




Left Far Behind:

The Impact of COVID-19 on Access to
Education and Healthcare for Refugee
and Asylum-Seeking Children in
Peninsular Malaysia



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Diode Consultancy is a Malaysia based research consulting service that works to create positive social impact for disempowered communities and individuals in the Southeast Asia region, in order to improve access to fundamental human rights. Diode believes that data driven approaches can improve access to fundamental human rights and aims to do this through adapting and scaling evidence-based interventions, creating and supporting innovative tools, encouraging community participation in research and advocating for social and policy changes by disseminating accurate and accessible information. This report was written by Diode co-founders and researchers Dr. Veena Pillai and Ms. Jennifer Clement, with research and analysis support from Ms. Eng Chee Wen.



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PROTECTING CHILDREN AFFECTED BY MIGRATION

IN SOUTHEAST, SOUTH AND CENTRAL ASIA



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Table of Contents

Acknowledgements	4
List of Figures and Abbreviations	7
Executive Summary	8
1. Introduction and Background	14
1.1. Access to education	15
1.2. Access to healthcare	16
1.3. The impact of the COVID-19 pandemic on access to healthcare and education for refugee and asylum-seeking children	17
2. Methodology	17
3. Thematic Analysis: Education	18
3.1. Respondent profile	18
3.2. Education needs of refugee and asylum-seeking children prior to and since the COVID-19 pandemic	18
3.3. Barriers to education and the impact of COVID-19 on access to education	19
3.3.1. Access to education for refugee and asylum-seeking children	19
3.3.2. Enabling environment	24
3.3.3. Availability and provision of education	24
3.3.4. Changes as a result of the impact of the COVID-19 pandemic and online learning	29
3.4. The impact of gender, disability, and other identities on access to education	31
3.4.1. Gender	31
3.4.2. Children with disabilities	32
3.5. Analysis of barriers through a gender, age, disability, location, and ethnicity lens	33
3.6. Analysis of opportunities to increase access to education	34
4. Thematic Analysis: Healthcare	35
4.1. Respondent profile	35
4.2. Health needs of refugee and asylum-seeking children prior to and since the COVID-19 pandemic	35
4.3. Barriers to healthcare and the impact of COVID-19 on access to healthcare	36
4.3.1. Cost-related barriers	36
4.3.2. Sociocultural barriers	39
4.3.3. Fear of arrest and detention, particularly resulting from lack of legal status	40
4.3.4. Harmful and inconsistent application of healthcare policies	40
4.3.5. Discrimination, xenophobia, and a lack of empathy among HCWs	41
4.3.6. Knowledge gaps among parents and caregivers	41
4.3.7. Lack of state support for child protection issues	41
4.3.8. Lack of availability of refugee-specific health services	42
4.4. The impact of gender, disability, and other identities on accessing healthcare	42
4.4.1. Gender	42

4.4.2.	<i>Children with disabilities</i>	43
4.5.	Analysis of barriers through a gender, age, disability, location and ethnicity lens	44
4.6.	Analysis of opportunities to increase access to healthcare	45
5.	Recommendations	46
5.1.	Access to education	46
5.1.1.	<i>Legal and policy</i>	46
5.1.2.	<i>Financial sustainability, quality of education and capacity building of ALCs</i>	46
5.1.3.	<i>Targeted programmes on raising awareness and demand for education</i>	47
5.1.4.	<i>Partnerships and engagement</i>	48
5.2.	Access to healthcare	49
5.2.1.	<i>Legal and policy</i>	49
5.2.2.	<i>Quality of healthcare services and capacity building</i>	50
5.2.3.	<i>Targeted health programmes for specific needs</i>	50
5.2.4.	<i>Networking, coordination, and partnerships</i>	51
6.	Conclusion: Moving forward	52

List of Figures and Abbreviations

Figures

Figure 1: Main barriers to education prior to the COVID-19 pandemic (n, %)	20
Figure 2: Main challenges faced by refugee and asylum-seeking children in accessing education during the COVID-19 pandemic (n, %)	21
Figure 3: Barriers to education prior to the COVID-19 pandemic (%)	22
Figure 4: Challenges faced by ALCs in providing education for refugee and asylum-seeking children prior to the COVID-19 pandemic (%)	25
Figure 5: Challenges faced by ALCs in providing education for refugee and asylum-seeking children during the COVID-19 pandemic (%)	28
Figure 6: New challenges faced by refugee and asylum-seeking children in accessing education during the COVID-19 pandemic (%)	30
Figure 7: Challenges faced by girls in accessing education (n, % of yes)	31
Figure 8: Challenges faced by boys in accessing education (n, % of yes)	31
Figure 9: Differences in health needs among refugees and asylum-seeking children by gender and disability as reported by respondents, n=30	36
Figure 10: Respondents' perceived major causes of morbidity among refugee and asylum-seeking children (n, %)	37
Figure 11: Barriers to health services among refugee and asylum-seeking children (n, %)	39

Abbreviations

ALC	Alternative Learning Centre
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COVID-19	Coronavirus Disease 2019
HCW	Healthcare Worker
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IGCSE	International General Certificate of Secondary Education
MCO	Movement Control Order
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-governmental Organization
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-based Violence
SPM	Sijil Pelajaran Malaysia/Malaysian Certificate of Education
STI	Sexually Transmitted Infections
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
URTI	Upper Respiratory Tract Infection

Executive Summary

More than 25% of the refugees and asylum-seekers registered with UNHCR in Malaysia are children below the age of 18. This means that some 47,200 children have limited or no access to education, healthcare and other essential services due to their lack of legal status. The lack of a domestic legislative and administrative framework to protect refugees and asylum-seekers in Malaysia puts these children amongst the most vulnerable groups in society to the impact of COVID-19.

Refugee and asylum-seeking children are among the most vulnerable groups during the COVID-19 pandemic. COVID-19 and its related Movement Control Orders (MCO) had significantly impacted Malaysia's public health and social welfare systems, and disrupted education and schooling for many children in the country. Living in an already precarious environment with limited to no legal rights, refugee and asylum-seeking children have been particularly impacted in terms of food and housing insecurities, loss of employment, lack of access to government aid and support services, and increased security concerns from mass arrests, raids, and detention of undocumented persons including women and children.

“Left Far Behind: The Impact of COVID-19 on Access to Education and Healthcare for Refugee and Asylum-Seeking Children in Peninsular Malaysia” is a partnership project between UNICEF and IDEAS Malaysia to assess the impacts of COVID-19 on refugee and asylum-seeking children's access to education and healthcare in Peninsular Malaysia and identify evidence-based solutions to address these impacts. This project involves primary research through quantitative surveys and qualitative interviews with teachers, parents, adolescents, and healthcare workers (HCWs) from various states across Peninsular Malaysia between November 2021 and January 2022. This thematic report is a merged and synthesised version of two full study reports, each focusing on education and healthcare.

Education

According to UNHCR, only 44% of refugee children in Malaysia are enrolled in primary education, and 16% of refugee youth are enrolled in secondary education.

Prior to the pandemic, refugee and asylum-seeking children already did not have the right to formal education as existing circulars and policies to make primary education compulsory and inclusive only apply to children with one or both parents who are Malaysian citizens. This leaves them with access to only informal education through alternative learning centres (ALCs), which comes with various barriers and challenges, as evident from the poor primary and secondary education enrolment rate of refugee children in Malaysia.

Key findings:

The main barrier to accessing education for refugee and asylum-seeking children is poverty.

The lack of financial resources drives refugee and asylum-seeking children to drop out of school due to the parents' inability to finance their children's education and the burden of earning a livelihood. This was worsened by the COVID-19 pandemic as some families were further forced to prioritize daily necessities over education, as the parents' livelihoods were greatly impacted by the MCO due to the nature of their daily wage jobs. Families could not afford proper learning devices and an internet connection for their children to participate in online learning, further limiting their access to education.

While the awareness of the importance of education was reported to have increased throughout the years, a lack of awareness remains as one of the main barriers to education. Parents' perceived importance of education is largely influenced by personal experiences and sociocultural norms within their communities. However, the pandemic has also presented opportunities for ALCs to reach parents and raise awareness of the importance of education through aid and homework distribution initiatives during the MCO.

Geographical barriers remain a challenge in accessing education for refugee and asylum-seeking children, especially for children residing outside of the Klang Valley. In addition, girls are also disproportionately hindered from accessing education due to caring responsibilities as a result of the sociocultural values of their communities. However, the pandemic has brought about an opportunity through online learning to provide education for them as well as children with physical disabilities.

The lack of an enabling environment such as the lack of legal protection and the rise in xenophobia against the refugee community further impacted access to education during the pandemic. Children without UNHCR documentation may face challenges enrolling in an ALC.

Adolescents often face limited opportunities for academic progression to higher education as the lack of documentation coupled with financial and certification problems hinder them from accessing higher education. This also subsequently limits adolescents from securing decent employment. Among older children, access to education was further restricted by the fear of detention and security concerns outside of school, especially during the rise in xenophobia experienced by the Rohingya community during the pandemic.

ALCs suffered from reduced financial resources affecting their operations, quality of teachers and learning environment for refugee and asylum-seeking children. The pandemic has worsened financial constraints faced by ALCs, which had to reduce tuition fees to increase the affordability of education for these children. This was also coupled with the shift in donations to food and devices instead of monetary funding during the MCO.

ALCs experienced changes in the rate of student enrolment and dropout during and post-MCO, with some schools experiencing an increase in students and many others reporting a decrease. However, motivation and interest in education among children generally decreased during the pandemic due to low satisfaction with online learning. Barriers to accessing education faced by children with disabilities have been exacerbated by online learning, except for children with physical disabilities.

Key recommendations:

Legal and policy

- **Create pathways to academic or vocational certification** for refugee and asylum-seeking children.
- **Allow refugee and asylum-seeking children to participate in the Malaysian Certificate of Education (*Sijil Pelajaran Malaysia*, or SPM) examination.**
- **Increase access to registration with UNHCR**, for example, through mobile registration stations in different regions, for undocumented asylum-seeking individuals and families residing outside of the Klang Valley.

Financial sustainability, quality of education and capacity building of ALCs

- **Foster collaboration on fundraising activities among ALCs** to help raise awareness of the needs of refugee and asylum-seeking children.
- **Provide support to ALCs to meet the criteria for registering with the Ministry of Education (MOE)** to increase the recognition of education received by refugee and asylum-seeking children.
- **Provide capacity building to upskill teachers** in providing quality online classes as well as in the areas of child protection, sexual and gender-based violence (SGBV), and mental health.

Targeted programs on awareness-raising and increasing demand for education

- **Provide financial aid and assistance** such as direct cash transfers linked to education, education scholarships and grants for refugee and asylum-seeking children to promote their access, attendance, and participation in schools.
- **Advocate and increase the awareness of the importance of education among refugee and asylum-seeking parents and children.** Additionally, support should be provided for parents to find and enrol their children in an ALC. For example, an education help desk could assist parents in navigating the education options and would reduce barriers to accessing education.
- **Conduct gender-transformative positive parenting interventions with parents as well as communities** to combat cultural stigma around girls going to school and other harmful gender norms and practices.

Partnerships and engagement

- **Expand partnerships and coordination between ALCs and community leaders** to reach out to students and establish local community schools.
- **Strengthen networks and connections between ALCs and donors** to mobilise financial resources and support.
- **Engage with industry actors and the private sector** to connect refugee and asylum-seeking students to internship opportunities.

Healthcare

Refugees and asylum-seekers in Malaysia encounter significant barriers in accessing affordable healthcare.

Research has shown that the process of migration itself already exposes refugee and asylum-seeking children to greater health risks, resulting in poorer health outcomes. Prior to the onset of the COVID-19 pandemic, while refugees and asylum-seekers had access to NGO health facilities for primary healthcare, their complex social and healthcare needs, and the lack of a legal framework on asylum issues already pose significant barriers to accessing affordable secondary healthcare and emergency care.

Key findings:

The perceived causes of morbidity among refugee and asylum-seeking children had significantly changed during the pandemic. Poor hygiene conditions, low parental health literacy and malnutrition were perceived to be the main causes of morbidity that have significantly worsened during the pandemic. Delayed presentation to healthcare services and a lack of documentation were also perceived to be causes of morbidity that have worsened due to the heightened fear of arrest and detention in seeking healthcare services. The increased demand for mental health services, child protection and care services of SGBV after the lifting of the MCO also indicates the worsening of related health needs during that time.

Financial barriers were further exacerbated during the COVID-19 pandemic due to limited employment and movement, leading to unstable financial situations. The lack of a legal framework for employment for refugees and asylum-seekers made gainful employment and steady income relatively impossible for the population. Hence, this poses cost-related barriers to accessing healthcare facilities, particularly secondary healthcare services (i.e., antenatal care and childhood vaccination) for which there are no non-governmental options. These barriers result in the inability to access the care refugees and asylum-seekers may urgently need, which can in turn result in increased morbidity and mortality and delay in care seeking.

Language barriers were identified as a sociocultural barrier that hindered access to healthcare services due to no available interpreting services in government facilities. This barrier was worsened during the pandemic with the one-person consultation policy, which did not allow for an interpreter to accompany and support the patient. This barrier is also a result of a lack of sociocultural sensitization among HCWs in both government and NGO facilities. Hence, refugees and asylum-seekers are often unable to fully understand their child's medical conditions and the required consultation procedures, while the ability of HCWs to provide optimal care for patients is also hindered. This in turn disempowers the patient, which is likely to lead to future delays in seeking care.

The lack of an enabling environment, including fear of arrest and detention due to lack of documentation, hinders refugee and asylum-seeking children's access to healthcare, leading to delays in seeking care. While the risk of bribery and exploitation is much higher for undocumented persons, those with documents are also perceived to be at risk. These barriers can be attributed to health policies such as Circular 10 — a 2001 Ministry of Health (MOH) directive that states all government healthcare staff are to report undocumented persons seeking treatment at healthcare facilities, which

indirectly encourages xenophobic attitudes among HCWs.

Several knowledge gaps among parents and caregivers, including limited health literacy, a lack of information on health services and adequate parenting skills impacted healthcare-seeking behaviour. This was compounded by sociocultural barriers such as language. It was also reported that the high prevalence of child marriages results in mothers often being too young to absorb and understand health knowledge.

The lack of state support for child protection issues, especially within healthcare facilities was also reported as a barrier to healthcare-seeking behaviour. It was reported by participants that in many cases, the Social Welfare Department did not intervene in child abuse or neglect, child marriage and child or teen pregnancy cases involving foreign children.

Key recommendations:

Legal and policy

- **Remove or reduce non-citizen fees at government hospitals,** particularly fees for essential services.
- **Remove Circular 10,** the MOH directive that states all government healthcare staff are to report undocumented persons seeking treatment at healthcare facilities, to ensure hospitals are safe spaces for refugees.
- **Establish a policy of firewalls between service providers and immigration authorities,** where service providers are never asked to report on their patient's migration status.
- **Provide free access to essential childhood vaccinations for all children** in the country.
- **Develop child protection policies to address the specific needs of refugee and asylum-seeking children.**

Quality of services and capacity building

- **Provide capacity building for HCWs** in the areas of child marriage, child protection, SGBV, and mental health.
- **Conduct sensitization workshops with HCWs** to combat the stigmatization and discrimination of the refugee and asylum-seeking population.
- **Conduct health promotion for communities** to increase knowledge on areas such as parenting, negative consequences of child marriage and mental health stigma.

Targeted health programs for specific needs

- **Establish case management programmes** within healthcare facilities, open to all children and supported by interpreting services for non-native speakers.
- **Provide comprehensive care for all survivors of SGBV** including understanding trauma, reporting mechanisms, and protection mechanisms.
- **Expand and deepen existing multi-sectoral outreach services,** which should target children at risk of abuse and exploitation and children with disabilities.

Networking, coordination and partnerships

- **Continue to strengthen partnerships and coordination** between refugee-specific healthcare providers and HCWs in the public and private spheres to optimise resources and expand referral options.
- **Establish referral pathways from organizations offering health care for refugees to services offered by the Department of Social Welfare**, particularly for children with disabilities.

I. Introduction and Background

As of end June 2022, there were 184,080 refugees¹ and asylum-seekers² registered with the United Nations High Commissioner for Refugees (UNHCR) in Malaysia³ including 47,200 children.⁴ The Klang Valley (comprising Selangor, Kuala Lumpur, and Putrajaya) hosts the highest number of 'persons of concern' to UNHCR⁵ (100,194 persons), followed by Penang (19,737 persons), Johor (16,045 persons), and Kedah (13,535 persons).⁶

While Malaysia has a history of providing temporary asylum on humanitarian grounds to groups of asylum-seekers and refugees, the nation has yet to ratify the 1951 Refugee Convention and its 1967 Protocol. The Immigration Act 1959/63 makes no distinction between refugees, asylum-seekers, and undocumented migrants. Thus, the country lacks a legislative and administrative framework to protect refugees and asylum-seekers within its territory, resulting in their lack of access to basic rights such as freedom of movement, legal employment, formal education, and affordable healthcare.

Malaysia is, however, party to several United Nations (UN) conventions, including the 1989 UN Convention on the Rights of the Child (UNCRC)⁷ and the 2006 UN Convention on the Rights of Persons with Disabilities (UNCRPD). These conventions provide for State obligations to ensure refugee and asylum-seeking children, including those with disabilities, have, among other rights, the right to receive protection and humanitarian assistance,⁸ the right to education,⁹ and the right to healthcare.¹⁰ The UNCRC explicitly applies to all children *in* a country, not only *of* a country. Malaysia is also a party to the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and has obligations specifically related to the elimination of discrimination in access to healthcare¹¹ and education¹² for women and girls. In addition to this, Malaysia has also made several commitments on healthcare, education, and non-discrimination under the Sustainable Development Goals (SDGs) in a pledge to leave no one behind.¹³

This thematic report is a merged and synthesised version of two full study reports, each focusing on education and healthcare. More details regarding the background, methodology, findings and recommendations of this project are found in the respective study reports.

¹ A refugee is "a person who qualifies for the protection of the United Nations provided by the High Commissioner for Refugees (UNHCR), in accordance with UNHCR's Statute and, notably, subsequent General Assembly's resolutions clarifying the scope of UNHCR's competency, regardless of whether or not he or she is in a country that is a party to the 1951 Convention or the 1967 Protocol – or a relevant regional refugee instrument – or whether or not he or she has been recognized by his or her host country as a refugee under either of these instruments." See, IOM, 'Key Migration Terms'. Available at: <https://www.iom.int/key-migration-terms>.

² An asylum seeker is an individual seeking international protection, whose request for sanctuary has yet to be processed.

³ UNHCR Malaysia, 'Figures at a Glance in Malaysia'. Available at: <https://www.unhcr.org/en-my/figures-at-a-glance-in-malaysia.html>. Accessed on 9th August 2022.

⁴ Article 1 of the UN Convention on the Rights of the Child (UNCRC) defines children as human beings below the age of eighteen. Section 2(1) of Malaysia's Child Act 2001 also follows the UNCRC definition of a child. This research will utilise this definition of a child.

⁵ Persons of concern to UNHCR are primarily: 1) asylum-seekers; 2) refugees; 3) stateless persons; 4) the internally displaced; and 5) returnees. See, UNHCR, 'UNHCR & International Protection: A Protection Induction Programme' UNHCR (First edition, 2006), p18. Available at: <https://www.unhcr.org/publications/legal/44b4bbcd2/unhcr-international-protection-protection-induction-programme.html>.

⁶ Data source: UNHCR Malaysia, 'Figures at a Glance in Malaysia'. Available at: <https://www.unhcr.org/en-my/figures-at-a-glance-in-malaysia.html>. Accessed on 9th August 2022.

⁷ Malaysia still holds reservations towards Article 2 (regarding non-discrimination), Article 7 (regarding birth registration, the right to a name and nationality), Article 14 (regarding freedom of thought, conscience and religion); Article 28(1) (a) (regarding compulsory and free primary education for all); and Article 37 (regarding torture or other cruel, inhuman or degrading treatment or punishment and unlawful or arbitrary deprivation of liberty).

⁸ UNCRC Article 22.

⁹ UNCRC Article 28; UNCRPD Article 24.

¹⁰ UNCRC Article 24; UNCRPD Article 25.

¹¹ CEDAW Article 12.

¹² CEDAW Article 10.

¹³ (i) Goal No 3 on Good Health and Well-being; (ii) Goal No 4 on Quality Education; (iii) Goal No 5 on Achieve gender equality and empower all women and girls; (iv) Goal No 10 on reducing inequality within and among countries

I.1. Access to education

As of August 2022, only 44% (5,046) of refugee children in Malaysia are enrolled in primary education, and 16% (874) of refugee youth are enrolled in secondary education

Refugee and asylum-seeking children face significant challenges in accessing formal education in Malaysia. Although principles of non-discrimination are enshrined in the Federal Constitution of Malaysia,¹⁴ and despite the amendment of the Education Act 1996 in 2002 to make primary education compulsory,¹⁵ refugee and asylum-seeking children continue to be denied access to national schools. It is worth noting that government circulars that regulate the admission of both undocumented Malaysian children and non-Malaysian children to national schools (Surat Pekeliling Ikhtisas No 1/2009¹⁶ and Surat Siaran Kementerian Pendidikan Malaysia Bil (3) Tahun 2018¹⁷) do not apply to refugee and asylum-seeking children.

In 2019, the Ministry of Education (MOE) implemented the Zero Reject Policy to ensure that children with disabilities and undocumented children would have access to primary school education.¹⁸ In March 2022, the MOE further explained that the Zero Reject Policy “does not refer to the admission for undocumented children but children with special needs.”¹⁹

As a result, refugee and asylum-seeking children are only able to obtain informal education via an alternative learning centre (ALC).²⁰ In 2020, the MOE acknowledged— via a written parliamentary reply— that refugee children could obtain education through alternative guidance (learning) centres, which could be registered under the ministry.²¹ As of September 2021, there are 127 ALCs in Peninsular Malaysia registered with UNHCR. Of this number, only 21 offer secondary-level education.²² In 2021, only 36% (6,060) of refugee children in Malaysia are enrolled in primary education, while only 23% (1,424) of refugee youth are enrolled in secondary education.²³ The percentages have increased for primary enrolment to 44% (5,046) and decreased for secondary enrolment to 16% (874) in 2022.²⁴

¹⁴ Article 12(1) and Article 8(1) of the Malaysian Federal Constitution explicitly states that the subject of non-discrimination is ‘any citizens’.

¹⁵ Education Act 1996 Section 29A(1)

¹⁶ The ‘Surat Pekeliling Ikhtisas: Bil: 1/2009: Kemasukan Kanak-Kanak Warganegara Malaysia Tanpa Dokumen Ke Sekolah’ dated 11 March 2009, issued by the Office of Director-General of Education Malaysia stated that acceptance of undocumented individuals can be admitted to the government or government-aided schools provided that 1) either one of the child’s parent is a Malaysian citizen, and 2) there is a confirmation letter issued by the Village Chief to certify that the child is indeed a Malaysian citizen. See Office of Director-General of Education Malaysia, ‘Surat Pekeliling Ikhtisas: Bil: 1/2009: Kemasukan Kanak-Kanak Warganegara Malaysia Tanpa Dokumen Ke Sekolah’, KP(BS-DSR)201/002/1 Jld.2(1), 11 March 2009. Available at: [SPI-2009-Bil-1-kanak2-Tanpa-Dokumen-1-PDF](https://www.scribd.com/document/311111111/SPI-2009-Bil-1-kanak2-Tanpa-Dokumen-1-PDF) (scribd.com)

¹⁷ This circular applies to a non-citizen child adopted by Malaysian citizens or child of a Malaysian father and a non-Malaysian mother born out of wedlock, or a non-citizen child whose parents are also non-citizens given that the parents are either foreign embassy staff, working at a government agency with valid work permit, permanent residents in Malaysia or foreign children sent to continue education in Malaysia as part of a government exchange. See Jabatan Pendidikan Negeri Negeri Sembilan Darul Khusus, Ministry of Education Malaysia, ‘Surat Siaran Kementerian Pendidikan Malaysia Bilangan 3 Tahun 2018: Permohonan Kemasukan Sekolah Murid Bukan Warganegara’, JPNS. SPS.PP.600-8 Jld.9(15), [29 January 2018]. Available at: [siaran-kpm-bil-3-2018-permohonan-kemasukan-sekolah-murid-bukan-warganegara.pdf](https://www.kem.gov.my/images/stories/2018/03/14/education-ministry-reviewing-guidelines-entry-procedures-into-schools-for-m/2047451) (wordpress.com)

¹⁸ Lee Chong Hui, ‘Dr Maszlee: Over 10,000 special needs children enrolled in schools under Zero Reject policy’ The Star (7th May 2019). Available at: <https://www.thestar.com.my/news/nation/2019/05/07/over-10000-special-needs-children-enrolled-in-schools-under-zero-reject-policy/>

¹⁹ “Education Ministry reviewing guidelines, entry procedures into schools for Malaysian children without documents”, Malaymail, 14 March 2022. Available at: <https://www.malaymail.com/news/malaysia/2022/03/14/education-ministry-reviewing-guidelines-entry-procedures-into-schools-for-m/2047451>

²⁰ Although refugee children are allowed to attend private schools, the high costs of private education and the lack of a legal residence permit makes it difficult for them to access.

²¹ “‘Rohingya refugees have ‘no rights’, but children can access education – minister”, Malaysiakini, 4 August 2020. Available at: <https://www.malaysiakini.com/news/537222>

²² UNHCR Malaysia, UNHCR list of protected learning centres - September 2021 (Unpublished).

²³ UNHCR Malaysia, ‘Malaysia Education Factsheet’ (January 2021).

²⁴ UNHCR Malaysia, ‘Education in Malaysia’. Available at: <https://www.unhcr.org/education-in-malaysia.html>. Accessed on 8th August 2022.

Previous studies have shown that socioeconomic challenges— such as parents not being able to afford education-related expenditure,²⁵ and the need for children to work and support the family²⁶ or play a caregiving role²⁷ — pose a major barrier to accessing education for refugees and asylum-seeking children. The lack of a conducive learning environment within ALCs that have limited resources and facilities,²⁸ and a high student-teacher ratio²⁹ also pose obstacles to accessing education. Further barriers identified by previous studies include ALCs lacking teaching resources and trained teachers;³⁰ language³¹ and cultural barriers (particularly for girls),³² and limited opportunities for academic progression due to the non-recognition of examinations both locally and internationally.³³

1.2. Access to healthcare

Refugees and asylum-seekers in Malaysia encounter significant barriers in accessing affordable healthcare.

Access to healthcare is the ability to obtain physical and mental healthcare resources to preserve or improve health outcomes.³⁴ In Malaysia, refugees and asylum-seekers generally access primary healthcare facilities through health facilities run by non-governmental organizations (NGOs), private clinics, and government-run clinics and hospitals. Due to cost and documentation barriers, NGO-run healthcare facilities are usually the first point of contact for primary healthcare. Secondary healthcare and emergency care, however, are only accessible at private and government hospitals.

For refugees and asylum-seekers, a core social determinant of health is the process of migration itself. Not only do many refugees and asylum-seekers originate from countries that are affected by war and poverty, which impedes their access to adequate healthcare, the conditions and duration of travel often expose them to greater health risks, resulting in poorer health outcomes.³⁵ As a result of the complex social and health needs, as well as the lack of a legal framework on asylum issues, refugees and asylum-seekers encounter significant barriers in accessing affordable healthcare. Findings from a qualitative study³⁶ revealed several key barriers including: poor health literacy and a general lack of information on health sources; social and cultural barriers such as language to be able to communicate their health needs; a lack of legal status that results in fear and barriers in accessing available healthcare resources; financial difficulties to afford healthcare services, inclusive of transportation costs; and a lack of appropriate healthcare facilities that can cater to the trauma and needs of the refugee and asylum-

²⁵ Kazi Fahmida Farzana, Siti Darwinda Mohamed Pero, and Muhammad Fuad Othman, 'The Dream's Door: Educational Marginalization of Rohingya Children in Malaysia', (2020) Vol. 9 (Issue 2) South Asian Journal of Business and Management Cases 237, 242. Available at: <https://journals.sagepub.com/doi/pdf/10.1177/2277977920905819>

²⁶ Farzana, Pero and Othman (2020), 242.

²⁷ Farzana, Pero and Othman (2020), 242.

²⁸ Tatiana Sulgina and Sagar Gopal, 'Is There a Parallel Education System for Refugees in Malaysia? A Review' (2018) Vol. 7 (Issue 8 Ver: III) International Journal of Humanities and Social Science Invention 42, 49 – 50. Available at: [http://www.ijhssi.org/papers/vol7\(8\)/Version-3/G0708034251.pdf](http://www.ijhssi.org/papers/vol7(8)/Version-3/G0708034251.pdf)

²⁹ Sulgina and Gopal (2018), 49.

³⁰ Letchamanan (2013), 93; Julia Palik, 'Education for Rohingya Refugee Children in Malaysia' *Peace Research Institute Oslo* (Policy Brief No. 2, 2020). Available at: <https://www.prio.org/Publications/Publication/?x=12325>

³¹ Poh, et al. (2020), 76.

³² UNHCR, 'Her Turn: UNHCR report reveals critical gap in education for refugee girls' *UNHCR Malaysia* (8th March 2018). Available at: <https://www.unhcr.org/en-my/news/press/2018/3/5aa1fafe4/her-turn-unhcr-report-reveals-critical-gap-in-education-for-refugee-girls.html>

³³ Sulgina and Gopal (2018), 49.

³⁴ Gulliford, M., et al. 2002. What does 'access to health care' mean?. *Journal of health services research & policy*. 7. 186-8. Available at: https://www.researchgate.net/publication/11214843_What_does_'access_to_health_care'_mean

³⁵ World Health Organization Europe. 2018. Health of refugees and migrants: Regional situation analysis, practices, experiences, lessons learned, and ways forward. Available at: <https://www.who.int/migrants/publications/EURO-report.pdf>

³⁶ Chuah FLH, Tan ST, Yeo J, Legido-Quigley H. The health needs and access barriers among refugees and asylum-seekers in Malaysia: a qualitative study. *Int J Equity Health*. 2018; 17(1):120. Published 2018 Aug 15. doi:10.1186/s12939-018-0833-x.

seeking population. Other barriers to access also include stigma, harassment, and discrimination by the host community,³⁷ and inconsistent application of healthcare policies.

1.3. The impact of the COVID-19 pandemic on access to healthcare and education for refugee and asylum-seeking children

The onset of the COVID-19 pandemic and its related Movement Control Orders (MCO) has had a significant impact on public health and social welfare systems, and disrupted education and schooling for children in Malaysia. Living in an already precarious environment with limited to no legal rights, refugees and asylum-seekers have been particularly impacted in terms of food and housing insecurities, loss of employment,³⁸ a lack of access to government aid and support services,³⁹ and increased security concerns from mass arrests, raids, and immigration detention of undocumented persons, including women and children. Like most schools, ALCs were forced to close, requiring children to shift to online learning. However, most refugee and asylum-seeking children did not have access to digital devices and stable internet connections.⁴⁰

2. Methodology

This study employs a mixed-methods design (quantitative and qualitative measures) to identify and understand the barriers and opportunities faced by refugee and asylum-seeking children in Malaysia in accessing education and healthcare due to the COVID-19 pandemic. This paper will also identify and understand how these barriers to, and opportunities for, access to education and healthcare have been exacerbated or improved for refugee and asylum-seeking children based on age, gender, ethnicity, location, and disability, in light of the COVID-19 pandemic and its related MCOs.

³⁷ Low, S.K., Kok, J. K. & Lee, W. 2014. Perceived Discrimination and Psychological Distress of Myanmar Refugees in Malaysia. *International Journal of Social Science and Humanity*. 4, 201-205. Available at: <http://www.ijssh.org/papers/346-A00042.pdf>

³⁸ Verghis S, Pereira X, Kumar AG, Koh A, Singh-Lim A. COVID-19 and Refugees in Malaysia: An NGO Response. *Intervention* 2021;19:15-20. Available at: <https://www.interventionjournal.org/text.asp?2021/19/1/15/312713>

³⁹ Free Malaysia Today, With no help from embassy, thousands of Rohingya to go hungry in Selayang, April 2020. Available at: <https://www.freemalaysiatoday.com/category/nation/2020/04/22/with-no-help-from-embassy-thousands-of-rohingya-to-go-hungry-in-selayang/>

⁴⁰ UNHCR Malaysia, 'Malaysia Education Factsheet' (January 2021).

3. Thematic Analysis: Education

3.1. Respondent profile

The study adopted a mixed-methods design with a quantitative questionnaire and qualitative in-depth interviews with teachers, parents and adolescents. The questionnaire and interviews were conducted between November 2021 and January 2022.

The quantitative survey was sent out to all 127 ALCs under the protection of UNHCR, with representatives⁴¹ from 50 ALCs agreeing to participate. These 50 participants were mainly located in Selangor (48%) and Kuala Lumpur (32%), while the remainder were based in Johor (4%), Pahang (2%), Kedah (2%), Putrajaya (2%), and other locations (2%). The size of the ALCs ranged between 16 students and 1,200 students. The majority of the ALCs (n=42) have a balanced student gender ratio of approximately 1:1 girls to boys. The students originated from 16 different countries, with the majority from Myanmar while other countries of origin include Yemen, Afghanistan, Indonesia, Bangladesh, Syria, Vietnam, Iraq, Cambodia, Palestine, Egypt, Somalia, the Philippines, and Malaysia.⁴²

The in-depth interviews with teachers involved eight teachers who represented their respective ALCs. The ALCs were located in Selangor, Pahang, Kelantan, Penang, Kuala Lumpur and Johor.

The in-depth interviews with parents and adolescents involved 9 parent-and-adolescent pairs. Five mothers and four fathers were interviewed, and the adolescents were aged between 11 and 18. Four out of the nine adolescents were out of school; one of them a girl while the other three are boys. Of those attending school, three are girls and two are boys. One of the five school-going adolescents interviewed is an adolescent with learning disabilities. The respondents resided in Penang, Pahang, Selangor, Johor and Kuala Lumpur.

3.2. Education needs of refugee and asylum-seeking children prior to and since the COVID-19 pandemic

The education needs of refugee and asylum-seeking children have changed with the onset of the COVID-19 pandemic. Prior to the pandemic, the provision of education for refugee and asylum-seeking children was in the form of face-to-face classes conducted in a physical space. Needs have changed with the onset of the pandemic: when physical classes were not allowed to operate due to the MCOs, learning shifted to online classes. The education needs for online learning differ for children of different ages and gender, as well as children with disabilities.

Teachers have reported that online learning has increased access to education for children with physical disabilities, as they now attend classes in the comfort of their homes. However, for children with other disabilities, such as hearing, visual, speech, learning and mental disabilities, online learning has hindered their access to education and exacerbated disadvantages that have existed prior to the pandemic. This shows that children with disabilities are not a homogenous group, and instead have different education needs.

⁴¹. Representative could be the head teacher, teacher, or administrator of an ALC. Please refer to the study report for further information on the methodology and sampling.

⁴². Some ALCs also enrol local Malaysian children, as well as undocumented children born in Malaysia.

Younger children, particularly those of pre-school age, have different education needs from older children. Teachers have reported that it is difficult to conduct online classes for pre-school children as they need more interaction and have a lower attention span because of their age. Older children are better able to focus and learn in an online setting.

Besides education needs, teachers have also reported an increased need for mental health services for children, especially during the MCO period. Living in an overcrowded space and being confined to the space for a long time has impacted the mental health of the children. Some of the ALCs interviewed have activities and programmes to help students manage stress and provide basic mental health support.

3.3. Barriers to education and the impact of COVID-19 on access to education

Refugee and asylum-seeking children face many barriers to accessing education. The challenges that they face are not solely on access but also availability of education and the enabling environment for them to receive an education. The barriers that they face are multifaceted and intertwined; they need to be understood independently and also how each relates to one another.

While the COVID-19 pandemic has changed the landscape of education for all children, it has exacerbated some of the existing challenges faced by refugee and asylum-seeking children in accessing education, and also created new challenges — 86% of the teachers who participated in the online survey responded that there are new challenges in accessing education. On the other hand, 56% of the respondents stated that there are also opportunities as a result of the pandemic which have enabled better access to education.

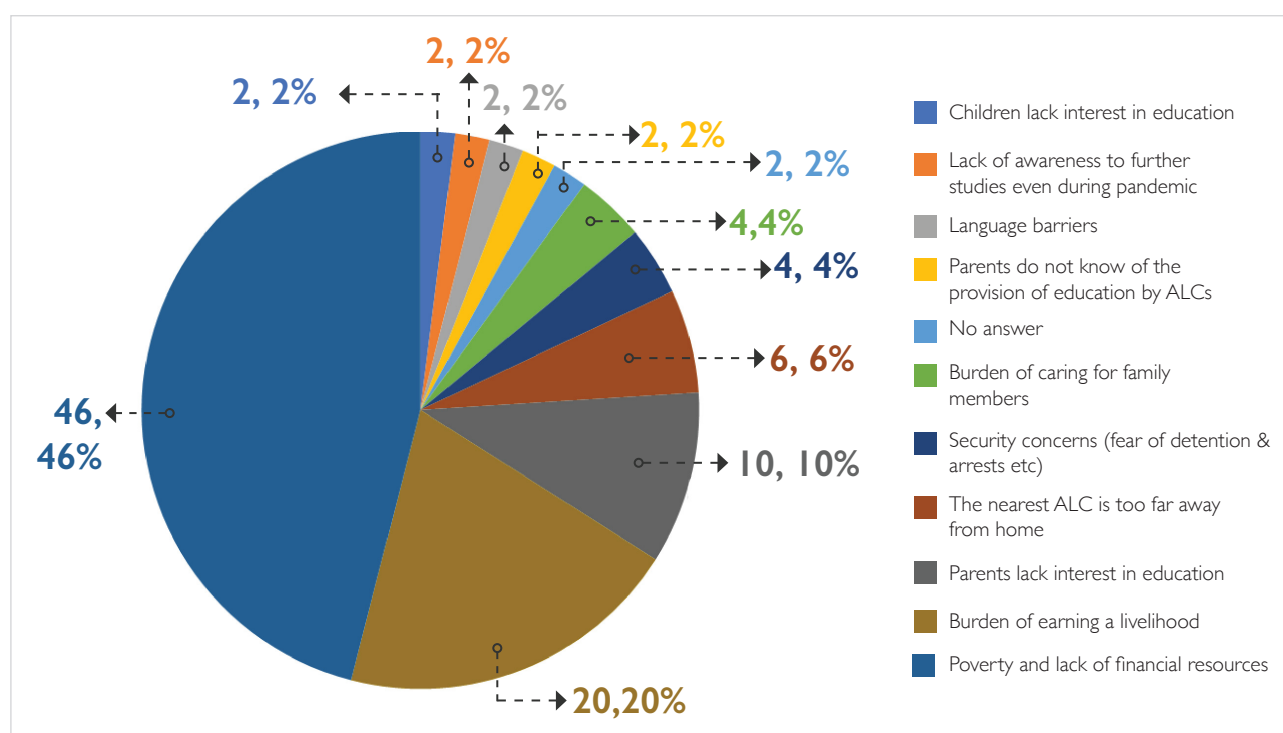
This section will outline the main existing barriers identified prior to the COVID-19 pandemic, its causative factors, and the impact of the pandemic on access to education for refugee and asylum-seeking children. The analysis is divided into three main categories: access to education, which discusses the factors that lead to inadequate access; enabling environment, which highlights some of the external factors that contribute to the lack of access; and availability and provision of education, which focuses on the challenges that ALCs face in providing education prior to the pandemic, during the pandemic and post-MCO. The section will end with a discussion on some of the changes and outcomes due to the impact of the pandemic and online learning.

3.3.1. Access to education for refugee and asylum-seeking children

a) Poverty and livelihoods

The online survey findings revealed that teachers attribute poverty as the main barrier to accessing education for refugee and asylum-seeking children. The second-highest reported barrier is the burden of earning a livelihood, which is a result of poverty that causes refugee and asylum-seeking children to drop out of school. More than half of the teachers attributed these as the main barriers to education: 46% reported that the main barrier to education is due to poverty and lack of financial resources, and 20% claimed that it is due to the burden of earning a livelihood (Figure 1).

Figure 1: Main barriers to education prior to the COVID-19 pandemic (n, %)



Interviews with parents and teachers revealed that parents have difficulties in financing their children's education as they could not afford tuition fees and other related expenses. As refugee and asylum-seeking parents do not have the formal right to work, most of them are daily wage earners without stable and consistent incomes. All of the parents who were interviewed with an adolescent out of school shared that they could not afford their tuition fees and other related expenses, which include transportation, examination fees and other costs. Although tuition fees are subsidised, transportation could be an additional financial burden that is unaffordable for parents.

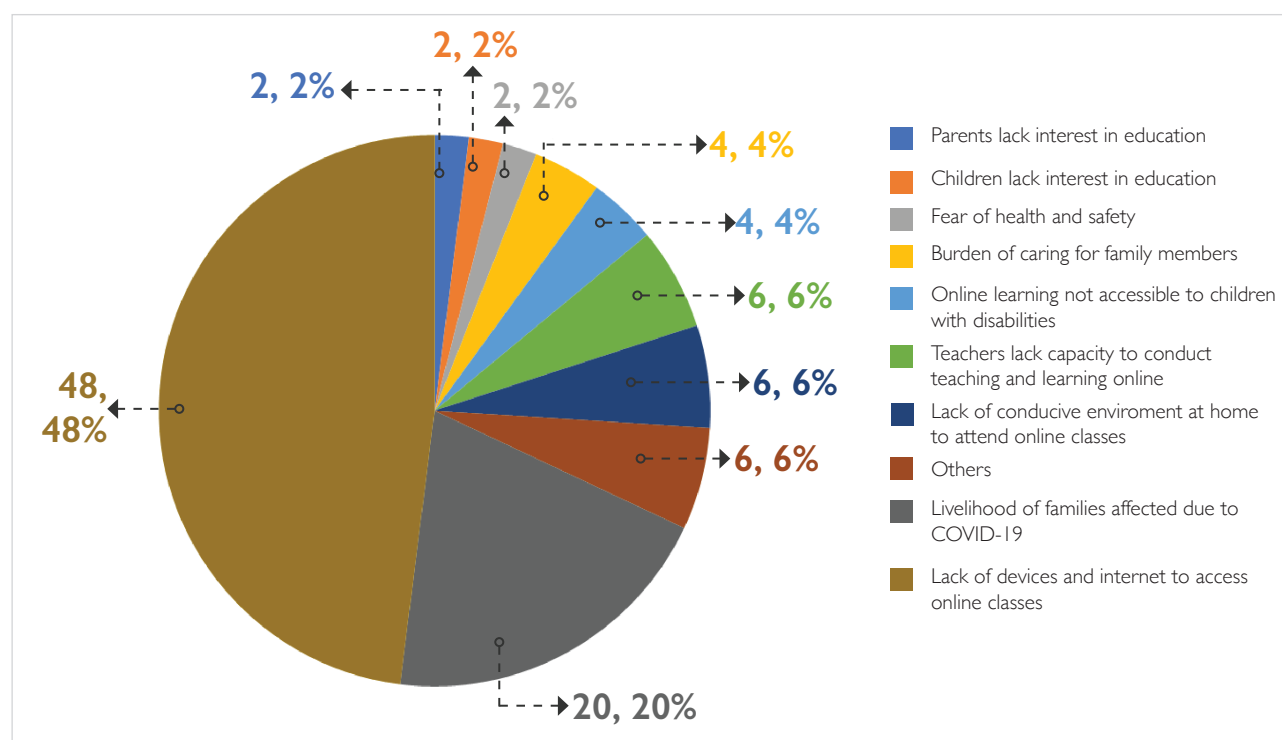
Parents would have to make difficult decisions due to poverty and their lack of financial resources. It could also result in limited choices of ALCs as they could only afford centres with lower tuition fees. Some parents could only send their children for primary-level schooling as the fees are lower, while some would have to be selective about which child they can afford to send to school, as they are not financially equipped to send all of their children. In more severe situations, all of their children would not be able to go to school.

The poor financial conditions of refugee and asylum-seeking families resulted in students dropping out of school to work. One of the teachers shared that there are boys who stop schooling at around 15 or 16 years old to support their families. This phenomenon is more prevalent among boys.

The livelihood of refugees and asylum-seekers has been greatly impacted by the MCO during the COVID-19 pandemic. As most of them are daily wage earners, they could not work during this period. From the interviews with parents, some of them lost their jobs during the MCO, and some families have had to prioritize food over education for their children. Although many ALCs reduced their tuition fees, many still could not afford them. However, it is also worth noting that the financial situation of refugee and asylum-seeking families became better when the economy reopened post-MCO, when parents could work again.

During the COVID-19 pandemic, the lack of financial resources remained a significant barrier to education, with 20% of teachers attributing it as the main impediment (Figure 2), the second-highest ranked option. The highest-ranked option, **the lack of devices and internet to access online learning, is very much dependent on the availability of financial resources.**

Figure 2: Main challenges faced by refugee and asylum-seeking children in accessing education during the COVID-19 pandemic (n, %)



b) Lack of awareness of the importance of education

Although awareness of the importance of education has increased throughout the years, it is still one of the main barriers to education for refugee and asylum-seeking children. In the online survey, parents' lack of awareness of the importance of education was the third highest-ranked main barrier to accessing education (Figure 1).

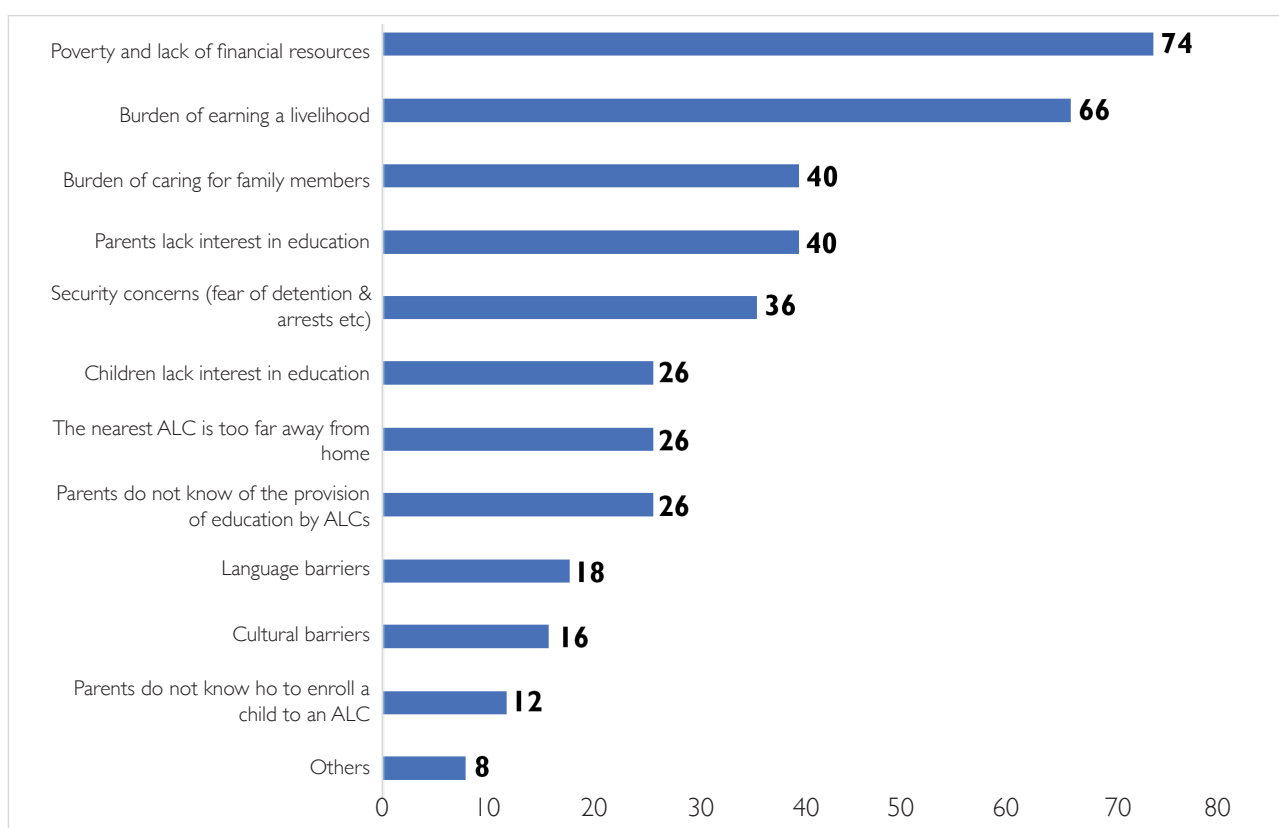
Refugee and asylum-seeking parents from certain communities place a higher value on livelihoods over education. The perceived value of education is influenced by personal circumstances and the sociocultural values of their community. Some of these parents place less importance on education, as they rationalise that they themselves could find work and survive without an education. Parents who have different values from their communities face peer pressure to adhere to these sociocultural values. Teachers have shared that refugee and asylum-seeking children from communities which value education, such as the Chin community, are more likely to attend school and complete their education. Nonetheless, teachers have reported that continuous emphasis on the importance of education through outreach programmes and interaction with the communities and their leaders have led to gradual improvements over the years.

There is an increase in awareness of the importance of education among parents due to the COVID-19 pandemic. From interviews with teachers, there is positive progress in awareness, as parents have recognized the need to be able to read and write to register on platforms such as the *MySejahtera* App during the pandemic, with illiterate parents realising they needed help from their children to do so. Some ALCs provided aid and homework distribution during the pandemic. These initiatives have turned into opportunities to reach out and raise awareness of the importance of education, resulting in increased awareness and enrolment during and post-MCO.

c) Distance to the nearest ALC

The distance to the nearest ALC from the homes of refugee and asylum-seeking children is a major determinant of access to education. Although 26% of teachers attributed distance to the nearest ALC as a barrier to education (Figure 3), only 6% of teachers opined that it is the main barrier to education (Figure 1). This suggests that although this barrier is not a common obstacle, it is a major hurdle for children who face this issue.

Figure 3: Barriers to education prior to the COVID-19 pandemic (%)



From the interviews with parents and adolescents, refugee and asylum-seeking children outside of the Klang Valley are more likely to be deprived of education due to the lack of available ALCs near their residences. Two out of the four out-of-school adolescents interviewed reported that they do not attend school because there is no ALC near them. One adolescent is based in Penang and the other in Pahang. The adolescent in Penang tried to register at a national school but was denied, while the adolescent in Pahang could not find a school nearby and could not register at an ALC in the Klang Valley as he was undocumented and feared detention while crossing state borders.

The shift from physical to online classes as a result of the COVID-19 pandemic has brought about an opportunity to provide education to refugee and asylum-seeking children who previously could not access education due to their distance from an ALC. Teachers reported that there were new students who attended online classes from different locations. Among the respondents who opined that there are new opportunities, 64% of them said that online classes enabled more refugee and asylum-seeking children to attend lessons, as it is not limited by space.

d) Caring responsibilities

The burden of caring for family members is one of the identified main barriers. Although 4% of the teachers attributed it as the main barrier (Figure 1), 40% of the teachers identified it as a barrier to education (Figure 3). **Girls are more likely to drop out due to caring responsibilities as compared to boys because of the sociocultural values of the communities.**

Online learning has also expanded the opportunity for children who could not go to school due to caring responsibilities. Among the teachers who reported that there are new opportunities, 43% of them indicated that online learning enables children with caring responsibilities to attend classes while caring for their family members at home.

The burden for children to care for family members remains the same during the COVID-19 pandemic. Teachers and parents interviewed did not indicate any changes or increases in caring responsibilities due to the pandemic.

e) Limited opportunities for academic progression to higher education or securing a decent job

Refugee and asylum-seeking adolescents have limited opportunities for academic progression to higher education. Even if they have completed their secondary education, many still could not access higher education due to documentation, financial or even certification problems.

As refugees are not legally recognized in Malaysia, they could not sit for the Malaysian Certificate of Education (*Sijil Pelajaran Malaysia*, or SPM), which restricts their access to Malaysian public universities as they do not have documentation or certification. As a result, most of the ALCs choose to provide the International General Certificate of Secondary Education (IGCSE) curriculum to their secondary students so that they could obtain certification despite its higher material and examination costs than the Malaysian curriculum. However, even with certification and support to pursue further education, refugee and asylum-seeking adolescents need to overcome the financial barrier:

"For me, to continue studies, before that I'll still have to wait for my results because they say I'll need to have four credits in IGCSE to get a scholarship or like to get accepted for the foundation. And yeah, apart from that, I guess, [another problem] will be like getting financial support..." (EC08)

The same adolescent shared that his sister, the better student in his opinion, does not want to continue with her studies as she could not see any avenue to progress to tertiary education or opportunities to secure a decent job.

3.3.2. Enabling environment

a) Lack of documentation

The lack of documentation is a barrier for children who are out of school. Out of the four interviewed adolescents out of school, one girl and one boy reported that they could not register in a school due to a lack of documentation. Although other factors have hindered them from attending school, this is the key barrier they identified. Interview respondents have shared the difficulties in registering to apply for refugee status with UNHCR, and many have given up after several attempts. Those who reside outside of the Klang Valley have to bear the additional travel costs and possible risk of arrest while travelling to register themselves. Access to information and support to apply for refugee status would greatly help to mitigate this issue. **The lack of documentation not only impedes their access to education but also to work and higher education.** One interviewed out-of-school adolescent would like to learn English and work, but feels that her lack of documentation will make this impossible.

b) Security concerns and fear of detention

The fear of arrest, detention and security concerns are more prevalent when children are out of school and in older children. The findings from the online survey show that 36% of teachers identified security concerns as a barrier to education (Figure 3) but only 4% attributed it as a main barrier (Figure 1). Interviews with parents and children have shown that there are fears of detention and security concerns around their neighbourhood and during their day-to-day life. However, it is not the reason why children are not going to school.

Teachers who were interviewed shared that raids by authorities on ALCs are not common as the ALCs have letters of protection from UNHCR. They are more likely to encounter questioning on the way to school, around the school area, or in their neighbourhood. Young children are less likely to be questioned and it usually happens to adults or older children. However, due to the small number of interviews, this may not apply to the other ALCs in the country.

During the COVID-19 pandemic, the rise of xenophobia against the Rohingya community has affected the safety of children when they leave their homes. Although only 8% of teachers identified security concerns as a new challenge due to the pandemic, teachers shared in interviews that there is an increase in fear and threats to the children due to xenophobia. A teacher shared instances where the children were threatened, with boys sometimes getting into fights and girls being teased when they were outside.

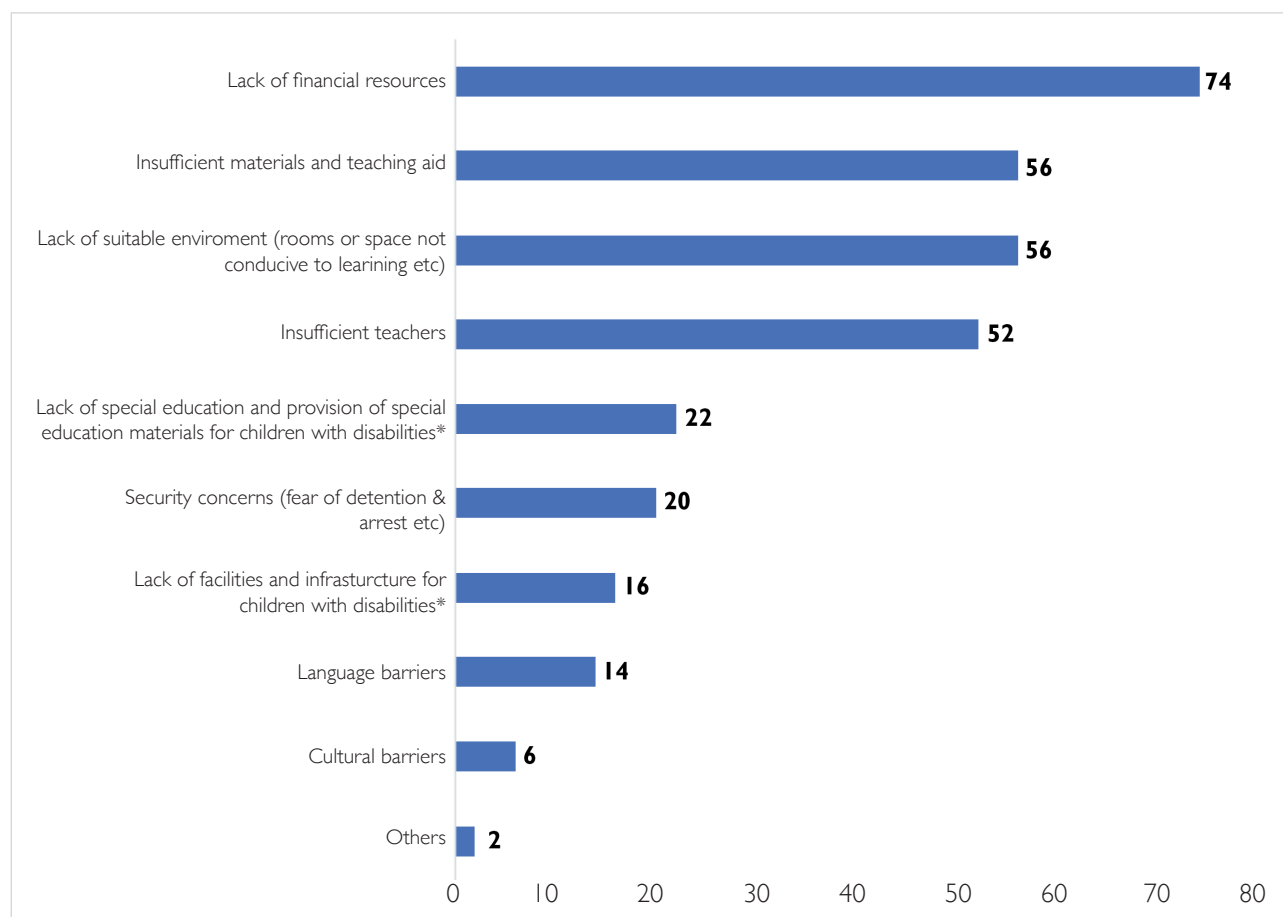
3.3.3. Availability and provision of education

a) Lack of financial resources and its implications

The lack of financial resources is a major challenge in providing education, which affects the operation, quality of teaching, and learning environment for refugee and asylum-seeking children. From the online survey, 74% of teachers think that a lack of financial resources is a challenge to provision of education, the highest among all listed challenges (Figure 4). As a result of the lack of

financial resources, there are implications affecting the operation of the ALCs such as insufficient teaching materials and equipment, insufficient supply of teachers and the lack of a conducive environment to conduct classes. Over half of the teachers who participated in the online survey listed these as challenges (Figure 4). All these challenges affect the quality of teaching and learning for the students.

Figure 4: Challenges faced by ALCs in providing education for refugee and asylum-seeking children prior to the COVID-19 pandemic (%)



All interviewed teachers reported that their ALCs have funding constraints for their operations and provision of education. The two major operating costs are teachers' salaries and rental. Besides tuition fees, the ALCs are funded by various sources, such as private donors, faith-based organizations, corporate donors, UNHCR, and others. Many of these ALCs would need to raise funds to sustain their operations as most parents have challenges in paying the tuition fee.

The COVID-19 pandemic has affected the income of the ALCs because of the reduction in tuition fees and funding from donors. According to the online survey, 70% of ALCs have become worse off financially than before the pandemic, while the remaining centres are at the same level. Most of the ALCs reduced their tuition fee or stopped collecting tuition fees altogether during the MCO as many parents could not afford to pay for them.

The type of funding and assistance received by ALCs has also changed. While there was an increase in aid such as food and learning devices, there was a reduction in monetary funding. However, some ALCs received additional support in the form of rental subsidies and help from individual donors. Therefore, the funding for each ALC was dependent on its fundraising efforts and network.

b) Lack of teaching materials and equipment

ALCs lack teaching materials and equipment due to limited financial resources. 56% of teachers responded that this is a challenge faced by ALCs in providing education (Figure 4). From the interviews, teachers have highlighted that ALCs lack teaching equipment and classroom furniture such as projectors, computers, laptops, whiteboards, chairs and tables. As books imported from other countries are more expensive, some ALCs chose to use the Malaysian curriculum. Some teachers had to make copies of the books instead of buying the original to save costs.

During the initial period of the MCO, ALCs shifted to online learning. The main challenge in assessing education during this period was the lack of devices and a stable internet connection to conduct online learning. From the online survey, almost half of the respondents (48%) indicated that the lack of devices and internet connection was the main barrier to accessing education during COVID-19 (Figure 2). This was identified as a new barrier after the onset of the pandemic, and was seen as a bigger obstacle than poverty and lack of financial resources.

However, the interviews with teachers revealed that although the lack of materials posed an initial barrier to education, this was significantly resolved when UNHCR and partner foundations distributed devices with internet access for children to access online learning. This fast and efficient response provided continuity of learning during the COVID-19 pandemic. As a result, the majority of ALCs could adapt and conduct online learning for children during the MCO.

There are still some challenges that persist. First, not all students received tablets, as ALCs selected those who are most in need, as well as prioritizing older students who could use the tablets on their own or who were in their examination year. Secondly, most parents would still need to top up their internet data on top of the internet subsidies provided by some ALCs. There were dropout incidents because students could not afford to top up their internet data. Thirdly, connectivity and a stable internet connection is the main issue that disrupted online learning. The majority of adolescents who attended online classes complained that the internet was unstable, especially during rainy days. Teachers also indicated that the stability of the internet was a primary disruption to online classes.

Children with disabilities faced additional challenges due to a lack of special education and education materials (22%), as well as a lack of facilities for them (16%) prior to COVID-19 (Figure 4). Online learning has increased access to learning for children with physical disabilities as they could access lessons online and from their homes. However, for children with other disabilities such as hearing, visual, speech, learning and mental disabilities, online learning has reduced their access to education as ALCs lack materials and devices to provide special education for them online.

A positive outcome of the shift to online learning was the expedited use of technology in teaching and learning. Teachers became more tech-savvy and learned to leverage online education materials, digital educational tools and platforms for teaching and upskilling.

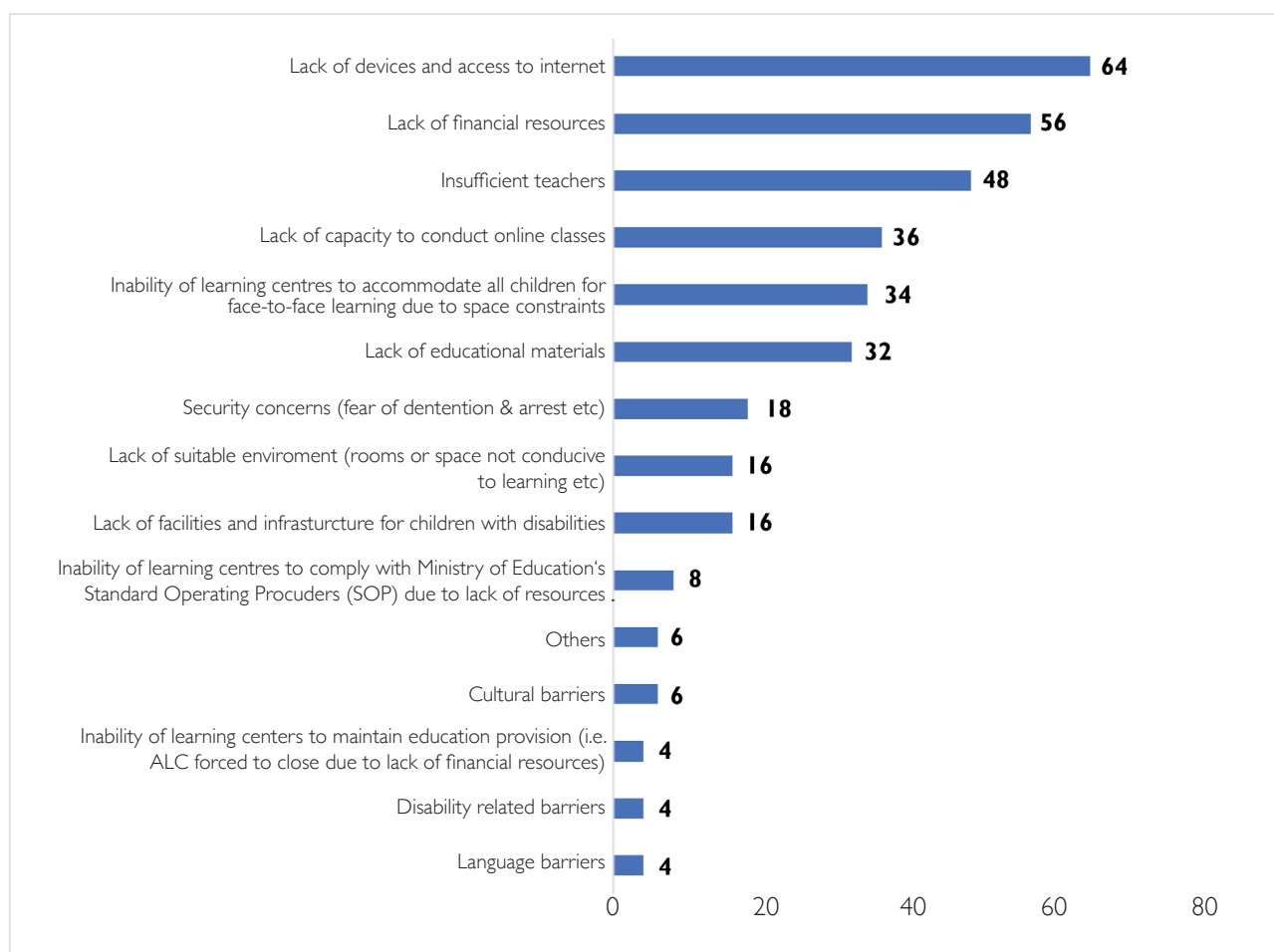
Nevertheless, as online learning shifted back to physical classes post-MCO, the existing challenges caused by a lack of teaching materials and equipment continue to persist.

c) Lack of suitable environment to conduct classes

Many of the ALCs operate in buildings that are not conducive for teaching and learning due to financial constraints. One of the teachers shared that his ALC, which occupies four floors of two shop lots, is overcrowded with an enrolment of around 250 students. Learning in a crowded space affects the ability of students to learn, concentrate, and interact in class. Despite this, all parents and adolescents who attended online classes shared the similar sentiment that **online learning is less conducive to learning than physical classes.** Most of the adolescents interviewed find it hard to focus and concentrate as they would have to study in a crowded shared space at home or experience internet connection problems. The online survey revealed that the lack of a conducive environment to study online was the third-ranked challenge during the pandemic. Another reason was that the interviewed adolescents found it more difficult to ask questions in an online class setting. Being in a confined space has also affected their mental health. These issues have compounded to impact their motivation and interest to learn.

After physical classes resumed post-MCO, ALCs indicated that they faced challenges in complying with the standard operating procedures (SOPs) laid out by the Malaysian Government. From the online survey, 34% of teachers thought that ALCs could not accommodate all children for face-to-face learning due to space constraints, and 8% reported that their ALC could not comply with the SOPs laid out due to a lack of resources (Figure 5). As a result, **the ALCs had to adhere to a 50% capacity and did not have enough space to accommodate all the students.** Some of the ALCs resorted to splitting up their students into two sessions. Others operated on a hybrid model, in which the students come to school on certain days and have online classes on others. These scenarios have increased operation costs as well as transportation costs, as the drivers had to make more trips to transport the children.

Figure 5: Challenges faced by ALCs in providing education for refugee and asylum-seeking children during the COVID-19 pandemic (%)



d) Insufficient supply of qualified teachers

Most of the interviewed teachers highlighted that hiring good quality and committed teachers is a major challenge for them. One of the key reasons is that they are unable to provide a competitive salary for teachers with the required qualifications. Besides that, it is difficult to find committed volunteers who can commit to teaching regularly and provide good quality teaching. Some ALCs are training their graduates to be assistant teachers to address the issue.

New teachers and volunteers need training to ensure quality teaching, and in this vein, most of the interviewed ALCs provide training to new and existing teachers. Although there are some ALCs that are able to send their teachers for professional teacher training, the majority had to resort to basic training, which is not sufficient to ensure good quality teaching.

The COVID-19 pandemic situation and reduction in funding have resulted in a shortage of teachers, as ALCs lack the financial resources to continue employing full-time teachers, relying on volunteer teachers instead. Besides that, there were volunteer teachers who were concerned about their health and safety and did not want to conduct physical classes. At the same time, ALCs needed more teachers to cope with more classes, as students were divided into smaller groups due to COVID-19 safety measures.

When classes were shifted online, teachers found it hard to adapt to online teaching. ALCs had to train their teachers to teach online, which initially presented a huge challenge as some teachers are not tech-savvy. The online survey revealed that 36% of teachers thought that the lack of capacity to conduct online learning was a challenge in providing education during the pandemic (Figure 5). Interviews with teachers revealed that some teachers were resistant to the idea of online classes initially. Besides that, teachers also found it difficult to ask students to hand in their homework, as online platforms and a lack of physical accountability enabled students to choose not to do their homework or respond to online submissions. Additionally, it was very challenging for the teachers to teach pre-school students online as it was hard to retain their attention.

However, shifting to online classes provides an opportunity for ALCs to access volunteers from other countries such as Singapore and the Philippines. This opened up a new possibility of getting support and help from volunteers who are in different locations.

3.3.4. Changes as a result of the impact of the COVID-19 pandemic and online learning

The above subsections have discussed the existing barriers and the impact of the COVID-19 pandemic on these barriers. Barriers such as poverty; security concerns; and financial and resource constraints of ALCs have worsened due to the pandemic. However, new opportunities have emerged as a result of the shift to online learning and outreach programmes. Online learning has expanded the reach to a wider coverage of students from different locations, including children with physical disabilities who could not attend classes in person, as well as children with caring responsibilities. Refugee and asylum-seeking parents have also gained awareness of the value and importance of education during the pandemic. Nevertheless, barriers such as limited opportunities for academic progression and securing employment, as well as a lack of documentation, still persist. This subsection discusses two main changes—in student enrolment and dropout rates, and children's interest in education.

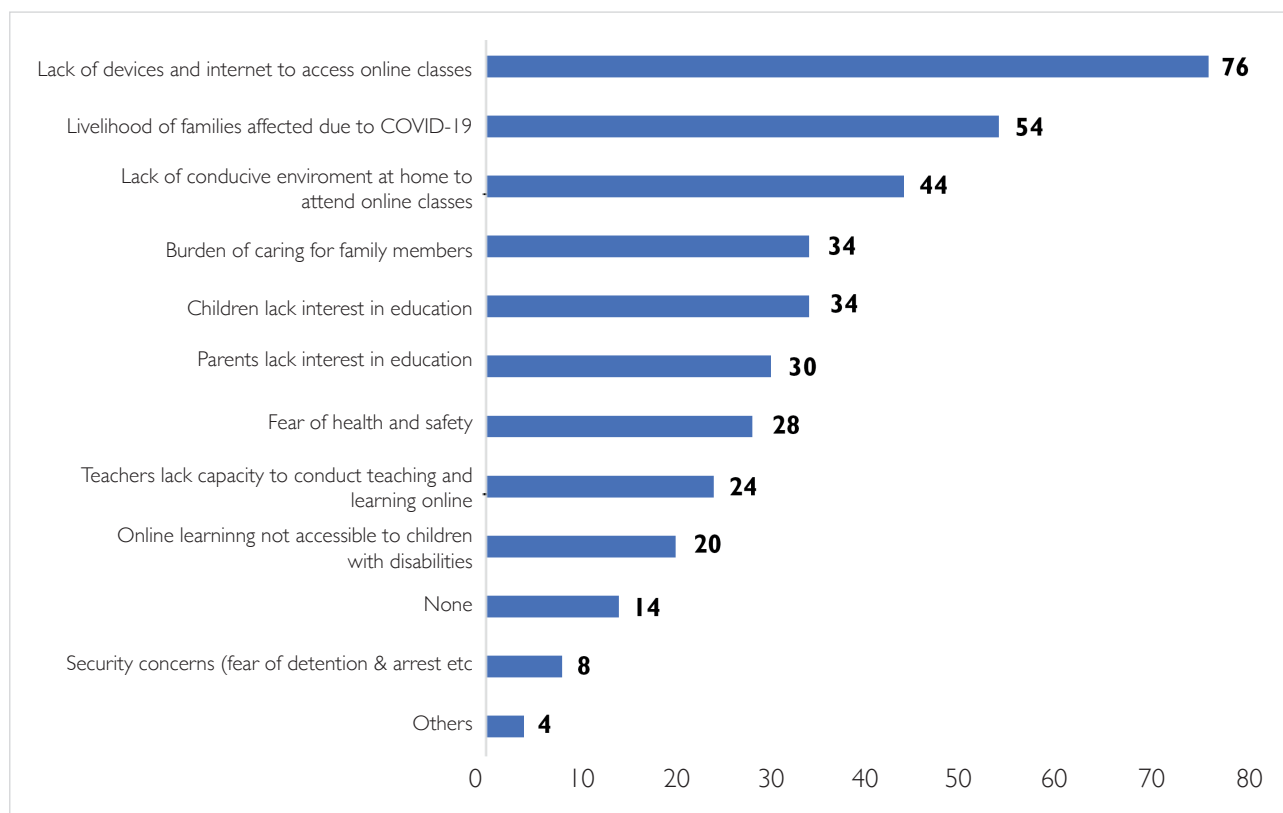
a) Changes in student enrolment and dropout

ALCs experienced changes in the rate of student enrolment and dropout during and post-MCO. From the interviews with teachers, it was found that some ALCs reported an increase in students post-MCO but many others reported a decrease. ALCs which have increased student enrolment indicated that this was due to the wider reach of students through online classes. Besides that, some ALCs have done outreach which has increased the awareness of education during the MCO. For ALCs which reported a decrease, this was because many of the students lost motivation as they find online learning less engaging, while others dropped out to support their families. Some have dropped out as they could not afford the cost of internet connection required to participate in online classes. There are also fears of contracting COVID-19 if they are to go to school for face-to-face classes.

b) Children's interest in education

One interesting finding is that children's interest in education decreased during the COVID-19 pandemic. The percentage of teachers who think that children's lack of interest in education is a barrier to education before the pandemic was 26% (Figure 3) which has increased to 34% in the context of the pandemic (Figure 6).

Figure 6: New challenges faced by refugee and asylum-seeking children in accessing education during the COVID-19 pandemic (%)



From the interviews, it was found that the decrease in interest and motivation among children is due to lower satisfaction with online learning. There are two major reasons shared by adolescents during the interviews. First, adolescents shared that they would prefer to return to school to meet and talk to their friends. Secondly, most of the interviewed adolescents found it hard to focus and concentrate as they would have to study in a crowded shared space at home or might have internet connection problems.

Teachers also highlighted that they have observed a decrease in motivation, especially for older students. A teacher opined that the quality of online teaching is not comparable to a physical class as they could not monitor and see the body language of the students. Another teacher highlighted that her students find it hard to interact and ask questions in an online class.

The challenges in accessing and providing online learning have resulted in a decrease in interest and motivation among students.

3.4. The impact of gender, disability, and other identities on access to education

3.4.1. Gender

At the age of around 15 to 16 years old, many girls drop out due to caring responsibilities and early marriage while boys drop out to earn a livelihood to support their families. This has been a recurring theme in the online survey and interviews. However, not all respondents were aware of these gender differences, with 66% seeing no difference in the challenges experienced by boys and girls. Among those who were aware of gender differences, the respondents answered that girls are more likely to not be prioritized for education by their families due to: cultural or religious reasons (71%); a perceived need to care for family members (71%); and early marriage and/or pregnancy (47%), while boys are more likely to drop out of school to earn a livelihood (76%) (Figures 7 and 8).

Figure 7: Challenges faced by girls in accessing education (n, % of yes)

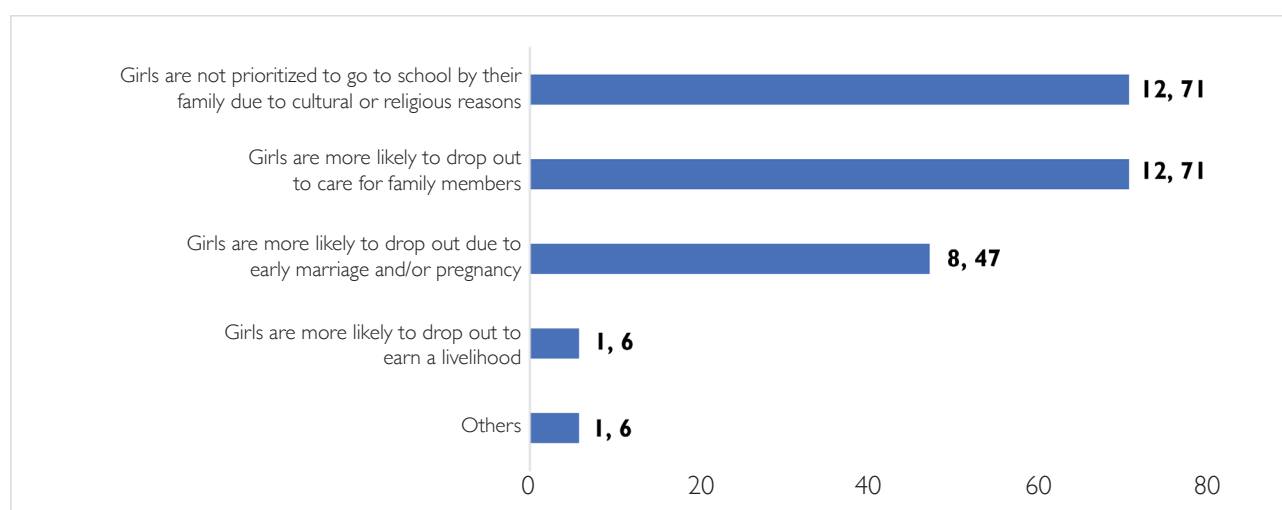
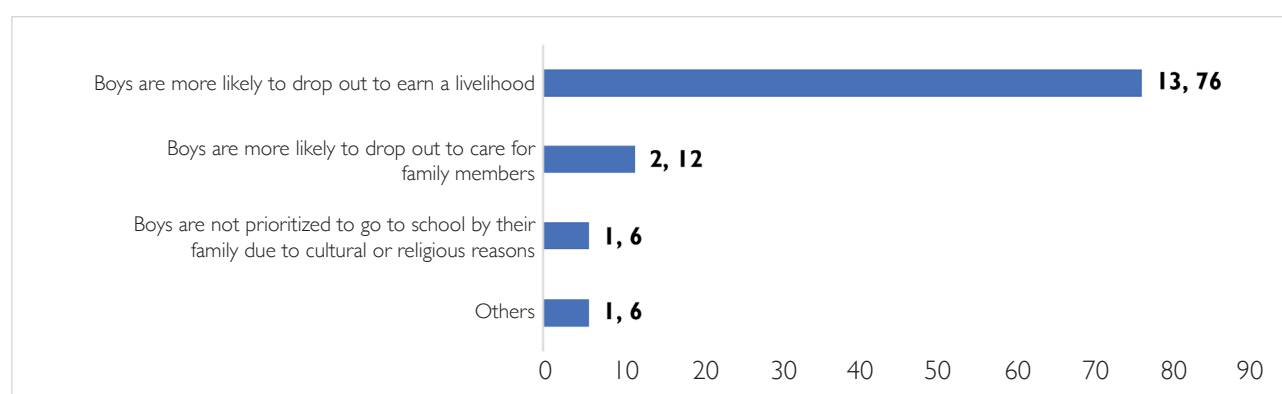


Figure 8: Challenges faced by boys in accessing education (n, % of yes)



Refugee and asylum-seeking girls face compounded barriers due to their gender and their refugee status. As shared by an adolescent interviewed about his sister, “The first thing they [employers] want is the IC [identity card], they don’t look at your qualifications... So she said that even for a boy it’s hard to get a job. So for me as a girl, even if I study and get my certificate from IGCSE ... it will be for... like nothing .. better to just drop out ...” (EC08). After finishing Grade 10, the girl felt that there was no point in having an education and decided not to continue.

However, there are new opportunities due to online learning. Children with caring responsibilities can attend school online, as indicated by 12% of teachers who participated in the online survey. **A teacher shared that online learning provides the option for girls, who have reached puberty and face societal pressure to be at home, to continue their education.** The refugee and asylum-seeking communities in Malaysia have diverse cultures and values; certain communities value education while others do not. It was highlighted from the interviews that the Rohingya community perceives that girls should stay at home after puberty. This has caused many Rohingya girls to drop out of school. Even if their parents are supportive of girls continuing their education, many would still give up on education due to social pressures from their community.

Another opportunity which resulted from online learning and the distribution of tablets is connecting the children to teachers throughout the day. The tablets enable children, especially girls, to connect to their teachers when they feel that they are in danger. This created an additional protective mechanism for refugee children, particularly girls.

3.4.2. Children with disabilities

Refugee and asylum-seeking children with disabilities have compounded barriers to education. Children with disabilities could not access education due to the lack of available ALCs that cater to their needs. From the online survey, 89% of respondents opined that there are additional challenges faced by children with disabilities. These challenges include teachers not being trained to teach children with disabilities (18%); a lack of appropriate teaching materials (14%); a lack of access to assistive technology (13%); a lack of accessibility to school buildings (11%); and a lack of adequate intervention and/or rehabilitation services available (10%). Even ALCs with classes for children with learning disabilities still lack the resources to train their teachers and cater to the children’s different needs.

In an interview, the parent of an adolescent with a learning disability shared that it was very challenging for her to enrol her adolescent in an ALC. Before his enrolment in his current centre, her son’s application was rejected by another ALC.

The COVID-19 pandemic has affected children with disabilities. From the online survey, 20% of respondents identified that online learning is not accessible to children with disabilities. However, there are also new opportunities, where 8% of respondents indicated that online classes have enabled children with physical disabilities to access education.

3.5. Analysis of barriers through a gender, age, disability, location, and ethnicity lens

The study findings on how the barriers described above were affected by the age, gender, disability, location and ethnicity of refugee and asylum-seeking children are summarized below.

	DIFFERENCES IN BARRIERS	IDENTIFIED GAPS
GENDER	Girls are more likely not to be prioritized to go to school by family due to cultural or religious reasons.	Provide education counselling for girls and parents to encourage girls to complete their education.
	Girls are more likely to drop out to care for family members.	Conduct gender-transformative positive parenting programmes.
	Girls are disproportionately affected by early marriage and/or pregnancy.	Conduct education outreach programmes to the communities to help create awareness of the importance of education for girls and boys.
	Boys are more likely to drop out of school to earn a livelihood and support their families.	
	Harmful gender roles and norms created barriers to education.	Continue online learning as an additional learning platform for girls and boys who have to drop out due to caring responsibilities and earning a livelihood.
AGE	Adolescent children, particularly around the age of 15 to 16, are burdened with caring responsibilities and earning a livelihood, which has led to dropping out of school.	Provide scholarships and vocational pathways to help alleviate the burden to earn a livelihood and caring responsibilities.
		Continue online learning as an additional learning platform for girls and boys who have to drop out due to caring responsibilities and to earn a livelihood.
DISABILITY	Children with disabilities have lower access to education as not many ALCs can provide special education.	Provide teacher training and resources for special education in ALCs.
	The different education needs of children with disabilities are not differentiated. They are often grouped together with other students due to a lack of resources in ALCs.	Increase the capacity of teachers and school staff to identify and address the needs of children with disabilities.
LOCATION	Lack of ALCs in some states, particularly in the east coast and northern region, resulting in children in those states having lower access to education.	Increase access through online learning for refugee and asylum-seeking children in other states.
		Provide hostels for refugee and asylum-seeking children from other states.
ETHNICITY	Gender roles and stereotypes are very much influenced by the culture and values of the ethnic groups.	Conduct gender-transformative positive parenting programmes with parents and communities.
	Certain refugee and asylum-seeking communities value education while others prioritize livelihoods to education.	Conduct education outreach programmes targeting communities that do not prioritize and value education.

3.6. Analysis of opportunities to increase access to education

Participants identified opportunities that improved availability and access to education, as outlined below:

	OPPORTUNITIES	MITIGATING BARRIERS
ONLINE LEARNING AND LEARNING	Continue provision of online learning to children in different locations and children with caring responsibilities or earning a livelihood.	Addresses the lack of ALCs in other states outside of the Klang Valley, and out-of-school children with caring responsibilities and earning a livelihood.
	Leverage on digital education materials for self-learning to increase learning opportunities.	Addresses the lack of teaching materials and lack of teachers.
	Set up hybrid model local community schools where students attend classes online and teachers travel to the local community on a periodical basis to teach face-to-face.	Addresses the lack of teachers by accessing teachers in another locality.
	Provide hostels for older students to enable the continuation of education either in another state or during MCO.	Addresses the lack of secondary-level ALCs in other states, besides the Klang Valley, and the lack of a suitable learning environment.
	Create vocational pathways as an alternative to academic pathways which increases the opportunities for students to secure employment and gain experience.	Addresses the barrier of limited opportunities for academic progression and securing employment.
COMMUNITY SUPPORT	Work together with community leaders to identify children who are not going to school and reach out to those children.	Addresses sociocultural barriers and informs who are the out-of-school children.
	Obtain support from the refugee communities in the provision of referrals to ALCs and alternative providers of education such as tuition teachers, etc. Information flow within communities is usually by word of mouth.	Addresses distrust, lack of access to information and sociocultural barriers.
	Train mothers to be the 'first teacher' in providing basic education for young children, which has been effective in increasing access to education and also promoting adult learning.	Addresses lack of pre-school provision and teachers.
PARTNERSHIPS AND ENGAGEMENT	Utilize referrals and partnerships with UNHCR to address documentation concerns.	Reduces risk of arrest and detention by improving access to documentation.
	Partner with community leaders to reach out to students and establish local community schools.	Addresses the lack of ALCs in other states outside of the Klang Valley.
	Connect ALCs to donors — UNHCR has connected the donors to ALCs which has ensured the continuity of education during the MCO.	Addresses the cost-related barriers.
	Work with industry players to connect students to internship opportunities.	Addresses the barrier of limited opportunities for academic progression and securing a decent job.

4. Thematic Analysis: Healthcare

4.1. Respondent profile

The study population consisted of healthcare workers (HCWs) serving refugee and asylum-seeking populations in Malaysia. The quantitative measure included an online survey with sections on details of the HCW and the services they provide, healthcare needs among refugee and asylum-seeking children, as well as availability, appropriateness, accessibility, and adequacy of healthcare services for refugee and asylum-seeking children during the COVID-19 pandemic. The survey also sought to identify how the pandemic and the response to it impacted access to healthcare.

The qualitative measure was conducted through in-depth individual interviews with questions on the healthcare needs and services accessed by refugee and asylum-seeking children, as well as their barriers in accessing healthcare and health information prior to and during the pandemic. The interviews also identified the impact of these barriers and the pandemic on the child, family, community, and its effects on access to other rights, as well as best practices, opportunities, and possible solutions in addressing these barriers.

30 HCWs participated in the online survey and the interviews were conducted with 10 HCWs between November 2021 and January 2022.

4.2. Health needs of refugee and asylum-seeking children prior to and since the COVID-19 pandemic

HCWs perceived that the health needs of refugee and asylum-seeking children have remained unchanged since the beginning of the pandemic as common presentations prior to the pandemic remained the same. These included common primary care presentations such as fever, upper respiratory tract symptoms, and worms. This pattern was seen in boys, but child protection issues came up as one of the top three presentations seen among girls prior to the COVID-19 pandemic. **Respondents reported that the main health conditions that affected refugee and asylum-seeking girls included issues arising from child marriage, teenage pregnancy, child abuse and sexual and gender-based violence (SGBV)** (Figure 9).

For children with disabilities, similarly, malnutrition was reported as one of the top three presentations, while for children with no reported disabilities, malnutrition appeared as a common presentation but not among the top three that occurred prior to the COVID-19 pandemic.

Figure 9: Differences in health needs among refugees and asylum-seeking children by gender and disability as reported by respondents, n=30

Presentations/medical conditions [†]	Number of affected patients					
	Girls		Boys		Children with disabilities	
	n	%	n	%	n	%
Upper respiratory tract infection	15	50	13	43	12	40
Lower respiratory tract infection	2	7	4	13	3	10
Fever	11	37	14	47	10	33
Malnutrition	6	20	2	7	11	37
Worms	4	13	8	27	4	13
Gastritis	4	13	4	13	4	13
Failure to gain weight	2	7	4	13	9	30
Skin disease	7	23	8	27	5	17
Gender-based violence	9	30	0	0	5	17
Child protection issues	8	27	3	10	5	17
Mental health issues	7	23	6	20	9	30
Congenital conditions	0	0	0	0	1	3
Heart Conditions	1	3	2	7	2	7
Cancer	1	3	2	7	1	3
HIV/STI/HPV	0	0	1	3	0	0
Bladder issues	0	0	1	3	0	0
Discrimination/stigma	-	-	-	-	1	3
None/not applicable	7	23	4	13	2	7

[†] Multiple response variables

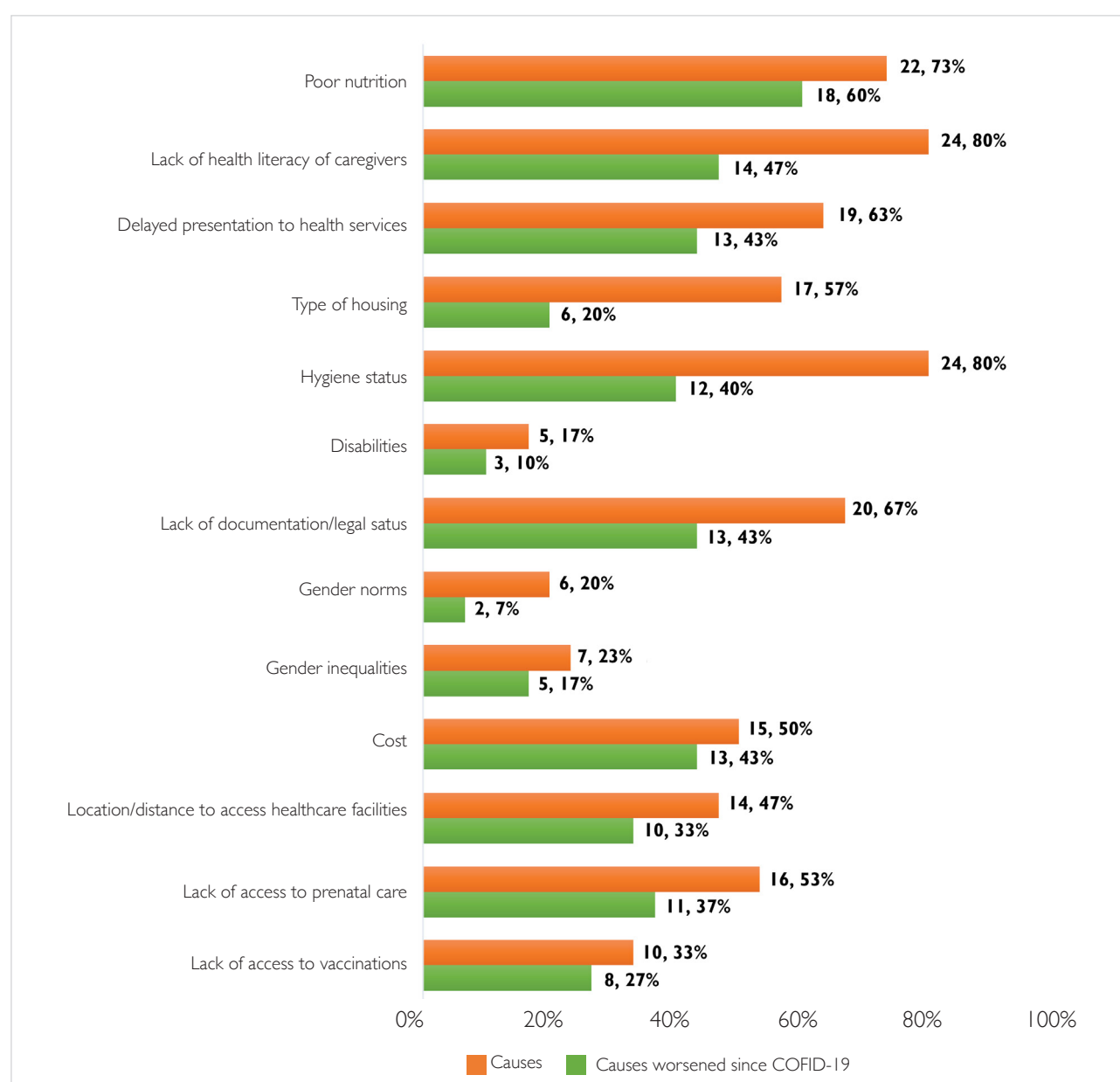
Most of the participants reported that the nature of the presentations seen did not change significantly during the pandemic but the causes of morbidity did. (Figure 10). HCWs believed that the main causes of morbidity were poor hygiene conditions, low parental health literacy and inadequate information about parenting. In addition, barriers to access to healthcare were perceived as a cause of morbidity which worsened significantly due to increased fear of arrest and detention during the pandemic. Complex stress and stressors arising from the refugee's experiences and displacement journey, compounded by barriers, financial issues, and cultural displacement were described as major causes of morbidity that worsened during the pandemic.

Findings showed that during the pandemic, there was an increased demand for mental health services, child protection and care services for survivors of SGBV, particularly post-MCO. The timing of these increased needs shows that the lack of travel mobility during the MCO presented both a major barrier to access healthcare as well as a likely worsening cause of morbidity as described above. This is supported by the survey findings: approximately half of the respondents reported a decrease in attendance/referrals due to fear of movement.

The results of the study highlight protection and health needs within healthcare settings for refugee and asylum-seeking girls and child survivors of SGBV, particularly during times of crisis when access and movement are limited. In addition, the overarching mental health needs of this population show that a lack of an existing robust mental healthcare system catered toward the refugee population renders it impossible to provide adequate accessible mental health support during times of crisis.

Social determinants of health, such as socioeconomic conditions, safe living and working conditions, as well as access to livelihoods were all perceived to have been negatively impacted since the beginning of the COVID-19 pandemic. While the extent of its impact on health outcomes cannot be measured by this study, access to care that is available, appropriate, adequate, and accessible is urgently required during times of crisis.

Figure 10: Respondents' perceived major causes of morbidity among refugee and asylum-seeking children (n, %)



4.3. Barriers to healthcare and the impact of COVID-19 on access to healthcare

This study looked at access to healthcare through its availability, appropriateness, and accessibility. Overall, the survey respondents reported that there were insufficient healthcare services for refugee and asylum-seeking children in both rural and urban settings. More than half of the respondents perceived existing healthcare services as lacking in appropriateness. Only approximately half perceived existing healthcare services to be accessible for children regardless of age, gender, and disability. This section explores factors resulting in inadequate access to healthcare for refugee and asylum-seeking children.

All existing barriers to healthcare worsened during the pandemic. These include cost, language, fear of arrest/detention, lack of legal documentation, discrimination, xenophobia, and a lack of empathy among HCWs. These barriers are related to each other and further compound the resulting lack of access. For example, discrimination and xenophobia can increase the fear and likelihood of arrest and detention, while language barriers can lead to xenophobic treatment.

The section below outlines the different barriers to access drawn from the study findings, their causative factors, the impact of the COVID-19 pandemic, and describes the compounding barriers.

4.3.1. Cost-related barriers

The interviews revealed that a lack of legal framework for employment for refugees and asylum-seekers made gainful employment and obtaining a steady income relatively impossible.

This results in a major barrier to be safely and legally employed as community health workers and interpreters, as well as to access healthcare facilities, in particular secondary health facilities such as maternal health facilities that do not have non-governmental options.

Cost for care includes transportation, travel to a healthcare facility, interpretation if there is no case worker to accompany the patient, testing and investigations, treatment and admission, as well as multiple follow-ups and visits.

Cost was described by participants as a major and primary barrier to access. Particularly, access to antenatal care and childhood vaccinations is limited due to prohibitively high costs.

The implementation of a fee increase for foreign patients in 2016 further increased this barrier. A 50% discount was provided to all persons with UNHCR documentation. In addition, the perception of refugee populations as being unable to afford hospital fees, and a lack of knowledge of diversity within refugee and asylum-seeking communities and NGO sponsorship or financial support often results in refusal of admission or referral for treatment.

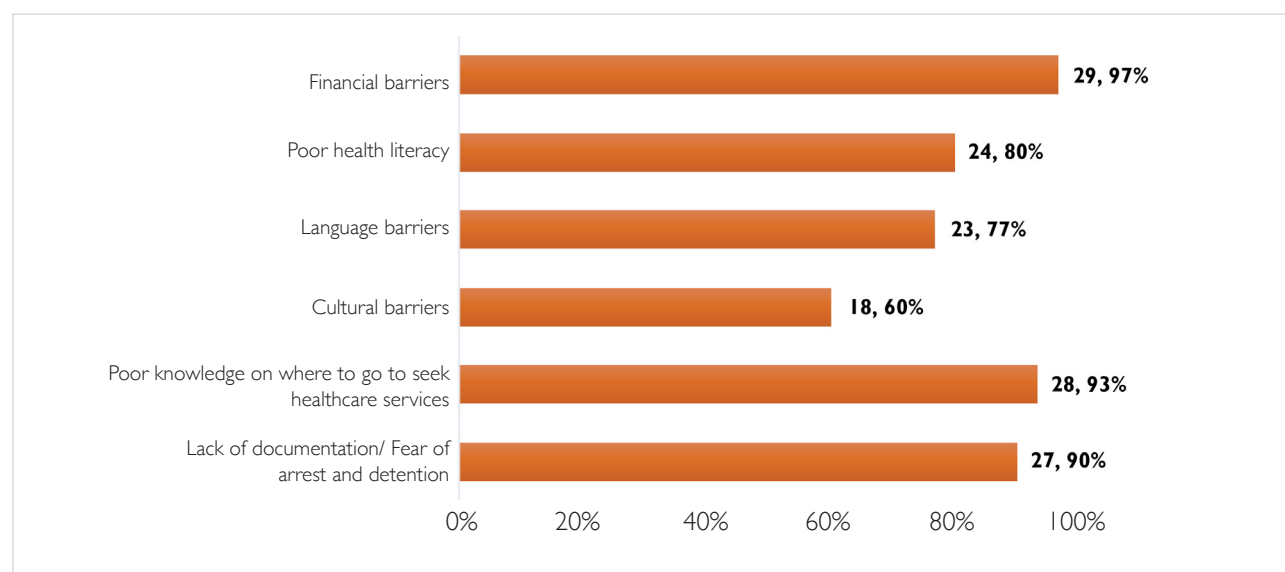
These qualitative findings were supported by the quantitative survey where 97% of participants listed financial barriers as a major barrier to healthcare (Figure 11).

The COVID-19 pandemic and its response, including the MCO led to a worsened and unstable financial situation. Evictions, a lack of access to food and raids exacerbated cost-related barriers and continue to do so.

These barriers result in the inability to access the healthcare refugees and asylum-seekers may urgently need, which can in turn result in increased morbidity and mortality as well as delay in seeking care, worsening health outcomes in these communities. In addition, the high cost of care can result in unaffordable debts that individuals in these communities have no means to repay.

The high cost of essential secondary care, particularly antenatal care, as well as the lack of access to employment have been clearly outlined by the study findings as major cost-related barriers to care.

Figure 11: Barriers to health services among refugee and asylum-seeking children (n, %)



4.3.2. Sociocultural barriers

Language was the second most common barrier identified by participants in both components of the study. 60% and 77% of surveyed participants selected cultural barriers and language barriers respectively as impeding access to healthcare services for refugee and asylum-seeking children. Participants identified that healthcare services were not able to meet the language and sociocultural needs of refugee and asylum-seeking children. **Causative factors drawn from the study include no legal options to hire interpreters from refugee communities, which contributes to no interpreting services available in government healthcare services and a lack of sociocultural sensitization in both government and NGO facilities.** In addition, 63% of participants reported that the appropriate child-friendly language was not employed by healthcare services in health promotion activities.

The lack of interpreter services led to an inability to fully understand the patient's medical condition. In addition, the process of consultation was described as confusing and disempowering for the patient, which is likely to lead to future delays in seeking care. Language barriers lead to patients and parents not understanding their child's medical condition, and raise issues surrounding consent and other legal and logistical procedures surrounding healthcare. For HCWs, their ability to provide optimal care for patients also becomes limited.

Without case management services or interpretation support, children struggle to access government healthcare systems. In particular, unaccompanied children and persons who do not speak the local language could not effectively navigate the confusing public health system on their own. **These barriers**

worsened during the pandemic due to the one-person per consultation policy — which left patients without support from an interpreter or family member.

4.3.3. Fear of arrest and detention, particularly resulting from lack of legal status

90% of surveyed participants reported a lack of documentation, fear of arrest and detention as a major barrier to accessing healthcare.

The undocumented status of refugee and asylum-seeking children was also a barrier highlighted by all participants in accessing healthcare. 90% of surveyed participants reported a lack of documentation and fear of arrest and detention as a major barrier to accessing healthcare (Figure 11). While this risk is much higher for undocumented persons, it is also perceived as a real risk, particularly of bribery and exploitation, for those with documents.

Causative factors drawn from this study include xenophobia and health policies such as Circular 10⁴³ – a 2001 Ministry of Health (MOH) directive that requires all government healthcare staff to report undocumented persons seeking treatment at healthcare facilities. Participants confirmed that these fears are based on real risks and reported incidents of arrests at healthcare facilities. The COVID-19 pandemic worsened the experience due to increasing xenophobia and the immigration raids that were conducted since it began.

A fear of arrest and detention can also lead to a delay in seeking healthcare. Participants also reported that being undocumented often led to mistreatment and discrimination at health facilities. A compounding barrier to this is the cost barrier, as undocumented persons are unable to access the 50% discount for foreigners' fees.

4.3.4. Harmful and inconsistent application of healthcare policies

Participants identified several existing healthcare policies that were harmful which impeded access to healthcare for refugees and asylum-seeking children. The first of these policies is Circular No. 10, as described above. Even though many clinicians on the ground are not actively reporting based on this policy, it increases fear and acts as a deterrent for many to seek healthcare unless absolutely necessary. These policies also have ethical implications for physicians, who are forced to make decisions between violating the principles of “doing no harm” in patient care or obeying the circular directive.

Secondly, the policy that doubled the overall fees for foreign patients in 2016 further exacerbated cost-related barriers. In addition, the policy on limiting medication prescription to only five days for foreign patients impeded access to effective treatment for children by increasing cost-related barriers related to expenditure and the need to go for multiple follow-up visits.

Barriers to access due to the inconsistent application of health policies were also noted. A participant identified that despite an existing policy on free treatment and investigations for infectious diseases, it seemed to only apply to tuberculosis and more recently COVID-19 on the ground.

⁴³ Ministry of Health Malaysia. 2001. Circular of the Director General of Health no.10/2001: Guidelines for reporting illegal immigrants obtaining medical services at clinics and hospitals.

4.3.5. *Discrimination, xenophobia, and a lack of empathy among HCWs*

Participants reported that discrimination and xenophobia are apparent in both government and NGO healthcare facilities. While there is no policy discouraging the treatment of refugee persons at health facilities, Circular 10 and other limiting circulars encourage the xenophobic attitude of HCWs. Participants reported cases of refugees being denied treatment or rejected at hospitals due to their status. This attitude was not limited to frontline government staff but had seeped into all levels of society, including among NGO workers. Discrimination and xenophobia are presented in the forms of refusing to provide treatment, suggesting they attend private facilities instead, and practices that result in humiliation.

This barrier was further worsened by the pandemic where rising hate speech and targeted xenophobia against refugee communities occurred. Cost-related barriers and sociocultural barriers compound this barrier, resulting in worsening xenophobic attitudes if a person is unable to communicate or pay for their treatment.

4.3.6. *Knowledge gaps among parents and caregivers*

Several knowledge gaps among parents and caregivers, including limited health literacy, a lack of information on health services, and inadequate parenting skills seemed to impact health-seeking behaviour. Participants identified that this was compounded by sociocultural barriers, particularly language. The level of parenting knowledge in refugee and asylum-seeking communities were also impacted by their migration experience of displacement and separation from families. This experience has disrupted and prevented new parents from inheriting knowledge from grandparents, who remain in their country of origin. In addition, a high prevalence of child marriages results in mothers being too young to absorb and understand health knowledge.

Poor health literacy was also identified by 80% of survey respondents as a barrier to accessing healthcare for children (Figure 11). This finding was corroborated by the interviews. Participants reported that a lack of health literacy and parenting skills have directly contributed to some of the common health conditions among children such as accidents and trauma cases, neglect, and primary healthcare issues.

4.3.7. *Lack of state support for child protection issues*

Participants that worked on child protection issues reported that in many cases, the Social Welfare Department did not intervene in child abuse or neglect, child marriage and child or teenage pregnancy cases involving foreign children. A common reason cited by the department according to participants was that the service is only applicable to Malaysian children.

Causative factors include an incorrect understanding and application of the Child Act 2001 (amended in 2016) that provides for ALL children in need of care and protection to be protected by the State. In addition, there is a limited number of child protection services, including social workers and shelters. A limited understanding of the consequences of child marriage and its relation to child protection and SGBV was also thought to contribute to suboptimal management of related cases.

4.3.8. Lack of availability of refugee-specific health services

Participants reporting a lack of availability of health services cited too few NGO clinics catering to the refugee population, a lack of support for services beyond basic healthcare services and a lack of available services for complex medical cases. This barrier stems from the exorbitant costs to both the refugee community and refugee-centred healthcare providers, who are also unable or unwilling to subsidise these high costs.

The COVID-19 pandemic worsened this situation — with already limited existing services, most healthcare providers reported that they had to reduce operating hours services or close completely.

4.4. The impact of gender, disability, and other identities on accessing healthcare

4.4.1. Gender

Differences in health presentations based on gender were found in the study. In the online survey, the three most frequently observed presentations among refugee and asylum-seeking girls were upper respiratory tract infections (URTI), fever, and child protection issues. Among boys, the top three presentations were fever, URTI and worms and skin disease. Participants from the interviews reported that girls disproportionately experienced child marriages, teenage pregnancy, SGBV and domestic violence, and anaemia, while boys were more predisposed to skin issues, substance abuse, and issues specific to male children such as undescended testis, discharge, and burning. Mental health issues and child abuse were reported as affecting both genders.

The study findings also revealed that less than half of the participants reported gender inequality and gender norms as causes of morbidity among refugee and asylum-seeking children. The main differences with gender concerning barriers to accessing healthcare were the role of girls and how women and girls are viewed in the community. Harmful community gender norms especially about girls create barriers to access to information, SGBV and domestic violence, child marriage, and teenage pregnancy.

Participants also specifically highlighted challenges faced by refugee and asylum-seeking girls who have newly arrived in Malaysia and who are dependent on their husbands. Compared to boys, these young girls face additional challenges to access information related to general healthcare, sexual and reproductive health, and family planning.

Most participants opined that there are insufficient health services to meet the gender needs of refugee and asylum-seeking children. While most participants reported no gender differences in terms of discrimination with treatment at health facilities, one participant highlighted how gender is a barrier particularly when the child is not able to have a HCW of the same gender during the consultation.

4.4.2. *Children with disabilities*

Participants reported that **URTI, malnutrition and fever were the most frequently observed presentations among refugee and asylum-seeking children with disabilities.** The reasons for their presentations were not explored. Study findings also revealed that **less than half of the participants reported disability as a cause of morbidity** among refugee and asylum-seeking children.

Overall, participants reported significant gaps in services to address the specific needs of disabled children. Most NGO refugee health clinics reported not being able to provide any in-house assistance for children with disabilities and only provided referrals to government facilities. Very little follow-up was done post-referral. Clinics that did provide assistance could only do so in a limited form. **A few refugee healthcare service providers also reported not being able to financially support disability conditions due to the long-term care required and high costs.**

As children with disabilities would often have little to no access to an NGO refugee clinic that supports their conditions, **participants were also unable to provide more information on the specific barriers faced by children with disabilities when trying to access government facilities.** HCWs noted the overall gaps in specialised services for children with disabilities in the country and the **need for outreach services as physical access to the clinics is a barrier.**

At the community level, **differences in barriers were also noted concerning the knowledge to provide adequate childcare and parenting for children with disabilities.** Parents often did not have access to information on how to manage their behaviour and would resort to physical punishment.

Participants also noted that the lack of access to healthcare and support particularly for children with disabilities also impacts their ability to access education.

4.5. Analysis of barriers through a gender, age, disability, location and ethnicity lens

The study findings on how the barriers described above were affected by the age, gender, disability, location and ethnicity of refugee and asylum-seeking children are summarized below.

	DIFFERENCES IN BARRIERS	IDENTIFIED GAPS
GENDER	Girls are disproportionately affected by all stated barriers due to the disproportionate effects of SGBV and early pregnancy on them.	Gender-transformative, family-friendly, and family-centred approach in protection policies, which include protection of teenage boys and girls.
	Teenage sons of mothers who were survivors of domestic violence or SGBV face a lack of protective placement.	
	Harmful gender roles and norms have created barriers for girls to access information and care for SGBV, domestic violence, child marriage and teenage pregnancy.	Programmes specifically for newly-arrived adolescents to improve health literacy and access to healthcare.
AGE	Refugee girls who have newly-entered Malaysia and are fully dependent on their husbands face disempowerment, which further compounds all stated barriers.	Empowered, safe reporting and safe spaces for girls within child marriages.
		Gender-transformative parenting skills and practice.
	Adolescent children whose exact age were unknown or hidden due to fears of being persecuted for child marriage face reduced identification of child pregnancy, which can lead to related risky health conditions.	Protection policies created with NGOs, government facilities, and the Social Welfare department.
DISABILITY	Empowered, safe reporting and safe spaces for girls within child marriages.	
	Most NGO refugee health clinics reported not being able to provide assistance for children outside of referrals to government facilities.	Increasing the capacity of personnel at health facilities to identify and address the needs of children with disabilities.
	The costs of long-term disability care are often beyond the limits of NGO support.	Best practice guidelines and checklist for all health services providing care for refugee and asylum-seeking children.
	Access for children with disabilities to NGO clinics was found to be severely limited.	Comprehensive outreach services for families with children with disabilities.
LOCATION	A lack of parenting knowledge for parents of children with disabilities could often lead to punitive parenting or disciplinary measures that may result in harm.	Parenting education and support networks for parents of children with disabilities.
	A lack of availability of NGO refugee clinics in some states, particularly in the east coast, resulting in persons having to travel long distances at high costs.	Increase in access for refugee populations to government health facilities as this is more feasible than creating a parallel NGO health system across Peninsular Malaysia.
	Reduced access to information in rural and remote areas.	Sociocultural sensitization for HCWs.
	Better access to family planning and childhood vaccinations in smaller towns.	Access to interpreter services for refugee and asylum-seeking communities.

	DIFFERENCES IN BARRIERS	IDENTIFIED GAPS
ETHNICITY	<p>The main difference between ethnicities points to the backgrounds of the different refugee communities, and the infrastructure of their country of origin.</p> <p>The levels of health literacy and vaccination coverage were higher in certain communities that came from countries where the health infrastructure was previously robust and/or the community was able to access healthcare.</p>	Consideration of ethnicity to be included in health promotion planning and vaccination provision.

4.6. Analysis of opportunities to increase access to healthcare

Participants identified opportunities that improved availability and access to services, as outlined below:

	OPPORTUNITIES	MITIGATING BARRIERS
OUTREACH SERVICES	Outreach services by NGO service providers and doctors from government hospitals.	Reduces barriers of location, cost, and access to care for children with disabilities.
	Outreach services including health promotion activities and mobile clinics.	Addresses barriers related to knowledge gaps among parents and caregivers.
	Helps to build trust and rapport with the refugee community, which are likely to improve patient empowerment and health outcomes.	
DIVERSIFYING SERVICES	One-stop centres: some clinics provided a range of services at no cost allowing for comprehensive care to be conducted at one place. This included diagnostic, mental health, dental and family planning services.	Reduces barriers related to fear of arrest and detention, discrimination and other barriers that lead to delay in healthcare-seeking behaviour.
	Support for secondary and tertiary care through financial assistance and through networks of supportive HCWs in government and private hospitals.	Reduces financial barriers and risk of xenophobic treatment and discrimination.
	Inclusion of child protection and best practices for survivors of SGBV in all healthcare facilities.	Improves state support in child protection.
CASE MANAGEMENT SERVICES	Financial, medical and social support provided through case management services.	<p>Reduces sociocultural barriers and supports the patient in navigating the health system.</p> <p>Reduces the risk of xenophobic treatment and provides a support system for survivors of child abuse or SGBV.</p>
HEALTH PROMOTION ACTIVITIES	Awareness and knowledge sessions that were typically conducted in the waiting room of the healthcare service.	Addresses barriers related to knowledge gaps among parents and caregivers.
COMMUNITY SUPPORT	Support from the refugee community in provision of referrals to service providers, accompaniment and interpretation at hospitals and crowdfunding.	Addresses some financial and sociocultural barriers.

	OPPORTUNITIES	MITIGATING BARRIERS
NEW PARTNERSHIPS AND ENGAGEMENT	Referrals and partnerships with UNHCR to address documentation concerns.	Reduces risk of arrest and detention by improving access to documentation.
	Partnerships with community leaders to share information on COVID-19.	Addresses barriers related to knowledge gaps among parents and caregivers.
	Increased engagement with government hospitals, particularly during the COVID-19 pandemic.	Informs sensitisation, reduces barriers of discrimination and xenophobia.

5. Recommendations

5.1. Access to Education

5.1.1. Legal and Policy

The lack of legal status of refugees and asylum-seekers prevents children from accessing the formal education system, which consequently limits their opportunities for academic progression in higher education and formal employment. Furthermore, fear of detention and security concerns around lack of documentation worsened during the COVID-19 pandemic due to the immigration raids and rise in xenophobia against the Rohingya community.

- **Create pathways to academic or vocational certification** for refugee and asylum-seeking children. This can be done through arrangements of certification with existing academic institutions or create vocational pathways to increase the opportunities for students to gain vocational skills for future employment.
- **Allow refugee and asylum-seeking children to participate in the Malaysian Certificate of Education (SPM) examination.**
- **Increase access to registration with UNHCR**, for example, through mobile registration stations in different regions, for undocumented asylum-seeking individuals and families residing outside of the Klang Valley.

5.1.2. Financial sustainability, quality of education and capacity building of ALCs

The reduction in financial resources as a result of the pandemic has impacted the quality of education that ALCs were able to provide. This was also reflected in the online survey, with 86% of teachers agreeing that continuous financial funding is the most important measure to improve education for refugee and asylum-seeking children. This highlights the need to ensure the financial security and sustainability of ALCs. These issues were greatly affected by the pandemic as ALCs are forced to transition online despite not having the necessary resources to do so. Hence, interventions should aim at raising the quality of the online learning ecosystem in ALCs while tapping into the opportunity of broadening the reach to children without access to ALCs through online education. In addition, capacity building of teachers is key, as requested by 70% of teachers in the online survey.

- **Foster collaboration on fundraising activities among ALCs** to help raise awareness of the needs of refugee and asylum-seeking children.
- **Provide support to ALCs to meet the criteria for registering with the MOE** to increase the recognition of education received by refugee and asylum-seeking children. This will also ensure that ALCs improve and maintain their quality of teaching and learning as well as increase the confidence of funders and generate more funds.
- **Leverage on community leaders to identify and map out areas and communities** of refugee and asylum-seeking children without access to ALCs.
- **Upskill online learning providers to expand the reach** of education to refugee and asylum-seeking children who reside in locations that do not have an ALC.
- Support teachers who are committed to teaching refugee and asylum-seeking children by **providing more comprehensive and accredited teacher training, possibly with private institutions**, to enhance the quality and engagement of online teaching and learning. Teachers could be equipped with innovative education content creation skills as it would benefit students and ensure that they could learn from home.
- **Continue efforts to distribute learning devices to students** who need access to online learning and improve internet provision to support stable internet connectivity.
- **Provide targeted support to ALCs** by providing teacher training and resources to enable the provision of education for **children with disabilities**.
- **Continue to provide quality online learning for children who cannot attend physical classes** due to caring responsibilities and distance to ALCs.
- **Provide capacity building for teachers** in the areas of child protection, SGBV, and mental health including information on referral pathways to available services for the communities they serve.

5.1.3. Targeted programmes on raising awareness and demand for education

Financial difficulties caused by poverty and a lack of employment were exacerbated by the COVID-19 pandemic for refugee and asylum-seeking children and their families. This was reported as their main barrier to accessing education. Financial assistance could help enable families to prioritize education, mitigating the risk of older children dropping out of school to work to support the family, or of girls being involved in child marriage as ways of finding income. Targeted programmes to raise awareness of the importance of education for all are much needed despite the growing awareness during the pandemic. 50% of teachers in the online survey agreed that creating awareness is an important measure to improve demand for education. Previous advocacy and outreach efforts in the community have also been demonstrated to be effective. Furthermore, 42% of teachers reported that creating awareness

specifically on the importance of education for girls is crucial to improving their access to education. Hence, targeted awareness programmes should focus on changing the perception of education among parents and the wider community as well as address relevant cultural stigma.

- **Provide financial aid and assistance** such as direct cash transfers linked to education, education scholarships and grants for refugee and asylum-seeking children to promote their access, attendance, and participation in schools.
- **Advocate and increase the awareness of the importance of education among refugee and asylum-seeking parents and children.** Additionally, support should be provided for parents to find and enrol their children in an ALC. For example, an education help desk could assist parents in navigating the education options and would reduce barriers to accessing education.
- **Conduct gender-transformative positive parenting interventions with parents as well as communities** to combat cultural stigma around girls going to school and other harmful gender norms and practices.

5.1.4. Partnerships and engagement

The COVID-19 pandemic and its challenges provided opportunities for the development of new partnerships and increased engagement among ALCs, civil society organizations, UN agencies, donors and community leaders. For example, UNHCR connected ALCs to donors to help with financial support, internet connectivity and learning devices, which enabled the continuity of education for refugee and asylum-seeking children during the pandemic. Other means to improve access to education identified by participants are as such:

- **Expand partnerships and coordination between ALCs and community leaders** to reach out to students and establish local community schools.
- **Strengthen networks and connections between ALCs and donors** to mobilise financial resources and support.
- **Engage with industry actors and the private sector** to connect refugee and asylum-seeking students to internship opportunities.

5.2. Access to healthcare

5.2.1. Legal and Policy

Existing policies on access to healthcare, including procedures and medications, impose legal, financial and administrative barriers for refugee and asylum-seeking children. In addition to removing harmful policies and revising policies to support inclusion and safe access, it is also important that policies which are inclusive of refugees are known to frontline staff to ensure their implementation.

- **Remove or reduce non-citizen fees at government hospitals**, particularly fees for essential services.
- **Implement a health insurance or a healthcare financing scheme** that will allow refugees to contribute to their healthcare.
- **Remove Circular 10**, the MOH directive that states all government healthcare staff are to report undocumented persons seeking treatment at healthcare facilities, to ensure hospitals are safe spaces for refugees.
- **Establish a policy of firewalls between service providers and immigration authorities**, where service providers are never asked to report on their patient's migration status. This needs to be communicated widely to affected communities and could be introduced at the local level as a starting point.
- **Provide free access to essential childhood vaccinations for all children** in the country.
- **Ensure that health policies which apply to all, such as Circular 6 on free treatment for infectious diseases such as COVID-19, are applied consistently and fairly** to refugees and asylum-seekers across all hospitals.
- **Develop child protection policies to address the specific needs of refugee and asylum-seeking children** collaboratively with the communities, NGOs, government facilities and the Department of Social Welfare to ensure a comprehensive child protection system that meets the needs of all children.
- **Apply the Child Act and the UNCRC, UNCRPD, and CEDAW** to all children regardless of legal status and nationality.

5.2.2. Quality of healthcare services and capacity building

Access to healthcare includes access to appropriate and quality healthcare. Study findings indicated that the skills and knowledge of HCWs and communities in the following areas need to be increased to improve the quality of healthcare:

- **Provide capacity building for HCWs** in the areas of child marriage, child protection, SGBV, and mental health so that they can identify and refer cases as frontline workers.
- **Establish networks and referral pathways for available services** and adequately disseminate this information among HCWs.
- **Conduct sensitization workshops with HCWs** to combat the stigmatization and discrimination of the refugee and asylum-seeking population.
- **Conduct health promotion for communities** to increase knowledge on areas such as parenting, negative consequences of child marriage and mental health stigma.
- **Establish guidelines and best practices for NGO clinics** to ensure they meet the needs of children regardless of gender, age, and disability. These best practices should include comprehensive services, transparency, and accountability.

5.2.3. Targeted health programmes for specific needs

All children in Malaysia would benefit from strengthened child protection and SGBV services within the healthcare system. In some cases, these services need to be adjusted to serve the needs of refugee and asylum-seeking children, and in other cases, additional refugee-specific services are needed particularly for women and children.

- **Establish case management programmes** within healthcare facilities, open to all children and supported by interpreting services for non-native speakers.
- **Provide comprehensive care for all survivors of SGBV** including understanding trauma, reporting mechanisms, and protection mechanisms, to ensure that protection needs are addressed alongside health needs.
- **Expand and deepen existing multi-sectoral outreach services**, which should target children at risk of abuse and exploitation and children with disabilities, and ensure that these services can continue during times of humanitarian crisis.
- **Ensure that all healthcare services and programmes are inclusive of children with disabilities**, with child-friendly language, access to resources, and appropriate home care and support.

- **Provide tailored programmes for newly arrived unaccompanied or separated children, in particular adolescents,** to improve health literacy and access to care.
- **Ensure refugees are involved through all phases of design, implementation and evaluation of services,** so that the capacity, agency, rights, and dignity of refugees are at the centre of programming.

5.2.4. Networking, coordination, and partnerships

During the pandemic, new partnerships and opportunities for engagement emerged which increased access to healthcare for refugee and asylum-seeking children. This was seen, for example, in partnerships between community leaders to share information on COVID-19, as well as increased engagement between healthcare providers and government hospitals on a case-to-case basis.

- **Continue to strengthen partnerships and coordination** between refugee-specific healthcare service providers and HCWs in the public and private spheres; share educational resources, referral options, and establish a support network.
- **Establish referral pathways from organizations offering health care for refugees to services offered by the Department of Social Welfare,** particularly for children with disabilities.

6. Conclusion: Moving forward

Now more than ever, a child's status should not be a barrier to accessing essential services.

Refugee and asylum-seeking children in Malaysia face many barriers to education and healthcare because of their status and situation. This study highlighted that these barriers were exacerbated by the pandemic even though many of them existed before the pandemic. It is noted that the pandemic has also presented opportunities for refugee and asylum-seeking children to access education and healthcare services through online modalities, digital tools and new partnerships. The non-government sector drew on these opportunities to enable improved access, but many of these initiatives had limitations and may not be sustainable to fully realise refugee and asylum-seeking children's rights to education and healthcare. In addition, while this study was able to identify specific gaps and barriers for intersectional vulnerabilities, further in-depth research on the needs of girls and children with disabilities is warranted to understand and address wider structural inequalities.

As Malaysia charts its way out of the pandemic, the findings of this study have demonstrated the disproportionate impacts of the COVID-19 pandemic on the already precarious circumstances of these vulnerable children. These impacts, if not addressed urgently, are likely to continue bringing long-term harm to their lives. Drawn from refugees and asylum-seekers themselves, as well as the teachers and HCWs that support them, the recommendations in this study recognize the lessons learned during the pandemic to provide concrete suggestions to address the identified barriers and capitalise on new opportunities.

Refugee and asylum-seeking children must be included in national policies that protect and uphold their rights to education and healthcare in line with the UNCRC if long-term systemic change is to occur. Collaboration and partnership between stakeholders remains critical to effectively implement policies and programmes addressing the financial sustainability of education providers, the quality of education and healthcare services, the awareness of the importance of education as well as health literacy on the ground. To ensure that such policies and programmes are truly inclusive for all children, it must be recognized that a child's status should not be a barrier to accessing essential services, and the needs and best interests of the child must be seen as paramount.



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