



UNITED NATIONS  
MALAYSIA



# ONE-UN PLAN OF MULTISECTORAL SUPPORT FOR COVID-19

MALAYSIA

JULY 2020



COVID-19  
RESPONSE



**ONE-UN PLAN: MULTISECTORAL  
SUPPORT TO COVID-19 PREPAREDNESS,  
RESPONSE AND EARLY SOCIO-ECONOMIC  
RECOVERY IN MALAYSIA**

## About

This document sets out the first phase of response by the UN development system in Malaysia, comprising 19 resident and non-resident agencies, funds and programmes. It outlines both ongoing as well as planned responses, including those that require donor funding to take forward in an effective manner. The scope of the support to the country and its people, spans the priority pillars of the public health response, humanitarian needs of vulnerable groups and the early socio-economic response. Against the backdrop of an upper middle-income country with a strong public healthcare system and economic fundamentals, this plan focusses on further enhancing the public health and humanitarian response in a spirit of partnership with Government, civil society and other actors - to reach, in particular, those who are most vulnerable, who are inadvertently left out of the normal coverage of aid efforts.

# Contents

Key Planning Figures.....	6
Target Populations of Strategic Interventions and Support.....	6
Funding Requirements.....	6
Map of Malaysia Showing Distribution of COVID-19 Cases.....	7
1.0 Situation Overview.....	7
1.1 Socioeconomic Impact of COVID-19.....	7-8
1.2 COVID-19 Health Preparedness, Response and Management.....	9
2.0 Planning Assumptions.....	9
2.1 Containment and Mitigation, Gaps and Challenges Related to the Spread of COVID-19.....	9-10
2.2 Issues and Gaps in Addressing the Socioeconomic Impact.....	10-14
3.0 Humanitarian Analysis.....	15-16
4.0 Vulnerability Analysis.....	17-20
5.0 Overview Timeline.....	20
6.0 Strategic Areas of Support and Objectives.....	21
6.1 Public Health Preparedness and Response.....	21-22
6.2 Multi-sector Humanitarian Support to Vulnerable Groups.....	23-24
6.3 Support to Early Socioeconomic Response and Recovery.....	24-25
7.0 Prioritization Strategy.....	26
7.1 Public Health Preparedness and Response Activities by Pillar.....	27-34
7.2 Multisectoral Humanitarian Support.....	35-40
7.3 Support to Socioeconomic Response and Recovery.....	41-46
Coordination Structure.....	47
Budget Requirement.....	47-48

## Key Planning Figures

Malaysian Population	Healthcare Workers	Indigenous Peoples	People & Children with Disabilities	Above 65 years	Bottom 40%	Women
32.7 million <sup>1</sup>	194,843 <sup>2</sup>	14.0 % <sup>1</sup>	14.0 % <sup>3</sup>	6.7 % <sup>1</sup>	13 million <sup>4</sup>	48.0 % <sup>1</sup>

Informal Sector; and Homeless	Foreign workers	Irregular migrant workers	Refugees and Asylum seekers	Undocumented <sup>5</sup> and Stateless	People Living with HIV and AIDs	Prisoners	Detainees
1.36 million (informal) 1,500-2,000 (homeless) <sup>6</sup>	2.96 - 3.26 million <sup>7</sup>	1.23 - 1.45 million <sup>6</sup>	178, 890, (46,250 children)	Unknown	93,089 <sup>8</sup>	241,091 <sup>9</sup>	47,092 <sup>4</sup> (306 children)

## Target Populations for Strategic Interventions and Support

Target populations	Refugees & Asylum Seekers	Undocumented & Stateless	Irregular migrants	Victims of GBV	The aged	Children	Prisoners
Numbers targeted	90,000 (including 30,000 children)	50,000	15,000	15,000	3,000	1,300,000	66,000 (indirect beneficiaries via support to prisons)
Location	Nationwide	Nationwide and especially Sabah	Nationwide	Nationwide	Peninsula Malaysia	Nationwide	Nationwide
Type of intervention	Health Cash support Food WASH Protection Education Hygiene kits MHPSS	Hygiene kits MHPSS	Repatriation (5,000), food and rental aid (10,000), Resettlement (1,000 - 6,000)	GBV case management, protection, MHPSS, dignity kits	Pool testing, education, rapid assessment, network development	Online and offline engagement on COVID-19 and MHPSS  Hygiene kits distribution and MHPSS	Provision of PPEs and trainings for prison management & prison officers
Partners	IMARET, MRA, MERCY Malaysia, Taiwan Buddhist Tzu Chi Foundation	Mercy Malaysia, Prisons department, SUHAKAM, NGOs and CSOs	MTUC, Tenaganita, Sahabat Wanita, Our Journey	WAO and other NGOs	MyAgeing, Homes for the Aged and residential care facilities	Ministry of Women, Family and Community Development, NGOs and CSOs	Ministry of Home Affairs

## Funding Requirements

Funding required (for health interventions)	Total funding required for multi-sector interventions, including for early socioeconomic response and recovery	Total funding required
USD	USD	USD
960,700	12,361,673	<b>13,322,373</b>

1 Department of Statistics Malaysia (DOSM) data: [https://www.dosm.gov.my/v1/index.php?r=column/cthemByCat&cat=430&bul\\_id=UDc0eVJ4WEJYmw0Rmt5cjYWHFkdz09&menu\\_id=L0pheU43NWjWRWVSzkIWdzQ4TihUU09](https://www.dosm.gov.my/v1/index.php?r=column/cthemByCat&cat=430&bul_id=UDc0eVJ4WEJYmw0Rmt5cjYWHFkdz09&menu_id=L0pheU43NWjWRWVSzkIWdzQ4TihUU09)

2 World Bank figures

3 Global estimates suggest 1 in 7 people have a disability, equating to approximately 15% of the population. WHO (2011), World Report on Disability, pg. 2, accessed June 27 2018, [https://www.who.int/disabilities/world\\_report/2011/report.pdf](https://www.who.int/disabilities/world_report/2011/report.pdf) and UNICEF (2019), Issue Brief Children with Disabilities in Malaysia, pg. 3, accessed December 3 2019, <https://www.unicef.org/malaysia/reports/issue-brief-children-disabilities-malaysia> - suggesting approximately 3.5 million persons with disabilities and 465,957 children with disabilities in Malaysia.

4 Earning less than RM2,848 (USD 662)

5 Undocumented persons are persons who do not have birth certificates, national identity cards, residence permits or passports issued by any state.

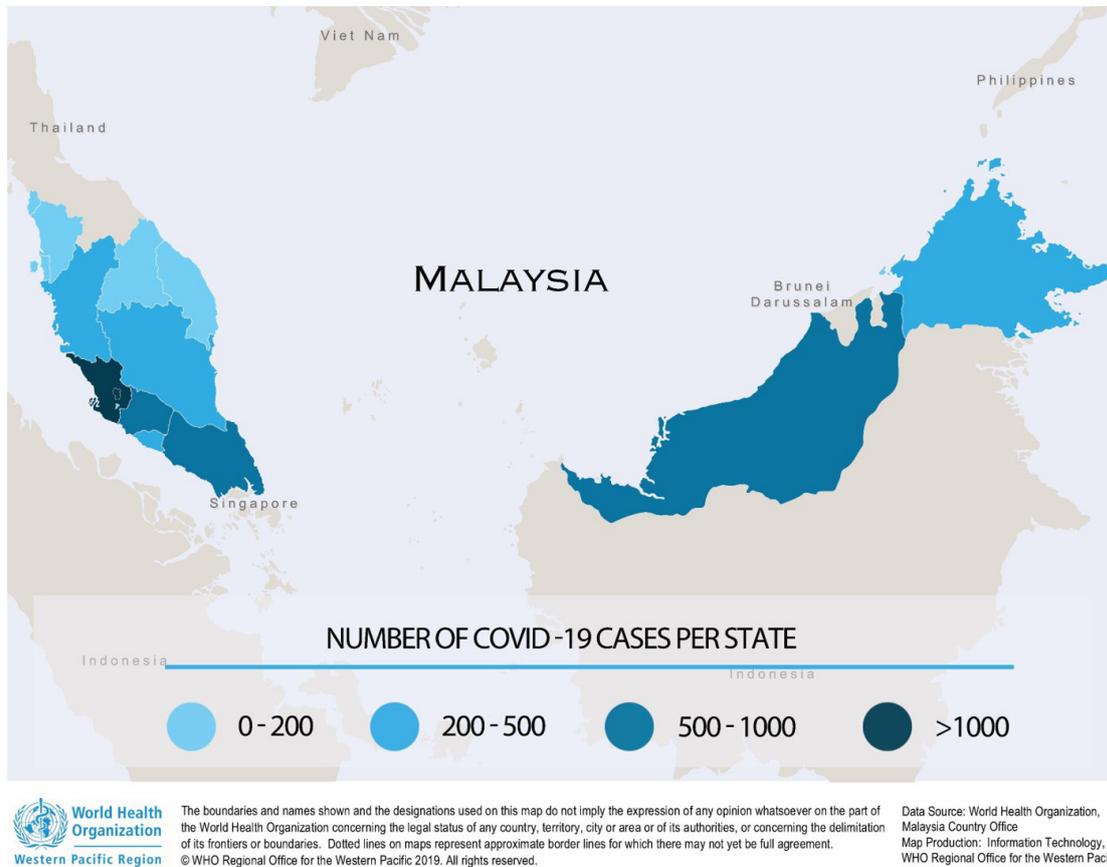
6 DOSM, LFS 2017

7 World Bank figures, 2017

8 Malaysian AIDS Council, 2016

9 Prison's Department 2019 data as provided by DOSM. Note: 103,047 under remand and 138,044 convicted.

## Map of Malaysia Showing Distribution of COVID-19 Cases



**Note:** The situation on COVID-19 changes rapidly. Therefore please check the website of the Ministry of Health and WHO [https://www.who.int/malaysia/emergencies/coronavirus-disease-\(covid-19\)-in-malaysia](https://www.who.int/malaysia/emergencies/coronavirus-disease-(covid-19)-in-malaysia) for most recent information.

## 1.0 Situation Overview

### 1.1 Socioeconomic Impact of COVID-19

Despite being an upper middle-income country with strong economic fundamentals, COVID-19 and the measures taken to curb the spread of the disease have dealt a devastating blow to many who live on the brink of poverty. These include those in the informal sector, who were already part of the bottom 40 per cent (B40) in the country who earn less than RM2,848 (USD<sup>10</sup>662), the homeless as well as groups of vulnerable populations such as the undocumented, the migrant workers, refugees, stateless, asylum seekers and others who have little or no access to basic services or social protection. And within these very vulnerable groups, are those who suffer much more than others due to an intersectionality of various issues that are experienced to an even higher degree by women and girls, persons and children with disabilities, the aged, migrants, and health workers (disproportionately represented by women) and those living in informal settlements or working in the informal sector. The UN in Malaysia can leverage its comparative advantage and global expertise to work with Government and civil society partners to develop innovative solutions to address the complexity of issues that have been deepened with the onset of the pandemic.

<sup>10</sup> Exchange rate calculated at USD1= RM4.3 as of 11 April 2020

Whilst, Malaysia has had strong development planning and implementation capacities, incorporating key principles of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs), the trajectory on which Malaysia was on, may now be seriously derailed. Prior to the outbreak, the Government expected the gross domestic product (GDP) to grow by 4 to 4.5 percent in 2020, but the projection has since been revised downwards. The Ministry of Finance and the central bank (Bank Negara Malaysia) expect the economy to fall into recession this year, with GDP expected to contract by at least 2 per cent<sup>11</sup>, although independent economists such as Nomura Research, expect the economy to contract by about 6 per cent this year<sup>12</sup>. This will seriously affect Malaysia's ability of achieving high-income status by 2024<sup>13</sup>.

The impact to business is dire, and many firms are struggling to stay afloat. A survey done by the SME Association in March 2020, highlighted that nearly 82 per cent of SMEs foresee losses for the financial year 2020, with nearly 7 in 10 of the SMEs with only just enough cashflow for them to pull through until April 2020<sup>14</sup>. Another survey done by the Federation of Malaysia Manufacturers (FMM) in April 2020, reported that nearly two in three (63%) manufacturers will need to undertake drastic cost-cutting measures such as retrenchment, unpaid leave and freeze in hiring in order to stay in business; and about one in two (47%) stated that the cost-cutting measures will be implemented within three to six months<sup>15</sup>. Strikingly, more than three-quarters (78.7%) of surveyed firms said they might have to lay off up to 30% of their workforce<sup>16</sup>. Latest statistics from the Department of Statistics Malaysia (DOSM) show that 68 per cent of firms reported zero income during the Movement Control Order (MCO), which came into force on 18 March 2020, and had to use internal funds to stay afloat<sup>17</sup>. SMEs employ 70 per cent of the 10-million-strong workforce in Malaysia – a closure of 20 per cent of SMEs could potentially see up to 1.2 million people being jobless and increase the unemployment rate to 10%. Poverty rates will increase, as not only do workers have little or no personal savings, but about four in ten or 40 per cent are not covered by employment-based social protection.

Large numbers of the vulnerable population e.g. migrant workers (both documented and undocumented), many of whom make up the much-needed labour force of the country i.e. 30 per cent<sup>18</sup> in both the formal and informal sectors – are in a highly precarious situation. UN agencies working with partners on the ground, report a high level of human suffering amongst the refugee and undocumented populations. The loss of jobs and income sources and the resulting deprivations including food, water and shelter – can evolve into a major humanitarian and socioeconomic issue in the country, if mitigating measures are not taken in time. It could also have spill-over effects to the region, given that a vast majority of their families living outside the country are dependent on the remittances from Malaysia.

Malaysians, who live on the fringes of development either in highly congested urban areas with high costs of living or those who are geographically isolated, including the B40 and indigenous peoples of the Peninsula, Sabah and Sarawak – face a multiplicity of issues that threaten to push them into deeper states of poverty. Those who are institutionalised e.g. the aged, those with disabilities and those incarcerated in prisons, in detention centres face a much higher health risk as a result of COVID-19. Health strategies that go beyond medical dimensions of the pandemic and include the human rights and gender-specific aspects of the health response would be more sustainable in the longer term.

11 MoF, Commentary on 2020 GDP Growth Forecast (2020) <https://www1.treasury.gov.my/index.php/en/gallery-activities/press-release/item/6157-media-release-commentary-on-2020-gdp-growth-forecast.html>

12 Nomura Research, 13 May 2020. Internal Daily Market Notes

13 <https://www.nst.com.my/business/2018/10/417716/malaysia-reach-high-income-status-between-2020-and-2024-world-bank>

14 Malay Mail, 31 March 2020. MCO: 30pc of Malaysian SMEs have cashflow only for March, another 37pc for April. <https://www.malaymail.com/news/malaysia/2020/03/31/mco-30pc-of-malaysian-smes-have-cashflow-only-for-march-another-37pc-for-ap/1851951>

15 The Star, 21 April 2020. FMM: Job Losses Brewing. <https://www.thestar.com.my/business/business-news/2020/04/21/fmm-job-losses-brewing>

16 Ibid

17 The Star 8 May 2020. Two-thirds of Malaysia businesses say no income during MCO, Stats Dept revealed. <https://www.thestar.com.my/news/nation/2020/05/08/two-thirds-of-m039sian-businesses-say-no-income-during-mco-stats-dept-survey-reveals#.XrT4oyhFcaU.whatsapp>

18 [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/genericdocument/wcms\\_614381.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/genericdocument/wcms_614381.pdf)

---

## 1.2 COVID-19 Health Preparedness, Response and Management

### 1.2.1 Mitigation through Movement Control Order (MCO)

The Ministry of Health (MOH) issued a record number of guidelines and was focused on containment in the early stages by rapidly identifying cases, contact tracing, testing of samples, isolation of confirmed and suspected cases as well as mobilizing resources as the situation escalates. When the number of cases jumped in mid-March due to clusters of mass infections, the country moved into the mitigation stage where social distancing, avoiding crowds as well as the closure of schools and offices to reduce unnecessary travel were implemented. This took the form of an MCO under the Prevention and Control of Infectious Diseases Act 1988 (Act 342) and the Police Act 1967 (Act 344), a partial lockdown where only entities involved in essential services remain operational. While the MCO has been extended, a relaxing of MCO conditions was initiated as of 4 May 2020 as part of the efforts to restart the economy.

### 1.2.2 Access to Healthcare

The Malaysian healthcare system has proven to be well equipped to handle the pandemic. Its health system provides reasonably good levels of physical access to health services for the majority of the population, and is affordable to most Malaysians. About 86% of households live within 5 km of public healthcare facilities (urban: 89%, rural 77%). However, in terms of non- COVID-19 healthcare, recent reports based on a survey done by CSOs indicated that about 51% of the refugees, stateless, and undocumented migrants are currently unable to access health care<sup>19</sup> even with discounted rates with a UNHCR card, refugees still find it difficult to access healthcare; and foreigner fees make it unaffordable for many informal migrant workers. Fear of detention and arrests have also hampered access. Primary healthcare is available in nine clinics enabled by NGOs including three NGOs that provide health care funded by the Government of the State of Qatar. Three clinics are expected to become operational from September 2020. Some of the clinics operate mobile teams. Geographical coverage remains a challenge with most services available in specific areas of central Malaysia. Secondary health treatment, however, is not covered by these clinics. It is subject to foreigner's fees.

## 2.0 Planning Assumptions

### 2.1 Containment and Mitigation, Gaps and Challenges Related to the Spread of COVID-19

#### Containment and mitigation measures:

- The Malaysian government allows access to COVID-19 screening, case detection, isolation and free treatment in public health facilities for all vulnerable groups, including non-citizens, documented or otherwise - if they present symptoms which are aligned with COVID-19 suspect cases. The MOH has assured that all foreigners, documented or otherwise will receive the same medical treatment as any other patient.
- Government also, facilitates access of non-governmental and civil society organisations (NGOs and CSOs) to deliver aid and much needed services to vulnerable groups.

#### Gaps:

- However, the above-mentioned latitude for some of these vulnerable groups is only applicable for COVID-19 and does not apply to other ailments or chronic illnesses.

---

<sup>19</sup> UN Malaysia. April/May 2020. Malaysia: Rapid needs assessment of the impact of Covid -19 on migrants, refugees and the stateless

- Vulnerable migrants (documented and undocumented) are already unable to afford the medical fees at the foreigner rate for medical treatment other than COVID-19, as many will have lost an income as the situation is exacerbated. Although, refugees with a UNHCR card received a 50% discount on the foreigner rate, it is still unaffordable for them.
- Given the current stress on the healthcare system nationwide, these vulnerable groups of non-citizens and undocumented persons may not have access to basic healthcare services unless they can pay out of pocket.
- Older persons are at much greater risks of contracting COVID-19. However, those in the B40 group, those who live alone or in welfare homes for the aged, those who are old and have disabilities – may have much greater difficulty accessing such testing and/or treatments.
- There are children, who remain in prisons, detention (including immigration detention centres) and remand centres with overcrowded conditions, where academic schooling as well as visitation by family during the MCO has stopped.
- Also, information dissemination is currently not disability inclusive and is limited in the number of languages.

#### Challenges:

- Despite efforts by UN agencies such as UNHCR and IOM to reach out to the vulnerable non-citizen groups by creating hotlines and providing information in various languages, the deeply embedded fear of being recorded, reported, detained and/or arrested by the authorities – remain a strong deterrent for such groups to avail themselves of COVID-19 testing and treatment.
- Basic infrastructure especially water and sanitation facilities are essential to slowing the spread, however, access to clean water remains a challenge in some areas where some vulnerable groups reside, while compliance with social distancing and health and safety regulations is difficult in many informal settings.
- There is, therefore, a major structural barrier to access for these vulnerable groups to basic services and assistance.

## **2.2 Issues and Gaps in Addressing the Socioeconomic Impact**

Due to the Movement Control Order, Government has restricted movement of NGOs and has requested for all aid to be coordinated via the Welfare Department at federal, state and local levels, and for the distribution to be done by the People's Volunteer Corps (RELA) and the army. Even if such assistance were made available for the vulnerable non-citizens and stateless, the likelihood that they would come forward to avail themselves of assistance channeled via RELA and the army, is very low due to fear of detention or arrests.

### **2.2.1 Lack of Access to Assistance for the Non-Citizen and Undocumented Population Groups**

The Economic Stimulus Package, does not cover an estimated 20 to 30% of the most vulnerable of the population, who are non-citizens comprising the undocumented, stateless, refugees and low-waged or out of job migrant workers (both documented and undocumented), and children with their parents/caregivers and unaccompanied and separated children. The plight of the undocumented people in Sabah (who already grapple with access to water, sanitation and food) is particularly complex, rendering a large number of people in dire need of urgent help.

- A joint UN survey led by IOM confirmed the urgent need of these populations. Based on the findings from the Malaysia: Rapid Needs Assessment of the Impact of COVID-19 on Migrants, Refugees and the Stateless report conducted by the UNCT in early April 2020, 84 per cent of civil society organizations and community leaders in the study have reported that these vulnerable populations have experienced temporary loss of work or income. Since the enforcement of the MCO, a significant number of formal and informal workers have become dependent on various means of support, primarily emergency aid and donations. Over half

---

of the survey respondents also reported that these communities are unable to or do not access healthcare at this time, whether COVID-19 related or otherwise. This is likely due to the high costs of medical care for foreign citizens or the increasing fear of arrest or detention due to their legal status.

- A primary concern that has emerged is access to food supplies. For example, refugees and asylum-seekers as well as undocumented persons are mostly earning daily wages and the majority, if not all, have lost their income as a consequence of the current crisis. UNHCR and other UN agencies are receiving reports from the UNHCR hotline, community focal points and embassies - that families are struggling to meet their basic needs which include food, rent and access to basic healthcare.
- Also, with the lack of income and restricted movement, women and children are at heightened risk of abuse. Response mechanisms are disrupted, and the healthcare system is overburdened. Response to sexual and gender-based violence in the national context is already limited and normally excludes non-citizens.
- The 132 alternative learning centres (ALCs) serving some 14,000 refugee and asylum seeker children are closed due to the MCO. Limitations in terms of both resources and connectivity means that the learning centres are not able to switch to home-based learning for their students. There needs to be significant investment into equipment such as laptops or tablets and internet access if home-based learning is to be considered for refugee children.
- These vulnerable groups also face heightened risk of COVID-19 infection and other diseases. Many, including women, children, elderly and persons with disabilities already face overcrowded living situations and lack adequate access to health services, clean water and sanitation, which further puts them at greater risk for contracting and spreading COVID-19. With businesses closing down, many migrants, especially those who are informally employed have lost their income and are at risk of lack of sustenance and shelter (not having the capacity to pay rent).

### 2.2.2 Access to Assistance for the B40 in the Informal Economy

The distribution of cash transfers is based on existing registration of citizens with the Internal Revenue Board (LHDN) – hence those in the informal sector, the lowest income earners and those engaged in subsistence agriculture and fisheries, unwittingly fall out of reach<sup>20</sup>. Notwithstanding, Government is trying to address this issue through widespread dissemination of information and other means of registration options.

### 2.2.3 Impact of the Crisis on Women and Girls

It has been globally acknowledged that women and girls have been disproportionately affected by this crisis. Women are at greater risk of losing their jobs, they take on additional domestic and childcare burden and are at greater risk of gender-based violence, given confined spaces that provide little chance of escape from the hands of perpetrators. The Women's Aid Organisation (WAO) has identified women most at risk as being - female-headed households, domestic violence survivors, women workers in vulnerable employment, and at-risk non-citizens<sup>21</sup>.

There is an estimated 300,000 migrant women of reproductive age and more than 27,000 migrant adolescent girls between 10 and 14 years old in Malaysia with lack of legal guarantees of labour rights protections - leaving them vulnerable to exploitation and abuse<sup>22</sup>. Women migrant domestic workers are likely to experience increased burden of domestic work, heightened risks of workplace violence and constraints on accessing remedies due to regulations to limit movement and the constant presence of employers at the workplace, wherein they also live. With the MCO, they

20 <https://www.freemalaysiatoday.com/category/opinion/2020/04/11/the-small-man-and-the-stimulus-package/>

21 <https://www.thestar.com.my/opinion/letters/2020/04/04/prihatin-stimulus-package-does-not-reach-women-who-are-most-at-risk>

22 Department of Economic and Social Affairs. (November, 2019). International migrant stock 2019. <https://www.un.org/en/development/desa/population/migration/data/estimates2/estimates19.asp>

may not be allowed to leave the home and possibly have no days off. They may also face economic and social barriers to access sexual and reproductive health services, whilst also contractually not being allowed to get pregnant.

## 2.2.4 Impact of the Crisis on the Aged

The crisis has left many aged care centres and homes deprived of their regular channels of funding sources and public assistance. Of primary concern is the inability of many such facilities to ensure adequate food supplies as well as face masks and hand sanitizers. There have been reported cases of older persons being further isolated and some have died alone as their caretakers were not able to tend to them during the MCO<sup>23</sup>. Some older persons who rely on daily wages have lost their sources of income and do not have access to food and essential items. Older persons living on their own also face challenges in seeking medical assistance for other health related issues. As shown in below table, more than 60% of COVID-19 deaths have been of older patients due to their weaker immune system<sup>24</sup>.

Confirmed COVID-19 Deaths by Age Group and Sex, Malaysia (as of 8<sup>th</sup> April 2020)

Age Group	Female		Male		Total	
	N	%	N	%	N	%
27 – 39	0	0.0	5	10.0	5	7.7
40 – 59	6	40.0	14	28.0	20	30.8
60 – 79	5	33.3	28	56.0	33	50.8
80+	4	26.7	3	6.0	7	10.8
Total	15	100.0	50	100.0	65	100.0

## 2.2.5 Impact on Children and Persons with Disabilities

People experiencing social disadvantage and marginalization are known to be disproportionately impacted by ill-health. In the context of the COVID-19 pandemic, persons with disabilities may have increased risk for exposure, complications, and death as:

- Persons with disabilities are disproportionately represented among older populations, who are known to be at increased risk in the COVID-19 pandemic. It is estimated that more than 46% of the world's population of people over age 60 have disabilities; children and adults with disabilities may have underlying health conditions that increase their risk of serious complications from COVID-19;<sup>25</sup>
- Persons with disabilities are also disproportionately represented among the world's people living in poverty.

However, while facing increased risk, men, women, boys and girls with disabilities also face obstacles to accessing prevention and response measures:

- Limited availability of disaggregated data, results in an inability of surveillance systems to determine the impact on people with disabilities.
- Inaccessible information and communication mean that persons with hearing, visual, intellectual or physical disabilities may not receive key information about prevention and assistance.
- Persons with disabilities face barriers to accessing essential health services and WASH (water, sanitation and hygiene) facilities due to environmental barriers; lack of accessible public transit systems; limited capacity of health workers to communicate and work with persons with disabilities; and high costs of health care, exacerbated in some contexts by more limited access to insurance.
- Girls and boys with disabilities may be at risk of exclusion from education if distance learning programmes are not accessible or they do not have assistive devices to allow participation and accommodate learning

<sup>23</sup> <https://www.channelnewsasia.com/news/singapore/covid-19-elderly-woman-dies-alone-in-malaysian-house-12637624>

<sup>24</sup> <https://www.malaymail.com/news/malaysia/2020/04/08/seniors-account-for-nearly-two-in-three-covid-19-deaths-dr-noor-hisham-says/1854787>

<sup>25</sup> [https://www.unicef.org/disabilities/files/COVID-19\\_response\\_considerations\\_for\\_people\\_with\\_disabilities\\_190320.pdf](https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf)

---

needs.

- Persons with disabilities can be disproportionately impacted by interrupted home, community and social services and supports, including personal assistance.
- Quarantine, health facilities and transport established as part of the COVID-19 response may fail to cater to the requirements of children and adults with disabilities, including with regards to accessibility.
- Prejudices, stigma, and discrimination against people with disabilities, including misconceptions that people with disabilities cannot contribute to the outbreak response or make their own decisions.
- In health emergencies, people with disabilities may be less likely to be prioritized in resource allocation and priority setting.

## 2.2.6 Impact on Children

Children are the hidden victims of COVID-19. Although COVID-19 appears to cause less severe symptoms and fewer deaths among children than for adults, it poses significant risks to their wellbeing, especially those within vulnerable groups. They include children living in poverty, indigenous children, children with disabilities, in detention, in institutions, stateless, undocumented, migrant, refugee children – those who are not able to access education and who are out of school even before the pandemic. As the crisis deepens, family stress-levels also are rising, and children confined at home are at heightened risk of exploitation, violence and abuse and are witnesses to domestic violence. Their mental health and well-being and access to psychosocial support is critical.

Childhood malnutrition and stunting were already at high levels before the pandemic<sup>26</sup> and now with classrooms shuttered, children who rely on school feeding programmes such as the *Rancangan Makanan Tambahan* are missing out on this daily dose of nutrition and access to healthy food. The closure of schools has also meant the inability of children to access all other provisions that schools provide such as psychosocial support, safe spaces etc. Although schools are offering online learning via the Google Classroom platform, this is not necessarily available to all. Children who experience slow or expensive Internet services, are severely disadvantaged. Given the COVID-19 and MCO realities, some children may be required to help with the family and household chores, and girls in particular will be at risk of dropping out. The 'lost boys' scenario in Malaysia of boys increasingly dropping out might be further exacerbated. Children, particularly those who are undocumented, are also at greater risk of child labour and trafficking.

## 2.2.7 Socioeconomic Impact Survey

A recent qualitative survey by the DOSM from 23-31 March 2020, involving 168,182 people, ages 15 and above, revealed the following<sup>27,28</sup>:

- That an estimated 2.1 million people may become jobless.
- That 98% of the 53.4% of self-employed Malaysians who still have jobs have suffered income losses, with more than a third of them experiencing a cut of over 90%. Labour Force Surveys reveals that the self-employed/own-account workers represent some 2.7 million or 18 per cent of the country's total labour force. Some of the obvious implications are that the self-employed/own-account workers who make up almost one-fifth of the total workforce are too significant a group to be neglected; their vulnerability is compounded by their greater concentration in rural areas and in the older age group; and their shorter hours of work make them more vulnerable to time-related under-employment and working poverty - factors that should be taken into account in support measures.
- That 71.4% of self-employed respondents have savings to last only a month.
- Monitoring data confirm that among informal economy workers significantly impacted by the crisis, women

<sup>26</sup> <https://www.unicef.org/malaysia/reports/children-without>

<sup>27</sup> [https://www.dosm.gov.my/v1/index.php?r=column/cone&menu\\_id=a0dyT2d5UmFMNEZJVTImL0k5cFjNZz09](https://www.dosm.gov.my/v1/index.php?r=column/cone&menu_id=a0dyT2d5UmFMNEZJVTImL0k5cFjNZz09)

<sup>28</sup> <https://www.straitstimes.com/asia/se-asia/coronavirus-malaysian-survey-shows-half-of-self-employed-quarter-of-employers-without>

are overrepresented in high-risk sectors.

- Takings of 86.1% of the 76.2% of employers who continue to have revenue have been affected with 30% experiencing a drop of over 90%.
- Those in the agriculture and services sectors recorded the highest levels of job losses at 21.9% and 15% respectively. These are also the sectors that predominantly provide jobs for migrant workers, refugees and others.

The above-mentioned survey findings have also been summarised by DOSM as shown in Figure 1 below.

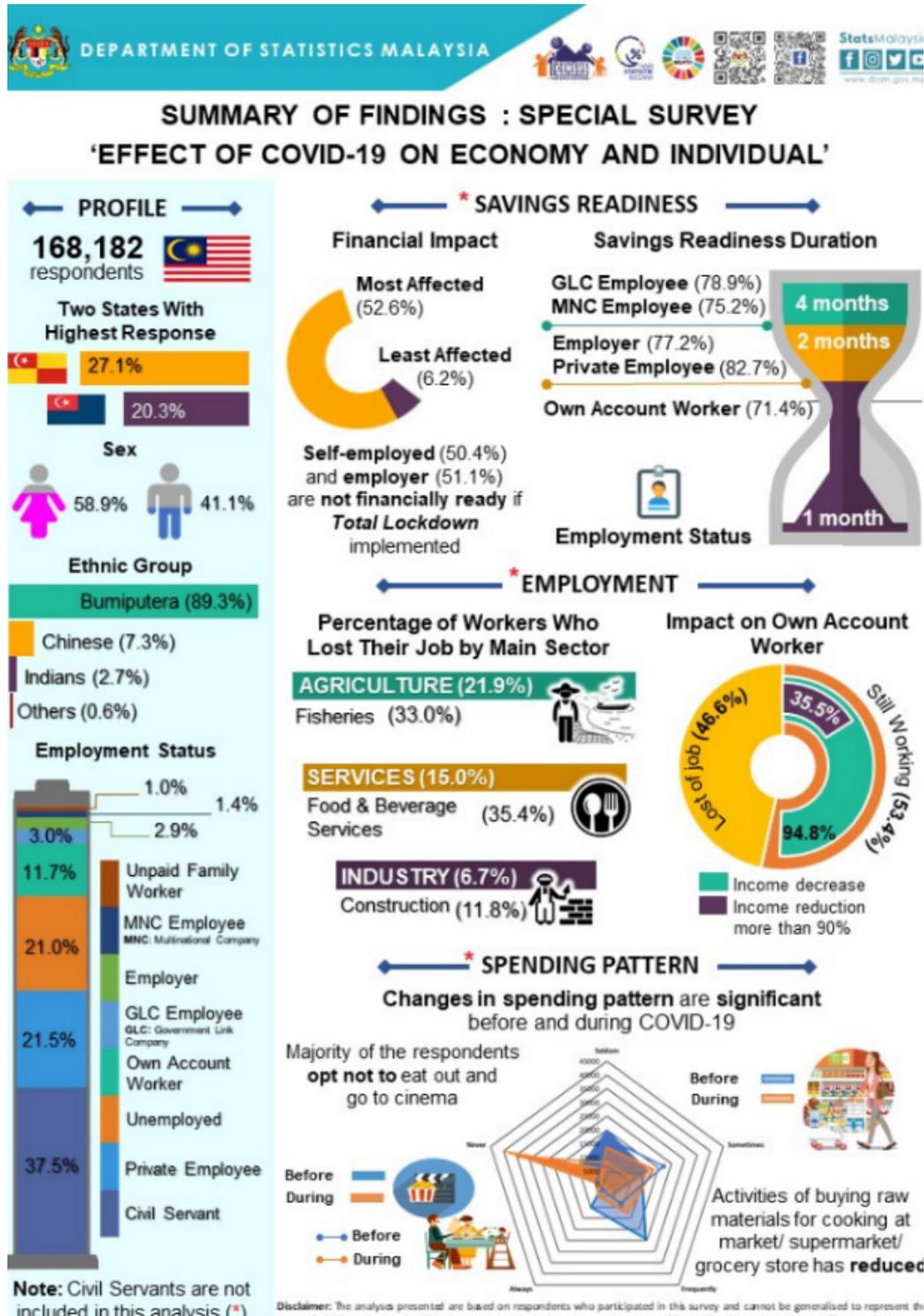


Figure 1: Results of DOSM Survey on Effect of COVID-19 on the Economy and Individuals

### 3.0 Humanitarian Analysis

---

As described above, some of the urgent needs and challenges faced by vulnerable groups, especially undocumented and stateless persons, migrant workers, refugees, asylum seekers; at risk women, children and the aged; persons and children with disabilities; those geographically isolated such as indigenous peoples of the Peninsula, Sabah and Sarawak; and those in the informal sectors – are as described below:

- **Healthcare:** Vulnerable non-citizen populations are struggling to access and pay for chronic medical diseases, lifesaving medicines or fees for pre and post-natal care, or other necessary medical needs. This lack of access to health services could lead to greater home births, complications and deaths. There is also a need for increased psychosocial support and health education and awareness for the hard to reach communities. Those with refugee ID cards are eligible for a 50% discount to the foreigner rate at hospitals and clinics, but this is also a cost that many cannot afford. Individuals who are residing in Malaysia without legal status continue to be hesitant to seek medical treatment for COVID-19 or otherwise, due to the fear of arrest and detention. IOM is rendering non-COVID-19 medical services in the Selangor area, which has a high density of refugee and migrant populations and that was under enhanced MCO.
- **Personal Protection Equipment and Hygiene Needs:** As a result of the MCO and pressures on the global as well as national supply chains, there is a general lack of access to low cost health supplies, basic needs and services - in particular for vulnerable groups. With reduced or lack of income, the female population within these vulnerable groups lack the ability to purchase sanitary products and also diapers for babies. UN agencies are working with the National Disaster Management Agency (NADMA) and other partners on the ground to provide some amounts of personal protective equipment (PPE), hygiene kits and mental health and psychosocial support, based on request.
- **Daily Food Needs:** Many face the risk of starvation<sup>29</sup> as they are mostly excluded from mainstream food distribution initiatives, and citizens themselves are extending support and sharing their limited food stocks with vulnerable non-citizen groups. These food sources, however, are in limited amount and are not adequate nor sustainable. NGOs are also collecting funds to feed these groups, yet they also face limited resources and funding to purchase and distribute food. UNHCR is working closely with humanitarian actors at national and subnational levels to provide basic food and other needs to refugees and asylum seekers.
- **Water and Sanitation:** Continuous uninterrupted supply of water and access to sanitation services are essential in curbing the spread of the virus. Those geographically isolated and the undocumented populations in Sabah for instance, have already been living with a lack of access to portable water even before the pandemic. IOM has expertise in this area and would be able to provide support in collaboration with other UN agencies.
- **Living Conditions:** Even before the COVID-19 crisis hit - migrants, refugees and asylum-seekers often found little choice but to live in overcrowded, unhygienic conditions, with limited or no access to health services, food, running water and sanitation. For companies who provide accommodation for migrant workers, they often do not have the necessary space required for social distancing to prevent the spread of infection. This is a combination which increases the susceptibility of communities and migrants to disease.
- **Lack of Ability to Self-Quarantine:** These populations also often lack the financial means to manage periods of self-quarantine. This is not only a current concern to these populations but will significantly impact on the ability to curb the spread of COVID-19 that will be further exacerbated by the fear of coming forward for testing or treatment for COVID-19 should they have been infected.
- **Lack of Information:** While people of all nationalities have access to COVID-19 testing and treatment in Malaysia, there is a lack of risk and other official information and guidelines that are disseminated in child-

---

<sup>29</sup> <https://www.nst.com.my/news/nation/2020/03/579214/indonesian-migrants-malaysia-going-hungry-during-mco>

friendly and disability-inclusive formats, as easy-to-read content, or in the various languages needed to reach vulnerable populations. UN agencies and CSOs are translating and disseminating information, but it is currently not sufficiently widespread due to lack of resources. As a result, many who fall in these groups may not be following strict health or legal guidelines. Translation of official government guidance in multiple languages is necessary to reach these vulnerable populations.

- Sexual and Gender-Based Violence (SGBV) and Child Abuse:** With the additional financial and mental stress during this time, vulnerable communities are facing further gender-based violence and child abuse concerns<sup>30</sup>, with community-based hotlines overwhelmed with daily calls. Migrant domestic workers, being confined in employers' homes during this period are also at increased risk of experiencing violence. Access to Ending Violence against Women (EVAW) services are also limited as many national hotlines do not target non-citizens or have interpreters. There is a dire need for emergency case management services and shelters for survivors. In addition, corresponding with increasing levels of debt, there is also a heightened risk of trafficking in persons, particularly vulnerable children including babies, unaccompanied and separated children. There are currently many deeply concerning reports of increased gender-based violence around the world, with surges being reported in many cases of upwards of 25% in countries with reporting systems in place. In Malaysia, COVID-19 has led to a spike in domestic violence and disrupted normal response systems. Reports indicate that the national hotline, Talian Kasih, observed a 57 per cent increase in calls during the MCO, including domestic violence calls. The WAO observed a 44 per cent increase in WAO Hotline calls and enquiries from February to March 2020, and its domestic violence shelter, the largest in Malaysia, is currently at maximum capacity. The UNCT's Gender Results Group led by UNFPA is working closely with both the Ministry of Women, Family and Community Development (MOWFCD) and WAO to address the issue of SGBV as is UNICEF on child abuse.
- Shelter/Rent:** With the lack of daily income, those who work in the informal sector, especially the most vulnerable amongst the non-citizens have lost the ability to pay their rent, and those who had accommodation linked to their jobs are now homeless. In late March 2020, the Refugee Coalition conducted a survey which showed that 40% of respondents had already faced an eviction notice, and 70% of respondents only have the ability to pay rent through April 2020. If a solution is not found, these vulnerable populations risk facing homelessness in addition to the other challenges they already face with food and hygiene. While a 6-month moratorium on rent for those in public housing, has helped to alleviate some of this pressure, many still fall outside of this housing safety net. The UNCT has advocated for a moratorium on all evictions.
- Detention:** While no outbreaks have been reported in immigration detention centres, prisons or other places of detention to date, overcrowding, hygiene and sanitation remain a concern, especially for children and mothers in detention. The impact of COVID-19 in immigration detention include challenges in physical distancing, communication and dissemination of age-appropriate Mental Health Information and Psychosocial Support Service; as well as increased risk of infection faced by detainees and immigration facility staff. An outbreak of COVID-19 in immigration detention centres would strain the public health system, and negatively impact on Malaysia's ability to combat the virus. The UNCT has been collectively advocating for alternatives to detention, especially for children and their caregivers.

## 4.0 Vulnerability Analysis

Below table provides a general overview of vulnerable groups and factors that make them vulnerable:

Groups	High Vulnerability	High-Risk Exposure	Low Capacity to Cope	
<p><b>Homeless persons</b></p> <p>Unsheltered or sheltered</p>	<p><b>Weak baseline health status</b></p> <p><b>Larger burden of chronic disease</b> e.g. lung or heart diseases, diabetes, HIV, malnutrition, mental health and substance abuse problems.</p> <p><b>High proportion of elderly older people</b> in homeless populations.</p> <p><b>Lower baseline access to health care</b> resulting in poorer control of chronic illness; lack of opportunity for health promotion and prevention interventions.</p>	<p>Crowded living space with inadequate ventilation and hygiene</p> <p>→ high level of close contact and exposure to common environmental contamination.</p> <p>→ physical distancing or isolation / quarantine from others infeasible.</p> <p><b>Cannot afford to stop working when ill</b> – e.g. no option for work from home or paid sick leave for many in low pay, temporary, informal or forced work.</p>	<p><b>Closure of public facilities and restriction on gatherings cuts access to essential services</b> e.g. school meals for children; food aid and WASH for the homeless; transportation.</p> <p><b>Cannot afford cost of healthcare or of missing work; Lack of social support</b> e.g. care for dependents and inability to access healthcare early.</p>	<p><b>Limited access</b> to health services, information or technology. Further affected by language, literacy, cultural, financial and administrative barriers e.g. foreigner fees and in some cases absence of documentation and; confinement.</p> <p><b>Fear of stigma, discrimination or legal consequences</b> (e.g. undocumented, irregular migrants, refugees, stateless; stigma of homelessness).</p> <p><b>Chronic social marginalization erode the reserve to cope</b> with additional health, socioeconomic demands.</p> <p><b>Limited opportunity to participate</b> in COVID-19 risk reduction or resilience building activities. Weak political voice.</p>
<p><b>Residents of Closed settings</b>, including prisoners, other detainees (including children); children in institutions, residents of long-term care facility (including for people with advanced age, disabilities and mental health and psychosocial disorders).</p>	<p><b>Compounding vulnerabilities to risks beyond COVID-19:</b></p> <p>Loss of continuity of healthcare or prescription → worsen control of chronic diseases.</p> <p>Psychosocial issues, e.g. exposure to stress, substance use, violence.</p>	<p><b>High level of close contact and exposure to common environmental contamination</b> if COVID-19 infection is present.</p> <p><b>Routine gatherings</b> e.g. mealtime, group activities → risk to spread to many people.</p> <p><b>Cared by same pool of staff</b> → risk of cross contamination.</p>	<p><b>Dependent on care by others with limited alternatives.</b> Interrupted essential services or care provision (e.g. large number of staff absence) threaten the wellbeing and survival of residents.</p>	

WASH = water, sanitation and hygiene.

Specific vulnerable populations in Malaysia:

Population groups	Factors that increase vulnerability	Factors affecting government support
Migrant workers	<p>Lack of access to medical care.</p> <p>Lack of access to shelter (if construction sites or workplaces have shut down).</p> <p>Lack of access to food.</p> <p>No social support (many migrant workers come to Malaysia as sole adults, their family remaining in their home country).</p> <p>Language barriers.</p>	There is some structured government support for migrant workers <sup>31</sup> .
Irregular migrant workers	<p>Lack of access to medical care.</p> <p>Lack of access to shelter (if construction sites or workplaces have shut down).</p> <p>Lack of access to food.</p> <p>No social support (many migrant workers come to Malaysia as sole adults, their family remaining in their home country).</p> <p>Risk of arrest and detention.</p> <p>Stigma and discrimination.</p> <p>Language barriers.</p>	Government support would not be available for this group – compounded by the high likelihood of arrests and detention.
Indigenous	Lack of access to medical care.	Government may find it challenging to access the population.
Persons living with HIV and AIDS (PLHIV)	<p>Underlying medical conditions including immunocompromise increasing susceptibility and risk of severe infection with COVID-19.</p> <p>Stigma and discrimination.</p> <p>May have had interruption of medication/medical care during outbreak.</p>	<p>Intersections that affect government support.</p> <p>(migrant workers, refugees, asylum seekers, undocumented persons etc).</p> <p>Stigma and discrimination.</p>
<p>Persons in institutions (including children)</p> <ul style="list-style-type: none"> <li>• Prisoners</li> <li>• Detainees</li> <li>• Trafficking victims in shelters</li> <li>• The aged</li> <li>• Children's homes, including Tahfiz schools</li> </ul>	<p>Lack of free moment.</p> <p>Challenge in social distancing due to limited personal space, particularly in overcapacity and overcrowded prisons and shelters.</p> <p>Lack of access to tailored and age appropriate MHPSS for children.</p> <p>No visitation with family members during MCO for children detained in prisons, Henry Gurney Schools, probation hostels and approved schools.</p> <p>Children deprived of their liberty have common demographic characteristics with generally poorer health than the rest of the population.</p> <p>Lack of access to education owing to inadequate facilities to access the Ministry of Education's (MOE's) virtual platforms, etc.</p>	<p>Intersections that affect government support e.g. migrant workers, refugees, asylum seekers, undocumented persons, prisoners etc.</p> <p>The risk of Covid-19 infection and spread is higher in places of detention.</p>

31 [https://www.ilo.org/asia/publications/issue-briefs/WCMS\\_741512/lang-en/index.htm](https://www.ilo.org/asia/publications/issue-briefs/WCMS_741512/lang-en/index.htm)

<b>Women and girls</b>	<p>Most primary caregivers to the ill are women; women are more likely to be engaged in the informal sector and be hardest hit economically by COVID-19; women experience increased risks of gender-based violence, including sexual exploitation; cultural factors may exclude women from decision-making spaces and restrict their access to information on outbreaks and availability of services; women might experience interrupted access to sexual and reproductive health services, including to family planning; in some cultural contexts, gender roles may dictate women cannot obtain health services independently or from male service providers.</p>	<p>Intersections with other groups that may affect government support e.g. women and girls who are refugees, asylum seekers, domestic workers, undocumented, stateless; and those who need protection and shelter.</p>
<b>Persons and children with disabilities</b>	<p>Lack of access to support and/or personal assistance workers. Increased MHPSS needs. Underlying medical conditions including immunocompromise increasing susceptibility and risk of severe infection with COVID-19. Stigma and discrimination.</p> <p>Challenge in social distancing.</p> <p>May have had interruption of medication/medical and social care during outbreak.</p>	<p>Social isolation deprives them of vital interventions, rehabilitation and therapy services.</p>
<b>Refugees and Asylum seekers</b>	<p>Lack of access to food.</p> <p>Lack of access to medical care.</p> <p>Lack of shelter (if linked to work or inability to pay rent) Unfavorable living conditions.</p> <p>Disruption of informal education.</p> <p>At risk of arrest and detention.</p> <p>Language barrier.</p>	<p>Lack of structured support as part of the national response.</p>
<b>B40 group</b>	<p>May not have stable income that could threaten access to food, shelter, protection.</p>	<p>Intersections with being disabled, old, homeless, without money for transportation etc., would impair access to support and medical care.</p>
<b>Undocumented and Stateless persons</b>	<p>At risk of arrest and detention.</p> <p>Living in abject poverty and poor living conditions, lacking basic water and sanitation.</p> <p>Lack of access to medical care.</p>	<p>Non-eligibility to access Government aid and healthcare services.</p>
<b>Children, including children affected by migration</b>	<p>Prolonged MCO and school closure.</p> <p>Increased distress with disrupted routine and social interactions.</p> <p>Lack of child-friendly information and communication efforts relating to COVID-19 and MCO situations.</p> <p>Children affected by migration (includes refugee/asylum-seeking, migrant, undocumented, stateless and trafficked children) face compounded vulnerabilities.</p>	<p>Intersections that affect government support for children affected by migration mean that they are most at-risk of being left behind in national response due to their or their parents' immigration status.</p> <p>Government support is mainly focused on basic needs, not focusing on hidden crisis on mental health and psychosocial support needs among children affected by COVID-19 and MCO.</p>

<b>Elderly</b>	Higher likelihood of severe illness if infected with COVID-19. Limited access to healthcare for other health implications. May require support. May not have stable income. Some living on their own and in isolation.	Intersections of elderly and populations that affect government support (migrant workers, refugees, asylum seekers, prisoners etc).
<b>Healthcare workers</b>	Frequent and close contact with potentially infected and infected patients with higher likelihood of severe illness and death if infected with COVID-19 as general population. Long working hours. Closure of general practitioners and reduced non-COVID-19 services.	Under PRIHATIN, a special allowance for healthcare workers, has been allocated i.e. RM400 and RM600 a month from 1 April 2020 onwards.
<b>People with underlying medical illness</b>	Higher likelihood of severe illness if infected with COVID-19. Frequent attendance to healthcare facilities. May not be able to have stable income depending on severity of disease. May have had interruption of medication/medical care during outbreak.	Intersections that affect government support (migrant workers, refugees, asylum seekers, undocumented persons, prisoners etc).

## 5.0 Overview Timeline

There is uncertainty globally as to when COVID-19 will come under control and the full impact it will have on people's lives and livelihoods<sup>32</sup>. The impact on vulnerable groups e.g. the B40, the non-citizens and the undocumented and stateless, refugees and asylum seekers, migrant workers, indigenous peoples, the aged, persons and children with disabilities, women and girls, and children - can be expected to be far more destructive than ever seen before in living history. Even in the event the disease abates, and the economy recovers over the next one year, the vulnerable groups mentioned, will have a much longer recovery period, given that they have little or no coping mechanism, especially in an environment where most of them have little legal cover or recourse.

A protracted economic recession will more drastically pull down those furthest behind and given their numbers, give rise to an unprecedented humanitarian crisis in the country with spill over effects to the region.

<sup>32</sup> <https://www.pymnts.com/economy/2020/imf-predicts-covid-19-lockdown-will-crush-global-economy/>

---

## 6.0 Strategic Areas of Support and Objectives

Based on the situation analysis mentioned above, strategic areas of support of the UN system in Malaysia, are divided into the following main categories:

1. Public Health Preparedness and Response
2. Multisectoral Humanitarian Aid:
  - Protection
  - Early recovery – that comprises tailor made communication and aid packages such as water, sanitation and hygiene, including hygiene kits (WASH), nutrition, emergency telecommunications, cash transfer – as needed by different vulnerable groups targeted.
  - Education
3. Socioeconomic response:
  - Economic response and recovery
  - Macroeconomic response and multilateral collaboration
  - Social cohesion and community resilience

### 6.1 Public Health Preparedness and Response

Support to public health preparedness and response is aligned to WHO's COVID-19 Strategic Preparedness and Response Plan and its core pillars therein<sup>33</sup> as follows:

- Surveillance and laboratory support
- Contact tracing and point of entry (POE) screening
- Case management and infection prevention control (IPC)
- Risk communication and community engagement
- Health systems impact and sustainability
- Logistics and procurement
- Other public health responses including support to:
  - Mitigating and preventing negative impact of COVID-19 on older persons;
  - Quarantine centres;
  - Knowledge management of global public health, social and community measures (i.e. policies, responses, interventions) to address COVID-19 across all countries.

#### *Objective*

Its objective is to foster preparedness of the healthcare system to respond effectively to large-scale community transmission including surge capacity for hospitals and community interventions; and to bring to bear the global knowledge base and best practices to ensure effective testing, treatment and research.

---

<sup>33</sup> <https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf>

A summary of the public health preparedness and response initiatives are as follows:

Public Health Preparedness and Response				
No.	Project Title	UN Lead & Co-Lead Partner Agencies/IFIs	Total Cost (USD)	Funding Gap (USD)
1.	Strengthening surveillance and risk assessment, laboratory capacity for COVID-19	WHO IAEA	517,400	110,000
2.	Contact tracing and POE screening	IOM	70,000	70,000
3.	Assessing impact of non-pharmaceutical interventions to contain COVID-19 on care pathway, health systems and healthcare delivery	WHO UN RCO World Bank	120,000	Nil
4.	Response to address COVID-19 related needs in prisons	UNODC WHO	65,000	Nil
5.	Response to address transmission of virus via wildlife trafficking	UNODC	15,000	Nil
6.	Risk Communication and Community Engagement	WHO UNICEF, UNHCR, IOM, UN Communications Group, UN RCO	863,200	628,200
7.	Strengthening health systems and community engagement for COVID-19	WHO	120,000	Nil
8.	Logistics and procurement - PPEs	WHO UNICEF UNDP	65,000	Nil
9.	Logistics: Aviation and Stakeholder Engagement – cargo and passenger services	WFP-UNHRD	-	Nil
10.	Supporting the aged care sector in preventing and mitigating the negative impact of COVID-19 on older persons in Malaysia	WHO	50,000	Nil
11.	Public health response strengthening through supporting the operations of five Quarantine Centres	UNDP	137,000	Nil
12.	Online repository of the public health, social and community measures to address COVID-19 across all countries	UNU-IIGH	152,500	152,500
Total			2,175,100	960,700

## 6.2 Multi-sector Humanitarian Support to Vulnerable Groups

The collective multisectoral humanitarian aid of the UN system in close collaboration with sectoral and humanitarian partners covers the following areas of support:

- Integrated support that comprises tailor made communications and aid packages e.g. Water, Sanitation and Hygiene (WASH), Nutrition, Education, MHPSS, emergency telecommunications, cash transfer – as needed by the various vulnerable groups targeted.
- Protection: Gender-based Violence (GBV); Gender Equality and Empowerment of Vulnerable Women; Children; Older Persons; Forced Labour

### Objective

Given the large numbers of vulnerable groups, who are unable to avail themselves of Government assistance, the UN system's collective response in the country, is tenaciously focussed on targeting these groups of people to avoid a humanitarian crisis in the country (and in the region) from the devastating impact of the socioeconomic fallout of COVID-19 and measures taken to curb its spread. The aim is to ultimately reach those who are underserved and to a large extent unreached.

A summary of the multisectoral humanitarian support to vulnerable groups is as follows:

Multisectoral Humanitarian Support to Vulnerable Groups				
No.	Project Title	UN Lead & Co-Lead Partner Agencies/IFIs	Total Cost (USD)	Funding Gap (USD)
<i>Integrated Support e.g. Water, Sanitation and Hygiene (WASH), Nutrition, Education, MHPSS and Communications – for Vulnerable Groups Towards Leaving No One Behind</i>				
1.	COVID-19 emergency response for refugees and asylum seekers	<b>UNHCR</b>	4,526,273	4,526,273
2.	Direct assistance to migrants and undocumented persons in Sabah	<b>IOM</b> UNFPA Sabah Project Management Team	3,500,000	3,500,000
3.	Engaging vulnerable communities with hygiene supply and community orientation on hygiene and MHPSS	<b>UNICEF</b>	1,080,000	925,000
4.	Supporting repatriation and direct aid for vulnerable migrant workers	<b>ILO</b>	1,850,000	1,850,000
<i>Protection: Gender-based Violence (GBV); Gender Equality and Empowerment of Vulnerable Women; Children; Older Persons; Forced Labour</i>				
5.	Protection: Gender based violence mapping, protection and advocacy project	<b>UNFPA</b> UNCT Gender Results Group	588,000	394,000
6.	Supporting continuous access to education, social protection, child protection and GBV services	<b>UNICEF</b>	561,000	241,000

7.	Safe and Fair: Realizing women migrant workers' rights and opportunities in the ASEAN region and Migrant Workers Empowerment and Advocacy	ILO	222,000	Nil
8.	Older person protection, prevention and education against COVID-19	UNFPA	300,000	295,000
9.	From Protocol to Practice: A Bridge to Global Action on Forced Labour	ILO	5,000	Nil
Total			12,632,273	11,731,273

### 6.3 Support to Early Socioeconomic Response and Recovery

While, a more detailed 2-year plan is being developed in line with the UN's Framework for the Immediate Socio-economic Response to COVID-19<sup>34</sup>, this plan outlines the UNCT's initial socioeconomic response and recovery in line with the following pillars:

- 1) Health first - protecting health services and systems during the crisis:**
  - The more immediate response to health is covered under the above-mentioned public health and response category.
- 2) Protecting people - social protection and basic services:**
  - While some of this overlap with the more urgent humanitarian support mentioned above for extremely vulnerable people, the strengthening of social protection systems to reach marginalized and vulnerable communities is key priority of the work of the UNCT in the country.
- 3) Economic response and recovery:**
  - At this stage, a number of rapid assessments and analyses have been undertaken towards the development of a mid- to longer- term UN framework for socioeconomic support, as part of the UNCT's UN Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 first two-year rolling plan.
- 4) Macroeconomic response and multilateral collaboration:**
  - UN Agencies are assessing and working towards protecting jobs, supporting small and medium-sized enterprises, and the informal sector.
  - A significant collective effort of the UN system is also geared towards providing substantive inputs to the National Budget 2021 and the 12<sup>th</sup> Malaysia Plan for the period 2021-2025.
- 5) Social cohesion and community resilience:**
  - This would include the UN system's response to rising xenophobia against vulnerable groups such as refugees and migrant workers.
  - Also, support systems strengthening and community resilience and coping strategies for equitable access to social services and economic opportunities for all.

#### Objective

To support the building of a more resilient, inclusive and sustainable development pathway as the country recovers from the crisis in a manner that *protects people and planet; preserves the gains across all SDGs; ensures equality; promotes transparency, accountability, and collaboration; increases solidarity; and places the voice, rights and agency of people at the centre*<sup>35</sup>. And to learn from the crisis and response: producing foresight analysis and identifying levers for change, whole-of-society participation, and joint-agency collaboration towards better recovery.

<sup>34</sup> A UN Framework for the Immediate Socio-economic Response to COVID-19. <https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>

<sup>35</sup> <https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>

A summary of the initial support to socioeconomic response and recovery is as follows:

Support to Early Socioeconomic Response and Recovery				
No.	Project Title	UN Lead & Co-Lead Partner Agencies/IFIs	Total Cost (USD)	Funding Gap (USD)
<b>Economic Response and Recovery</b>				
1.	Assessment of the socioeconomic impacts of COVID-19 on national priorities, SDGs and vulnerable groups	<b>UNDP &amp; UN RCO</b> UNCT Results Groups WHO	250,000	Nil
2.	Malaysian Urban Observatory COVID-19 Crisis Analysis	<b>UNDP</b>	125,000	Nil
3.	Mitigating COVID-19 community spread through municipal WASH interventions	<b>UN Habitat</b> WHO UNEP	198,000	198,000
4.	Policy review and guidance for protecting the most vulnerable and supporting enterprises	<b>ILO</b> UNDP UNICEF UNIDO	20,000	10,000
5.	Data collection social science research for public health decision making	<b>UNICEF</b>	302,400	152,400
<b>Macroeconomic Response</b>				
6.	Mobilisation of private sector to support COVID-19 response while strengthening systems for recovery	<b>UNDP</b>	150,000	Nil
7.	Capacity building on Building Back Business from Crisis	<b>UNIDO</b>	20,000	20,000
<b>Social Cohesion and Community Resilience</b>				
8.	Countering Pandemic-Related Hate and Xenophobia	<b>IOM &amp; UN RCO</b> UNICEF UNHCR UN Communications Group	250,000	250,000
9.	Strengthening public communication to vulnerable communities through animation and digital campaign	<b>UNDP</b>	25,000	Nil
10.	Assessment and delivery of social and financial assistance to vulnerable groups in response to COVID-19 through digital platforms and policy recommendations	<b>UNDP &amp; UNCDF</b>	50,000	Nil
<b>Total</b>			<b>1,390,400</b>	<b>630,400</b>

## 7.0 Prioritization Strategy

The following are the strategic priority areas of multisectoral support by the UN in Malaysia:

### 7.0.1 Support to the public health response:

- Support for guidance on prevention of COVID-19 in prisons and detention centres, including immigration depots and police lock-ups.
- Support to develop a COVID-19 risk communication and community engagement plan with a key messages pack for the vulnerable groups in consideration of:
  - Public messaging on hygiene practices.
  - Risk communication and community engagement:
    - Development of child-friendly materials and communication channels (KitaConnect) to address children's concerns and needs, especially mental health and psychosocial support.
    - Making available materials disability-inclusive, easy-to-read, in appropriate multiple languages and multiple media for dissemination to vulnerable communities such as people/children with disability and non-citizen groups.
    - Inclusive COVID-19 hotlines services to address various needs from various groups such as children, refugee, migrant-workers, people and children with disabilities from referral service to psychosocial support.
    - Provision of tele-interpretation in public referral government hospitals for vulnerable groups approaching designated health facilities.

### 7.0.2 Focus on vulnerable groups:

- To work with Government, NGO partners and key humanitarian actors to provide the above-mentioned vulnerable groups, with the much-needed access to food, water and sanitation, security, shelter, medical and psychosocial support; also support for food supplies, Cash and food / NFIs/ WASH; hygiene kits; SRH; Child Protection and SGBV services.

### 7.0.3 Socioeconomic recovery:

- Evidence-based Policy recommendations.
- Socio-economic Impact Assessments such as:
  - Longitudinal research on the impact of the COVID-19 crisis on women and children in low income families and the adequacy and effectiveness of mitigation policies and services.
  - Large-scale socioeconomic impact assessment.
- Mapping of resources and coordination with CSOs on needs assessment for the marginalised, vulnerable and at-risk groups.
- Strategic Foresight mapping of possible future trajectories, opportunities and levers for change and "building back better".
- To support systems strengthening and community resilience and coping strategies for equitable access to social services and economic opportunities for all.

## 7.1. Public Health Preparedness and Response Activities by Pillar

### 7.1.1 Surveillance and Laboratory Support

<b>Project title:</b> Strengthening surveillance and risk assessment, laboratory capacity for COVID-19		
<b>Government lead:</b> MOH		
<b>Lead agency (co-lead):</b> WHO		
<b>Total cost:</b> USD 517,400	<b>Available funding and source:</b> USD 407,400 (USD350,00 in kind from IAEA; USD 57,400 from WHO Country Office)	<b>Funding gap:</b> USD110,000
<b>Pillar members/partners:</b> IAEA		

<p><b>Priority Activities:</b></p> <p>WHO:</p> <ul style="list-style-type: none"> <li>• WHO and various Ministries are implementing multisource information gathering to augment established surveillance systems that enables communities to detect and identify settings and social gatherings that amplify transmission.</li> <li>• This is paralleled by risk communication to enforce messages for individuals and communities to take action.</li> <li>• WHO has also developed indicators, against which countries are now reporting, to detect community transmission.</li> <li>• Strengthening laboratory capacity for COVID-19 testing in parallel with the development of testing strategies. The laboratory network in countries have been assessed and capacity building is ongoing.</li> </ul> <p>IAEA: Technical assistance:</p> <ol style="list-style-type: none"> <li>1. Develop/strengthen the detection and diagnostic capacity in Public Health and Veterinary Laboratories:             <ul style="list-style-type: none"> <li>• In response to the COVID-19 global Pandemic and the request of countries IAEA is taking concrete and coordinated action to support the global efforts in fighting the pandemic.</li> <li>• The assistance to Countries in the Asia and the Pacific Region, including Malaysia, is aiming to develop/strengthen the detection and diagnostic capacity in Public Health and Veterinary Laboratories tackling the worldwide spread of the COVID-19.</li> <li>• The package support provided to countries in the Asia and the Pacific Region includes,</li> <li>• Supply of RT-PCR (real-time polymerase chain reaction) equipment, consumables, primers and probes, diagnostic kits for the rapid detection, PPE and biosafety equipment, (The nuclear-derived diagnostic technique known as real time RT-PCR can help detect and identify the COVID-19 accurately within hours).</li> <li>• Training of personnel from the designated National Testing Laboratories in nuclear-derived detection techniques (from Public Health and Veterinary sector) that have a national responsibility to conduct diagnostic tests related to COVID-19.</li> <li>• Supply of mobile X-ray equipment to the national diagnostic laboratories or hospitals.</li> </ul> </li> </ol>	<p><b>Preparedness Actions:</b></p> <ol style="list-style-type: none"> <li>1. Transparent and rational collection, analysis and dissemination of multisource data to inform rapid decision making and conduct risk assessment.</li> <li>2. Risk assessment and communication.</li> <li>3. National guidance on COVID-19 testing strategies for surveillance and diagnosis.</li> <li>4. Sustained procurement and supply of laboratory test kits.</li> <li>5. Develop/strengthen the detection and diagnostic capacity in Public Health and Veterinary Laboratories.</li> </ol>
--	--

Progress Tracker							
Exploration		Project Inception		Resource Mobilization Stage		Project Initiation / Implementation	X

### 7.1.2 Contact Tracing and Point of Entry (POE) Screening

<b>Project title:</b> Contact tracing and Point of Entry (POE) screening		
<b>Government lead:</b> Ministry of Home Affairs		
<b>Lead agency (co-lead):</b> (IOM) USD 70,000		
<b>Total cost:</b> USD 70,000	<b>Available funding and source:</b> NIL	<b>Funding gap:</b> USD 70,000
<b>Pillar members/partners:</b>		
<b>Priority Activities:</b> <ul style="list-style-type: none"> <li>Train Immigration Officers on <b>COVID-19 specific Standard Operating Procedures (SOPs)</b> for frontline border officials at POE and assist relevant national authorities in conducting COVID-19 health-border assessments at POE.</li> <li>Roll out a Training of Trainers for Immigration Officials to ensure sustainability and continued implementation.</li> <li>Engage immigration and border authorities in <b>strengthened data collection</b> through available sources to better trace the mobility and thus contribute to COVID-19 preparedness and response in collaboration with relevant health authorities.</li> <li>Provide required technology and equipment needed to strengthen POE surveillance.</li> </ul>		<b>Preparedness Actions:</b> Training for 500 immigration and customs officials on SOPs to manage ill travelers and on infection prevention and control in 5 locations (USD 70,000).

Progress Tracker							
Exploration		Project Inception		Resource Mobilization Stage	X	Project Initiation / Implementation	

### 7.1.3 Case Management and Infection Prevention Control (IPC)

<b>Project title:</b> Assessing impact of non-pharmaceutical interventions to contain COVID-19 on care pathway, health systems and health care delivery		
<b>Government lead:</b> MOH		
<b>Lead agency (co-lead):</b> WHO		
<b>Total cost:</b> USD 120,000	<b>Available funding and source:</b> USD 120,000 (WHO)	<b>Funding gap:</b> NIL
<b>Pillar members/partners:</b> World Bank		
<b>Priority Activities:</b> <ol style="list-style-type: none"> <li>Support to update the current care pathway with an option for COVID-19 patients with mild symptoms staying at home as a preparation toward the mitigation phase.</li> <li>Support to update the current care pathway with closer engagement of private providers to screen, diagnose and treat COVID-19 patients.</li> <li>Examine the capacity of private hospitals to deliver inpatient care for COVID-19 patients (e.g., ICU beds, mechanical ventilators, staffing).</li> <li>Support to update the current care pathway including non-COVID-19 patients to ensure the provision of essential health services maintained.</li> <li>Ensure healthcare-associated infection of COVID-19 prevented and controlled at health and care facilities both in the public and private sector.</li> <li>Support the infectious disease epidemiological and health systems modelling to monitor and support projection of needs of care to COVID-19 patients and supply of health services with a focus on inpatient and critical care.</li> <li>Provide guidance how to respond to the surge of critically ill COVID-19 patients required to be admitted in the ICU.</li> </ol>		<b>Preparedness Actions:</b> <ol style="list-style-type: none"> <li>Care pathway for COVID19 includes private sector and community-care.</li> <li>Private sector regulation on COVID19 diagnosis and management.</li> <li>Private hospital used to care for COVID 19 patients</li> <li>Health systems capacity enhanced.</li> <li>Critically ill and case fatality remains low.</li> </ol>

Progress Tracker							
Exploration		Project Inception		Resource Mobilization Stage	Fully Funded	Project Initiation / Implementation	10%

<b>Project title:</b> Response to address COVID-19 related needs in prisons		
<b>Government lead:</b> Ministry of Home Affairs		
<b>Lead agency (co-lead):</b> UNODC Regional Office for Southeast Asia and the Pacific		
<b>Total cost:</b> USD 65,000	<b>Available funding and source:</b> USD 50,000 (UNODC) + 15,000 (WHO)	<b>Funding gap:</b> NIL
<b>Pillar members/partners:</b> Prison Department; WHO		
<b>Target population:</b> Officials of the Malaysian Prison Department		

<p><b>Priority Response Activities:</b></p> <p>In view of the overcrowded prison system, the risk of COVID-19 outbreak in the prison system poses a significant risk. This intervention aims to increase the prison department's capacity to form strategies and implement rehabilitation and reintegration measures, while advocating for measures to relieve overcrowding in the prison population.</p>	<p><b>Key Preparedness Actions:</b></p> <p>Provide infrastructural and equipment support to enhance the capacity of Malaysian authorities, including health services in prisons (e.g., prevention and control of COVID-19), to develop effective rehabilitation and reintegration strategies and measures, in line with international standards.</p> <p>If/when possible, deliver physical training for Malaysian Prison Department officials and parole and community service practitioners on effective rehabilitation and reintegration strategies and measures, in line with international good practices and standards. Training modality to be adapted depending on the gathering restrictions.</p>
---	---

<b>Project title:</b> Response to address transmission of virus via wildlife trafficking		
<b>Government lead:</b> Ministry of Environment and Natural Resources (DENR) & Malaysian Customs (This initiative is still in the planning stage, and these government counterparts are not yet engaged)		
<b>Lead agency (co-lead):</b> UNODC Regional Office for Southeast Asia and the Pacific (independently)		
<b>Sector members/partners:</b> Ministry of Environment and Natural Resources (DENR) & Malaysian Customs (This is still in the planning stage, and these government counterparts are not yet engaged)		
<b>Target population:</b> Officials of the Malaysian customs and environment agencies		

<p><b>Priority Response Activities:</b></p> <p>Wildlife contraband is a carrier of potential viruses (e.g. corona virus) and bacteria (e.g. anthrax), therefore the frontline officers have to be equipped to understand how to handle and dispose of hazardous contraband.</p>	<p><b>Key Preparedness Actions:</b></p> <p>Development of a guide for frontline officers to be equipped to safely handle wildlife seizures to prevent infections from virus and bacteria.</p>
---	---

<b>Total cost:</b> USD 15,000	<b>Available funding and source:</b> USD 15,000	<b>Funding gap:</b> NIL
----------------------------------	--	----------------------------

## 7.1.4 Risk Communication and Community Engagement

<b>Project title:</b> Interagency collaboration on risk communication and community engagement (RCCE)		
<b>Government lead:</b> MOH		
<b>Lead agency (co-lead):</b> WHO; (Rotation of UN agencies e.g. UNICEF, IOM, UNHCR)		
<b>Total cost:</b> USD 863,200	<b>Available funding and source:</b> USD 235,000 (Japan, DFID, Denmark)	<b>Funding gap:</b> USD 628,200
<b>Pillar members/partners:</b> UN Communications Group; RCCE working group; Risk communication and community engagement focal points (UNICEF, UNHCR, IOM)		
<b>Target population:</b> Officials of the Malaysian customs and environment agencies		
<p><b>Priority Activities:</b></p> <ul style="list-style-type: none"> <li>• Support MOH to implement RCCE plan and develop and disseminate public health messaging and IEC materials package for the general public and vulnerable groups.</li> <li>• Establish RCCE working group that includes focal points from international organizations, NGOs and partners.</li> <li>• Ensure translation and distribution of IEC materials.</li> <li>• Facilitate sharing of RCCE guidance on prevention of COVID-19 in prisons and detention centres and other vulnerable settings.</li> <li>• Strengthen and map a network of implementing partners that engage with the general public and vulnerable populations.</li> <li>• Enhance community engagement to detect and rapidly respond to public perceptions and counter misinformation in a culturally appropriate and empathetic way.</li> </ul>		
<p><b>Preparedness Actions:</b></p> <p>In collaboration with the RCCE working group, WHO led:</p> <ul style="list-style-type: none"> <li>• Development and sharing of a RCCE plan and message bank that included specific messaging and initiatives for the general public and vulnerable populations, including for Ramadan and other religious festivities and various topics (MCO, e-hailing services, transportation, food safety and handling, return to school and work, etc).</li> <li>• Sharing of technical guidance and provision of support to MOH to edit, translate and align public health messaging with WHO recommendations</li> <li>• Development and publishing of communication and advocacy materials, including translation, for the general public and vulnerable populations</li> <li>• Liaising with the UNCG to mobilize additional support for corporate communications needs, including proposing areas of collaboration (press statements, human interest stories, etc).</li> <li>• Working with MOH to enhance communication and engagement with community and religious leaders and other trusted influencers.</li> <li>• Mapping of RCCE initiatives and capacities and identified support and resources needs to implement joint activities.</li> <li>• Responding to media queries, enhancing of media monitoring, developing of a daily media report, strengthening of social listening mechanisms and supporting implementation of risk perception surveys to guide communications response.</li> <li>• Regular sharing of briefings and partner updates, including the updating of a COVID-19 webpage, that includes infographics, external situation report, press releases, social media, etc.</li> </ul> <p>UNICEF: In collaboration with the RCCE working group, provided inputs to the message bank:</p> <ul style="list-style-type: none"> <li>• Conduct a survey to understand concerns and information needs among children and adolescents both from citizen and non-citizen groups in partnership with UNHCR.</li> <li>• developed and disseminated a series of disability-inclusive and gender transformative IEC materials for children and adolescents, with a focus on psychosocial wellbeing under Movement Control Order (MCO) and school closure.</li> <li>• Produced and disseminate a series of short video clips on “what children and adolescents want to know” with a special focus on psychosocial wellbeing answered by thematic experts and influencers.</li> <li>• Establish online social space for young people called KitaConnect on Telegram to provide correct information on COVID-19, create awareness on hygiene, MHPSS, GBV, and other relevant issues, and promote peer-to-peer support.</li> <li>• Produce a series of disability inclusive and gender transformative IEC materials (video and infographics) on parenting, GBV, Infant Young Child Feeding (IYCF), stigma, discrimination, and xenophobia.</li> </ul> <p>IOM: Organized capacity building training for CSOs, including health communication materials and seed funding for livelihood programmes for jobless migrants.</p>		

ILO: Supported various awareness raising activities through migration and forced labour projects, and the interventions are re-designed to incorporate COVID-19 messaging. These include:

- Support to the migrant resource centres that are run by Tenaganita and Malaysian Trade Union Congress to provide information to migrants and to accept and refer labour cases including those related to COVID-19. Audio recordings about labour rights in light of the MCO and COVID-19 on different languages being disseminated online.
- A social media campaign and chatbot development (automated messaging in Facebook) to raise awareness about forced labour and other Fundamental Principles and Rights at Work within the context of the COVID-19 crisis.

UNHCR:

- Translated and disseminated MOH and WHO materials in written and audio media for dissemination among refugee and asylum-seeking communities.
- Website for refugee and asylum-seeking communities and partners to access relevant information.

Progress Tracker						
Exploration		Project Inception		Resource Mobilization Stage	Partially Funded	Project Initiation / Implementation
						20%

### 7.1.5 Health Systems Impact and Sustainability

<b>Project title:</b> Strengthening health systems and community engagement for COVID-19		
<b>Government lead:</b> MOH		
<b>Lead agency (co-lead):</b> WHO		
<b>Total cost:</b> USD 120,00	<b>Available funding and source:</b> USD120,000 (DFID, Japan, WHO)	<b>Funding gap:</b> NIL
<b>Pillar members/partners:</b> World Bank, UNICEF, UNDP		

Priority Activities:	Preparedness Actions:
<ol style="list-style-type: none"> <li>1. <i>Health systems response:</i> Project needs for health systems response to help tackle surge capacity for COVID-19 while not interrupting the delivery of routine health services and prepare to manage COVID-19 patients at each level of health care through a number of guidance: referral system; infection prevention and control; safe transport and referral and management of cases in primary health care and in community centers, among others.</li> <li>2. <i>Community engagement:</i> WHO has set up a team to strengthen community engagement in countries underpinned by the principle that communities are at the frontline of the response and forged together by a societal value of protecting self, individuals, families and communities. It draws upon nationally and regionally available expertise to support the development and implementation of context-specific engagement strategies with at-risk and affected communities and to facilitate community-based approaches to the COVID-19 response from the ground up. Specifically, the programme seeks to a) to make informed decisions to support public health interventions; b) use local resources and networks for implementation and enforcement of response strategies[1] A number of examples of community engagement happening in the region includes the mobilization of village health workers to support contact tracing and follow-up, mobilization of social workers to meet essential needs of the population under community quarantine.</li> </ol>	<ol style="list-style-type: none"> <li>1. Health systems response.</li> <li>2. Rapid assessment of hospital surge capacity to absorb the increasing need of inpatient care for COVID-19.</li> <li>3. Draft the provider payment mechanism for private providers accepting COVID-19 or non-COVID-19 patients from public hospitals as a part of the surge planning.</li> <li>4. Provide guidance on surge planning to respond to the overshoot of COVID-19 patients required to be admitted in hospitals.</li> <li>5. Support the infectious disease epidemiological and health systems modelling and support accurate projection of needs of care to COVID-19 patients and supply of health services with a focus on inpatient and critical care.</li> <li>6. Situational assessment of health services utilization for comorbidities besides COVID-19 to identify gaps and access barriers arose from COVID-19 response.</li> <li>7. Provide guidance on balancing and sustaining health services for both COVID-19 and non-COVID-19 patients after lifting NPIs.</li> <li>8. Community engagement: Partners and governments have mobilized the grassroots, local governments, partners and health workers to support the response.</li> </ol>

Progress Tracker						
Exploration		Project Inception		Resource Mobilization Stage	Partially Funded	Project Initiation / Implementation
						10%

### 7.1.6 Logistics and Procurement

<b>Project title:</b> Logistics and procurement - PPEs		
<b>Government lead:</b> MOH		
<b>Lead agency (co-lead):</b> WHO / UNICEF		
<b>Total cost:</b> USD 65,000	<b>Available funding and source:</b> USD 65,000 UNDP TRAC 2 funding	<b>Funding gap:</b> NIL
<b>Pillar members/partners:</b> UNDP		

<p><b>Priority Activities:</b></p> <p>UNDP (USD 65,000)</p> <ol style="list-style-type: none"> <li>Procurement of personal protective equipment (PPEs) and medical supplies (masks) for NADMA for frontliners in the quarantined centers.</li> </ol> <p>WHO:</p> <ol style="list-style-type: none"> <li>Coordination of procurement of PPE through global and regional procurement platform.</li> <li>Coordinated procurement of Lab test and supplies through global and regional procurement platform.</li> </ol>	<p><b>Preparedness Actions:</b></p> <ul style="list-style-type: none"> <li>UNDP has received requests from NADMA and will procure PPE &amp; Mask accordingly.</li> <li>Total masks delivered to NADMA = 10,000units (21 April 2020).</li> <li>UNCT linked to Supply Chain Interagency Coordination Cell (SCICC).</li> </ul>
---	---

Progress Tracker							
Exploration		Project Inception		Resource Mobilization Stage	Fully funded by Government of Malaysia	Project Initiation / Implementation	X

<b>Project title:</b> Logistics: Aviation and Stakeholder Engagement		
<b>Government lead:</b> Ministry of Foreign Affairs (MFA)		
<b>Lead agency (co-lead):</b> WFP-UNHRD		
<b>Total cost:</b> N/A	<b>Available funding and source:</b> WFP HQ – Covid-19 Global Trust Fund	<b>Funding gap:</b> N/A
<b>Pillar members/partners:</b> MFA, Civil Aviation Authority of Malaysia (CAAM), Ministry of Transport, Royal Malaysian Customs, Malaysian Aviation Commission (MAVCOM), WHO		

<p><b>Priority Activities:</b></p> <ol style="list-style-type: none"> <li>WFP is progressing towards establishing a regional cargo and passenger aviation service between a network of strategically located hubs, with KLIA as a hub for passenger transit point to facilitate the travel of UN personnel and international NGOs and humanitarian community.</li> <li>MEDEVAC (tbc).</li> <li>Support to WHO for procurement of PPE's.</li> <li>Global Service Provision and International hubs/ staging areas.</li> </ol>	<p><b>Preparedness Actions:</b></p> <p>Humanitarian cargo and passenger aviation service:</p> <ul style="list-style-type: none"> <li>An aviation officer has been deployed to KL, coordinating passenger and cargo movements for the region.</li> <li>UNHRD KL was involved in dispatch of cargo to WFP Bangladesh - one of the biggest dispatches for COVID-19 operations so far with cargo value of around USD 1.1 million. Emergency operations via full air charter and sea freight.</li> <li>WHO as per global plan, is initiating a large purchase of gloves from a local Malaysian supplier, whereby UNHRD KL has been mandated to support the receiving, storage and distribution of the Gloves to 174 countries.</li> <li>WFP as lead agency for logistics has been mandated to provide support for urgent logistics cargo movement with the creation of 3 main international support hubs at Liege-Belgium, Dubai and Guangzhou- China. These are to support moving essential / relief cargo for COVID 19 for the humanitarian community. UNHRD KL is involved to support China hub operations.</li> </ul>
---	--

Progress Tracker							
Please indicate below the stage that this project is currently in by ticking the appropriate column.							
Exploration		Project Inception		Resource Mobilization Stage		Project Initiation / Implementation	X

### 7.1.7 Other Public Health Responses

<b>Project title:</b> Supporting the Aged Care Sector in Preventing and Mitigating the Negative Impact of COVID-19 on Older Persons in Malaysia		
<b>Government lead:</b> MOH		
<b>Lead agency (co-lead):</b> WHO		
<b>Total cost:</b> USD 50,000	<b>Available funding and source:</b> USD 50,000 (WHO)	<b>Funding gap:</b> NIL
<b>Pillar members/partners:</b> MyAging, UNFPA		

<b>Priority Activities:</b> <ol style="list-style-type: none"> <li>Guidance for the welfare and care management of older persons in long-term care facilities.</li> <li>Risk assessment for at risk and vulnerable.</li> <li>Capacity building of aged care providers.</li> </ol>	<b>Preparedness Actions:</b> <ol style="list-style-type: none"> <li>To support related government agencies in the comprehensive development of official guidelines for the welfare and care management of older persons in long-term care facilities<sup>36</sup> during the pandemic outbreak period, including lockdown/curfew situations;</li> <li>To evaluate the needs of at-risk and/or vulnerable older persons and assess the operational challenges of relevant health and social aged care providers in managing the risks and impact of COVID-19 on the elderly; and</li> <li>To strengthen the capacity of aged care service providers, including care workers and family caregivers, in the management of older persons with chronic multimorbidity during the coronavirus contagion by coordinating information and resources across different sectors and at all levels.</li> </ol>
---	--

Progress Tracker						
Exploration		Project Inception		Resource Mobilization Stage		Project Initiation / Implementation
						X

<b>Project title:</b> Public health response strengthening through supporting the operations of five Quarantine Centres		
<b>Government lead:</b> NADMA		
<b>Lead agency (co-lead):</b> UNDP		
<b>Total cost:</b> USD 137,000	<b>Available funding and source:</b> USD 137,000 (UNDP's Rapid Response Fund facility)	<b>Funding gap:</b> NIL
<b>Pillar members/partners:</b>		

<b>Priority Activities:</b> <ol style="list-style-type: none"> <li>Support to the efficient operations of five (5) Quarantine Centres (QCs) in Kuala Lumpur, to ensure that vulnerable communities (e.g. refugees, migrants, B40 and homeless) at high risk areas receive access to timely quarantine and treatment services, through financial support to NADMA.</li> </ol>	<b>Preparedness Actions:</b> <p>UNDP submitted a funding proposal application to Response Relief Facility. Support is demand based on discussion with Government and letter has been sent to NADMA.</p>
--	---

Progress Tracker						
Exploration		Project Inception		Resource Mobilization Stage		Project Initiation / Implementation
						X

<sup>36</sup> including senior housing and senior living communities

<b>Project title:</b> Online repository of the public health, social and community measures to address COVID-19 across all countries		
<b>Government lead:</b>		
<b>Lead agency (co-lead):</b> United Nations University-International Institute for Global Health (UNU-IIGH)		
<b>Total cost:</b> USD 152,500	<b>Available funding and source:</b> -	<b>Funding gap:</b> USD 152,500
<b>Pillar members/partners:</b> Institute for Health Systems Research , MOH		
<b>Target population:</b> Government policy makers		

<p><b>Priority Activities:</b> UNU-IIGH will crowdsource an online repository of the public health, social and community measures to address COVID-19 across all countries. The measures include government policies/responses and public sector interventions aimed at mitigating the impact of lockdowns and travel restrictions on citizens and businesses. The online inventory will be publicly available for policymakers, researchers and others who are involved in the global and national responses to COVID-19.</p>	<p><b>Preparedness Actions:</b> UNU-IIGH will prioritise the analyses of (i) the effects of policies on gender equity, in particular, gender-based violence, gendered health workforce, and sexual and reproductive health and rights; (ii) the impact of digital health and big data interventions in containing the epidemic; (iii) case studies for implementation research that identify the bottlenecks in implementation and tailored solutions; (iv) analysis of public opinion related to policies or other measures using Twitter #covid-19 data.</p>
--	--

Progress Tracker							
Exploration		Project Inception		Resource Mobilization Stage		Project Initiation / Implementation	X

## 7.2 Multisectoral Humanitarian Support

### 7.2.1 Integrated Support e.g. Water, Sanitation and Hygiene (WASH), Nutrition, Education, MHPSS and Communications – for Vulnerable Groups Towards Leaving No One Behind

<b>Project title:</b> COVID-19 emergency response for refugees and asylum seekers		
<b>Government lead:</b>		
<b>Lead agency (co-lead):</b> UNHCR		
<b>Total cost:</b> USD 4,526,273	<b>Available funding and source:</b> -	<b>Funding gap:</b> USD 4,526,273
<b>Sector members/partners:</b> Malaysian Relief Agency (MRA); Persatuan Perubatan Islam Malaysia; MERCY Malaysia; Taiwan Buddhist Tzu-Chi Foundation		
<b>Target population:</b> Refugees and asylum-seekers		

<p><b>Priority Activities:</b></p> <p>Supporting CPRP activities</p> <ul style="list-style-type: none"> <li>Ensuring dissemination of information in the appropriate languages for refugee communities, on COVID 19 and where to seek care.</li> <li>Provision of hotlines services for COVID 19 information and translation services for risk communication and case management.</li> <li>Mental health services through phone counselling.</li> <li>Improved registration and interviews arrangements at UNHCR (infrastructure an IT/remote solutions) and enhanced processes for optimized and safe arrangements for infection prevention and control.</li> <li>Procurement of PPE, hand sanitizer, soap for UNHCR and health partners running health centres and clinics.</li> <li>Support of the Ministry of Health with medical supplies, as part of the public health response.</li> <li>Some 13,000 households in dire situation benefit from one-time food and hygiene package support.</li> <li>Support for food supplies for refugee families in home quarantine situations in lockdown areas.</li> <li>Some households in dire situation, with specific focus on persons with specific needs, benefit from one-time cash support to meet their basic essential needs.</li> <li>Asylum seekers and refugees with urgent protection needs benefit from continuity of essential services including health and mental health services, child-protection, and SGBV response, release form detention.</li> <li>Specific support for asylum seekers and refugees arriving by sea / land as part of a government response.</li> </ul>	<p><b>Preparedness Actions:</b></p> <ul style="list-style-type: none"> <li>Translation and printing of material into different languages and dissemination of information to refugees and asylum-seekers including making it available on the <a href="http://www.refugee-malaysia.org">www.refugee-malaysia.org</a> and blasting out messages on WhatsApp and SMS.</li> <li>Translation of information into voice messages for dissemination to cater for preliterate sections of the refugee population.</li> <li>Training of interpreters on COVID 19 in accordance with protocols of the National Crisis Preparedness and Response Centre.</li> <li>Necessary infrastructure and equipment in place for the provision of remote services by UNHCR.</li> <li>Engage with network of NGOs for the provision of food, hygiene pack and / or cash support through referral from UNHCR, partners and refugee community-based organisation.</li> <li>Engage with partners to ensure continued access to essential services for refugees.</li> </ul>
---	---

Progress Tracker							
Exploration		Project Inception		Resource Mobilization Stage	X	Project Initiation / Implementation	X

<b>Project title:</b> Direct Assistance to Irregular Migrants and Undocumented persons in Sabah		
<b>Government lead:</b> MoHA, MoH		
<b>Lead agency (co-lead):</b> IOM		
<b>Total cost:</b> USD 3,500,000	<b>Available funding and source:</b> -	<b>Funding gap:</b> USD 3,500,500
<b>Sector members/partners:</b> NGOs in Sabah and Peninsular Malaysia including Tenaganita, North South Initiative, Our Journey, UNFPA, UNCT's Sabah Project Management Team		
<b>Target population:</b> Irregular migrants with no income due to MCO, and Undocumented Persons in Sabah who have lost income		

<p><b>Priority Response Activities:</b></p> <ul style="list-style-type: none"> <li>• Provide food, hygiene kits for 15,000 most vulnerable undocumented households in Sabah, in partnership with local NGOs, providing each household USD 130 worth of food, cash-based assistance, food and hygiene items including soap, sanitary products (total of USD 2 million).</li> <li>• Provide food and urgent essential healthcare needs to 10,000 vulnerable irregular migrants in Peninsular Malaysia, in coordination with local NGOs. Provide each migrant about USD 75 worth of food, plus additional urgent medical coverage (total of USD 1 million).</li> <li>• Assisted Voluntary and Return and Reintegration for the 500 most vulnerable stranded and trafficked undocumented migrants in Peninsular Malaysia. Average flight in Asia is USD 300 each, plus integration stipend to promote integration and prevent return migration (total of USD 500,000).</li> </ul>	<p><b>Key Preparedness Actions:</b></p> <ul style="list-style-type: none"> <li>• Coordinate with NGOs on how to select and reach the most vulnerable migrants.</li> <li>• Coordinate with Embassies of Asian countries to identify the most vulnerable individuals in need of assistance, including emergency food and return flights.</li> </ul>
---	---

Progress Tracker							
Please indicate below the stage that this project is currently in by ticking the appropriate column.							
Exploration		Project Inception	X	Resource Mobilization Stage	X	Project Initiation / Implementation	

<b>Project title:</b> Engaging vulnerable communities with hygiene supply and community orientation on hygiene and MHPSS		
<b>Government lead:</b>		
<b>Lead agency (co-lead):</b> UNICEF		
<b>Total cost:</b> USD 1,080,000	<b>Available funding and source:</b> USD 155,000 (UNICEF)	<b>Funding gap:</b> USD 925,000
<b>Sector members/partners:</b> Mercy Malaysia and other NGOs		
<b>Target population:</b> 200,000 people targeting the most vulnerable groups (undocumented, refugee, B40, (urban poor), children and women in detention centres and prisons, children with disabilities both in the Peninsula and Sabah)		

<p><b>Priority Response Activities:</b></p> <ul style="list-style-type: none"> <li>• Partnered with Mercy Malaysia and other NGOs to deliver essential hygiene items (soap, hand sanitizer, mask, thermometer, sanitary pads, etc) and orientation sessions on key hygiene practices and psychosocial wellbeing for the most vulnerable groups of children and their families (undocumented, refugee, B40, CwD).</li> <li>• Supporting Prison department to provide essential hygiene items for children and women in prisons.</li> </ul>	<p><b>Key Preparedness Actions:</b></p> <ul style="list-style-type: none"> <li>• Provide key hygiene supply items and hygiene education to the refugee children in community learning centres and their families.</li> <li>• Provide mental health and psychosocial support to the children in CLCs and their families in relation to COVID-19.</li> <li>• Install/renovate handwashing station at selected ALCs in Sabah.</li> </ul>
---	---

Progress Tracker							
Exploration		Project Inception		Resource Mobilization Stage	X	Project Initiation / Implementation	X

<b>Project title:</b> Supporting repatriation and direct aid for vulnerable migrant workers		
<b>Government lead:</b> MOHR		
<b>Lead agency (co-lead):</b> ILO		
<b>Total cost:</b> USD 1,850,000	<b>Available funding and source:</b> -	<b>Funding gap:</b> USD 1,850,000
<b>Sector members/partners:</b> Malaysian Trade Union Congress, Persatuan Sahabat Wanita Selangor Tenaganita, and Our Journey		
<b>Target population:</b> Irregular migrant workers		
<b>Priority Response Activities:</b> <ul style="list-style-type: none"> <li>Provide financial assistance to irregular migrant workers for their repatriation needs.</li> <li>Provide irregular migrant workers with their food and rental needs.</li> </ul>		<b>Key Preparedness Actions:</b> <ul style="list-style-type: none"> <li>Discuss with partner agencies to develop implementation strategy.</li> <li>Discuss with agencies on the repatriation processes and requirements.</li> <li>Identify most vulnerable groups to support.</li> </ul>

Progress Tracker							
Exploration	X	Project Inception		Resource Mobilization Stage	X	Project Initiation / Implementation	

## 7.2.2 Protection

### 7.2.2.1 Gender-based Violence

<b>Project title:</b> Gender-based violence (GBV) mapping, protection and advocacy project		
<b>Government lead:</b> Ministry of Women, Family and Community Development		
<b>Lead agency (co-lead):</b> UNFPA		
<b>Total cost:</b> USD588,000	<b>Available funding and source:</b> USD194,000 (UNFPA)	<b>Funding gap:</b> USD 394,000
<b>Sector members/partners:</b> UNCT Gender Results Group, Women's Aid Organisation		
<b>Target population:</b> GBV survivors		

<b>Priority Response Activities:</b> To address women and families who are badly affected by COVID-19 preventing them from GBV and to respond to GBV survivors more widely during the pandemic by: <ol style="list-style-type: none"> <li>Providing immediate response to survivors during the COVID-19 pandemic.</li> <li>Building capacity of community workers to enable efficient response to victims.</li> <li>Strengthening advocacy efforts through network mapping, data analysis, M&amp;E, distribution of disability-inclusive and gender transformative advocacy materials.</li> </ol>	<b>Key Preparedness Actions:</b> <ol style="list-style-type: none"> <li>GBV response to survivors (case management and remote case management).</li> <li>Dignity kit provision for refugees, migrants, undocumented migrants including the sea gypsies (Bajau Laut) in collaboration with UNHCR and IOM to support GBV, SRH and MHPSS needs. USD 144,000 has been secured under UNFPA country programme to partially support capacity building and dignity kit provision.</li> <li>Community-based protection - Training of Trainers of 10 community workers, 5 states, 2 locations per state. Topics include: GBV prevention and response, legal support, women leadership, Psychological First Aid &amp; MHPSS (mental health and psychosocial support).</li> <li>Community network mapping, data analysis, monitoring &amp; evaluation, document production and advocacy. The results of the network mapping and data analysis will be strategic for long term solutions including policy advocacy that the UN can support.</li> </ol>
--	---

Progress Tracker							
Please indicate below the stage that this project is currently in by ticking the appropriate column.							
Exploration	X	Project Inception		Resource Mobilization Stage	X	Project Initiation / Implementation	
<b>Linkages with Pillars:</b> Case Management and infection prevention control (IPC) – Action 1 Risk communication and community engagement – Action 1, 2, 3							

<b>Project title:</b> Supporting continuous access to education, social protection, child protection and gender-based violence (GBV) services		
<b>Government lead:</b> Ministry of Education (MOE), Ministry of Women, Family, and Community Development (MWFCD), Department of Social Welfare (DSW)		
<b>Lead agency (co-lead):</b> UNICEF		
<b>Total cost:</b> USD 561,000	<b>Available funding and source:</b> USD 320,000	<b>Funding gap:</b> USD 241,000
<b>Sector members/partners:</b> International Counselling Association of Malaysian Association of Counsellors, UM Care, Malaysian Association of Social Workers, NGO partners, Inclusivity and Wellbeing Results Group (IWRG), National Early Childhood Intervention Council (NECIC)		
<b>Target population:</b> 3,000,000 women and children <18 years old		

<p><b>Priority Response Activities:</b></p> <ul style="list-style-type: none"> <li>• Technical support to the Ministry of Education on safe school protocols and strengthening online learning provision/programming via the existing MOE Google Classroom platform.</li> <li>• Technical support to strengthen integrated case management services, alternative care arrangements and Mental Health and Psychosocial Support (MHPSS) services.</li> </ul>	<p><b>Key Preparedness Actions:</b></p> <ul style="list-style-type: none"> <li>• Development of MOOC to build teacher capacity for conducting online learning using the MOE Google Classroom platform (also with Google accessibility features for teachers and learners in partnership with MOE and Arus Education.</li> <li>• Incorporation of COVID-19 related content into existing Global Citizenship Education module.</li> <li>• Supporting MOE with Safe School protocols i.e. School Reopening and Safe Operations.</li> <li>• Supporting the adjustment of social welfare outreach protocols to ensure continuity and enhancement of monitoring and case management of the most vulnerable children and families known to be at risk.</li> <li>• Developing guidance/information/messages to social welfare professionals and para-professionals to integrate COVID-19 prevention and response into social welfare service delivery frameworks and strengthen caseload management (including support for virtual caseload management).</li> <li>• Working with the International Counselling Association of Malaysian Association of Counsellors to strengthen capacity of counsellors, including school counsellors to address MHPSS for Covid19.</li> <li>• Development of a network of MHPSS providers, map partners' capacity and assess the gaps in provision of MHPSS for various vulnerable populations including children affected by migration.</li> <li>• Organise an online workshop for MHPSS providers on how to provide therapy via online technology.</li> <li>• Identify and advocate for alternatives to immigration detention for children to prevent and reduce risk of spread of virus, and in the meantime, for safer living and housing conditions to allow for social distancing in all alternative care centres, including IDCs.</li> <li>• Strengthening community-based child protection mechanisms for children affected by migration in Sabah and Klang Valley with a focus on the heightened risk of GBV.</li> <li>• Developing of child-friendly and disabilities inclusive education material on COVID-19 and mental health and psychosocial support (MHPSS).</li> <li>• Development of disability-friendly inclusive and gender-transformative communication materials.</li> <li>• Engage adolescents and young people in design of the communication materials.</li> <li>• Establish online space on Telegram to share adolescent-friendly materials on COVID-19 and MHPSS.</li> <li>• Supporting and capacity building early intervention centres to provide online psychosocial and educational services to children with disabilities and their caregivers/families.</li> <li>• Provision of policy options analysis for strengthening the social protection response to COVID-19.</li> <li>• Developing strategies, SOPs and systems for strengthening linkages between social protection, nutrition, SRH and other relevant social services for low income families.</li> </ul>
--	---

<b>Progress Tracker</b>							
Please indicate below the stage that this project is currently in by ticking the appropriate column.							
<b>Exploration</b>		<b>Project Inception</b>		<b>Resource Mobilization Stage</b>	X	<b>Project Initiation / Implementation</b>	X

### 7.2.2.2 Gender Equality and Empowerment of Vulnerable Women

<b>Project title:</b> Safe and Fair: Realizing women migrant workers' rights and opportunities in the ASEAN region and Migrant Workers Empowerment and Advocacy						
<b>Government lead:</b> MOHR						
<b>Lead agency (co-lead):</b> ILO						
<b>Total cost:</b> USD 222,000		<b>Available funding and source:</b> USD 222,000			<b>Funding gap:</b> NIL	
<b>Sector members/partners:</b> Malaysian Trades Union Congress, Persatuan Sahabat Wanita Selangor and Tenaganita						
<b>Target population:</b> Men and women migrant workers						
<b>Priority Response Activities:</b>			<b>Key Preparedness Actions:</b>			
<ul style="list-style-type: none"> <li>Assessment of the impacts of COVID-19 to women and men migrants workers.</li> <li>Direct service delivery to men and women migrant workers through Migrant Resource Centres.</li> </ul>			<ol style="list-style-type: none"> <li>Dissemination of information to men and women migrant workers.</li> <li>Referral and case management services through Migrant Resource Centres for women and men migrant workers experiencing labour rights violations and provision of rescue and shelter to women migrant workers who have experienced violence.</li> </ol>			
<b>Progress Tracker</b>						
<b>Exploration</b>		<b>Project Inception</b>		<b>Resource Mobilization Stage</b>		<b>Project Initiation / Implementation</b> X

### 7.2.2.3 Protection of Older Persons

<b>Project title:</b> Older person protection, prevention and education against COVID-19						
<b>Government lead:</b> Ministry of Women, Family and Community Development						
<b>Lead agency (co-lead):</b> UNFPA						
<b>Total cost:</b> USD 300,000		<b>Available funding and source:</b> USD 5,000 (UNFPA Country Programme)			<b>Funding gap:</b> USD 295,000	
<b>Sector members/partners:</b> MyAgeing, Department of Social Welfare, aged care facilities and associations (Together with MyAgeing, MWFC, MOH and sector members have been consulted in addressing this gap that requires further support)						
<b>Target population:</b> Older persons						
<b>Priority Response Activities:</b>			<b>Key Preparedness Actions:</b>			
<ol style="list-style-type: none"> <li>To improve the detection, prevention, response and control of COVID-19 among older persons living in institutions and the community at-large;</li> <li>To support related government agencies in the development of official guidelines (this will be conducted in collaboration with WHO) for the welfare and care management of institutionalized and community-living older persons during the outbreak period, including lockdown/curfew situations;</li> <li>To rapidly assess the needs of at-risk older persons and the operational challenges of relevant health and social care providers in preventing and mitigating the negative impact of COVID-19;</li> <li>To strengthen the capacity of residential aged care operators, care workers and family caregivers in the management of older persons with chronic multimorbidity during the COVID-19 pandemic (there is currently funding gap in ensuring replication of the capacity building in PAWEs (Activity Centre for Older Persons), and;</li> <li>To develop a national platform for the coordination of information and resources for public, private and voluntary aged care service providers (residential and non-residential) at all levels.</li> </ol>			<ol style="list-style-type: none"> <li>Deploy pool testing of COVID-19 samples on an interval basis for health and social care employees and promote the adoption of preventive measures for aged care facilities (n = 500) and households with older persons.</li> <li>Develop more comprehensive guidelines with multiple scenarios and other materials for the detection, prevention, response and control of COVID-19 among older persons living in institution and in the community.</li> <li>Conduct rapid assessments to evaluate the needs of at-risk older persons and the operational challenges of service providers in public, private and voluntary sectors.</li> <li>Conduct training, develop network and procure needed supplies to strengthen the capacity of aged care operators, care workers and family caregivers in the welfare and care management of older persons, and</li> <li>Develop platform for compilation and dissemination of information and resources for Federal, State and Local Government coordinated relief efforts to ensure the inclusion of older persons and vulnerable households during the epidemic.</li> </ol>			
<b>Progress Tracker</b>						
<b>Exploration</b>		<b>Project Inception</b>		<b>Resource Mobilization Stage</b>	X	<b>Project Initiation / Implementation</b>

### 7.2.2.4 Forced Labour

<b>Project title:</b> From Protocol to Practice: A Bridge to Global Action on Forced Labour							
<b>Government lead:</b> Ministry of Human Resources							
<b>Lead agency (co-lead):</b> ILO							
<b>Total cost:</b> USD 5,000			<b>Available funding and source:</b> USD 5,000			<b>Funding gap:</b> -	
<b>Sector members/partners:</b> Project Liber8, Malaysian Bar Council, other government agencies, MEF and MTUC							
<b>Target population:</b> All workers, but primarily migrant workers							
<b>Priority Response Activities:</b> <ul style="list-style-type: none"> <li>Awareness raising about migrant workers' rights within the context of COVID-19 and MCO, using social media platform and chatbot.</li> <li>Facilitation of discussion with the foreign missions on measures being implemented and potential actions to support migrant workers' needs during and post-MCO.</li> </ul>				<b>Key Preparedness Actions:</b> <ul style="list-style-type: none"> <li>Already being implemented.</li> </ul>			
<b>Progress Tracker</b>							
<b>Exploration</b>		<b>Project Inception</b>		<b>Resource Mobilization Stage</b>		<b>Project Initiation / Implementation</b>	X

## 7.3 Support to Socioeconomic Response and Recovery

### 7.3.1 Economic Response and Recovery

<b>Project title:</b> Assessment of the socio-economic impacts of COVID-19 on national priorities, SDGs and vulnerable groups		
<b>Government lead:</b> EPU, Sub-national Govts (to be determined) & other agencies		
<b>Lead agency (co-lead):</b> UN RCO and UNDP		
<b>Total cost:</b> USD 250,000	<b>Available funding and source:</b> USD 250,000	<b>Funding gap:</b> NIL
<b>Sector members/partners:</b> WHO, UNCT Results Groups		
<b>Target population:</b> B40, vulnerable communities, SMEs		

<p><b>Priority Response Activities:</b></p> <ol style="list-style-type: none"> <li>To perform rapid household assessment of socio-economic livelihoods impacts on vulnerable populations and provide policy recommendations towards creating more resilient and responsive system post COVID-19.</li> <li>Results from Rapid Household Income Survey (RaHIS) and other lessons observed during the COVID-19 period will be used to inform policy guidelines on needs assessment and social assistance delivery during crisis.</li> <li>Socio-Economic Impact Assessment (SEI) Study on Economic Impact of COVID-19 on priorities and targets of 12MP, SPV2030 and SDGs Evaluate COVID-19's "tangible effects" on households at national and sub-national levels and sectoral dimensions as well as impact of key sustainable development dimensions e.g. SDG 1, 3, 5, 8, 9 and 10; with a view to develop proposals to ensure Malaysia is able to return to its desired development trajectory.</li> <li>Included in the SEI is an SDG Investor COVID-19 Map Rapid Assessment Analyzes private and public sector insights about emerging investment needs and opportunities in the COVID-19 context, providing investors and public actors the insights they need to better direct investments and efforts towards recovery from the COVID-19 pandemic and the achievement of the SDGs. 1) Data collection and review, 2) Analysis of Investment Opportunity Areas, and 3) Dissemination of Findings.</li> </ol>	<p><b>Key Preparedness Actions:</b></p> <ol style="list-style-type: none"> <li>A self-administered online RaHIS was launched on 1 April. Given a significant number of vulnerable populations will not be able to respond to the survey if conducted only via the online link method, survey via phone interviews were conducted among identified groups.</li> <li>Tapping on established linkages with CSOs, phone interviews were conducted among fishermen, indigenous and vulnerable women. The poor and hardcore poor in Sabah, Kelantan and WPKL were also interviewed after obtaining approval from the Implementation Coordination Unit (ICU). A second batch of 5,600 records from ICU was obtained on 21 April and UNDP is engaging a survey company to conduct the phone interviews as it will need to be completed by 8 May. The online survey is extended until 3 May to encourage/boost participation at state-level.</li> <li>Preparation for engaging an external consultant to perform analytical work on impact of COVID on vulnerable groups needs and accessibility to support available through government and community channels. The SEI report will consolidate observations from numerous sources of intelligence and evidence-gathering activities and hard data to put together a report on impact of COVID-19 on various levels and segments of the society.</li> </ol>
--	---

Progress Tracker							
Please indicate below the stage that this project is currently in by ticking the appropriate column.							
Exploration		Project Inception		Resource Mobilization Stage	X	Project Initiation / Implementation	

<b>Project title:</b> Malaysia Urban Observatory COVID-19 Crisis Analysis (IMUOCCA)		
<b>Government lead:</b> IRDA		
<b>Lead agency (co-lead):</b> UNDP		
<b>Total cost:</b> USD 125,000	<b>Available funding and source:</b> USD 125,000	<b>Funding gap:</b> NIL
<b>Sector members/partners:</b> -		
<b>Target population:</b> -		

<p><b>Priority Response Activities:</b> Malaysia Urban Observatory COVID-19 Crisis Analysis (IMUOCCA)</p> <ol style="list-style-type: none"> <li>1. Establish an Iskandar Malaysia regional analytics platform - to monitor and analyse the current COVID-19 developments and identify potential hotspot areas in Iskandar Malaysia where they can focus government's containment efforts.</li> <li>2. Develop the tracing and quarantine monitoring App according to Johor – Singapore cross-border requirements (based on Singapore's open source Mobile tracing App currently used in Singapore).</li> </ol>	<p><b>Key Preparedness Actions:</b></p> <ol style="list-style-type: none"> <li>1. <b>Engagement and consultation with key stakeholders</b> – State Security Council Johor, Chief Minister's Office, State Department of Health Johor, Ministry of Science, Technology and Innovation.</li> <li>2. <b>Engagement with app development partner</b> – University Technology Malaysia (UTM), ESRI.</li> <li>3. <b>Joint launch and deployment plan</b> – to ensure arrivals through Johor's 5-entry points (by land, sea and air) will download and use apps. Role of local NGOs to be considered.</li> </ol>
---	---

Progress Tracker						
Please indicate below the stage that this project is currently in by ticking the appropriate column.						
Exploration		Project Inception	X	Resource Mobilization Stage		Project Initiation / Implementation

<b>Project title:</b> Mitigating COVID-19 community spread through municipal WASH interventions		
<b>Government lead:</b> PLANMalaysia, Ministry of Federal Territories		
<b>Lead agency (co-lead):</b> UN-Habitat, WHO		
<b>Total cost:</b> USD 198,000	<b>Available funding and source:</b> -	<b>Funding gap:</b> USD 198,000
<b>Sector members/partners:</b> BORDA-SEA; GWOPA; MALA; WHO		
<b>Target population:</b> General		

<p><b>Priority Response Activities:</b></p> <ol style="list-style-type: none"> <li>1. Study on the impacts of COVID-19 on governance systems, water consumption and waste management in informal settlements.</li> <li>2. Lessons learned on government/system response towards application of COVID-19 preventative measures, towards a guideline on systemic WASH-related responses.</li> <li>3. Translated COVID-19 community resources into Malay language or local dialects.</li> </ol>	<p><b>Key Preparedness Actions:</b></p>
--	---

Progress Tracker						
Exploration	X	Project Inception		Resource Mobilization Stage		Project Initiation / Implementation

<b>Project title:</b> Policy review and guidance for protecting the most vulnerable and supporting enterprises		
<b>Government lead:</b> MOHR		
<b>Lead agency (co-lead):</b> ILO		
<b>Total cost:</b> USD 20,000	<b>Available funding and source:</b> USD 10,000 (ILO)	<b>Funding gap:</b> USD 10,000
<b>Sector members/partners:</b> UNDP, UNICEF, UNIDO		
<b>Target population:</b> N/A		

<p><b>Priority Response Activities:</b></p> <p><b>Output 1:</b> <i>The profile of the Malaysian labour market provides a more realistic basis for taking into account the characteristics and vulnerability of different groups of workers in the design and delivery of the relief and stimulus measures.</i></p> <p>1.1 Using currently available data and information, provide a snapshot of the Malaysian labour force to: highlight how status in employment affects access to protection and benefits.</p> <p>1.2 Prepare a note on the informal economy in Malaysia. Admittedly, data are woefully absent, in large measure because lack of clarity still abounds in Malaysia.<sup>37</sup> It would also be useful to show the overlaps between informality and non-standard forms of employment (and related access to protection and benefits).<sup>38</sup> The links between informal employment and SMEs are significant,<sup>39</sup> especially given the additional SME Economic Stimulus Package.</p> <p><b>Output 2:</b> <i>Policy guidance and comments on the Prihatin Rakyat Economic Stimulus Package help to improve the delivery and efficacy of the measures.</i></p> <p><i>Activities:</i></p> <p>2.1 Review the Package and provide policy guidance based on ILO's technical knowledge, international experience and examples from other countries.</p> <p><b>Output 3:</b> <i>A holistic longer-term approach guides efforts for 'recovering better'.</i></p> <p>3.1 Describe the ILO policy framework for addressing the impact of COVID-19 with the pillars for protecting workers in the workplace; and social dialogue for building trust among government, businesses and workers.</p> <p>3.2 Draw attention to specific concerns/issues that would be crucial for 'recovering better' and achieving the SDGs for a more equal, inclusive and resilient society – in the Malaysian context.</p>	<p><b>Key Preparedness Actions:</b></p> <ul style="list-style-type: none"> <li>• Desk review.</li> <li>• Online consultations with subject matter experts and relevant stakeholders.</li> </ul>
--	---

Progress Tracker						
Exploration		Project Inception		Resource Mobilization Stage		Project Initiation / Implementation

<b>Project title:</b> Data collection social science research for public health decision making		
<b>Government lead:</b> PMO, MOH		
<b>Lead agency (co-lead):</b> UNICEF		
<b>Total cost:</b> USD 302,400	<b>Available funding and source:</b> USD 150,000	<b>Funding gap:</b> USD 152,400
<b>Sector members/partners:</b> -		
<b>Target population:</b> N/A		

<p><b>Priority Response Activities:</b></p> <ul style="list-style-type: none"> <li>• Multi-sectoral mixed-methods, longitudinal study on the impact of COVID-19 on low income families.</li> <li>• Supporting Prime Minister Officer (ICU) and MoH in using T4D solutions for data collection and data analysis and visualization.</li> </ul>	<p><b>Key Preparedness Actions:</b></p> <ul style="list-style-type: none"> <li>• Research on short and long-term consequences of COVID-19 on nutrition and provide a framework for action to maintain optimal nutrition at the community level among the vulnerable populations.</li> <li>• Assessment and learning phase for management of SAM during the crisis; recognize the key challenges and lessons learned to improve and reinforces preparedness and response capacity for future pandemics.</li> </ul>
---	---

Progress Tracker						
Exploration		Project Inception	X	Resource Mobilization Stage	X	Project Initiation / Implementation

<sup>37</sup> The Institute of Labour Market Information and Analysis (ILMIA) of the Ministry of Human Resources notes, for example, that "this concept of informal sector employment is quite awkward and even bewildering to understand because of the wide variations in the definitions of what constitutes the informal sector and what makes up informal employment". The Department of Statistics Malaysia (DOSM) has been collecting statistics annually as part of the Labour Force/Wages and Salaries/Informal Sector Survey. But the data only covered employment in the informal sector (an enterprise-based concept) and did not include informal employment (a job-based concept defined in terms of the employment relationship and protections associated with a worker's job). Using the enterprise-based concept, DOSM estimated employment in the informal sector at 9.4 per cent of total employment in Malaysia in 2017, down from 10.0 per cent in 2015. The 2019 Informal Sector Survey includes questions on informal employment but the data are currently not available

<sup>38</sup> See, for example, ILO 2018, pp.58-65.

<sup>39</sup> Three-quarters of all establishments in Malaysia are 'micro' enterprises, another 22% are classified as 'small' and 50 per cent are sole proprietorships. See KRI 2018, Table 6.1, p.135

### 7.3.2 Macroeconomic Response and Multilateral Collaboration

<b>Project title:</b> Mobilization of private sector to support COVID-19 response while strengthening systems for recovery		
<b>Government lead:</b> MITI/MED/SME Corp		
<b>Lead agency (co-lead):</b> UNDP		
<b>Total cost:</b> USD 150,000	<b>Available funding and source:</b> USD 150,000	<b>Funding gap:</b> NIL
<b>Sector members/partners:</b>		
<b>Target population:</b> SME, Private Sector		

<p><b>Priority Response Activities:</b></p> <p>To mobilize private sector skills and resources to support health systems response while increasing the resilience and adaptability of local industries through information sharing.</p> <ol style="list-style-type: none"> <li>Support and increase local production of essential medical supplies in collaborate with MITI and the manufacturing sector (MPMA) Rapid assessment for the repurposing of factories to produce medical equipment and items.</li> <li>Enhancing SME resilience: Integrating SME into GLC supply chain during and post COVID-19 ecosystem.</li> </ol>	<p><b>Key Preparedness Actions:</b></p> <ol style="list-style-type: none"> <li>Drafting of MOU and finalise the agreement. Discussion with MITI currently ongoing. Focus on identification/scoping of activities to support MITI. To also suggest study/assessment of key industries (health related sector) to equip themselves for quick domestic supply post MCO. Possible products that can be rapidly produced locally with the help of various industry associations includes jumpsuit/Coverall (Hazmat suit), Non-woven, coated PE Waterproof and spill proof.</li> <li>Stakeholder consultation on-going with SME Corp. Discussion with SME Corp has resulted in possible of working areas:             <ol style="list-style-type: none"> <li>Integrating SME into GLC supply chain during and post COVID-19 ecosystem (Accepted, activities pending discussion).</li> <li>Acceleration of digital economy among SME and MSME through outreach and on-boarding programme.</li> </ol> </li> </ol>
---	---

Progress Tracker						
Please indicate below the stage that this project is currently in by ticking the appropriate column.						
Exploration		Project Inception	X	Resource Mobilization Stage	X	Project Initiation / Implementation

<b>Project title:</b> Capacity building on Building Back Business from Crisis		
<b>Government lead:</b> MITI		
<b>Lead agency (co-lead):</b> UNIDO		
<b>Total cost:</b> USD 20,000	<b>Available funding and source:</b> -	<b>Funding gap:</b> USD 20,000
<b>Sector members/partners:</b> Federation of Malaysian Manufacturers		
<b>Target population:</b> SMEs		

<p><b>Priority Response Activities:</b></p> <p>Online training tools provided to SMEs to maintain and revitalize their business during and beyond the COVID-19 pandemic.</p>	<p><b>Key Preparedness Actions:</b></p> <p>UNIDO and FMM are exploring an idea to launch a series of webinar on Building Back Business from Crisis. This webinar will be based on an UNIDO's online platform on Building Back Business from Crisis, <a href="https://b3cmsme.org/">https://b3cmsme.org/</a>. The main objective is to prepare SMEs/MSMES to resume their business now, not waiting for the crisis to end. Because, it is not clear when it will end.</p>
--	--

Progress Tracker						
Exploration	X	Project Inception		Resource Mobilization Stage		Project Initiation / Implementation

### 7.3.3 Social Cohesion and Community Resilience

<b>Project title:</b> Countering Pandemic-Related Hate and Xenophobia		
<b>Government lead:</b> Ministry of Communication		
<b>Lead agency (co-lead):</b> IOM & UN RCO		
<b>Total cost:</b> USD 250,000	<b>Available funding and source:</b> -	<b>Funding gap:</b> USD 250,000
<b>Pillar members/partners:</b> UNICEF, UNHCR, UN Communications Group, Bar Council, SUHAKAM, North South Initiative		
<b>Target population:</b> N/A		

<p><b>Priority Response Activities:</b></p> <ul style="list-style-type: none"> <li>• Conduct a training for Medica on hate speech and basic information on migrants and refugees.</li> <li>• Conduct a basic training for senior government officials on how speech can impact public perception.</li> <li>• Develop video and poster stories that can be shared on social media in order to highlight the contributions migrants and refugees make to society.</li> <li>• Hold informational sessions with Universities to help student understand the migrant and refugee situation.</li> <li>• Develop a system to monitor and report on the nature, scale and impacts of COVID-19 related hate speech, as well as legislative and policy measures intended to address such expressions.</li> </ul>	<p><b>Key Preparedness Actions:</b></p> <ul style="list-style-type: none"> <li>• Identify key NGOs for partners and who the UN can collaborate with on messaging.</li> <li>• Identify Influential figures in society – including religious leaders, faith actors, trade union leaders, the leaders of non-governmental organizations, youth leaders, public figures, and influencers – who would be willing to engage with the UN and speak out against COVID-19-related hate speech, misinformation, disinformation and conspiracy theories, express solidarity with those targeted by such expressions, and amplify messages that serve to reduce discrimination and stigma.</li> <li>• Survey on perception of migrants and refugees in Malaysia, to understand the areas that need to be addressed.</li> <li>• Develop key messages based on results of survey.</li> <li>• Develop key modes of communication for different populations.</li> </ul>
--	---

<b>Project title:</b> Strengthening Public Communication to Vulnerable Communities through animation and digital campaign		
<b>Government lead:</b>		
<b>Lead agency (co-lead):</b> UNDP		
<b>Total cost:</b> USD 25,000	<b>Available funding and source:</b> USD 25,000	<b>Funding gap:</b> NIL
<b>Sector members/partners:</b> Local animation studios, Malaysian Graphic Artists, NGOs		
<b>Target population:</b> Orang Asli Communities, B40 communities		

<p><b>Priority Response Activities:</b></p> <p>Strengthening Public Communication to Vulnerable Communities:</p> <ul style="list-style-type: none"> <li>• PSA messaging (existing content on COVID19 awareness) and new communications content targeted at indigenous communities / vulnerable communities, produced through private partnership. Content to be produced in 2 OA languages (Dusun and Senai), Bahasa Malaysia, and English.</li> <li>• PSA messaging to explore collaboration with local Malaysian family friendly animation series, and/or visual comics.</li> <li>• For PSA, UNDP will work in close consultation all stakeholders deemed relevant such as Department of Orang Asli Development (JAKOA), ministries, NGOs, and community advocates, for content development and dissemination. Additionally, PSAs will be developed in lined with global guidelines and WHO guidelines. Synergy will be created with various UN agencies to avoid duplication.</li> <li>• Socio-economic focus messaging post-MCO will be also emphasized.</li> </ul>	<p><b>Key Preparedness Actions:</b></p> <ul style="list-style-type: none"> <li>• Partnership talks with local animation studio is already on-going and production will proceed upon clearance of budget.</li> <li>• Strategic communications and dissemination plan to be drafted and finalised for execution.</li> <li>• Develop and disseminate COVID-19 awareness videos in collaboration with local animation series Papa and Pipi, to be made available in Bahasa Malaysia, Dusun, and Senai.</li> <li>• Focus will be on good hygiene/proper handwashing techniques, and general COVID-19 awareness (symptoms, how the virus spreads, what should you do to reduce exposure, when should you see a doctor?).</li> </ul>
---	---

Progress Tracker							
Please indicate below the stage that this project is currently in by ticking the appropriate column.							
Exploration		Project Inception		Resource Mobilization Stage		Project Initiation / Implementation	

<b>Project title:</b> Assessment and Pilot Design for Digital Cash Transfer and E-Commerce in Sabah		
<b>Government lead:</b> None- via TONIBUNG under YB Senator Adrian Lasimbang		
<b>Lead agency (co-lead):</b> UNDP, UNICEF		
<b>Total cost:</b> USD 50,000	<b>Available funding and source:</b> USD 50,000	<b>Funding gap:</b> NIL
<b>Sector members/partners:</b> NGO, Private sector		
<b>Target population:</b> Rural and Peri-Urban Communities		

<p><b>Priority Response Activities:</b></p> <p>Assess feasibility of existing and potential cash assistance and e-commerce platform in support of efforts to build back better and foster community resilience in the long term, especially among rural and vulnerable groups.</p> <ol style="list-style-type: none"> <li>i. Conduct an assessment on the efficacy and accessibility of cash assistance for social protection and economy stimulus.</li> <li>ii. Design and implement a pilot for learning based on assessment finding.</li> <li>iii. Present case study as policy recommendation and further scale up in other rural communities in Sabah and nation wide.</li> </ol>	<p><b>Key Preparedness Actions:</b></p> <ul style="list-style-type: none"> <li>• Engagement with stakeholders in Sabah through focus group discussion, extract findings from Rapid Household Impact Survey (RaHIS) and U-Report.</li> <li>• Consultation with users on SabahPay platform and explore private sector collaborations on supply chain and internet connectivity enhancement.</li> <li>• Engage MOF on impact analysis of cash assistance and digitalization efforts for livelihood improvement of rural communities.</li> </ul>
--	--

Progress Tracker							
Exploration		Project Inception	X	Resource Mobilization Stage		Project Initiation / Implementation	

<b>Project title:</b> Inputs for Malaysia's national emergency response and preparedness planning		
<b>Government lead:</b> NADMA		
<b>Lead agency (co-lead):</b> UNDP		
<b>Total cost:</b> USD 68,000	<b>Available funding and source:</b> USD 68,000	<b>Funding gap:</b> NIL
<b>Sector members/partners:</b> -		
<b>Target population:</b> NGO, Private Sector		
<b>Funding required:</b> USD 68,000		

<p><b>Priority Response Activities:</b></p> <ol style="list-style-type: none"> <li>1. General Observers Report Malaysia's Response to COVID-19 Pandemic is documented and developed as lessons for emergency response and preparedness. Request for GOR was initially from the perspective of government's response, meant to document and assess government's response and impact on vulnerable populations.</li> <li>2. Compilation and dissemination of information and foresight intelligence. This output will focus on building collective intelligence using various data sources, developing signals into scenarios, and producing opportunity recommendations for new normal (systems-based foresight for portfolio development).             <ul style="list-style-type: none"> <li>- Improvement of supply chain, operational and sector specific strategy for COVID response recovery.</li> <li>- Web scraping.</li> </ul> </li> </ol>	<p><b>Key Preparedness Actions:</b></p> <ol style="list-style-type: none"> <li>(1) RRF Proposal submitted. Discussion with NADMA done. Request is demand-based. Will revert to Procurement for any support needed.To hold scoping discussion with NADMA - late April.</li> <li>(2) Telecommuting survey and social media analysis as way of understanding what WFH options might look like in a post-COVID environment. Survey is ready and awaiting implementation (towards conclusion of MCO).  Online portal to be developed in consultation with UNDP Communications, executed by a web agency. Contact has been made and discussions initiated. Portal should be operational by late/end May.  The KISAH project soft-launched as a precursor to the COVID Learning &amp; Insights Network (COLIN), a whole-of-society information platform. COLIN will supplement and support data from UNDP studies (RaHIS, Telecommuting Natural Experiment, solutions mapping, digital cash transfer, SME).  Strategic Foresight work will be supporting emerging analysis around the future of work, IR4.0, green economy, supply chains, etc. Driven by the UNDP Accelerator Lab, this process kicked off on 24 April, and will be supported by interns and RBAP Heads of Exploration.</li> </ol>
--	--

Progress Tracker							
Please indicate below the stage that this project is currently in by ticking the appropriate column.							
Exploration		Project Inception	X	Resource Mobilization Stage		Project Initiation / Implementation	

## Coordination Structure

### Internal coordination:

- The One UN Plan is coordinated under the usual coordination mechanisms, i.e. the **UNCT** and the different **Results Groups** i.e. SDGs; People (Inclusivity and Wellbeing); Gender; Prosperity; Peace (Human Rights and Governance); Planet (Environmental Sustainability).
- **Crisis Management Team meetings** are also used for coordination purposes.
- In addition, under the Inclusivity and Wellbeing Results Group a **Socio-economic Task Team** was established to deepen the assessment of socio-economic impact on vulnerable groups.
- As it is clear that the migrant, undocumented, stateless, refugees and asylum seekers population groups are among the most vulnerable groups in Malaysia, several meetings were convened to develop a policy note on **non-citizens and undocumented persons**.

### External coordination:

- The RC has convened a Humanitarian Country Team (HCT) Meeting, bringing together UN agencies with relevant Government and NGO partners.
- UN agencies coordinate with Government and NGO partners through meetings and various platforms in different regions of the country in delivering its assistance.

## Budget Requirements

### Funding Required for Public Health Preparedness and Response (CPRP Pillars): USD 960,700

Sector	UNICEF	IOM	WHO	UNU-IIGH	Total (USD)
Strengthening surveillance and risk assessment, laboratory capacity for COVID-19			110,000		110,000
Contact tracing and POE screening		70,000			70,000
Risk Communication and Community Engagement	415,000		213,200		628,200
Online repository of the public health, social and community measures to address COVID-19 across all countries				152,500	152,500
<b>Total (USD)</b>	415,000	70,000	323,200	152,500	<b>960,700</b>

**Funding Required for Multisectoral Humanitarian Support to Vulnerable Groups: USD 11,731,273**

Sector	UNHCR	UNICEF	IOM	ILO	UNFPA	TOTAL (USD)
COVID-19 emergency response for refugees and asylum seekers	4,526,273					4,526,273
Direct assistance to migrants and undocumented persons in Sabah			3,500,000			3,500,000
Engaging vulnerable communities with hygiene supply and community orientation on hygiene and MHPSS		925,000				925,000
Supporting repatriation and direct aid for vulnerable migrant workers				1,850,000		1,850,000
Protection: Gender based violence mapping, protection and advocacy project					394,000	394,000
Supporting continuous access to education, social protection, child protection and GBV services		241,000				241,000
Older person protection, prevention and education against COVID-19					295,000	295,000
<b>Total (USD)</b>	<b>4,526,273</b>	<b>1,166,000</b>	<b>3,500,000</b>	<b>1,850,000</b>	<b>689,000</b>	<b>11,731,273</b>

**Funding Required for Support to Early Socioeconomic Response and Recovery: USD 630,400**

Common Service	ILO	UN Habitat	UNICEF	UNIDO	IOM	Total (USD)
Mitigating COVID-19 community spread through municipal WASH interventions		198,000				198,000
Policy review and guidance for protecting the most vulnerable and supporting enterprises	10,000					10,000
Data collection social science research for public health decision making			152,400			152,400
Capacity building on Building Back Business from Crisis				20,000		20,000
Countering Pandemic-Related Hate and Xenophobia					250,000	250,000
<b>Total (USD)</b>	<b>10,000</b>	<b>198,000</b>	<b>152,400</b>	<b>20,000</b>	<b>250,000</b>	<b>630,400</b>



**UN.ORG.MY**

