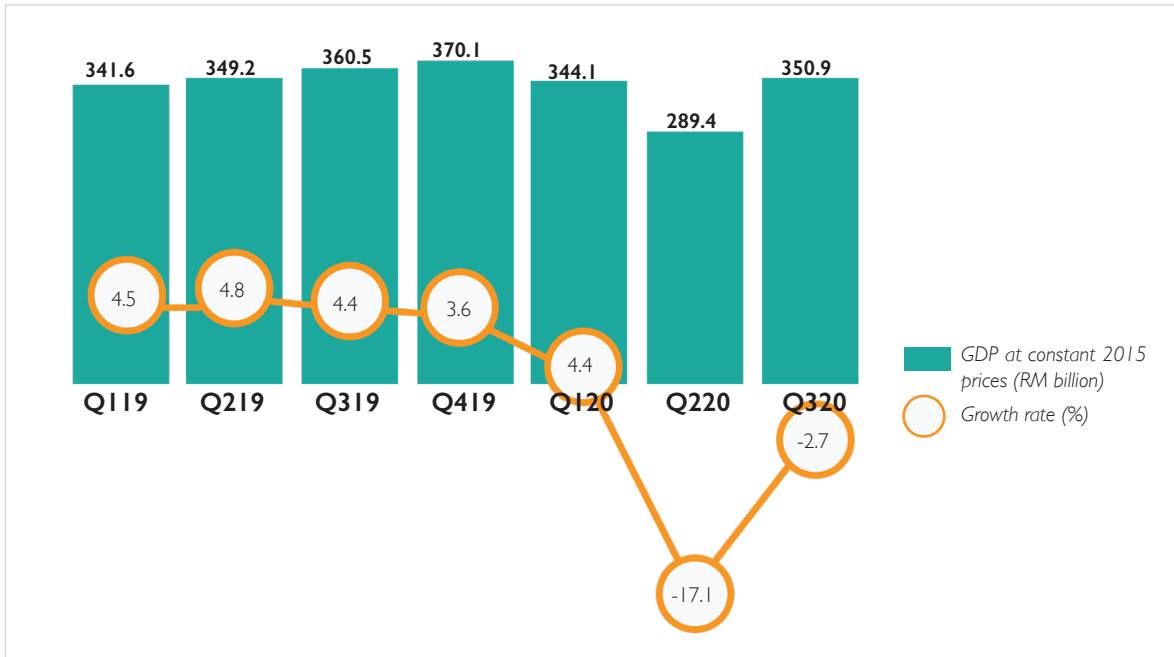
⁴⁹ Department of Statistics Malaysia, 'Malaysia Economic Performance Second Quarter 2020'.

⁵⁰ Rahman, Jasmin and Schmillen, 'The Vulnerability of Jobs to COVID-19: The Case of Malaysia', 7.

⁵¹ *Ibid.*, 11.

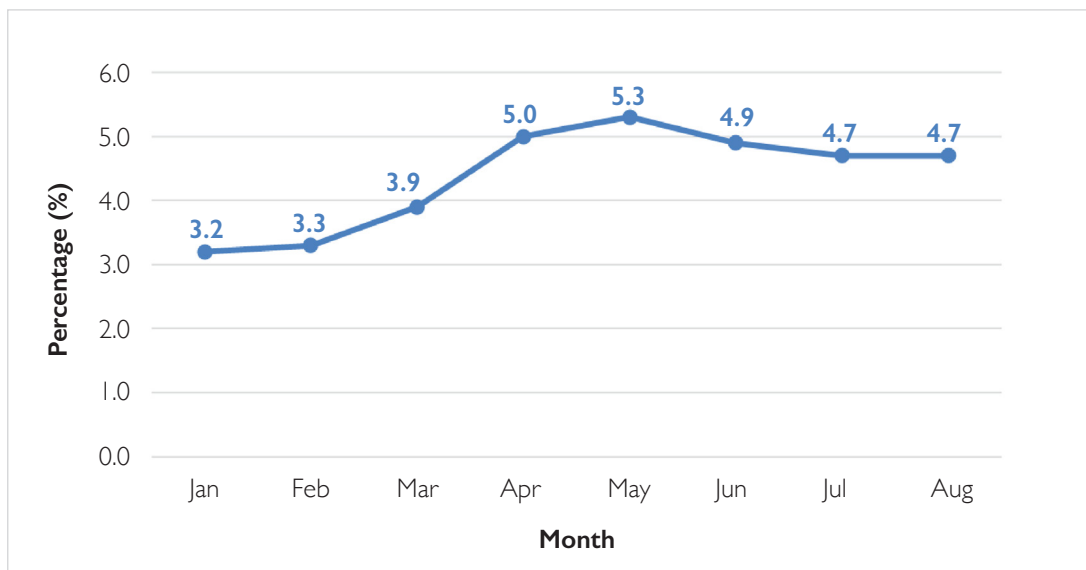
⁵² *Ibid.*, 8.

Figure 1: GDP growth and GDP constant prices at 2015



Source: Department of Statistics Malaysia 2020b

Figure 2: Unemployment Rate in Year 2020



Source: Department of Statistics Malaysia 2020a

Low-Income Households

A study commissioned by UNICEF and UNFPA – “Families on the Edge”⁵³, revealed that the unemployment rate among the 500 surveyed low-income households in Kuala Lumpur had increased from 5% in 2019 to 25% during the MCO.⁵⁴ The majority (74%) of the surveyed unemployed had no access to employment protection.⁵⁵ 57% of the households reported less earnings during the MCO compared to the end of 2019⁵⁶, and 54% of the households only have savings that are sufficient for a month or less⁵⁷. Households in the study had also reported a reduction in their food intake during the MCO.⁵⁸ Households with an income of less than RM 2,000 per month tend to consume more eggs and instant noodles while reducing their intake of protein and rice.⁵⁹

Informal Workers⁶⁰

A survey conducted by the Department of Statistics Malaysia (DOSM) during the initial phase of the first MCO in March has revealed that self-employed individuals are particularly vulnerable to the COVID-19 shock. The survey found that 46.6% of the self-employed individuals have lost their jobs, and 13.8% of them had their working hours reduced.⁶¹ 71.4% of self-employed respondents only have sufficient savings for less than one month.⁶² Only 18.1% of the self-employed said they were financially ready if the MCO was extended.⁶³ Almost all of the self-employed (94.8%) reported a reduction in monthly income.⁶⁴ States that reported the most severe financial impact during the MCO were Sabah (66.7%), Kelantan (65.5%) and Perlis (64.0%).⁶⁵ While DOSM has called for cautious interpretation of the survey results as they are not official statistics, it nonetheless suggests that informal workers are less resilient to the COVID-19 shock.

Informal Sector

Workers from the informal sector are particularly vulnerable to job loss during the MCO. These workers have less job security and more likely to be socially uninsured. Hence, if their job could not be conducted remotely, they would lose their income during MCO. According to the 2019 Informal Sector Work Force Survey, there are 1.26 million people employed in the informal sector, comprising 8.3% of the labour market share.⁶⁶ Majority of them are own-account workers (71.1%) and have a lower level of education – 3.4% with no

⁵³ The survey was conducted at the People’s Housing Project (PPR) flats in Kuala Lumpur to understand the impact of Covid-19 on vulnerable low-income urban families. See, UNICEF; UNFPA, ‘Families on the Edge, Issue 1: The immediate impact of the Movement Control Order period’ and UNICEF; UNFPA, ‘Families on the Edge, Issue 2: Status of the households post-MCO’.

⁵⁴ UNICEF; UNFPA, ‘Families on the Edge, Issue 1: The immediate impact of the Movement Control Order period’ 12.

⁵⁵ *Ibid*, 12.

⁵⁶ *Ibid*, 13.

⁵⁷ *Ibid*, 19.

⁵⁸ *Ibid*, 16.

⁵⁹ *Ibid*, 16.

⁶⁰ Informal employment encompasses employment in the informal sector and informal employment outside the informal sector. Employees are regarded to have informal jobs if their employment relationship is “not subject to national labour legislation, income taxation, social protection or entitlement to certain unemployment benefits”. See, International Conference of Labour Statisticians (ICLS), ‘Guidelines concerning a statistical definition of informal employment’.

⁶¹ Department of Statistics Malaysia, ‘Report of Special Survey on Effects of COVID-19 on Economy and Individual (Round 1)’, 7)

⁶² *Ibid*, 1.

⁶³ *Ibid*, 3.

⁶⁴ *Ibid*, 10.

⁶⁵ *Ibid*, 6

⁶⁶ Department of Statistics Malaysia, ‘Informal Sector Work Force Survey Report, Malaysia, 2019’.

formal education; 17.5% with primary education; and 64.7% with secondary education.⁶⁷ The 2017 Informal Sector Work Force Survey had also revealed that the majority of employment in the informal sector are in the services sector (62.1%) and the urban area (82.1%). This indicated that their jobs would require high levels of physical proximity. As most of them have low level of education, their jobs are particularly vulnerable during this pandemic.

Affected Sectors (I.e. Aviation, Tourism and Hospitality)

Sectors such as aviation, tourism and hospitality had experienced a sudden halt in operations due to the COVID-19 restrictions. Employees in these sectors are at risk of loss of employment and income. Some of those from the M40 or T20 who might not be considered vulnerable before the pandemic may have also been thrown into uncertainty as many would have lost their jobs or forced to reduce working hours.

Digital Divide

The COVID-19 pandemic has accelerated the trend of incorporating digital technology in our lives. This includes the transfer of classroom learning to online learning due to school closures during MCO and CMCO. It was announced on the 8th November 2020, that school will be closed from the 9th November until the end of the year, and learning would continue via home-based learning.⁶⁸ This has created a new normal for everyone, including the children and the elderly.

Children

The brief paper “Education during COVID-19” published at the initial stage of MCO, highlighted that if MCO is extended, there is a need to distribute devices and increase access to the internet for underprivileged children to prevent them from being deprived of online learning.⁶⁹ The paper also highlighted the need to expand the reach of digital learning via television⁷⁰ as 98.6% of the households have television at home as compared to only 71.7% of households with computers, according to the ICT Use and Access by Individuals and Household Survey 2018. Furthermore, internet coverage in rural areas (78.9%) is lower as compared to urban areas (89.1%).⁷¹ It was reported in July 2020 that according to a Ministry of Education survey, 36.9% of the students did not have any device for online learning; 46.5% of them relied on smartphones, and only 15% of them have a personal computer.⁷²

Furthermore, “Families on the Edge” study revealed that 21% of the surveyed households reported that their children are not engaged in learning online; 42% of them do not have a device and 36% do not have internet.⁷³ The second issue of the “Families on the Edge” study further revealed that 7% of the children in upper secondary children are not going to school and 18% of the children have lost interest in their studies.⁷⁴

⁶⁷. *Ibid.*

⁶⁸. Harun, ‘Education Ministry: Schools nationwide to close until year end [NSTTV]’.

⁶⁹. Wan, ‘Education during COVID-19’, 6.

⁷⁰. *Ibid.*

⁷¹. Department of Statistics Malaysia, ‘CT use and access by individuals and households survey report 2018’.

⁷². Ong, ‘Education Ministry: Over one in three students couldn’t access online learning during MCO’.

⁷³. UNICEF; UNFPA, ‘Families on the Edge, Issue 1: The immediate impact of the Movement Control Order period’, 24.

⁷⁴. UNICEF; UNFPA, ‘Families on the Edge, Issue 2: Status of the households post-MCO’, 19.

The lack of suitable space to study at home was also a challenge for 47% of households.⁷⁵ Parents also face difficulties in providing schooling expenses such as tuition fees, transportation, pocket money and purchasing masks.⁷⁶

Senior citizens

Senior citizens are also vulnerable to digital exclusion. Nonetheless, there are signs that they are catching up in accessing services and making purchases online during the pandemic.⁷⁷ Gong highlighted the need for simple tools to facilitate the digital inclusion of senior citizens.⁷⁸

Access to Healthcare for Non-COVID Patients

The COVID-19 pandemic has caused significant disruption to routine hospital services. During the initial MCO, public and private hospitals were directed to postpone all elective surgeries, while patients from COVID-19 hospitals were referred to non-COVID-19 hospitals and the private sector to make available sufficient beds for the anticipated rise in COVID-19 cases.⁷⁹ Although the Health Director-General, Dr Noor Hisham Abdullah has stated that emergency operations and cancer surgeries in public hospitals have not been halted during the pandemic⁸⁰, according to former Health Director-General, Dr Ismail Merican, many non-COVID-19 hospitals had halted all elective surgeries, with some stopping all clinical services except emergencies.⁸¹ While it was reported that non-COVID-19 hospitals eventually began to resume clinical services, Merican warned that this abrupt disruption could prevent diagnoses of life-threatening diseases and cause significant backlog.⁸²

Cancer Patients

Any disruption to cancer patients' treatments could have detrimental consequences. Although cancer patients have been referred to other healthcare facilities, including facilities in the private sector, some patients have reported the inability to secure treatments at new locations.⁸³ Patients also reported challenges such as financial constraints and the increased cost of the treatment procedures as all surgical patients are required to undergo COVID-19 tests.⁸⁴ Furthermore, the increase in backlogged cases could also hinder new surgical patients from securing the necessary treatments. A global study conducted by COVIDSurg Collaborative has estimated that 12,891 operations were cancelled weekly in Malaysia during the 12 weeks of peak hospital services' disruption during the global first wave of the pandemic.⁸⁵ The cancellation rate for surgery for benign

⁷⁵ Ibid, 21.

⁷⁶ Ibid, 20.

⁷⁷ K. Noordin, 'Seniors becoming digitally savvy during pandemic'.

⁷⁸ Gong, 'Digital Inclusion: Assessing Meaningful Internet Connectivity in Malaysia'.

⁷⁹ CodeBlue, 'Market Rapid Test Kits Can't Diagnose Covid-19: MOH'.

⁸⁰ Dr Noor Hisham Abdullah stated that the Ministry of Health's medical services continued as usual and that seven Covid-19 hospitals and 33 hybrid hospitals were handling both Covid-19 and non-Covid-19 cases. He further stated that only elective surgeries were suspended and emergency surgeries such as treatment for cancer patients were still ongoing. See, CodeBlue, 'MOH Insists Cancer Surgeries Ongoing During Covid-19 Crisis'.

⁸¹ According to Merican, this was due to the different interpretations of what constitute an 'elective surgery' and the vague directives from the Ministry of Health. See, CodeBlue, 'Don't Delay Cancer Surgeries, Ex-Health DG Tells Hospitals'.

⁸² Ibid.

⁸³ Galen Centre for Health and Social Policy, 'Extended MCO May See Increased Mortality Among Those With Cancer'.

⁸⁴ Ibid.

⁸⁵ COVIDSurg Collaborative, 'Elective surgery cancellations due to the COVID-19 pandemic: global predictive modelling to inform surgical recovery plans', 1444.

diseases was the highest (81.5%), followed by cancer surgery (41%) and obstetric surgery (26.1%) in Malaysia.⁸⁶ The study estimated that this had caused a backlog of 151,717 surgeries, which will take approximately 30 weeks for our health system to clear the backlog if Malaysia increases its normal surgical volume by 30%.⁸⁷

Pregnant Women & Women in Labour

Dr John Teo has also warned that COVID-19 could trigger an increase in maternal deaths, especially for women from marginalized, poor, or rural communities – the B40, as health care providers have reported a noticeably higher default rate for antenatal check-ups.⁸⁸ Some women in labour may even deliver at homes, risking the mother and baby’s lives.⁸⁹ Pregnant women face many challenges in attending antenatal check-ups at government health centres, such as transportation difficulties, lack of money for transportation, fear of going out, the public health system being overwhelmed by COVID-19-related efforts, the challenge of PPE supplies, long waiting times and enhanced screening procedures.⁹⁰

Those attending General Practitioner (GP) clinics also face challenges as many clinics had shorter operating hours or were closed.⁹¹ A survey conducted jointly by the Academy of Family Physicians of Malaysia and other organizations during the period of 11th – 22nd April 2020 has shown that among the 844 GP respondents, 50.9% of GPs only receive 25% of the usual crowd and 21.3% of them receive no patients on most days.⁹² 90.3% of GPs have reduced or considered reducing further their operating hours during the MCO, and 61.3% of them have even considered closing their clinics during the MCO.⁹³ The decrease in access for healthcare for mothers has placed mothers in a vulnerable position during this pandemic.

Other undesirable healthcare developments reported during the COVID-19 pandemic include the decline in childhood immunization against Measles, Mumps & Rubella⁹⁴ and the halt of Polio vaccination in certain areas in Sabah with high COVID-19 cases⁹⁵.

Mental Health

COVID-19 has increased public awareness of the need for mental health care. Although there is a lack of baseline data to show that there is an increase in the mental health issues due to COVID-19, surveys conducted during the MCO demonstrates that it is a vulnerability that many people experience. Social isolation; overcrowding at home; and the uncertainty & fear caused by the pandemic are factors that contribute to this vulnerability. A two-part survey conducted by The Centre to understand mental well-being during MCO found that over 40% of the respondents experienced depression and anxiety⁹⁶ and on average, business owners, part-time

⁸⁶ Ibid, in ‘Supplementary Table 4: Country-level 12 weeks cancellation rates’ under Supporting Information.

⁸⁷ Ibid, in ‘Supplementary Table 10: Country-level totals for cancelled operations over a 12-week period and estimates’ under Supporting Information.

⁸⁸ Teo, ‘Covid-19 Could Trigger Increase in Maternal Deaths - Dr John Teo’.

⁸⁹ Ibid.

⁹⁰ Ibid.

⁹¹ Ibid.

⁹² AFPM; MMA; MPCAM; PERDIM; FPMPAM, ‘Analysis Report: Primary Care Collaboration Survey on COVID-19’, 7.

⁹³ Ibid, 13-14.

⁹⁴ Boo, ‘Measles, Chickenpox Vaccinations Stay Low After Worrying Drop During MCO’.

⁹⁵ CodeBlue, ‘Polio Vaccination Halted In Sabah Areas With High Covid-19 Cases’.

⁹⁶ Azuddin, ‘MCO and Mental Well-Being: Home Sweet Home? Part 1: Housing and crowding during the MCO’

employees and self-employed has experienced a significant reduction in income during the MCO.⁹⁷ Part-time employees and students reported the highest level of negative mental well-being.⁹⁸ Those who are retrenched and on unpaid leave experience a high level of negative mental well-being and those living in low-cost housing are more likely to experience negative mental well-being.⁹⁹ The primary concerns are health and safety of loved ones; followed by own health and safety; then personal finances.¹⁰⁰ Although there are limitations to this survey, it demonstrates that those experiencing a reduction of income or uncertainty in job security, as well as the poor, are prone to depression and anxiety.

Gender Disparities

Although both men and women face common challenges (i.e. health & safety, mental well-being, and income), the impacts of COVID-19 are gendered. A global survey conducted by UNRISD showed that although men are more likely to lose their jobs and suffer the psychological burden of lockdowns,¹⁰¹ women are more exposed to domestic violence, increased caregiving burden, longer working hours due to the high proportion of women in the care sector.¹⁰² Furthermore, women are less likely to receive social assistance and support as compared to men.¹⁰³ The “Families on the Edge” study also reported that female-headed households are more vulnerable to the COVID-19 shock than male-headed households.¹⁰⁴ Female-headed households are more likely to be unemployed, socially uninsured, have insufficient savings, and reduced employment opportunities.¹⁰⁵

Choong has also noted that the MCO has increased domestic and care work. He further highlighted the importance of domestic and unpaid care work in the Malaysian society and economy and argued for the quantification of these works.¹⁰⁶ The increase of the burden of care work would most likely be circumscribed to the household work distribution before MCO.¹⁰⁷ Women are more likely than men to perform routine, mundane and inflexible tasks.¹⁰⁸ This would result in the different experience of increased domestic and care work to men and women.

Furthermore, there is also an increase in reported domestic abuse and violence cases during the MCO. Hotlines for domestic violence-related calls reported a surge in calls during MCO.¹⁰⁹ The Women’s Aid Organisation reported an increase of 44.4% of calls and enquiries between February and March and the Women’s Centre for Change reported a four times increase during the MCO period.¹¹⁰

⁹⁷. Azuddin, ‘How the MCO Affected Income, Jobs, and Mental Well-Being, Part 2: Income and jobs during the MCO’.

⁹⁸. *Ibid.*

⁹⁹. *Ibid.*

¹⁰⁰. *Ibid.*

¹⁰¹. United Nations Research Institute for Social Development (UNRISD), ‘Protecting and Supporting Vulnerable Groups Through the Covid-19 Crisis’, 13.

¹⁰². *Ibid.*

¹⁰³. *Ibid.*

¹⁰⁴. UNICEF; UNFPA, ‘Families on the Edge, Issue 2: Status of the households post-MCO’, 12.

¹⁰⁵. *Ibid.*

¹⁰⁶. Choong, ‘Household Production, Gender Inequality and the Movement Control Order’.

¹⁰⁷. *Ibid.*

¹⁰⁸. *Ibid.*

¹⁰⁹. Sukumaran, ‘In Malaysia, domestic violence spikes amid lockdown to slow coronavirus infections’.

¹¹⁰. *Ibid.*

Malaysia’s Social Protection Responses to COVID-19

This section will analyse and assess Malaysia’s Covid-19 social protection measures under the Covid-19 Bill. These measures are classified under programmes to empower and protect people. This paper acknowledges that Budget 2021 has been announced at the time of writing. Nonetheless, this paper will not include Budget 2021 in its analysis as the budget has not been passed. We are mindful that Budget 2021 would be additional measures for 2021 and the Malaysia 5-year Development is expected to be announced in 2021.

COVID-19 Economic Stimulus Packages

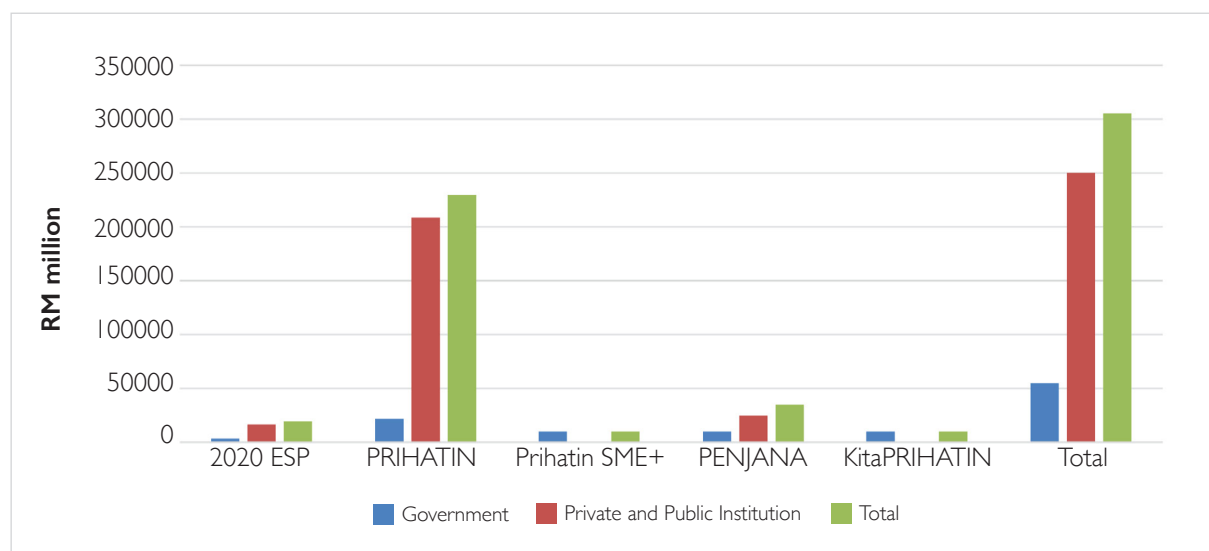
The Malaysian government has implemented a series of economic stimulus packages in response to the COVID-19 pandemic.

Table 1: Economic Stimulus Packages Announced by Malaysian Government

Name	Date Announced	Total Allocation (RM)	Objectives
2020 Economic Stimulus Package (2020 ESP) ¹¹¹	27 th February 2020	20 billion	<ul style="list-style-type: none"> Mitigate the impact of COVID-19; Spur economic growth; and Promote quality investment.
PRIHATIN Rakyat Economic Stimulus (Prihatin) ¹¹²	27 th March 2020	230 billion	<ul style="list-style-type: none"> Protect the Rakyat; Support businesses; and Strengthen the economy.
Additional PRIHATIN SME Economic Stimulus (Prihatin SME)	6 th April 2020	10 billion	<ul style="list-style-type: none"> Ease the financial burden of SMEs.
Pelan Menjana Semula Ekonomi Negara (Penjana)	5 th June 2020	35 billion	<ul style="list-style-type: none"> Empower the people; Propel businesses; and Stimulate the economy.
KitaPRIHATIN (KitaPrihatin)	23 rd September 2020	10 billion	<ul style="list-style-type: none"> Protect the Rakyat; and Ease the financial burden of SMEs

¹¹¹. This was announced by former Prime Minister Mahathir Mohamad.

¹¹². This was announced by the Perikatan Nasional Government.

Figure 3: Total Stimulus Package Allocation to Covid-19 Response

Sources: Mohamad 2020; Ministry of Finance Malaysia 2020a; Yassin 2020; Ministry of Finance Malaysia 2020b; Yassin 2020a

Figure 3 (above) shows the total allocation of each economic stimulus packages as of November 2020. As demonstrated, the total allocation for four of the COVID-19 economic stimulus packages amounts to RM 305 billion. The economic stimulus packages are financed by RM 55 billion of direct government spending and RM 250 billion of contribution from private and public institutions such as banks, the Employee Provident Fund (EPF) and others.

Fiscal Allocation of Federal Government: The COVID-19 Fund Bill

The 'Temporary Measures for Government Financing [Coronavirus Disease 2019 (COVID-19)] Bill 2020' (COVID-19 Fund Bill) was passed in Parliament on the 21st September 2020, before the announcement of KitaPrihatin. The COVID-19 Fund Bill increased the statutory debt ceiling by 5%, from 55% to 60% of the country's GDP and established the 'COVID-19 Fund'.¹¹³ The Bill is in effect from the 27th February 2020 to 31st December 2022, and the total Federal Government's fiscal allocation under the COVID-19 Fund Bill is RM45 billion.¹¹⁴

Figure 4 shows the government's direct fiscal injection to the stimulus packages as a share of the total allocation. Figure 5 shows the breakdown of the COVID-19 Fund's allocation towards the different objectives. As Figure 4 demonstrates, the Prihatin occupied the largest proportion of the COVID-19 Fund, followed by Penjana and KitaPrihatin. Figure 5 indicates that the largest proportion of the allocation (73%) of the COVID-19 Fund goes towards protecting and empowering the people – RM 32.77 billion.

¹¹³. 'Temporary Measures For Government Financing (Coronavirus Disease 2019 (COVID-19) Bill 2020', Section 3 & 4.

¹¹⁴. 'Temporary Measures For Government Financing (Coronavirus Disease 2019 (COVID-19) Bill 2020'.

Figure 4: Federal Government Direct Fiscal to COVID-19 Fund

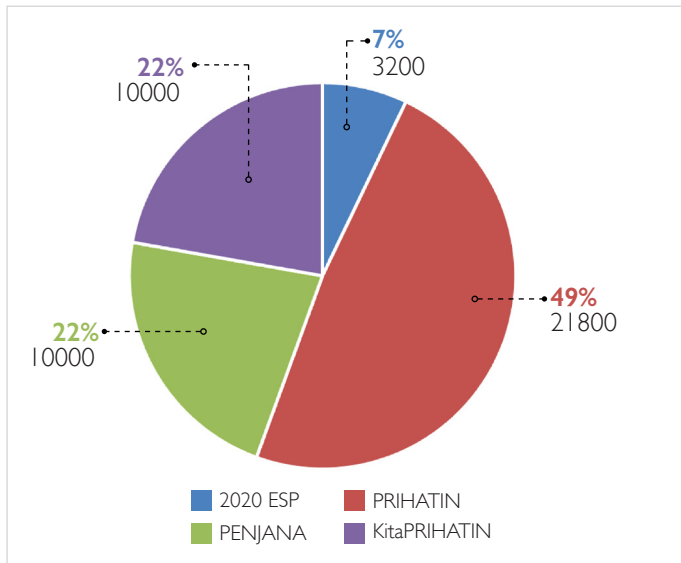
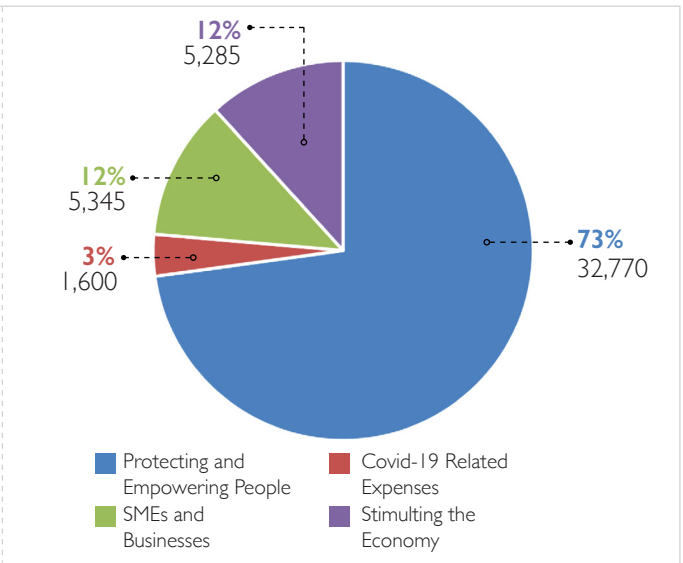


Figure 5: COVID-19 Fund's Allocation (RM million)

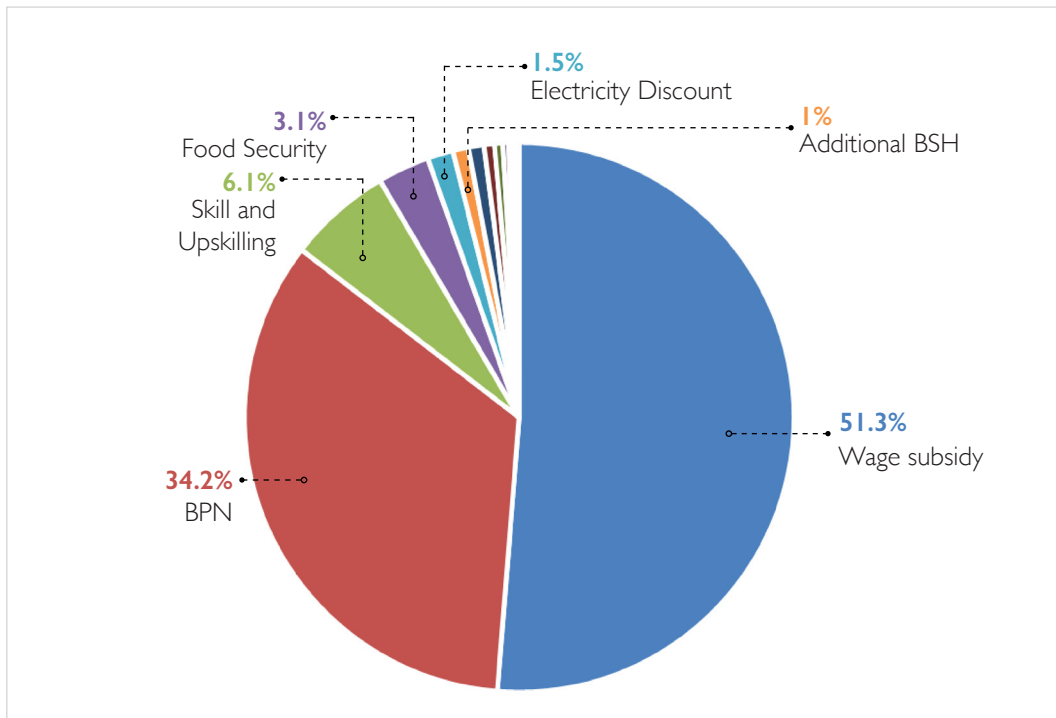


Source (Figure 4): Mohamad 2020; Ministry of Finance Malaysia 2020a; Yassin 2020; Ministry of Finance Malaysia 2020b; Yassin 2020a; and authors' calculations.

Source (Figure 5): Temporary Measures For Government Financing Coronavirus Disease 2019 (COVID-19) Bill 2020 2020 and authors' categorization

Background of Malaysia's COVID-19 Social Protection Measures

Figure 6: Percentage of Programmes under COVID-19 Fund to Protect and Empower People



Source: Temporary Measures For Government Financing Coronavirus Disease 2019 (COVID-19) Bill 2020 2020

Figure 6 (above) shows the percentage in the allocation of the different programmes designed to protect and empower people. Among the total RM 32.77 billion allocated for protecting and empowering the people, labour market activation measures comprised the largest proportion of the allocation. The wage subsidy programmes, job retention & workers' hiring incentive, and training assistance programmes constitute 51.3% of the total allocation. Social assistance, in the form of BPN cash transfer, comprised the second largest proportion of the allocation, 34.2% of the total allocation, with an allocation of RM 11.2 billion. BPN is a one-off cash transfer targeted at households and individuals in the B40 and M40 category. The remainder of the allocation is shared among programmes for reskilling and upskilling; food security; electricity discounts, and other smaller cash transfer programmes. For the full list of COVID-19 social protection measures, refer to Appendix I.

Assessment and Analysis of Malaysia's COVID-19 Social Protection Measures

The social protection responses that a government can take during a shock, such as the COVID-19 pandemic, is dependent on its existing social protection system. In response to the pandemic, the Malaysian government has adapted its existing social protection programmes (see Table 2 below). Most of the programmes implemented in response to the pandemic piggybacked on existing programmes. For instance, the BPN piggybacked on the existing Bantuan Sara Hidup (BSH) programme, which is a cash transfer scheme for the B40. This has been conducted through the income tax platform. The BPN also expanded in the disbursement amount (vertical expansion) with the introduction of BPN 2.0. Another significant programme specifically designed to cater to COVID-19 pandemic is the wage subsidy programmes. This was designed to respond to the shutdown of the non-essential sectors of the economy during MCO, and the effects of a slowed-down economy.

Table 2 provides a general categorisation of Malaysia's COVID-19 social protection programmes (as per the COVID-19 Fund Bill) into categories of allocation; adaptation type; nature; timeframe; adequacy; coverage; and vulnerabilities addressed.

Table 2: Assessment of the Social Protection Programmes under the COVID-19 Fund

Programmes	Cost (RM million)	Type of Social Protection	Adaptation Type	Nature (Adapt, cope, or mitigate)	Timeframe (Short, medium- or long-term)	Adequacy (One-off or continuous support)	Coverage (Target groups)	Vulnerabilities addressed
Wage subsidy	16,800	Labour market (Wage subsidies)	New programme	Cope	Short term	Continuous with a timeframe	Employees and employers	Jobs and livelihood
Job retention and workers' hiring incentive		Labour market (Activation measures)	New programme and alignment	Cope	Short and medium term			
Training assistance programmes		Labour market (Activation measures)	-Horizontal Expansion	Adapt	Medium term			
Bantuan Prihatin Nasional	11,200	Social assistance (cash transfer)	Vertical expansion and piggybacking	Cope	Short term	One-off with several disbursements according to criteria	B40 and M40	Reduce cost of living
Skill and upskilling programmes	2,000	Labour market (Activation measures)	Piggybacking, design tweak and horizontal expansion	Adapt	Medium to long term	Continuous with a timeframe	Unemployed workers and youths	Jobs and livelihood
Food security fund	1,000	Social assistance (In-kind transfer) and labour market (Activation measures)	Vertical expansion and piggybacking	Cope and mitigate	Short to long term	Continuous	Universal	Food security
Electricity bill discounts	500	Social assistance (Utility waivers)	Alignment	Cope	Short term	Continuous with a timeframe	Universal	Reduce cost of living
Additional RM100 for Bantuan Sara Hidup (BSH)	300	Social assistance (cash transfer)	Vertical expansion	Cope	Short term	One-off with several disbursements	B40	Reduce cost of living
Special assistance to students of higher educational	300	Social assistance (cash transfer)	Vertical expansion	Cope	Short term	One-off	Students in higher education institutions	Reduce cost of living
MY30 public transport subsidy	200	Social assistance (Utility waivers)	Alignment	Cope	Short term	Continuous with a timeframe	Klang Valley residents	Reduce cost of living

Special assistance to taxi drivers, school bus drivers, tour bus drivers, tour guides, trishaw operators and e-hailing drivers	160	Social assistance (cash transfer)	Alignment	Cope	Short term	One-off	Affected transportation and tourism sector	Reduce cost of living
Social assistance support to vulnerable groups	110	Social assistance (In-kind transfer)	Vertical expansion	Cope	Short term	One-off	OKU, single mothers, vulnerable groups	Reduce cost of living
Social protection and training for gig economy workers	75	Social Insurance (Social security contributions)	Alignment	Cope and mitigate	Medium-term	Continuous	Gig workers	Jobs and livelihood
PEKA B40 health care support	50	Social Insurance (Health insurance support)	Horizontal expansion	Mitigate	Long term	Continuous	B40 aged 40 and above	Health
Grant for childcare centres and kindergartens	50	Labour market (Activation measures)	Alignment	Cope	Short term	One-off	Childcare centres and households	Livelihood and education
Assistance to non-governmental organizations	25	Social assistance (In-kind transfer)	Piggybacking	Cope	Short term	One-off	NGOs and their beneficiaries	Food security, healthcare and shelter

Source: Ministry of Finance Malaysia 2020a; Ministry of Finance Malaysia 2020b; and authors' analysis.

Nature of Social Protection Measures: ‘Cope’, ‘Adapt’ and ‘Mitigate’

As Table 2 has demonstrated, most of Malaysia’s social protection measures in response to COVID-19 are designed to ‘cope’. Measures that are designed to cope tend to be short-term measures. This is not surprising as the primary goal of the COVID-19 economic stimulus packages is to respond to the pandemic and support the people to weather through the COVID-19 shock. This has mainly been done through cash transfers programmes targeted at vulnerable groups, such as the B40, students, and the M40. In addition, cash transfers programmes have also been targeting groups who previously may not be vulnerable but have nonetheless been impacted by the pandemic. These groups include those employed in the transportation and tourism sectors. The series of wage subsidy programmes are also significant social protection measures that are designed to ‘cope’ with the impact of COVID-19.

Social protection measures that were designed to ‘adapt’ or ‘mitigate’ are measures that might require more time to support but could potentially see more significant and long-term results in the future. For example, the reskilling and upskilling programmes were designed to ‘adapt’ as it aids the workforce in adapting and recovering from the impact of the MCO and the slowed-down economy. Schemes such as the PEKA B40 healthcare support and the social protection for gig workers are designed to ‘mitigate’ the future risk of the B40 (aged 40 and above) and the gig workers.

Timeframe of Social Protection Measures: Short, Medium and Long Term

Short term measures tend to be one-off measures, such as the BPN cash transfer programme. As these measures are one-off, they do not provide continuous support for vulnerable groups. Short term measures are commonly utilised by social protection in shock response, however as the economy starts to recover following the shock, adaptive measures should be prioritised to assist the economy in recovering from the shock. These measures tend to be medium and long-term measures. These include programmes that help the unemployed in securing employment; and reskilling & upskilling programmes. Mitigative measures should also be prioritised post-shock. This is to ensure that our social protection system can better respond to the needs of the people and future shocks.

Coverage and Adequacy of Social Protection Measures

As one of the primary goals of the series of economic stimulus packages is to assist the people in coping with the effects of a slowed-down economy, it is not surprising to see that most of the COVID-19 social protection measures address vulnerabilities such as the loss of livelihoods and securing food security. These measures mostly target vulnerable groups such as the poor and the unemployed. Nonetheless, there are other vulnerable groups during this pandemic who are not effectively covered by the social protection measures. For instance, although there are COVID-19 social protection measures that target the gig workers, many other informal workers are still not covered by it. This issue will be further discussed in the next section on ‘Lessons Learnt from the COVID-19 Crisis: Social Protection’.

a. Non-Covid-19 Patients

The social protection measures listed in Table 2 have not sufficiently address the needs of other vulnerable non-covid-19 patients such as cancer patients and pregnant women. Although they still have access to healthcare,

the backlog would slowdown the care that they would receive.¹¹⁵ Although the COVID-19 Fund has allocated RM 1 billion for the Ministry of Health, this allocation is only for COVID-19 related expenses. Hence, this allocation will not aid in the clearing of backlog of treatment for non-COVID-19 patients and the provision of safe delivery for pregnant women & women in labour:

b. School Children

The increasing digital divide in children's access to education has not been sufficiently addressed. Although measures such as the provision of free internet connectivity introduced by the Prihatin and Penjana Stimulus Packages are helpful, many children are still unable to conduct online learning in a conducive manner.¹¹⁶ Moreover, the content of online learning needs to be enhanced to ensure that online learning can better substitute classroom learning during this pandemic.

c. Women

The series of economic stimulus packages have introduced programmes to alleviate the burden of childcare, which has been particularly helpful for women. These programmes include childcare subsidies and a one-off cash transfer programme for single mother. Nonetheless, the COVID-19 social protection measures could further improve in its gender sensitivity. While the one-off RM 300 cash transfer for single mothers is a positive measure, one could argue that RM 300 is insufficient to address the vulnerabilities of these households.¹¹⁷ While the BPN programmes cover a high percentage of the population, the cash transfers will be transferred directly into the bank account of head of households, which usually are men. Hence, women in these households might have less control over these assistances. Studies have shown that targeting women in cash transfer programmes could better benefit the household. For example, a study conducted in Macedonia highlighted that transferring cash to women increases the spending on food by 4% to 5%.¹¹⁸ Hence, gender-sensitive policies should be incorporated to ensure that assistance reaches both men and women in need.¹¹⁹

Implementation of Social Protection Measures: Reach and Uptake

Table 3 tracks the implementation of the social protection measures, as stated in the COVID-19 Bill. The table provides the allocation; disbursement and coverage figures, as of 12th November 2020. These figures are obtained from the Laksana reports, which are published periodically to track the progress of the disbursement. Most of the programmes have a high disbursement rate.

¹¹⁵ See previous section on 'The Impact of Covid-19 on the Vulnerable in Malaysia' to understand the vulnerabilities of cancer patients and pregnant women & women in labour.

¹¹⁶ See previous section on 'The Impact of Covid-19 on the Vulnerable in Malaysia' to understand how many children are not being able to conduct online learning from home. In Budget 2021, the government announced its intention to address the gap in digital access by providing gadgets to 150,000 students. See, Y. S. Aziz, 'Ucapan Belanjawan 2021'.

¹¹⁷ The authors understand that these single mothers headed households may also benefit from the BPN programmes which cover high percentage of the population. Budget 2021 also aims to address some of these gaps faced by women by providing a one-stop social support centre to provide protection and support to domestic violence victims; setting up micro-credit schemes for women entrepreneurs; and building more childcare centres in government building and hospitals to address the childcare needs of frontlines and working women. See, Y. S. Aziz, 'Ucapan Belanjawan 2021'.

¹¹⁸ Armand, et al., 'The Effect of Gender-Targeted Conditional Cash Transfers on Household Expenditures: Evidence from a Randomized Experiment'.

¹¹⁹ In Budget 2021, the government intend to introduce mental health programmes. This is another programme which gender-sensitive policy design is needed due to the difference in the challenges faced by men and women. For instance, the challenge of accessing aid and assistance is more prevalent among women than men.

Table 3: The Allocation, Disbursement and Coverage of COVID-19 Social Protection Programmes

Programmes	Allocation in COVID-19 Bill (RM million)	Disbursement (latest figure ¹²⁰ , RM million)	Coverage (Number of recipients)
Wage subsidy and job retention programme	16,800	12,160	322,284 employers and 2.639 m employees
Training assistance programmes (My FutureJobs)			106,308
Bantuan Prihatin Nasional 2.0	11,200	4,500	9.860 m (7 m B40, 2.86 m M40)
Bantuan Prihatin Nasional		10,920	10.245 m
Skill and upskilling programmes	2,000		106,047
Food security fund	1,000		
Electricity bill discounts	500	942	7.66 m
Additional RM100 for Bantuan Sara Hidup (BSH)	300	2,700 (BSH which includes the existing one)	4.18 m (BSH which includes the existing one)
Special assistance to students of higher educational institutions	300	300	1.5 m
MY30 public transport subsidy	200	30.5	179,349
Special assistance to:	160		
Bus drivers			30,000*
Taxi driver		17.4	28,962
Tour guides		4.4	7,414
E-hailing		34	68,336
Social assistance support to vulnerable groups	110	68.97	229,893
Social protection and training for gig economy workers	75	4.63*	28,425
PEKA B40 health care support	50	8.45	107,717
Grant for childcare centres and kindergartens	50	180.91	12,000 centres
Assistance to non-governmental organizations	25	7.6	115,000 recipients, 42 projects
Other programmes:			
Kredit eDompot (ePenjana)		567.9	11,360,000
Penularan Wabak COVID-19		515	

Sources: Ministry of Finance Malaysia 2020c; Ministry of Finance Malaysia 2020d; Ministry of Finance Malaysia 2020e; Ministry of Finance Malaysia 2020f; Ministry of Finance Malaysia 2020g; Ministry of Finance Malaysia 2020h; Ministry of Finance Malaysia 2020i; Ministry of Finance Malaysia 2020j; Ministry of Finance Malaysia 2020k

* estimate

¹²⁰ As of 12th November 2020.

Lessons Learnt from the COVID-19 Crisis: Social Protection

The COVID-19 pandemic has revealed both strengths and weaknesses of our social protection system. It has also increased awareness among the public about the need for a more comprehensive social protection system. This section is dedicated to examining the gaps within our social protection system and to draw lessons learnt from this crisis. Policy recommendations for the government's consideration will also be provided.

The Need for a Comprehensive Social Protection System

Social protection system in Malaysia started in the 1950s when the Employee Provident Fund (EPF) was established to provide protection for workers in the formal sector. Following that, the government pension fund for civil servants was established under the Government Pension Ordinance 1951. Malaysia then set up its first social insurance, managed by the Social Security Organisation (SOSCO) and then, Tabung Angkatan Tentera (LTAT). Malaysia's social protection is mainly employment-based, although some segments of society could apply for social assistance. This will be based on the needs and vulnerabilities.¹²¹ Malaysia's flagship cash transfer programme – '1Malaysia People's Aid (BRIM)', started in 2012. BRIM has since been renamed as Bantuan Sara Hidup (BSH).¹²² Malaysia's current social protection system does not provide an adequate level of protection to those in need.¹²³ Families used to be perceived as the primary mechanism in providing social protection.¹²⁴ However, with the advent of modernisation and urbanisation, family structures and relationships have changed¹²⁵, highlighting the need for a comprehensive social protection system. The COVID-19 crisis has amplified this need.

a. Integration and Coordination on the Implementation of Social Protection Measures

Social protection measures are implemented by many different ministries, under the coordination of the Malaysia Social Protection Council (MySPC).¹²⁶ The MySPC is tasked to provide coordination and development direction.¹²⁷ This is an improvement from the past where different ministries and agencies implement different programmes.¹²⁸ For example, the cash transfer for senior citizens under BRIM was conducted through the Inland Revenue Board of Malaysia's website while the cash transfer for senior citizens without income and family was conducted through the Social Welfare Department.¹²⁹ This has created duplication and redundancy of programmes.

Integrating the programmes under a single platform and database would increase efficiency, reduce redundancy and duplication of beneficiaries, who receive similar benefits from other programmes. The case of the Bolsa Familia programme in Brazil has shown that the integration of programmes would reduce inefficiency while improving the targeting of recipients.¹³⁰ Furthermore, integrating the programmes would enable an overseeing of social protection measures of different type and term.

¹²¹. Wan, 'Malaysia: Social protection in addressing life cycle vulnerabilities'.

¹²². Budget 2021 stated that BSH will be renamed into Bantuan Prihatin Rakyat (BPR) in 2021.

¹²³. World Bank Group, 'Malaysia Economic Monitor (June 2020): Surviving the Storm'.

¹²⁴. Zin, 'Malaysia: Towards a Social Protection System in an Advanced Equitable Society'.

¹²⁵. Chan, 'Rethinking Asian welfare model: Social development or risk production?'.

¹²⁶. World Bank Group, 'Malaysia Economic Monitor (June 2020): Surviving the Storm'.

¹²⁷. Ibid.

¹²⁸. Wan, 'Malaysia: Social protection in addressing life cycle vulnerabilities'.

¹²⁹. Ibid.

¹³⁰. Holmes, Hagen-Zanker and Vandermoortele, 'Social protection in Brazil: Impacts on poverty, inequality and growth'.

During a crisis, there is an increased need for short term measures such as one-off cash transfer, as could be seen in this Covid-19 experience. As discussed, the measures taken during Covid-19 were mainly to respond and help the people cope with the shocks. It is likely that these measures would have to be replicated until the pandemic is over. However, after a crisis, there needs to be more medium-term and long-term programmes to help the people and economy recover as well as to plan and mitigate future crisis. The current programme under the stimulus package to help the people adapt and recover are mainly labour market wage subsidies and activation measures such as hiring incentives, training, reskilling and upskilling programmes. These programmes would be important to help people transition into new jobs and industry to adapt to the change in the economy sector. In the long term, programmes to mitigate and provide social safety net in the event of another crisis or economic shock are essential. This would need to be taken into consideration in the medium term, 5-year development plan. As the economy gradually recovers, it would be important to shift the measures from helping the people to cope to adaptation and mitigation.

b. Dynamic and Integrated Social Protection Database

The ability of social protection systems to scale and flex to respond to crises is dependent on its existing infrastructure. While governments have been coming up with innovative ways to expand social protection, this crisis has demonstrated that countries who have invested in their social protection infrastructure are able to respond faster and more effectively. Countries with a fractured cash transfer delivery chain¹³¹ would find it challenging to expand their social protection during this challenging time. A dynamic social protection information system (i.e. registries/ databases) that can quickly identify the missing middle, coupled with an inclusive digital Government-to-Person (G2P) payment system that can disburse assistance to reach the targeted beneficiaries have been handy during this COVID-19 crisis.

Colombia's experience is an example of how an expansive and up-to-date social information system (SISBEN)¹³² can facilitate targeting during the rapid expansion of social safety net programs for shock response. While Colombia face challenges in the delivery of assistance – reaching the last mile – due to its high unbanked population¹³³, its ability to quickly identify vulnerable households early-on the crisis is commendable. This has highlighted the potential of leveraging on the e-Kasih registry to expand its existing social safety net programs during a shock. This can be done by covering those who are registered in the database but are not eligible or

¹³¹. Smith and Bowen categorised the delivery chain for cash transfers into four phases: 1) Assess – outreach, registration & assessment; 2) Enrol – eligibility decision, determination of benefits & notification; 3) Provide – provision of benefits; and 4) Manage – beneficiaries compliance and grievances & exit decisions. See, Smith and Bowen, 'Adaptive Social Protection: The delivery chain and shock response'.

¹³². It is important to note that Colombia's management of information systems is centralised, where different social protection programmes utilise a common mechanism – SISBEN – to assess vulnerabilities and identify beneficiaries. For Malaysia, there is no common mechanism where different social protection programmes rely on to target beneficiaries. For social assistance programmes, there are three main targeting mechanisms: the BSH registry administered by LHDN; the e-Bantuan system administered by JKM; and the e-Kasih system administered by the Implementation Coordination Unit in the Prime Minister's Department. BSH intends to target the B40 families and individuals and the method to determine eligibility is self-declaration with cross validation of data against other databases. E-Kasih's primary focus is on households whereas e-Bantuan primary focus is on the individual applicant. For e-Kasih, the method is based on a detailed questionnaire administered periodically. For e-Bantuan, there is a separate applicant questionnaire which collects detailed information and is subject to home visits and other verification if eligibility is uncertain. See, World Bank Group, 'Malaysia Economic Monitor (June 2020): Surviving the Storm', 79.

¹³³. The Colombian government has mitigated this by working with Mobile Network Operators to identify the type of connectivity (i.e. 2G, 3G or 4G) the targeted beneficiaries have. For beneficiaries with no active bank account, they are notified via SMS to either open a mobile wallet for those who own a 3G or 4G mobile device or a bank account for those who own a 2G mobile device. Some informal workers still had difficulties in accessing the payment due to a lack of internet access, mobile devices and being digital/ technology illiterate. See, Afshar and Devenish, 'Reaching the 'missing middle': Social protection for informal workers in COVID-19'.

no longer eligible for the programmes.¹³⁴ In addition, those who are recipients of social assistance programmes under the e-Kasih system could also benefit from a temporary increase in benefits (adequacy). Sabah's one-off RM 500 cash assistance for the poor and hard-core poor under the e-Kasih system, announced on the 25th March 2020, is an example of the latter approach.¹³⁵

For the e-Kasih registry to be effective during the shock, the data in the registry will need to be relevant, accurate, accessible and covers a significant proportion of the poor and economically vulnerable population. According to the Household Income & Basic Amenities Survey Report 2019, with the revised Poverty Line Income (PLI) of RM 2,208 a month, the number of poor households in 2019 stood at 405,441.¹³⁶ However, as of February 2020, the number of poor head of households (HoH) and extreme poor HoH registered in the e-Kasih database is 137,852 and 44,855 respectively, making a total of only 182,707 poor HoH registered in the e-Kasih database.¹³⁷ As the e-Kasih database does not have high coverage of the poor and vulnerable population, leveraging solely on this database would not have solved the coverage gap issue during this crisis.

The Minister in the Prime Minister's Department (Economy), Datuk Seri Mustapa Mohamed admitted that "There could be more (people falling into the poor category) especially during COVID-19 but not listed in the [e-Kasih] database"¹³⁸, stating that the government will improve the database because not having the correct information makes it difficult to assist those affected.¹³⁹ Concerns regarding e-Kasih's data inconsistencies¹⁴⁰ and low threshold for urban poverty¹⁴¹ have also been raised. Nonetheless, there are indications that the e-Kasih registry will undergo adaptations after the announcement of an increase in the monthly rate of financial assistance and coverage of beneficiaries of social assistance programmes run by the Social Welfare Department.

Furthermore, the e-Kasih registry should be integrated with other social protection registries such as the BSH registry. Mansor suggests the integration of social protection databases via a Shared Service Centre (SSC), stating that "running databases such as e-Kasih, e-Bantuan, BRIM/ BSH, EPF and SOCSO on parallel systems is costly and could be duplicative"¹⁴². Studies have also shown that the integration of e-Kasih with other databases such as SOCSO, EPF and the National Registration Department, could lead to better validation of vulnerabilities and prevent resource wastage.¹⁴³ One of the ways to integrate the different social protection databases is to create a virtually consolidated information system, where the different databases are made interoperable. The World Bank has suggested this approach if we wish to continue our legacy systems.¹⁴⁴

¹³⁴. In the e-Kasih system, poverty data is categorised into four categories: Hard-core poor; Poor; Recently marginally non-poor; and marginally non-poor. See, 'Alam, Wahid and Talib, 'Food Security and Low-Income Households in the Malaysian East Coast Economic Region: An Empirical Analysis'.

¹³⁵. Apdal, 'Pakej Bantuan COVID-19 Sabah'.

¹³⁶. Department of Statistics Malaysia, 'Household Income and Basic Amenities Survey Report', 133.

¹³⁷. UN General Assembly, 'Report of the Special Rapporteur on extreme poverty and human rights on his visit to Malaysia: Comments by the State', 4.

¹³⁸. Geraldine, 'Sabah ranks as Malaysia's poorest state, again'.

¹³⁹. Ibid.

¹⁴⁰. Patrick, 'Sabah probes discrepancies in e-Kasih aid system'. Former Chief Minister of Sabah, Shafie Apdal, has also stated that the list provided by e-Kasih to state assemblymen will not tally with their data as there are people who are eligible for assistance but not registered under e-Kasih. He stressed that he wanted a state database so that they are not reliant on the e-Kasih database. See, Lai, 'Speedboat operators to get assistance'.

¹⁴¹. Former Minister for Federal Territories, Khalid Abdul Samad, has also stated his intention to create a separate poverty database that lists the urban poor in Kuala Lumpur to "redefine the yardstick for poverty in the city". (Nur 2020)

¹⁴². Mansor, 'How to ensure no one is left out'.

¹⁴³. Samad and Shahid, 'Social Protection Programme in Malaysia. Do we need integration?', 76.

¹⁴⁴. World Bank Group, 'Malaysia Economic Monitor (June 2020): Surviving the Storm', 86-88.

Another approach is to merge our legacy systems to form a single centralized system.¹⁴⁵ This approach will be similar to the approach Colombia's social protection system has adopted.

c. Monitoring and evaluation of the social protection measures

The Malaysian government has monitored the implementation of the COVID-19 economic stimulus packages measures through the Laksana report, which has been published weekly. This has enabled the monitoring of the disbursement of COVID-19 social protection measures. To further enhance the monitoring process, the element of impact evaluation should be incorporated. By incorporating evaluation, we can monitor the coverage but also understand the impact of these social protection measures. This will also uncover any unintended consequences that may have emerged.

Recommendations:

- Integrate and coordinate all social protection programmes into a system rather than view it as fragments of programmes.
- Establish an integrated social protection database for efficiency, effectiveness and coordination
- Ensure monitoring and evaluation of the social protection programmes to track progress and coverage
- Incorporate impact evaluation periodically to enable adjustments and improvements

The Unprotected People

Malaysia's social protection system is predominantly employment-based, where the social assistance programmes run by the Social Welfare Department covers only a limited proportion of the population. Hence, there are fragments of the society who are not adequately protected. Although the flagship cash transfer programme – BSH – covers a significant percentage of the population, it provides an inadequate level of protection due to the low amount in cash transfer. Furthermore, the measures implemented during the COVID-19 pandemic have been focused on protecting livelihoods and public health. Other vulnerabilities have not been addressed sufficiently. Hence, this sub-section will discuss the issues faced by some of the 'unprotected' segments of society.

a. The Missing Middle: Informal Workers

COVID-19 has highlighted a significant gap of our social protection system: it provides little protection to the missing middle – those that are not covered by social insurance and do not qualify for the pre-existing social safety net programmes. Many of the missing middle are informal workers, who fall outside the standard employer-employee relationship. Examples of informal workers are self-employed individuals, wage employed individuals in informal enterprises and contractors in online platforms. Many of them are left in a vulnerable position with little social protection measures to fall back on.¹⁴⁶

¹⁴⁵. *Ibid*, 88.

¹⁴⁶. Firouz highlighted that informal workers in the M40 category are still vulnerable during the MCO. He utilised the example of a household consisting of two self-employed individuals who both suffer complete loss of employment. The household has no social protection programmes to fall back on, except for the BPN. See, Firouz, 'Covid-19: Are All Workers Equally Protected? A Case of the Self-Employed'.

Formal workers are in a better position to buffer the negative effects of the COVID-19 shock as they benefit from a variety of social protection measures. Due to their formalised work relations, formal workers are covered by social insurance – SOCSO and EPF, which they can temporarily rely on their EPF savings (i-Lestari) and are eligible for EIS benefits such as the Job Search Allowance in the event of job loss. Formal workers also benefit from the announced measures that were designed to prevent the occurrence of job losses – Employment Retention Programme and Wage Subsidy Programme. Furthermore, they benefit from the COVID-19 cash transfer programs – BPN and BPN 2.0. Formal workers from the B40 group would further benefit from the pre-existing BSH.

This is in contrast with informal workers, particularly those who are not registered in the e-Kasih system as they are unlikely to be identified by the Social Welfare Department (JKM) to receive assistance for the pre-existing social assistance programmes. Although informal workers are entitled to register for social insurance such as the i-Saraan scheme under EPF and the Self-Employment Social Security scheme under SOCSO, most of the informal workers in Malaysia are not covered by social insurance. Statistics from DOSM shows that in the first quarter of 2020, there were nearly 2.7 million self-employed workers in Malaysia, accounting for 18.8% of the labour force.¹⁴⁷ As of March 2020, only 48,998 self-employed workers are active contributors to SOCSO's Self-Employment Social Security scheme.¹⁴⁸ Even as of September 2020, only 0.95% or 2,847 workers of the gig economy workers had registered with SOCSO, out of the target of 300,000 workers under the Penjana Gig initiative.¹⁴⁹ It was also reported that as of September 2020, only 255,000 self-employed workers have registered for EPF's i-Saraan scheme.¹⁵⁰

Thus, with the repeated imposition of the Movement Control Orders (MCO), informal workers are at risk of losing their jobs and livelihood. While some informal workers may qualify for social assistance programmes such as the one-off payment of RM 500 for full-time e-hailing drivers and RM 600 for taxi driver, bus drivers and tour guides, these measures only cover a limited scope of informal workers. Thus, BPN and BPN 2.0 are the only social safety net programmes that most informal workers can fall back on for financial assistance.¹⁵¹

Recommendations:

- Investigate the factors that lead to the low take-up rate of EPF's i-Saraan Scheme and SOCSO's Self-Employment Social Security Scheme by informal workers and create appropriate incentives for them to contribute voluntarily to these schemes.
- Incentivise the establishment of informal worker associations to create spaces where these organisations could support, protect and enable risk pooling among the members.

¹⁴⁷. Department of Statistics Malaysia, 'Labour Market Review, Malaysia First Quarter 2020'.

¹⁴⁸. Loh 2020, 'More-self employed should be on Socso'.

¹⁴⁹. Y.T.Aziz, 'Laporan LAKSANA Ke-22: Pelaksanaan Pakej Ransangan Ekonomi Prihatin Rakyat (Prihatin) & Pelan Jana Semula Ekonomi Negara (Penjana)'.

¹⁵⁰. Singh, 'Protect yourselves, self-employed and gig economy workers urged'.

¹⁵¹. Arguably, some informal workers may benefit from the RM 3,000 Special Prihatin Grant (GKP) for registered micro-enterprises. However, the grant is mainly to ease the financial burden of businesses.

b. The Digital and Urban-Rural Gap

The COVID-19 crisis has demonstrated the importance of a digital social protection system to disburse aid promptly. Malaysia has executed a large-scale cash transfer program (BPN) that covers a significant percentage of its population relatively quickly and efficiently. This is primarily due to the social protection system's ability to piggyback on the existing BSH program and the government's past investment in the infrastructure of social protection delivery: universal national ID system, wide mobile phone coverage and high financial inclusion.¹⁵²

Nonetheless, the digital divide in this country has prevented vulnerable groups from accessing government assistance. For instance, women, particularly older, disabled, rural and indigenous women, face challenges in accessing government assistance and information due to the lack of their own bank accounts, digital devices, and access to the internet.¹⁵³ Many of the Orang Asli communities also face significant challenges in accessing the BPN due to challenges, such as illiteracy, the lack of supporting documents, the lack of awareness and the lack of access to the internet.¹⁵⁴ SUHAKAM has recommended the automatic registration of Orang Asli as recipients of BPN.¹⁵⁵

This crisis also highlighted the rural-urban gap, especially in access to bank services. This has resulted in the BPN not reaching the last mile for many in the rural areas. Many people in the rural areas lack bank accounts. In 2014, only 74% of adults in rural areas had a bank account.¹⁵⁶ Although the unbanked can claim their BPN assistance through Bank Simpanan Nasional (BSN) counters in their respective districts, there are limited banking facilities in the rural areas due to the high cost that banks have to incur to open branches in remote villages and regions.

SUHAKAM has reported that Orang Asli villagers were unable to withdraw BPN cash due to the long distance between their villages and the nearest bank. The lack of proper transportation exacerbates this challenge.¹⁵⁷ There are also reports of overcrowding at ATMs at rural areas in Sabah¹⁵⁸ and Sarawak¹⁵⁹ during the MCO due to the limited banking facilities. Some villagers would travel for hours to reach their nearest banking facility only to find that the ATMs were out of service.¹⁶⁰ Long lines of queues were also reported in locations where mobile banking services have been deployed in Sarawak.¹⁶¹

Recommendations:

- Expand internet connectivity to cover both urban and rural areas to ensure digital inclusivity.
- Increase access to financial services to those who are excluded from traditional banking, such as deploying mobile bank services in inaccessible rural areas.

¹⁵² World Bank Group, 'From Containment to Recovery', 43.

¹⁵³ Human Rights Commission of Malaysia (SUHAKAM), 'SUHAKAM Matrix on Issues and Recommendations on COVID-19 and Women'.

¹⁵⁴ *Ibid.*

¹⁵⁵ *Ibid.*

¹⁵⁶ World Bank Group, 'Financial Inclusion in Malaysia: Distilling Lessons for Other Countries', 20.

¹⁵⁷ Human Rights Commission of Malaysia (SUHAKAM), 'Summary for the Dialogue on the Needs of and Challenges Faced by Indigenous Peoples and Next Steps Amid Covid-19 Pandemic'.

¹⁵⁸ Lajjun, 'Aid distributed to people with bank accounts – CM'.

¹⁵⁹ Lumandan, 'Sarawak urged to expand mobile banking for rural communities'.

¹⁶⁰ *Ibid.*

¹⁶¹ *Ibid.*

- Conduct outreach activities via community centres and NGOs to educate vulnerable groups who are digital illiterate on digital literacy.

c. **Other Vulnerable Non-Working Groups**

In addition to the poor and the employed, our social protection system should be expanded to include other vulnerable non-working groups, such as children, the elderly, housewives, and people with disabilities. Although the series of economic stimulus packages have introduced cash transfer programmes targeted at specific groups (i.e. people with disabilities, single mothers, and students of tertiary institutions) these are one-off measures. For most of the other vulnerable non-working groups (i.e. children, the elderly, and housewives), the BPN programmes remain the only social protection measure that they can fall back on. As all these assistances are one-off measures, the level of adequacy that these assistances can provide to guarantee a minimum standard of living throughout this crisis remains low.

Furthermore, education issues have also not been addressed sufficiently in the COVID-19 economic stimulus packages. Children from rural areas and poor households are still more likely to fall behind in their education as they face challenges such as the lack of suitable devices and internet access to conduct online learning. As the recurring closures of school due to COVID-19 will be part of the 'new normal', the gap in digital access needs to be ameliorated immediately. Failure to ameliorate the digital gap among children will result in many children being left behind in their learning by many months. This will further exacerbate their existing vulnerabilities. Although potential initiatives announced in the Budget 2021 speech, such as the distribution of 150,000 electronic devices to students, are positive measures, the challenge of limited internet connectivity is still looming. Moreover, the content of online learning needs to be enhanced.

Recommendations:

- Improve social assistance programmes' level of adequacy to ensure that other vulnerable non-working groups are sufficiently protected.
- Distribute electronic devices to children from poor families and ensure that online learning content is structure and effective for learning.
- Expand the reach of digital learning through television¹⁶².

¹⁶² Wan, 'Education during COVID-19'.

Box article: Civil Society Organization's role during COVID-19

By Ewanina Effandie

Civil Society Organizations (CSO) have always been an essential body in Malaysian's society. CSOs comprises community, groups, non-governmental organisations (NGOs), unions, support groups and faith-based organisations that address widespread societal concerns. CSOs in Malaysia have been filling the gaps where they feel current government efforts are lacking. One predominant activity that CSO conduct is raising funds and running donation drives on a need-based basis or leading up to festive periods to be later shared amongst members of the community. In other instances, CSOs respond to communities call for help following disorderly disasters, such as the floods in Kelantan in 2014 (Centre of Public Policy Studies (CPPS) n.d.).

The COVID-19 pandemic has highlighted the important role that CSOs can play in supporting and enhancing community development. In containing the widespread of COVID-19, the Movement Control Order (MCO) was declared, and all private and public sectors ceased their operations, except essential services (Sandanasamy, Paavilainen and Baruah 2020). The MCO had a significant impact on marginalised communities. CSOs shared a common purpose during these troubling times, which was to lift and support every layer of society – rural and urban poor, refugees, migrant workers and front liners. CSOs immediately came into action across the country, after the declaration of MCO phase I. These organisations have actively identified the various needs of the people from COVID-19. Many of these organisations have a long-established relationship with communities of over 500 beneficiaries and local coordinators having provided aid even before the pandemic (Yayasan Hasanah 2020). According to ISEAS (S. Rahman 2020), 94.8 percent of households from these communities earn less than RM2,000 per month with “71 percent of the self-employed have only enough savings for one month's expenses” (S. Rahman 2020).

The economic impact of COVID-19 is evident with many more people relying on help from CSOs to stay afloat as communities are running out of savings and access to everyday essentials. Throughout the MCO period, almost RM1.7mil was raised by three NGO joint initiatives with over 52,000 beneficiaries. Gerai OA and the Centre for Orang Asli Concerns (COAC) leveraged on existing initiatives such as MyKasih's cashless food aid programme which allows marginalised households to obtain essential food items without having to use their own funds (S. Rahman 2020). This emphasises the impact and capability that CSOs have in reaching out to communities.

During the ongoing pandemic, CSOs face several constraints on its ability to carry out its work, as a result of lockdown, distancing, and quarantine measures. The government sought the help of the Welfare Department and CSOs, along with Malaysian Volunteer Corps Department (RELA) to distribute food (Wahab 2020). Despite this effort, members of the community – low-skilled migrant or undocumented workers, refugees, and asylum seekers - were reluctant to receive the help due to mistrust. However, the presence of CSOs creates a sense of ease and familiarity due to the existing relationship with the community. CSOs such as Tenaganita, Persatuan Sahabat Wanita Selangor (PSWS), and Our Journey raise funds from the public to provide necessities for these vulnerable workers (Sandanasamy, Paavilainen and Baruah 2020).

This unprecedented pandemic has required everyone, including CSOs to adapt to new needs in terms of how and what form of aid is being delivered. The MCO period has caused items such as masks, PPE and sanitisation products to become essential alongside items such as food. IMAM Response and Relief Team (IMARET) for example, shifted from providing health education to collecting funds to purchase and distribute medical items, such as face shields, oxygen regulators and PPE sets (IMARET, 2020).

CSOs have shown that they can continue to be a reliable source of aid for vulnerable groups even during the pandemic period. Either through expansion or leveraging on existing government initiatives, CSOs are able to adapt to changing community needs.

Conclusion

The COVID-19 pandemic has exposed the inadequacy of our social protection system. It further highlighted the urgent need for a comprehensive social protection system in Malaysia. Our archaic social protection system which was primarily built in the 1950s needs to be reformed. A paradigm shift is required as the impact of modernisation, urbanisation and globalisation have drastically changed our society and values. For instance, the rise of the gig economy and the increasing precarity of jobs is a trend that will continue to stay post-COVID-19. Hence, the public discussion on Malaysia's social protection system needs to be ignited. Which social protection approaches should we adopt? What do we value in a social protection system? Do we appreciate its potential in mitigating risks & vulnerabilities and addressing lifecycle shocks? What does a social protection floor, the basic social protection, that the Malaysian society values look like? These discussions must also be accompanied by discussions on the tax system and fiscal space. This is to ensure that we can support the social protection system we envision. These are just some of the plethora of questions that we need to start to address as a society if we want to 'build back better' with social protection.

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APPENDIX I: Social Protection Measures in Response to COVID-19 in Malaysia

			Initiative	Allocation
Social Assistance	Cash Transfer	Economic Stimulus Package 2020	One-off RM 600 cash transfer for taxi & tour bus drivers and tour guides	RM 31.2 million ¹⁶³
			Special allowance for civil servants directly involved in COVID-19 (RM400 per month for doctors & medical personnel; RM200 for frontline personnel, namely immigration officers at entry points)	N/A
			Enhanced Bantuan Sara Hidup (Additional RM 100)	RM 500 million
		Prihatin Stimulus Package	Bantuan Prihatin Nasional (BPN)	RM 10 billion
			One-off RM 200 cash transfer for tertiary institutions students	RM 270 million
			One-off RM 500 cash transfer for civil servants and government pensioners	RM 1.175 billion ¹⁶⁴
	One-off RM 500 cash transfer for full-time e-hailing drivers		RM 60 million	
	Increase in previously announced special allowance for COVID-19 doctors, nurses, and medical personnel from RM 400 to RM 600 and provision of monthly allowance of RM 200 to those enforcing MCO such as the military, police, customs, immigration and RELA.	RM 600 million ¹⁶⁵		

¹⁶³. Based on authors' calculation of 29,000 taxi drivers; 6,000 tour bus drivers; and 17,000 tour guides and trishaw drivers. (Mohamad 2020)

¹⁶⁴. Based on authors' calculation of 1.5 million civil servants and 850,000 government pensioners. (Ministry of Finance Malaysia 2020)

¹⁶⁵. This measure is an increase in special allowance from the previously announced measure in Economic Stimulus Package 2020. The allocation is obtained from the Covid-19 Temporary Measures Bill 2020. (Temporary Measures For Government Financing (Coronavirus Disease 2019 (COVID-19) Bill 2020 2020)

Social Assistance	Cash Transfer	Penjana Stimulus Package	One-off RM 300 cash transfer for OKUs, single mothers and volunteers	RM 102.6 million ¹⁶⁶
			ePENJANA Credits in e-wallet (RM 50)	RM 750 million
		Kita Prihatin Stimulus Package	Bantuan Prihatin Nasional 2.0 (BPN 2.0)	RM 7 billion
	In-Kind Transfers	Prihatin Stimulus Package	Assistance to vulnerable groups via NGOs and social entrepreneurs	RM 25 million
		Penjana Stimulus Package	Grant for relevant registered NGOs	RM 5.4 million ¹⁶⁷
	Utility Waivers	Economic Stimulus Package 2020	Restructuring and rescheduling of loans (A six-month moratorium for all consumer loans starting from April 2020 ¹⁶⁸)	N/A
		Extra Economic Stimulus Package 2020	Electricity bill discount (15% for businesses impacted by COVID-19 and 2% for commercial/ industrial/ agricultural/ domestic users)	RM 500 million
		Prihatin Stimulus Package	Deferment of PTPTN and PTPK loan repayment	RM 899.2 million
			Six-months rental exemption for those living in Projek Perumahan Rakyat (PPR)	RM 3 million
			Six-months moratorium for 'Rent-to-Own' units of PPR	RM 5.7 million
			Six-months lease exemption on all premises owned by the Federal Government	N/A
			Additional electricity bill discounts (Between 15% and 50%)	RM 530 million
			Free internet services to all customers during the MCO period	RM 600 million
		Penjana Stimulus Package	My30 Public Transport Subsidy	RM 200 million
Free internet connectivity for education & productivity	RM 3 billion			

¹⁶⁶. Based on author's calculation of 190,000 OKUs, 150,000 single mothers and 2,000 volunteers. (Ministry of Finance Malaysia 2020)

¹⁶⁷. Based on author's calculation after subtracting the total allocation for social assistance for vulnerable groups with the one-off RM 300 Cash Transfer for OKUs, single mothers and volunteers under the Penjana Stimulus Package. (Ministry of Finance Malaysia 2020)

¹⁶⁸. (Bank Negara Malaysia 2020)

Social Insurance	Health Insurance Support	Prihatin Stimulus Package	mySalam Hospitalisation Benefit (Income replacement of RM 50 per day for maximum of 14 days)	N/A
		Kita Prihatin Stimulus Package	PEKA B40 Healthcare Support	RM 50 million
	Unemployment Benefits & Paid Leave	Economic Stimulus Package 2020	Employment Insurance System (EIS) Fund (3 months contribution requirement waived for EIS withdrawal)	RM 1.1 billion
		Extra Economic Stimulus Package 2020	Financial aid for workers forced to take unpaid leave (RM 600 per month for maximum of 6 months)	RM 120 million
	Pensions & Retirement Savings	Prihatin Stimulus Package	Private Retirement Scheme (Pre-retirement withdrawal from Account B of PRS up to RM1,500 per member)	N/A
	Social Security Contributions	Economic Stimulus Package 2020	Decreased EPF Contribution from 11% to 7%	N/A
		Penjana Stimulus Package	Matching grant for gig economy platforms who contribute to SOCSO's Employment Injury Scheme (RM 162 yearly) and EPF's i-Saraan (RM 250 yearly)	RM 50 million
	Labour Market	Activation Measures	Economic Stimulus Package 2020	Matching HRDF grant for training for the tourism sector
Subsidy towards financing short courses, particularly on digital skills				RM 50 million
Short courses on TVET skills training for trainees working in manufacturing companies				RM 20 million
Penjana Stimulus Package			Fund for reskilling and upskilling programmes for the youth and unemployed	RM 2 billion
			MDEC Global Online Workforce (GLOW) Programme	RM 25 million
			Child Care Subsidy (eVouchers, income tax relief, grant to childcare centre and training incentives)	RM 200 million
			Flexible working arrangement incentives (Tax exemptions and coverage of SOCSO's Employment Injury Scheme while working from home)	RM 800 million

Labour Market	Wage Subsidies	Prihatin Stimulus Package	Wage Subsidy Programme (RM 600 per employee for 3 months with 50% decrease in employer's income requirement)	RM 5.9 billion
			Payment for workers under government contracts and contract extension by one month	RM 110 million
		Prihatin Plus (Additional Measures)	Expansion of previous Wage Subsidy Programme (Wage subsidy of RM 600, RM 800 & RM 1,200 per month per employee for 3 months with the 50% decreased employer's income requirement waived)	RM 13.8 billion
			Penjana Stimulus Package	Extension of Wage Subsidy Programme for 3 months (RM 600 per employee)
		Hiring and Training Assistance for Businesses for 6 months (RM 600 for Youth, RM 800 and RM 1,000 for Unemployed)		RM 1.5 billion
		Kita Prihatin Stimulus Package	Targeted Wage Subsidy Programme for 3 months (RM 600 per employee and 30% lower revenue requirement)	RM 2.4 billion

Sources:

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2. Ministry of Finance Malaysia, 'Prihatin Rakyat Economic Stimulus Package 2020'.
3. Yassin, 'Additional PRIHATIN SME Economic Stimulus Package (PRIHATIN SME+)':
4. Ministry of Finance Malaysia, 'Penjana: Building the Economy Together, Short-Term Economic Recovery Plan, June - December 2020'.
5. Yassin, 'Special Announcement Kita PRIHATIN'.



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