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Key workers in Malaysia during the pandemic

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► Key workers in Malaysia during the pandemic

Author / Lim Lin Lean





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Abstract

During the COVID-19 pandemic, the Malaysian government prioritized health and economic stimulus packages for the sectors considered “key” for the economy and gave little recognition to the workers making contributions to the functioning of daily lives. The paper documents the impacts on key workers in health-care, food and beverages, transportation and delivery, security and cleaning services. For these key workers, the nature of their jobs, labour force status and personal characteristics exposed them to greater job stressors and demands and exacerbated their vulnerabilities. While the fluidity of the coronavirus situation and the dynamic socio-political context of the country imply that change is on-going, the suggestions for recognizing, valuing, protecting and empowering key workers are necessary for helping the country to build back better.

About the author

Lin Lean Lim is an ex-official of the International Labour Office. She lives in Malaysia and works mainly on issues around the informal economy and the impacts of the COVID-19 pandemic.

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Acronyms

ALMP	Active Labour Market Policies
BNM	Bank Negara Malaysia
BPN	Bantuan Prihatin Nasional (Targeted Support under Prihatin)
BPR	Bantuan Prihatin Rakyat (Livelihood Assistance under Prihatin)
BSH	Bantuan Sara Hidup (Livelihood Assistance)
CCM	Companies Commission of Malaysia
CMCO	Conditional Movement Control Order
DOSM	Department of Statistics Malaysia
EIS	Employment Insurance System
EPF	Employees Provident Fund
ERP	Employment Retention Programme
EVP	E-hailing Vehicle Permit
F&B	Food and Beverages
FCLO	First to Close Last to Open
FMCO	Full Movement Control Order, total lockdown
FMM	Federation of Malaysian Manufacturers
FMT	Free Malaysia Today
GDP	Gross Domestic Product
HCW	Healthcare Worker
JKPAV	Special Committee on Evaluating Early Access to COVID-19 Vaccines
KRI	Khazanah Research Institute
LHDN	Inland Revenue Board
MCO	Movement Control Order
MDEC	Malaysian Digital Economy Corporation
MEDAC	Ministry of Entrepreneur Development and Cooperatives

MEF	Malaysian Employers Federation
MITI	Ministry of International Trade and Industry
MMA	Malaysian Medical Association
MO	Medical Officer
MOH	Ministry of Health
MSME	Micro, Small and Medium Enterprise
MTUC	Malaysian Trade Union Council
NIP	National Immunization Programme
NRP	National Recovery Plan
NST	New Straits Times
NUWHSAS	National Union of Workers in Hospital Support and Allied Services
PDRM	Royal Malaysian Police
PEMULIH	People's Well-Being and Economic Recovery Package
PENJANA	National Recovery Plan
PLI	Poverty Line Income
PPE	Personal Protective Equipment
PRIHATIN	Rakyat's Economic Stimulus Package
RM	Malaysian Ringgit
RMCO	Recovery Movement Control Order
SESS	Self-Employment Social Security Scheme
SOCISO	Social Security Organization
SOP	Standard Operating Procedure
SRHR	Sexual and Reproductive Health and Rights
TEMCO	Targeted Enhanced Movement Control Order
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WAO	Women's Aid Organization
WSP	Wage Subsidy Programme

► Introduction

The COVID-19 pandemic forced the devastating choice of saving lives or preserving livelihoods, and whose lives and whose livelihoods. The Movement Control Orders (MCOs) and targeted Standard Operating Procedures (SOPs) imposed by countries to curb the spread of the virus have created sharp distinctions between those working in occupations deemed vital to the functioning of our everyday lives – termed “essential” or “key” workers – and the “non-key” workers. The latter, who were officially placed under mobility restrictions and had jobs that could not be performed from home were cut off from their sources of livelihood. Although “key” workers were exempted from the stay-at-home orders, their working conditions, which often already suffered decent work deficits, were further exacerbated by the health risks and deteriorating socioeconomic environment. Key workers who were in informal or non-standard employment without labour and social protection were especially vulnerable. And those key workers who were migrants were even more vulnerable.

The aim of this study is to highlight the importance of these key workers to the economy, society, and world of work; examine their vulnerability to the COVID-19 health and economic crisis by assessing their job quality and working conditions prior to and during the pandemic; and make policy suggestions for promoting decent work and improving the resilience of these workers.

This paper on Malaysia is intended to provide qualitative country-level information that could serve as input to a wider ILO research project on key workers. It examines how the coronavirus pandemic and the related health and economic crisis have impacted the livelihoods and lives of different groups of key workers. It showed how pre-existing labour market vulnerabilities and social disadvantages intersected with the effects of the pandemic, making workers who were already struggling with heavy job demands and poor working conditions prior to the pandemic more vulnerable and at risk.

The structure of the paper is as follows. Section 1 explains the research methodology for the study. Section 2 describes the COVID-19 context that directly or indirectly affected the work and lives of Malaysians. It traces the progression of the pandemic and its multi-dimensional impacts and shows that employment and working conditions were linked not only to the severity of the health and economic crisis but also to the wider socio-political context in the country. This section examines how government policies and programmes dealt with the pandemic and how the measures and responses from employers and the community affected the pressures on workers and their ability to cope and have a decent job and life.

Section 3 examines how “essential” or “key” work was defined in the Malaysian COVID-19 context. The Official distinctions made by the government between “essential” and “non-essential” workers emphasized economic considerations rather than those performing social services vital to the functioning of our daily lives. This section makes the point that it was not just the essential/non-essential classification but the nature of the job and the labour force status and personal characteristics of workers that determined their resilience to the impacts of the pandemic.

The list of key economic and social sectors and services is shown in Appendix 1. Section 4 focuses on those workers providing social services vital to the daily life of Malaysians, that is workers in healthcare, food and beverages, transportation and delivery services, security services and cleaning services. This section distinguishes the workers not only by their sector of work but also by key variables including status in employment, sex, age, migrant status, place of work and living arrangements. Using a mix of information from web-based sources and personal interviews, this section describes how each group was affected by the pandemic. It provides insights from the key workers in their own words (in italic text).

Section 5 pulls together the main findings from the different groups of key workers and highlights the key takeaways from the study.

Finally, Section 6 makes policy suggestions for recognizing and valuing, protecting and empowering key workers. In addition to specific policies targeting key workers, there are broader policy considerations to benefit all workers, whether classified as key or not, and help the country to build back better and more resiliently for the future.

▶ 1 The research methodology

The research was conducted from 1 August to 31 October 2021. It is important to note this timeframe, given how very rapidly the pandemic, and socioeconomic and political context evolved. The research started when Malaysia was in the throes of the pandemic and major political upheaval, but after two and a half months of significant improvement, the country prepared to move to an endemic phase of COVID-19 and economic recovery.

The research was based on primary and secondary information. Primary data came from semi-structured interviews of a purposeful sample of 20 individual workers and small business owner operators/employers officially designated as providing essential services. Given the health situation and restrictions on interstate travel, the interviews had to be confined to the state of Penang and did not cover other states in the country.

There were a number of reasons for the small sample size. The sample was confined to key workers still working and did not cover those who were unemployed or temporarily not working. Contacts with potential respondents were seriously constrained and focus groups discussions were not possible because of the social distancing restrictions and stay-at-home orders. Various sites such as markets, malls and hawkker centres were abruptly shut down by the Ministry of Health (MOH) because of infection clusters. Some frontliners were not permitted to give interviews, for example, a gag order was placed on healthcare workers in government service. Attempts to organize interviews with gig workers (such as food and parcel delivery motorbike riders) did not succeed because of their uncertain schedules. Interviews with key workers in manufacturing were not possible because visits to factories were restricted.

The interviews were conducted in English, Malay or Hokkien by mobile phone or face to face with masks and social distancing rules observed. Local language translation issues and the level of education of some of the respondents posed minor problems. The interviews were semi-structured; the questionnaires included demographic questions pertaining to the individual and household profile of respondents and open-ended questions covering working conditions prior to and since the start of the pandemic and their views about the future. The key service and demographic profile of the interview respondents is listed in Appendix 2. Detailed notes were written up for each interview.¹

In the unusual situation of movement restrictions, social distancing regulations and infection fears, secondary sources of information have been invaluable. The secondary information is mainly web-based, covering news articles, official announcements and documents, published statistics, research reports and social media sites. For this study, the social media platforms (YouTube, Facebook, Newswav, etc.) have been especially useful for providing audio and video “diaries/first-hand experiences/ testimonies of frontliners and also for gleaning information on how Malaysians felt about a range of issues relating to the health, economic and political situation in the country.

¹ The questionnaires and notes are available from the author upon request.

► 2 The context of critical work

2.1 COVID-19 and the health and economic crisis

The first known coronavirus case in Malaysia was detected on 25 January 2020. On 18 March, the Government declared the first of a series of quarantine and cordon sanitaire measures commonly referred to as Movement Control Orders (MCOs). The MCOs specified detailed Standard Operating Procedures (SOPs) to restrict movements and gatherings including religious, sports, social and cultural activities, and domestic and international travel; mandated the closure of business, industry, government and educational institutions; and controlled who could work and how they could work. A timeline of the various MCOs is shown in Box 1.

► Text Box 1. Chronology of the MCOs in Malaysia

Phase/Date	Events
18 March – 3 May 2020	Movement Control Order (MCO 1.0)
4 May – 9 June 2020	Conditional MCO (CMCO)
10 June 2020 -31 March 2021	Recovery MCO (RMCO)
11 January 2021	MCO restrictions reinstated (MCO 2.0)
11 January 2021 – 31 May 2021	Targeted Enhanced MCO (TEMCO)
16 February 2021	National Immunization Programme (NIP) launched
3 May 2021 – 28 May 2021	MCO restrictions reinstated (MCO 3.0)
1 June 2021 – 28 June 2021	Full MCO (FMCO), total national lockdown
15 June 2021 -	National Recovery Plan (NRP) with four phases

Under MCO 1.0, there was a total national lockdown with businesses not allowed to operate unless specifically authorized to do so. This was replaced by the Conditional MCO (CMCO) and subsequently the Recovery MCO (RMCO) that allowed for the resumption of almost all economic activities, except those on a negative list, subject to strict compliance to the SOPs. With spikes in daily cases in some localities, Targeted Enhanced MCOs (TEMCO) were applied in these areas. When the numbers kept surging, another total national lockdown was implemented in June 2021 (FMCO), with only essential sectors allowed to operate, followed by a National Recovery Plan (NRP), under which the mobility restrictions and SOPs would be gradually lifted in four phases in different parts of the country, depending on the number of cases, people requiring ICU treatment and the vaccination rates.

Malaysia did so well with the total lockdown under MCO 1.0 that it received international praise and recognition from the World Health Organization (WHO). However, initial success was followed by a series of “half-baked measures, U-turns, the most confusing SOPs” (Malaysiakini 2021a)² and the country went “from global acclaim to never-ending lockdown” (Leong 2021). The ensuing MCOs with SOPs were ineffective in “flattening the curve”.

² Statement by the Secretary of the Sarawak Malaysian Trade Union Council (MTUC) as reported in Malaysiakini, 31 May 2021.

The country had a milestone of zero locally transmitted cases in July 2020, but by the end of July 2021 it surpassed 1 million cumulative infection cases, and breached the 2 million mark on 14 September 2021 while the death toll exceeded 21,000. For perspective, the total number of COVID-related deaths in 2020 was 471. Global comparisons reveal that Malaysia went from being among the best performers to the very bottom of the list. The 2 September 2021 Global Normalcy Index, devised by *The Economist* to track when countries were likely to return to “normal” after COVID, placed Malaysia second from the bottom of 50 of the world’s largest economies.³ The September Bloomberg COVID Resilience Ranking of country efforts and success at controlling the Delta variant ranked Malaysia as third worst among 53 countries.⁴

The seemingly unstoppable increase in the number of daily new cases and, disturbingly, in the death toll was linked to the overextended capacity of the health system; with the intensive care units (ICUs) and mortuaries operating beyond maximum capacity, patients left in wheelchairs because there were not enough beds, and overwhelmed, stressed frontline staff suffering from burnout as well as manpower and equipment shortages (as described in Section 5 of the paper).

COVID-19 created not only a physical health pandemic but a mental health one also. Stress levels reached an all-time high between 1 January and 18 June 2021, in that period a total of 122,328 distress calls were received by government ministries, of which 89 per cent were related to mental health issues linked to job and income loss, loss of loved ones, financial distress and depression arising from lengthy periods of isolation. The pandemic, along with more than a year and a half of living under some form of lockdown, increased family conflicts, relationship problems and domestic violence and abuse (Ram 2021; Yeo 2021). Lack of access to aid services for emotional support and counselling exacerbated the mental pressures. Tragically, there was an alarming increase in pandemic related suicides; the Royal Malaysian Police (PDRM) recorded 468 suicide cases in the first five months of 2021, compared to the annual total of 631 cases in 2020 and 609 in 2019 (Sheralyn 2021). A record high of 1,080 suicide attempts were also reported by hospitals across the country in 2020.

The pandemic lockdown turned into an economic knockout. A continuous cycle of on and off closures and re-openings of sectors and services exacerbated the negative impacts on the economy. Bank Negara Malaysia (BNM) (BNMa 2021), the country’s central bank, downgraded its 2021 GDP forecast to 3.0 - 4.0 per cent growth, sharply down from its earlier projection that Malaysia was on track to record 6.0 - 7.5 per cent growth in 2021. In June, the World Bank lowered its economic growth projection for 2021 from 6.0 to 4.5 per cent and warned that businesses, particularly small firms, faced severe revenue shocks and “the average firm has only 4.9 months of cash flow reserves, much lower than their regional peers” (World Bank 2021a). In October, the World Bank further lowered its GDP forecast from 4.5 to 3.3 per cent (World Bank 2021b).

The pandemic has reversed the country’s downward trend of absolute poverty, causing it to increase from 5.6 per cent in 2019 to 8.4 per cent in 2020.⁵ The Department of Statistics Malaysia (DOSM) reported that the mean monthly household gross income dropped from RM (Malaysian Ringgit) 7,901 to RM7,089 mainly because employees and the self-employed had suffered job losses, reduction of working hours and skill-related underemployment (DOSM 2021a). The pandemic had also affected the income structure of household groups, with many households moving down to a lower income decile group. There was an additional 12.5 per cent of households with less than RM2,500; 20 per cent of households from the M40 group moved down to the B40 group; while 12.8 per cent of the T20 group moved down to the M40 group.⁶

³ <https://www.economist.com/graphic-detail/tracking-the-return-to-normalcy-after-covid-19>. Accessed 6 September 2021.

⁴ In August, Malaysia ranked at the very bottom of the list. In September, it ranked above Vietnam and the Philippines, <https://www.bloomberg.com/graphics/covid-resilience-ranking/> Accessed 1 October 2021.

⁵ Malaysia’s Poverty Line Income (PLI) was revised in 2019 from RM980 to RM2,208 per household per month. The previous PLI of RM980 was based on 2005 methodology emphasizing minimum food requirements and non-food requirements from the 2004/2005 household expenditure survey. The 2019 methodology which determined the PLI at RM2,208 was based on optimum food requirements and healthy eating and non-food items from the B20 households’ spending pattern in the 2019 household expenditure survey. The increase in absolute poverty from 5.6 per cent to 8.4 per cent was based on the 2019 PLI.

⁶ B40, M40 and T20 refer to the bottom 40 per cent, middle 40 per cent and top 20 per cent of households by income level. The DOSM Household Income and Basic Amenities Survey Report 2019 showed that the income threshold for the B40 group in 2019 comprising 2.91 million households was RM4,849. The M40 group’s income threshold involving 2.91 million households was between RM4,850 to RM10,959. There were 1.46 million households in T20 group with income more than RM10,960 per month.

A UNICEF/UNFPA longitudinal research project (UNICEF and UNFPA 2021) on the impact of COVID-19, which involved surveying 500 low-income households living in 16 of Kuala Lumpur's public housing estates in May, September and December 2020 and March 2021, confirmed that in the context of the public health and economic crisis, low-income families were disproportionately vulnerable to unemployment and underemployment; and with limited access to social security, highly vulnerable to falling into deeper poverty. Rising monetary poverty, in turn contributed to worsening multi-dimensional deprivations ranging from rising food/nutritional insecurity to psychological impacts of varying intensity (UNICEF and UNFPA 2021).⁷

The impact on the labour force has been severe. Job losses escalated especially after MCO3.0 and FMCO; many more had their working hours reduced or were put on leave with no or partial pay. The July 2021 figures from DOSM showed the unemployment rate at 4.8 per cent, up from 4.5 per cent 2 months earlier. The numbers outside the labour force continued to climb. Among the employed labour force, the employee category declined while the number of own account workers continued to increase over six consecutive months. The August figures, however, indicated a drop in unemployment to 4.6 per cent and an increase in the number of employed persons, in particular own-account workers (DOSM 2021b).

The picture was bleak for business enterprises. The Malaysian Employers Federation (MEF) reported that during the total lockdown under MCO 1.0, some 28 per cent of employers experienced more than 90 per cent drop in their income while almost 50 per cent of the self-employed became unemployed (ILO 2020). A press release from the Ministry of Entrepreneur Development and Cooperatives (MEDAC) (MEDAC 2021) warned that some 580,000 businesses or 49 per cent of the micro, small and medium enterprises (MSMEs) in the country were at risk of shuttering for good by October 2021 if they were not allowed to open up their operations by then. These businesses were mainly in the "First to Close Last to Open" (FCLO) category "providing non-essential products and services such as spa and wellness, entertainment, event management, sports and fitness, beauty and grooming and many more". Based on a survey MEDAC conducted in June 2021, more than 70 per cent of the entrepreneurs were in the B40 group of the poor; more than 90 per cent had no insurance; and 70 per cent had no safety net to fall back on.

Since MCO 1.0, the government has introduced eight economic stimulus packages which included various cash assistance for the people, measures to support business continuity and special allocations to the health sector: starting with the Prihatin Rakyat Economic Stimulus Package (PRIHATIN), then PRIHATIN SME (additional measures), followed by the National Economic Recovery Plan (PENJANA), KITA PRIHATIN, Malaysian Economic and Rakyat's Protection Assistance Package (PERMAI), Strategic Programme to Empower the People and Economy (PEMERKASA), PEMERKASA+ and the latest, the National People's Well-Being and Economic Recovery Package (PEMULIH), with a total value of RM530 billion.

However, these recovery and stimulus packages were inadequate to ameliorate the deleterious impacts of the pandemic, particularly on the poor. The annual social safety net cash transfers under the Livelihood Assistance Programme (Bantuan Sara Hidup, BSH, which was subsequently renamed Bantuan Prihatin Rakyat, BPR) and the pandemic relief one-off cash payments under Bantuan Prihatin Nasional (BPN) were vitally important in providing some short-term relief to the B40. But it was pointed out that the transfers "fail(ed) to account for the sizable number of informal workers who are excluded from the social security system, which the government relies on to disburse COVID-19 relief aid" (Zahiid and Noorshahrizam 2021).

The stimulus measures for businesses included a Wage Subsidy Programme (WSP), loan moratoriums and loan facilities and one-off cash grants to MSMEs. But employers could not apply for the WSP to cover their migrant workers, and many chose not to receive the assistance because they felt unable to meet the conditions that they had to retain their employees for at least six months, not deduct their wages and not require them to take no paid leave. Employers increasingly called for flexibility to allow them to negotiate with their employees on acceptable arrangements to avoid full-scale retrenchments and not to contravene labour laws. Business owners and employers, trade associations and local and foreign investors emphasized that rather than financial incentives, the focus should be on doing away with the lockdowns that discriminate

⁷ UNFPA Malaysia, as reported in *Malay Mail* (4 August 2021).

between “essential” and “non-essential” activities, ensuring clear and consistent SOPs and enforcement, and ramping up the vaccination programme for all workers.

2.2 The socio-political context

The closure of all schools and educational institutions for more than a year and a half disrupted the education of children and compounded the pressures and worries of Malaysian parents. Working parents, especially working women, found themselves in increasingly stressful situations trying to earn an income while dealing with additional care responsibilities – not only domestic chores with children and out-of-work family members staying home in often over-crowded situations; they also had to enable and supervise their children’s e-earning. Poor parents who are already struggling to put food on the table had to stretch resources to provide their children the digital devices and internet access necessary for online learning. Many parents reported that online learning at home was not effective for their children due to the lack of suitable space, inability to supervise their children, and lack of necessary digital equipment. Parents were worried that children were losing basic skills and regressing in learning abilities; their psychological wellbeing was adversely affected by the loss of structure, routine and discipline; and they were losing interpersonal skills due to not directly interacting with their peers and teachers. Even when schools eventually reopen, the challenge would be to ensure that children would want and be able to go back safely.

Two highly visible indications of the pressure-filled context in Malaysia were the White Flag and Black Flag campaigns. As millions of Malaysians and migrant workers sank into extreme poverty and struggled to put food on the table and pay rent and utility bills, a White Flag (#Bendera Putih) movement exploded across the country. Desperate families flew a white flag to indicate their need for food and basic necessities, responding to messages that flooded social media: “Raise the white flag if you need help, there is no need to beg or feel ashamed. Don’t take actions that may harm yourself and your loved ones. No need to plead, no need to be embarrassed. Just fly the flag” (Khoo 2021). In the face of what was increasingly seen as failure on the part of the government (#Kerajaan Gagal - Failed Government), Malaysians of all races and religions chipped in to help one another despite their personal challenges (#KitajagaKita - We Help Ourselves). Food banks popped up all over the country, non-state actors and community groups organized to distribute food and other necessities; the public helped to buy equipment for hospitals and support healthcare frontliners. The Black Flag campaign was organized to demonstrate on the streets and online against the government’s mishandling of the pandemic (#Lawan - Fight): “The colours white and black are considered the opposite of each other. But the white and black flags flown in Malaysia – despite being different – have the same message: Help us; we are fed up; do something to reduce or eliminate our suffering. The two flags are urging the government to improve its performance or step aside and let someone else do it. The black flag is saying this directly while the white flag is more subtle. It is a plea from suffering Malaysians” (Kathirasen 2021).

The political context had an undeniable impact on how Malaysia dealt with COVID-19. Just at the start of the pandemic in early March 2020, the democratically elected government collapsed and a new coalition took over. With the new government preoccupied with solidifying its position and the ousted political parties focused on regaining control – “instead of battling the pandemic and fixing the economy, our leaders are too busy fighting with each other” (Arifin 2021). A state of emergency was declared on 12 January 2021, giving the government sweeping powers to control the pandemic. However:

“We are the only country in the world that declared an emergency to suspend the Constitution and Parliament to fight Covid-19 but Covid-19 became 10 times worse. What’s strange is that when other countries go into lockdown, their cases dip, but in Malaysia, we do one lockdown after another, but the longer we are under lockdown, the higher the number of Covid-19 cases” (FMT 2021).⁸

Parliament reconvened on 26 July. However, the sessions were described as “bedlam in the legislature” and “the screaming and shouting, at and over one another, and the shrill of partisanship will not move the needle one bit in our battle against the pandemic” (Arifin 2021). On 16 August, Prime Minister Muhyiddin

⁸ Tun Najib Razak, the former Prime Minister of Malaysia in a speech reported in FMT (29 July 2021).

Yassin and his entire Cabinet resigned. A new Prime Minister was appointed and a new Cabinet sworn in on 30 August.

The newly appointed Minister of Health instituted an aggressive vaccination campaign (including expanding the number of vaccination centres; making available extra choices of vaccines; launching strong media campaigns to encourage the population to get vaccinated; and imposing movement restrictions on those who were not doubly vaccinated) so that the country was able to achieve the target of 90 per cent fully vaccinated adults by 10 October. There were significant improvements in the fight against COVID, with declining trends in key indicators such as daily cases, active cases, clusters, deaths, ICU cases and those in need of breathing aids – leading the government to announce that the country was ready to enter the endemic phase of COVID-19 (Hassan 2021). Almost all economic activities were reopened, although still with strict SOPs and constant reminders that the country's fight with COVID was far from over.

▶ 3 Who are the “key” workers?

3.1 Classification of “key” and “non-key” workers

“Key” workers are normally defined as those in key sectors or services deemed vital to the functioning of our daily lives. However, in the context of the COVID-19 pandemic, the Malaysian government linked the classification of “key and “non-key” workers to those who were allowed or not allowed to work under different MCOs and SOPs – with the designation as “essential” emphasizing economic sectors and livelihoods rather than social services.

When MCO 1.0 was implemented in March 2020, the government clarified that the list of “essential” sectors and services was different from that under the First Schedule of Malaysia’s Industrial Relations Act, 1967 which relates to restrictions for lockouts and strikes. Instead, the pandemic list of essential sectors and services allowed to operate during the lockdown was gazetted in the Prevention and Control of Infectious Diseases (Measures within the Infected Local Areas) Regulations 2020.

The Ministry of International Trade and Industry (MITI), which was assigned the responsibility of identifying the essential sectors and services, clarified that the list was based on the following considerations: importance in the global value chain and the country’s exports; activity of economic sectors with high value-added multiplier; impact on the sustainability of SMEs in the economic sector, particularly in manufacturing and services; and size of the workforce involved (MITI 2020). The list has since been amended several times. The latest amended list under the Prevention and Control of Infectious Diseases (Measures within Infected Local Areas) (Movement Control) (Amendment) 2021 is reproduced in Appendix 1.

The operation of key sectors and services is dictated by detailed SOPs. For example, the latest list of SOPs for manufacturing companies allowed to operate is eight pages long.⁹ All business establishments had to ensure that all workers and customers checked in and checked Out using the MySejahtera application on their mobile phone,¹⁰ had their body temperature recorded, and observed social distancing and mask wearing on the premises. Social distancing and mask wearing were mandatory in public spaces. Travel was restricted to a ten-kilometre radius from home and only two individuals living in the same household could travel in a vehicle. Inter-state travel was not allowed, and those travelling to work had to have a travel permit from MITI. These SOPs were differently enforced in different parts of the country depending on the Phase of the National Recovery Plan (NRP) where the key service was located.¹¹

The penalties for flouting the SOPs involved fines and even jail sentences. There were numerous complaints of unclear or inconsistent interpretation of the constantly evolving SOPs, arbitrary enforcement, and imposition of compounded fines that were beyond the means of most individuals and enterprise owners who were already struggling under the lockdowns.¹² A list of the major reversals, “U-turns” made by the govern-

⁹ <https://amcham.com.my/wp-content/uploads/4.-Work-Process-and-SOP-for-Operations-during-MCO-Manufacturing.pdf>. Accessed 10 September 2021.

¹⁰ MySejahtera is a mobile phone application developed by the government to monitor the COVID-19 risk status of the population. The app records personal information, indicates risk status and facilitates contact tracing. It is also used for the National Immunization Programme – setting appointments for vaccinations and increasingly, as a “passport” so that those who were able to show that they were fully vaccinated were eligible for some relaxation of the SOPs.

¹¹ The NRP was announced on 15 June and was updated several times. Under Phase 1, states were to observe the strictest MCOs, but for example, essential manufacturers were allowed to operate at 60 instead of 50 per cent capacity; and trade and distribution centres were allowed to have fully vaccinated customers. Subsequent Phases depended on the number of daily cases, vaccination rates and capacity of the healthcare system. Most businesses and economic sectors in a state would only be allowed to reopen in the third phase of the plan, after daily new Covid-19 cases dropped below the 2,000 mark and 40 per cent of the population were fully vaccinated.

¹² Social media abounded with news such as food stall owners slapped with RM50,000 fines for operating beyond 10 pm; checkout counter workers fined RM1,000 for not wearing gloves; while at the same time, politicians openly flouted mask wearing or social distancing rules.

ment since the start of the pandemic added up to at least 30 (Lim, Jake 2021). Even the police and other enforcement agency personnel admitted confusion over the changing SOPs (Loheswar 2021). There were several high-profile incidents of politicians openly flouting the SOPs that they themselves had devised while at the same time ordinary citizens were slapped with huge fines and/or jail terms for the same offenses – fuelling people’s distrust of the government’s handling of the crisis. Foreign investors in Malaysia sent official letters to the Prime Minister expressing concern over the government’s COVID performance and warning that unclear SOPs and inconsistent enforcement could lead them to leave the country and shift operations elsewhere (Malaysia Sentinel 2021).

In addition, the National Immunization Programme (NIP) distinguished between “essential” and “non-essential” workers for prioritization to obtain vaccinations. The government developed a scorecard based on COVID-19 infection risk and economic contributions to determine which “economic frontline workers” would be given priority vaccination. A Special Committee on Evaluating Early Access to COVID-19 Vaccines (JKPAV) was set up to assess the risk and eligibility of those classified as economic frontliners to get early COVID vaccines. JPKAV, which comprised experts from MOH and MITI, was to study the impact of a particular sector on the country’s economic recovery, besides taking into account workers’ age, health situation and work environment to determine if they should be prioritized. Prioritization for vaccination was important also because the relaxation of lockdown restrictions for businesses was contingent on workers having been fully vaccinated and, furthermore, customers were allowed access to services only with proof that they have been fully vaccinated.

The designation of sectors and workers as “essential” or “non-essential” was increasingly questioned, if not criticized:

“Unlike the first one last March (MCO 1.0) which saw everything shut down except for essential businesses – eateries, markets, supermarkets, pharmacies – this time round, you can go buy a gold necklace or scented candle should you desire ... Despite all these businesses being allowed to operate with MITI’s permission, optometry and optical services are not. One could argue they are certainly more essential than say jewellery” (Tee 2021).

“If you close down a business like a car wash because it is not essential, what does it have to do with Covid-19? You cannot say that car washes are not important because for the person who runs the car wash, it is very essential” (Farudin 2021).

“Why are some government departments shut – are they not essential for serving the people, such as renewing licenses or sending mail to some countries. Instead, you have to use the services of private companies which are allowed to operate and charge much higher fees. If the staff are fully vaccinated, businesses should be allowed to operate”.¹³

Others pointed out that, on the one hand, there was the fundamental issue of fair treatment if some “non-essential” services were able to change their status merely by appealing to MITI for permission to operate. On the other hand, and importantly, while key sectors may have been able to survive the lockdowns, non-key sectors were on the brink of total collapse because of the prolonged closures. The Federation of Malaysian Manufacturers (FMM) called on the government to ramp up vaccination under the NIP so that it could stop segregating key and non-key sectors, emphasizing that businesses were interconnected and key sectors required support from non-key sectors if supply chains were not to break down (Bernama 2021a). A trade group coalition also echoed the call that “all businesses are ‘essential’ in making up a complete and diverse economy and unnecessary labels do not help improve businesses’ viability”, adding that it was time to discard the essential and non-essential labels and instead to increase vaccinations and employ targeted measures to reopen as many businesses as possible (Ayamany 2021).

3.2 Key but vulnerable

Being listed as workers in “essential” services in Appendix 1 and being allowed to work during the various MCOs did not mean that the key workers were not vulnerable to the health and economic impacts of the

¹³ Comment from one of the interviewees for this study.

pandemic. Before examining the impact of the pandemic on these key workers, it is important to draw attention to those other factors - importantly, labour force and personal characteristics and the nature of their jobs - which may already make them (and for that matter, "non-key" workers too) vulnerable prior to the pandemic and which tended to exacerbate their vulnerabilities during the pandemic.

Labour force characteristics:

The self-employed: The workers who were most at risk and least resilient were those already vulnerable prior to the crisis because of their labour force status as own account/self-employed. They accounted for 2.54 million or 16.5 per cent of the total employed in August 2021 (DOSM 2021b). A DOSM survey on the impact of the pandemic singled out the own-account/self-employed in micro enterprises as most severely affected; DOSM estimated that during MCO 1.0 almost half the self-employed lost their jobs and 71 per cent had savings sufficient to last them for less than 1 month (DOSM 2020). Furthermore, DOSM indicated that the vulnerability of the self-employed was compounded by their greater concentration in rural areas and in the older age group; and their shorter hours of work made them more vulnerable to time-related underemployment and working poverty.

The World Bank also identified the self-employed as hit particularly hard by the pandemic because most of the self-employed were in **informal employment** (World Bank 2020, p.62). The defining characteristic of informality - in law or practice not covered by work-related social protection, national labour legislation or entitlement to employment benefits - underscores the vulnerability of these workers. Informal workers have poor access to healthcare services and have no income replacement in case of sickness or lockdown. They fell through the cracks of government support packages which were distributed through the social insurance system covering only formal workers. The self-employed are mainly in enterprises of less than 10 workers: micro enterprises had few, if any, resources to withstand prolonged lockdowns and often were not able to benefit from the government support schemes because they were unincorporated and not registered with the relevant authorities or they were unable to meet complicated eligibility criteria or bureaucratic procedures.

Those who were wage employees in key sectors but were informal in that they are not legally regulated or socially protected may not be better off. Employers who were struggling to stay afloat during the pandemic could implement various voluntary or involuntary workforce adjustments including termination, temporary layoffs, unpaid leave, reduction in pay, reduction in working hours or excessive hours of work, rotating shifts or work sharing - leaving the informal wage employees without jobs, reduced means of livelihood and heightened levels of stress.

Gig workers: In the COVID-19 pandemic, key workers were increasingly associated with gig work and non-standard forms of employment. Even before the pandemic, gig work had already been growing, but has since exploded. With unemployment and underemployment soaring, more and more Malaysians switched to earning some or all of their living as freelancers doing casual or daily work, part-time or on-call work, temporary agency work, subcontracted labour or as independent contractors and online platform workers. The Malaysian Government expects that the gig economy will be a significant aspect of the new normal post-COVID and has announced that the gig economy will be included in the 12th Malaysia Plan 2021-2025. The Malaysian Digital Economy Corporation (MDEC) reported that some 2.2 million gig workers had already registered for various digitization supports (such as digital skills training and setting up businesses online) and the numbers were rising.

The defining characteristic of gig work is its flexibility which ostensibly allows workers to choose when, where and how to work. But it is this supposed flexibility that underscores why gig workers may be less resilient to the impact of the pandemic. The flexibility involves employment arrangements that are informal and "non-standard" - gig workers are outside of a standard employment relationship between an employee and a sole employer that is covered by legal regulations and employment-based social benefits. Apart from not having or only having limited access to social and labour protection, the downside of non-standard work are the precariousness and vulnerability linked to the uncertainty of securing the next work assignment, irregularity of income, lack of economic security, lack of access to dispute resolution mechanisms,

and work-related stress due to job insecurity and unstable incomes. It is difficult for these workers to secure a loan or mortgage because the credit systems do not treat them in the same light as regular workers.

Of course, different groups of gig workers have not been vulnerable to the same extent. The freelance professionals and other skilled individuals engaged in “crowd work” “have the upper hand of quoting the price of their work. They can do that because they can offer specific skills and knowledge to clients. To add, they also get to choose their clients and hours. This gives them more work ownership” (Aziz 2020). The pandemic stay-at-home and social distancing orders may not have affected these professional gig workers who were able to continue working – for them, it was perhaps just “more of the same” as their form of work was increasingly part of the “new normal”. But those gig workers who depended on location-based apps for service-oriented jobs, in particular those for whom such work is involuntary because they could not find regular employment, “are easily and often exploited” (Aziz 2020). However, even among those relying on location-based apps, the impact has differed. For example, the stay-at-home orders have surged the demand for delivery workers but cut business for taxi and e-hailing drivers. The next section of the paper will examine these differential impacts.

Personal characteristics which were already at the root of labour market inequalities and social disadvantages also determined which workers were most at risk and least resilient to the impacts of the pandemic. The World Bank study, for example, concluded that “workers most at risk are primarily those that were already vulnerable before the crisis due to their relatively low education, low level of income and advanced or very young age” (Abdur Rahman, Farha Jasmin and Schmillen 2020). An ILO study emphasized that other personal characteristics – importantly, gender and migrant status– also affected the vulnerability of workers, even before COVID-19 or being declared “essential” or “non-essential”. With the pandemic, these characteristics have exacerbated vulnerability (Lim, Lin Lean 2020, pp.39-53).

Gender: Available evidence indicates that the pandemic has differently and disproportionately affected male and female workers. Women are much more likely than men to be in informal, non-standard employment and also to be concentrated in the hard-hit sectors such as retail, accommodation, food and beverage services, tourism and garment manufacturing supply chains. DOSM labour force data indicated, for example, that in the first quarter of 2021, male unemployment decreased by 0.5 thousand as against the previous quarter whereas female unemployment increased by 11.7 thousand. It is well-known that women, though they may be “essential” workers, are more likely than men to be less protected by conventional social protection mechanisms, they have less savings and those who were single parents and female heads of households tended to be the hardest hit.

The Families on the Edge longitudinal research report commissioned by UNICEF and UNFPA Malaysia concluded that: “The psychosocial and socio-economic fallout of continued lockdowns have negatively impacted the lives and wellbeing of Malaysia's women and girls most of all — with escalations in Gender-based Violence, increasing economic inequity, poverty, increased care work burdens, nutritional deficiencies, decreased access to sexual and reproductive health and rights (SRHR), social welfare and much more”.¹⁴ The final report elaborated that “low-income families appeared to be disproportionately affected by the crisis across a wide range of outcome areas with female-headed households and households headed by persons with disabilities reporting the deepest negative impacts. Study participants were found to be more likely to experience unemployment, under-employment, food/ nutrition insecurity, anxiety and depression, while children in these families faced significant challenges to effective engagement in home-based learning.... Many women have become physically and emotionally exhausted over the past year. There is a general sense among the respondents of increased domestic burden during the MCO due to having more people staying at home for prolonged period and this has caused women stress and fatigue. The burden continued in MCO-2 since many family members have not resumed economic or education activities outside the homes. While many male heads of household lost their jobs and stayed at home, women often continued to shoulder the burden of these increased domestic responsibilities. Many caregivers themselves suffer from chronic diseases (diabetes, hypertension) and have therefore experienced some of the greatest declines in wellbeing” (UNICEF and UNFPA 2021, pp.5-6).

¹⁴ UNFPA Malaysia, as reported in *Malay Mail*, 4 August 2021.

Migrant status: Migrant status has always been a major determinant of the working conditions and well-being of workers – and even more so with the pandemic.

Migrant workers account for at least 15 per cent of the Malaysian labour force ¹⁵, with a disproportionately large presence in construction, tourism, manufacturing and agriculture - the sectors that were critical to the strength of the Malaysian economy but were severely impacted by the lockdowns and disruptions in global supply chains. They were “key” workers doing the “dirty, difficult and dangerous”, low-skilled jobs that Malaysian workers have shied away from. But the pandemic starkly exposed the vulnerability of the migrant workers, especially those who were undocumented. The Ministry of Human Resources advised that “if lay-offs are inevitable, foreign employees should be terminated first”. The Malaysian Trade Congress (MTUC) highlighted various cases of violations of migrant workers’ rights, including being forced by employers to take unpaid leave; laid off or retrenched without benefits; dismissed without notice; and occupational safety and health issues. Interviews with migrant workers revealed stories of unfair dismissal, discriminatory pay cuts, food insecurity:

“We are paid on a daily basis. Since none of us are able to work since the MCO, we have no money” (Asadullah and Rahman 2020);

“There are seven immigrant workers in this restaurant. But my boss won’t pay any wages until the restaurant reopens” (Asadullah and Rahman 2020);

“We eat plain rice or instant noodles most of the time. I used to work with a local and do odd jobs. Now all of us have no job or money” (Lyn 2020);

“I don’t have money to go to the clinic for treatment. I am just trying to stretch my savings” (Sri Priya 2020).

The pandemic aroused anti-immigrant sentiments and xenophobic reactions: the migrant workers were stigmatized as carriers of the virus and were raided and detained. A recent statement by the Malaysian Medical Association (MMA) in Text Box 2 highlighted the discriminatory and inhumane treatment of these workers.

► **Text Box 2: The treatment of migrant workers**

We refer to media reports on the rounding up of undocumented migrants conducted by the immigration authorities recently.

The Malaysian Medical Association (MMA) strongly condemns the Immigration Department’s inhumane treatment of undocumented migrants during a recent raid conducted in Cyberjaya. We are shocked at the way fellow human beings were treated by the government department’s officers.

Who did the Immigration Department consult before carrying out their “raids”? Surely, the spraying of Dettol is not part of the SOPs from the National Security Council (NSC) or Ministry of Health (MOH).

We are in the middle of a pandemic. These raids will cause migrants to flee and hide from the authorities, and this will complicate efforts to curb COVID-19.

These are the types of incidents that have led to migrants not trusting the authorities. This trust deficit needs to be addressed.

The authorities’ usual practice of “raid and detain” must stop and better ways should be sought to tackle the problem of undocumented migrants. More raids will result in more detention centre clusters as we have repeatedly seen.

Source: Code Blue (2021).

¹⁵ According to the Malaysian Budget for 2020, as of end 2018, there were officially 2.2 million migrant workers or 15 per cent of the national labour force of 15 million – and many more foreigners with irregular status. The World Bank estimated the number of irregular foreign workers at between 1.2 million to 1.5 million; World Bank (2019).

Age: Key workers at both ends of the age spectrum tended to be especially vulnerable. The elderly faced the greatest health risks in the pandemic. They also faced more severe age discrimination. In making decisions to retrench workers to cope with the crisis, employers may have targeted older workers who often had higher salaries or they may have been concerned that older employees could trigger additional costs in terms of insurance or paid time off because of their higher susceptibility to infection. And the harsh reality is that older workers who lost their jobs would have an exceedingly difficult time finding a new job and getting back on their feet. The likelihood of sinking into poverty was great without official or family support.

At the other end of the age spectrum, youth may have been less susceptible to the health risks. But even before the pandemic, the transition from school-to-work was difficult for many young people; a survey found that more and more were going into temporary, part-time, casual employment and self-employment in the gig/informal economy (KRI 2018, Chapter 5). The survey also found that some 82 per cent of the young self-employed and about half of those in non-standard employment were not covered by any form of employment-related social protection. For some 5.6 million youth (aged 15-29 years), the crisis would have amplified their vulnerabilities – because they were often the first to lose jobs and face long periods of detachment from the labour market with no financial buffers.

Location and living arrangements: Workplaces that were highly exposed to the virus, such as hospitals, care centres and quarantine facilities, or that were overcrowded or unsanitary obviously affected working conditions and added to the pressures faced by the workers. Occupational safety and health at the workplace mattered more than ever under the conditions of the pandemic. And it was not just where they worked but also where they lived and how they traveled to work. Key workers may have had to use crowded public transportation and when they returned home from work to low-cost housing projects, communal housing, worksite dormitories, etc. which were overcrowded and lacked amenities, they were not able to practice social distancing or hand washing or self-isolation. The mental stress of living in cramped quarters was also heightened. The low-cost public housing projects (Projek Perumahan Rakyat) were the sites of large infection clusters among Malaysian workers. And more serious yet, the squalid, overcrowded dormitories and worksite quarters where migrant workers slept in shifts in the same beds were hotbeds of infection.

Nature of the job: Other aspects of a job were also key – importantly, that the job could be performed from home (and therefore less likely to be affected by the stay-at-home orders), and the job did not require physical proximity to clients or customers or location within a specific physical worksite (as an indicator of the transmission danger and health risk). A World Bank study (Abdur Rahman, Farha Jasmin and Schmillen 2020) based on detailed data on employment patterns in Malaysia found that, after adjusting for internet access, about 64.5 per cent of jobs could not be performed from home, while about 50.9 per cent of jobs require high levels of physical proximity. It concluded that workers in such jobs were least resilient to the pandemic impacts, particularly under strict mobility restrictions. The study acknowledged that those employed in key services for which operations continued despite the imposition of mobility restrictions were perhaps less vulnerable to job loss, but explained that its calculations were not adjusted for this factor “due to the subjectivity and fluidity involved in the determination of essential services” (Abdur Rahman, Farha Jasmin and Schmillen 2020, p.5).

► 4 The impact of the pandemic on key workers

This Section focuses on workers performing key social services vital to the daily lives of Malaysians. These were the workers who took care of the health and wellbeing and safety of others while they themselves could be highly exposed to COVID-19, that is workers in healthcare, transportation and delivery services, food and beverages (F&B), security services and cleaning services. Although they are in the list of essential services in Appendix 1, they were often unacknowledged and under-appreciated. Using information from the interviews and secondary sources, the Section examines the ways in which and the extent to which each group of key workers was affected by the pandemic.

4.1. Healthcare workers

The Health Minister announced in August 2020 that Malaysia had 71,041 medical doctors in the public and private sectors. Of these, 73 per cent were working in public hospitals under the Ministry of Health. He also reported a ratio of one healthcare worker (HCW) (comprising doctors and nurses) to 186 persons in the population (Code Blue, 2020).¹⁶

Without doubt, the most key workers in the pandemic were the frontline healthcare workers (HCWs). In addition to the doctors and nurses, they included respiratory therapists, emergency medical technicians, paramedics, pharmacists and many others involved in the various roles of surveillance, screening, diagnosis and treatment, including health inspectors and medical laboratory workers. They worked not only in hospitals and health clinics but also in the quarantine centres, COVID-19 assessment centres, vaccination centres as well as laboratories. The job-related stressors that HCWs commonly faced in the pandemic situation are described in Text Box 3.

► Text Box 3: Job-related stressors for healthcare workers in the pandemic

Outside of work, people who have healthcare jobs have the same pandemic-related stressors as everyone else. On top of these worries come added challenges, including:

- The fear and uncertainty of a heightened risk of infection;
- Worry that they may carry the COVID-19 coronavirus home and infect loved ones;
- A dwindling or already inadequate supply of PPE needed to minimize the risk of infection;
- Ever-changing recommendations from local leadership, medical and public health experts and political leaders;
- Unusually high and increasing demands to work longer hours as their colleagues become sick or are quarantined;
- Balancing their commitment to help others (which likely led them to their current profession in the first place) with an understandable commitment to protect themselves and their loved ones.

And when ICU beds, ventilators or staffing prove inadequate to meet demand, some healthcare workers will have to make enormously distressing and difficult ethical decisions about which patients get lifesaving care and which do not.

Source: Shmerling (2020).

These job-related stressors greatly intensified for Malaysian HCWs as infections soared (reaching over 20,000 cases a day, as reported in Section 3) and resource shortages became even more acute. HCWs were expected to strictly observe the SOPs issued by the MOH within and outside their workplaces; the SOPs stretched to

¹⁶ The report indicated that the target set by the World Health Organization was 1:225.

some 29 pages long (MOH 2021). However, these SOPs did not protect them from being highly vulnerable to infection. The MOH Malaysia reported that as of 18 December 2020, some 1,771 hospital staff members (not including other HCWs outside of hospitals) had been infected with COVID, with nurses accounting for the majority of cases, followed by medical officers. One-third of the infections came from the community and another one-third from fellow healthcare staff (Noorshahrizam 2020).

The job-related stressors have been very evident in burnout (defined as a syndrome resulting from chronic workplace stress that has not been successfully managed) among HCWs. In a mixed-method study (Roslan et.al. 2021), conducted among 893 Malaysian HCWs in April to May 2020, more than half reported experiencing personal, work- and patient related burnout. The sources of burnout (workload, uncertainty from the pandemic, a challenged work–family balance, and stretched work relationships) “were partially similar and also unique when compared to the stressors experienced in general employee contexts (safety, infobesity, quarantine, stigma, and job insecurity). Compared to the general public, many of whom were under stay-at-home orders, HCW struggled with their workloads and work–family balance as they were providing patient care. HCW also faced additional strain, as they had to wear PPE and deal with the fear of transmitting the virus to their family when they returned home. HCWs with direct involvement with COVID patients, long hours of work, a pre-existing medical condition, inadequate childcare support or inadequate psychological support at work were identified as at high risk of burnout”. The most reported symptoms of burnout were overwhelming exhaustion (emotional, physical, and frustration). The study concluded that “these findings strongly indicated that “well-being support” for HCW during the pandemic is critical and vital to ensure their well-being—well HCW, well society!”.

The study quoted above was conducted early in the pandemic and now a year and a half later and with the pandemic trajectory, it can be expected that burnout would be much more serious among HCWs. “Pandemic fatigue” had certainly set in and the “voices of exhaustion” got louder in social media. In a livestream in July 2021, medical frontliners working in Klang Valley COVID-19 hospitals (where infections were the highest in the country) described what they were experiencing and seeing on the ground. Some of the male and female voices of the overwhelmed and burnt-out workers in the 15-minute video were recorded in Text Box 4. The accounts in Text Box 5 were also from frontliners who spoke on condition of anonymity because, like those in Text Box 4, they faced a strict gag order under threat of dismissal that barred MOH staff from making unauthorized public comments. Other female frontliners describe the additional stresses they have to deal with in terms of being afraid of infecting their family members, even to the extent of not being able to breastfeed their new born babies. They were also subject to stigma by members of the public who believed they were likely to spread the virus because of their close contacts with those infected: “They view us like a COVID emoji”.

► **Text Box 4: Voices of the medical frontliners**

“I had to come on behalf of my colleagues because it is just heart breaking. I have been fighting COVID since last year in the front lines. The numbers are not fake, they are actually under-reported”.

“Why we are getting more deaths because we have not enough resources to support all the patients, and you can see patients piling up outside emergency departments, patients holding out extension beds in wards, patients who are one tile away from each other. You think we can hold the fort and, like, keep going”.

“We need more treatments; we need more oxygen tanks. For the past few weeks, we are dealing with shortages of major medications that we use to treat COVID. We are not receiving help from the HQ, and we are basically dying in this battle”.

“It’s like a ship that is sinking, you know, like people are really trying to keep the ship afloat but there are people putting holes in the bottom of the ship”.

“If we want to imagine what is happening in Malaysia, we are already in Italy 2020, we are already in India 2021”.

"Since April we have exceeded our 100 per cent capacity multiple times. Doctors have been forced since three, four months ago to choose."

"We cannot wait to submit proposal, present the proposal at the budget meeting to get more oxygen tanks, we need them now. When we end up fundraising on our own, we get told off. It is demotivating".

"It is a bit overwhelming to say all this. I am working in a centre for quarantine with a limited number of staff. It gets to the point where everyone is demotivated; everyone is burnt out".

"Currently in my place, 9 MOs (medical officers) have active COVID-19 infection. There are also 20 plus nurses and medical assistants who also have COVID infections. Every other week you get house officers, medical officers being quarantined, and when one person become positive, suddenly the whole group becomes positive. When they are unable to attend work, the rest are forced to cover their job scope because there is nobody to replace them. Everyone will be overworked".

"I am a houseman but they put me to cover four to five wards. It is at different levels and I have to juggle here and there, and I hope I do not kill anyone. Last night I did not kill anyone. My staff keep calling me; I just cannot attend to the patient".

Source: Project Bangsa Malaysia (2021).

► Text Box 5: The stresses of medical frontliners

Frontliners at four public hospitals provided first-hand accounts of the pressures they faced and why they were losing hope the situation would improve. Some highlights of their accounts are given below:

Frontliner who treats COVID patients:

"Our Emergency Department and wards look like a disaster movie. Our clinics have been shut down. We are coping badly.

In the past few days, medical officers have resigned with 24 hours' notice. They were committed and worked hard but they were exhausted with this crisis and they lost hope.

The number of nurses and doctors brought in from other departments or other states is so low that our non-Covid-19 clinics had to be shut down to move nurses to look after Covid-19 patients. Morale is low and there is no leadership or sympathy. I feel tired, angry and helpless".

Frontliner who treats COVID patients:

"I feel quite overwhelmed as our patients have tripled or quadrupled in a short span of time. It is a really sad state.

I did not think we would come to this point where we choose who lives and who dies. But because the ventilators and ICU beds are not enough, we have no choice.

I feel lost. Now I just have no emotions, it is what it is. You just accept it. And death has become so frequent that you become numb. Because it happens so fast and so frequently".

Frontliner in a non-COVID department:

"Patients from other hospitals are coming to us so we are overloaded. But our wards have been reduced to make more room for Covid-19 patients. We do not have enough oxygen for patients. And patients do not have beds so everyone is just trying their best. We know this is a breach of protocol, but things are

that bad. Better we try to do something than not do anything. Otherwise, we are already going in the direction of becoming like India.

Everybody is fed up with everything, but they do not have a choice. If we do not do what we are doing, no one else is going to do it for us.

I have been quarantined several times after contact with Covid-19 patients. That is the only break you get. It is not really a break, but you get to have physical rest. It is not really a break because you can't see your family or do a lot of things. So you just wait until your results are out and when you are ok, you have to go back to work".

Frontliner who treats COVID patients:

"Every day when I come to work, I have to think of who I can give a better chance to live. I cannot choose anymore because there are too many whom we want to help but are unable to due to limited resources.

Every day when I come to work, I have to think of who I can end treatment for due to the futility of medical therapy, to give way to patients with a better prognosis. Now it has become more frequent than before and it takes a toll on my mind and my soul.

Morale is very low. We are providing care at the maximum limit but more patients are dying now than before. We are tired of working in personal protective equipment (PPE).

We do not know how much longer to persevere. Some of us cry, many of us are angry".

Source: Lee, A. (2021).

The pandemic also brought to the fore and aggravated the situation regarding the employment status of medical frontliners. In the video described in Text Box 4, the situation was highlighted by some of the voices (Project Bangsa Malaysia 2021):

"We are really at war now. The foot soldiers in this war are mainly our contract medical officers. Because of that status they are easily mobilized but this is not fair to them. One of my MOs was given like almost 24 hours-notice until actually transferred to another hospital to help out".

"Nothing much I can say anyway because I am just a contract medical officer. The fact that we are still on contract, that we could just be without a job once this pandemic is over, it is not a very positive thing to have on your mind when you step in to work and see this horrific scene before you every day".

Since 2016, the MOH offered two-year contracts rather than permanent positions to newly graduated doctors. The contract system was supposed to be a stop-gap measure to cope with the influx of graduates and the inability of available facilities to absorb them. However, to date, less than 4 per cent or 789 out of 23,077 contract doctors had been given permanent positions (Anand, 2021).

This left the contract HCWs seriously disadvantaged compared to their permanent counterparts. They took home lower pay despite doing the same amount of work; and they were not entitled to progressive pay increments. They did not enjoy the employment benefits offered to public servants – including study leave, maternity leave, housing loans and entitlement to time-based promotions. They did not have the opportunity to specialize, as entrance to postgraduate programmes in public universities were reserved for permanent civil servants. With no rights to study leave, contract doctors were forced to resign, pay for their own training and apply to re-join the service if they wished to advance their careers. In addition, contract MOs did not have job security since contract renewals were not based on a clear policy nor were they given out based on years of service or merit. In the pandemic, their workloads seriously increased, with many reporting that they worked shifts as long as 36 hours.

With many contract HCWs facing the very real prospect of unemployment at the end of 2021, the fears and dissatisfaction culminated in the Code Black Movement and the "Hartal Doktor Kontrak" (Contract Doctors

Strike) in the midst of the pandemic. The Code Black Movement was organized to draw attention to the woes of the contract HCWs. On 26 July, the Contract Doctors Strike officially took off with groups of contract HCWs (only those on break or not on duty so that they did not affect patient care) downing tools and walking out of hospitals throughout the country to make their demands known: “Our strike is not about resistance, we only want the government to give us the same rights and benefits that permanent doctors get. All of us here have been helping treat COVID-19 patients” (Wong 2021). With the situation coming to a head, the government attempted to address the grievances with promises to improve conditions for contract HCWs.¹⁷ However, the reactions from many HCWs were that the offered solutions came too late and were far from adequate – importantly, the lack of a clear pathway to permanent employment status remained unresolved.

4.2 Transport workers: taxi and e-hailing drivers

Even before COVID-19, the job demands for a licensed taxi driver were at times stressful. The road transport authorities imposed a number of strict and stringent requirements and also restricted the number of licenses issued. Due to the difficulties of obtaining the special Public Service Vehicle (PSV) license required to operate, some resorted to becoming illegal (unlicensed) taxi drivers. Or they had to rent daily permits from taxi companies (*“It’s extremely hard to get individual permits, whereas it’s easy for companies to apply”*). In addition, they had to pay for compulsory regular car checks and maintenance by a government appointed vehicle inspection company. Unfortunately, Malaysian taxi drivers became widely known for refusing to use the taxi meters, overcharging, driving poorly maintained vehicles, taking long detours, and choosing which destinations they would accept customers for – and acquired a poor reputation for service among both locals and tourists (*“worst taxi drivers in the world”*) (Hizamie 2015). The advent of e-hailing car services (starting with Uber and GrabCar in 2014 and expanding to several other companies) certainly pressured the conventional taxi drivers with stiff competition since the ride-sharing drivers offered better quality services at lower fares, were able to take advantage of the new digital platforms and initially were not subjected to the same rules and regulations.¹⁸

“Before Grab, I was able to earn RM100 to RM150 a day; with Grab, I earned Rm30 to RM50; and now with the pandemic I have zero income”. This was from one of the self-employed taxi drivers interviewed. The Malay taxi driver was 52 years old, married with 3 children and the sole breadwinner in the family. He followed the occupation of his father and had been driving a taxi since 1990, had his own taxi permit and had fully paid up for his vehicle. He worked 12 to 16 hours a day, depending on customers: *“taxi drivers do not take time off”*. He emphasized that his income had already been severely impacted by the competition from the e-hailing car services – so much so that he took on a secondary/alternative job whenever available. During the Malaysian durian fruit season, he sold the fruits in a makeshift roadside stall, and was able to earn between RM100 to RM150 a day. But there are only two short durian seasons a year. Since the pandemic, his taxi driving job has ground to an almost complete stop and *“I mainly stay at home”*. Even the durian business has been adversely affected because the travel restrictions meant he was only able to set up stall within his own location, rather than in a busy tourist area, but *“the people in my area cannot pay as much”*. With almost zero earnings, he reported difficulties paying his rent and even buying essentials. He had no social protection – had only received an annual RM1,200 from the BSH/BPR, RM300 from the Penang government for the festival season and a one-off payment of RM600 for registered taxi drivers under BPN. He applied to be a delivery driver with one of the delivery companies but had not received any response *“because there are now so many people without jobs that the company must be swamped with applications”*. He has been using up whatever savings he had from the sale of durians and relying on financial assistance from relatives, and expected to be able to survive till November: *“I do not know what will happen after that”*. When asked for his views on government COVID policies, he felt that the government: *“practised double*

¹⁷ Affected individuals would be given a two-year extension to their contracts upon completion of their five-year mandatory tenures at government institutions. Those seeking to further their training would be allocated paid study leave; and the contracts of those accepted for specialist studies would have their contracts extended for a maximum of four years.

¹⁸ However, since October 2019, e-hailing drivers also have to obtain PSV licenses and fulfil a number of other requirements to be able to operate.

standards and been unfair, politicians can eat durians with a group with no social distancing; policemen can sit in the coffee shop with no masks on.... "Why can Langkawi open for tourists and not other parts of the country?"

A second taxi driver interviewee, a 56 year old Malay with a wife and a daughter, also reported zero income since the pandemic and *"staying home most of the time"*. Before, he normally worked from about 5.30 am to 6.00 pm and took 2 to 3 days a month off. He too was self-employed, had an individual PSV license and his own vehicle. He used to be able to earn between RM5,000 to RM6,000 a month because he had regular foreign customers that he drove daily to and from home and work in the multinational factories, tourist guests from hotels that kept him on a regular list for tours around the island, and also pick-up services. Often, he had so many bookings for trips that he was able to pass on the bookings to his taxi driver colleagues. The impact of the pandemic reduced his bookings to 1 or 2 a month. Being self-employed, he has no Employees Provident Fund (EPF)¹⁹ or Social Security Organization (SOCSO)²⁰ contributions; but *"thank Allah, I have savings from previous earnings. We have been surviving on my savings – which can only last for another 4-5 months at most"*. He had ordered a new taxi vehicle before the pandemic but was thankful that he was able to cancel the order because *"there is no way I can pay the loan for it now"*. The RM100 a month he received under BSH/BPR for the B40 group plus the one-off RM600 under BPN were *"enough only for car maintenance and petrol and mobile phone charges"*. He had been trying to find another job, such as being a personal driver for an individual or company: *"but there are no jobs, especially for someone my age"*. He had not considered becoming an e-hailing driver because he felt he would not be able to earn enough: *"the price is too low, only half of what the taxi driver gets and I have to cover all costs of maintenance, petrol, etc. and also pay 20 per cent to the company"*.

The plight of the two interviewees is a common tale among taxi drivers, as highlighted in the news media. At airports, bus terminals, shopping malls, etc. there were long queues of taxis waiting for customers:

"If before e-hailing drivers stole our income, now it's this virus" (Bavani and Ahmad 2020).

"I often have to wait for more than three hours before getting a customer, just to earn a few ringgit. We charge by the meter and the fare is not enough to cover my petrol, taxi rental and other expenses. Sometimes, I have no choice but to skip a few meals to save money as I still have to pay my bills, loans and family expenses. It is not easy to make the switch either, because not many have the capital to start a business ... As taxi drivers, we are trapped in the conventional way of operating, which makes it difficult for us to compete against e-hailing services, especially during times like these" (Yee 2021).

"There is no way I can make enough to pay for (the taxi's) rental (about RM40 a day). I have been in arrears for almost three months and there is a limit to my boss's patience. Soon, he will send someone to repossess the taxi. Hopefully, the aid will come before then" (Thomas 2021).

The e-hailing drivers, in particular those registered with Grab²¹, did not appear to have been affected by COVID-19 to the same extent as the conventional taxi drivers. A main reason is because the Grab company was innovative in adapting to the pandemic, created a number of new digital platforms for delivery, including GrabFood, GrabMart and GrabExpress and opened these up to Grab drivers and not just to riders on motorbikes. While there was a decline in e-hailing customers, there was a spike in delivery orders for food and other items. A 31 year old Chinese, who was behind the wheel as a Grab driver for five years before the pandemic hit, made the switch to delivering food and was grateful to have an alternative source of income:

"(The MCO) definitely impacted my usual income as compared to before. With the MCO, a lot of people are staying at home, so it's obvious that not many people are taking e-hailing during this period. Demand has definitely

¹⁹ EPF is a mandatory savings scheme jointly contributed to by private sector employers and employees especially for old age and retirement. However, a portion of the savings is allowed for specific purposes such as education, medical expenses and down-payment for first home purchases.

²⁰ SOCSO social insurance scheme covers injury or disability from workplace accidents as well as providing pensions for invalidity or death not related to employment. Employees earning below RM4,000 a month must make salary-deducted contributions to SOCSO. It is optional for those earning above RM4,000 and the self-employed.

²¹ Grab is the largest and most innovative e-hailing service in the country, especially since the merger with Uber. There are some 41 e-hailing firms licensed to operate in Malaysia.

gone down as compared to before. Other than that, now we need to take precautions and practice social distancing with our customers...It was a bit uncomfortable in the beginning and I wasn't quite used to (being a food delivery rider), especially since you sometimes need to walk to the restaurant and address to pass the order. But I'm used to it now! I think it was a great idea that Grab started getting drivers to do GrabFood deliveries too as it really helped to increase our income at a time when most Malaysians were staying at home" (Soyacincau 2020).

The relative ease of entry and the job flexibility of gig work attracted e-hailing drivers. Before the pandemic, one interview respondent, a 43 year old Chinese male with a university degree in accounting, gave up his small restaurant business because he wanted to have more time to spend with his two young children: *"I can choose when and for how long to work, can work anytime, just turn on the driver app when I want to work, and turn off the app when I want to stop, it depends on individual motivation"*. He described the process of becoming a Grab driver as *"it was very easy to register on the GrabRides platform, just had to submit the relevant documents and within a couple of weeks I was registered"*. But with the new regulations imposed on e-hailing drivers on par with the regulations for taxi drivers, *I had to "jump through a few more hoops"*, including undergoing a training programme online or in person at a Grab centre, and possessing a valid PSV license, an e-hailing vehicle permit (EVP) and an e-hailing insurance in addition to a private motor insurance policy. Before the pandemic, he used to work nine-hour shifts, with two half-hour breaks in between. He was able to earn about RM170 a day after paying for petrol and the 20 per cent commission to Grab for use of the platform. As an "independent contractor" (the term he used to describe his own employment status), he was not entitled to social protection and had no EPF or SOCSO. Since the pandemic, he worked 13 -14 hours a day but was able to earn the same pre-pandemic income by being a driver and a deliverer. He estimated that his job now comprises 40 per cent e-hailing and 60 per cent food delivery (he had only one or two parcel deliveries in a week). He noted, however, that he was getting less per e-hailing ride because of reductions in the demand surcharge (which was paid to the drivers during peak periods or heavy traffic) and also the spot bonus (when it takes a longer time/distance to reach a customer because of traffic congestion). There was also a change in the way he worked; before the pandemic, he would drive around and be able to get a fare within 5-6 minutes. Now, he parks by the roadside and waits for fares rather than waste petrol driving around. He received financial assistance, each time of RM500, twice from the federal government and once from the state government. He also received assistance from Grab, such as free personal accident insurance and discounts at Grab partners. However, he explained that he had to complete a certain number of trips within a three-month period to receive the assistance (*"to prove that he was not just sitting at home waiting for handouts"*). He was hopeful that things would improve as he saw that the economy was opening up – *"but it will be a 'new normal' with people wearing masks and social distancing"*.

A second interview respondent also claimed that he was able to maintain his pre-pandemic e-hailing income – although he now worked much longer hours. The 41-year-old Chinese unmarried man joined Grab in 2019 after the logistics company he worked for closed down and he had tried some temporary jobs. He described himself as a "full-time Grab driver" (unlike colleagues who were driving as a part-time job or to earn additional income); an independent contractor who worked 8-9 hours a day Mondays to Fridays; took Saturdays off and worked 4 hours on Sundays before the pandemic. He now works 14-15 hours every day, and was able to earn about RM200 to RM250 (before the commission to Grab and petrol and maintenance charges). He earned less from the demand surcharge or the spot bonus because there was less demand and less traffic on the roads. He no longer paid into his EPF account (which he had when he worked in the logistics company for about 8 years) but he paid into SOCSO. As a "Platinum Grab driver",²² he received free personal accident insurance coverage up to RM50,000 from GrabInsure. He earned his income solely from the GrabRides platform and did not switch to delivering food or parcels. He explained that some of his e-hailing colleagues who had switched to delivering food did so because of the lower demand for rides but they complained that it was sometimes hard to find parking spots and some customers demanded that they climb many flights of stairs to deliver the food instead of coming down to collect it. He had received RM500 under PRIHATIN, RM300 from the state government and RM100 a month under BSH/BPR. He expressed the view that: *"The government has not been fair, some small shops are not allowed to open but the big shops are, I do not understand what is essential and what is not"*. But he too was hopeful that things were looking up now that more and more economic sectors had opened up.

²² Grab drivers earn rewards based on a tier system – as a Member, Silver, Gold or Platinum tier. The tiering is based on the number of rides completed (more than 300 monthly for Platinum), cancellation rates and driver ratings received from customers.

4.3 Food and Beverage (F&B) workers

Key workers sold fresh food produce in the morning and night markets, farmers markets, supermarkets and grocery stores under specific SOPs. However, they were not covered in the interviews as contacts were seriously constrained by frequent closures due to infection cases among large numbers of market sellers and the difficulties of speaking to them while they were working and observing social distancing restrictions. This Section only covers key workers who prepared and sold cooked food and drinks. These Food and Beverage (F&B) key workers operated “in covered spaces”, that is restaurants, cafés and food stalls and kiosks in food courts, hawker centres and shopping complexes. Other F&B workers worked in food trucks, as mobile hawkers or temporary roadside hawkers.

The SOPs have added to the job demands of these key workers.²³ At the start of the pandemic, owner-operators of F&B outlets were conscious of the additional job demands but were generally optimistic that they would be able to be resilient, as highlighted in Text Box 6.

► Text Box 6: F&B gameplan on surviving the lockdown

An interview with five F&B founders at the start of the pandemic in March 2020 revealed their different gameplans on surviving the lockdown:

The situation is different for each business:

“Since we are a fast-casual concept restaurant that is more likely to be focused on the delivery format (unlike BBQ or casual dining), our delivery orders still remain strong”;

“We were hoping that the stimulus packages by the government were also directed to F&B businesses like ours, but sadly there are no current measures to assist F&B businesses”;

“Frankly speaking, we are experiencing the opposite. We face the problem of managing the heavy surge in orders and ensuring prompt deliveries”;

One founder noted an increase in adoption of food delivery by customers – *“some who have never even ordered before”*.

Dealing with staff and income reduction:

“We have made a commitment to take care of the ground level team first and not have their pay affected in any way unless necessary”;

The founder and senior staff took a 10 to 30 per cent pay cut: *“Our frontliners work the hardest and without them, we at HQ are nothing”;*

“To be completely honest, we are actively recruiting. We are not undertaking any changes in managing employees besides enforcing stricter controls on personal hygiene and food handling”;

“We have reduced hours now. But there will be no pay cuts at the moment. It is implemented until however we see fit based on the current situation”;

²³ The SOPs included recording employees' body temperature upon arrival; arranging tables two metres apart for social distancing; recording the number of customers each day with full names, identity card numbers, phone numbers and body temperatures; making the usage of alcohol-based hand sanitizers compulsory; and using biodegradable tableware and washing liquids containing sodium hypochlorite. Their hours of operation were also limited. Under the total lockdowns, F&B businesses were allowed to operate but with strict restrictions against patrons dining in, only takeaways and deliveries were allowed.

Many were renegotiating rental terms with their landlords mainly to offset their loss from stopping dine-ins.

The contingency plan for 2 weeks or more:

"Having a strong presence online is key. The current plan is to launch cloud kitchens nationwide aggressively to reach out to the market to the maximum";

"We are ready for alternative delivery which is hiring our own delivery team to cater to the needs of the public";

"From considering how we keep on going providing service, managing inventory in the event of a total lockdown, how to pay the bills and salaries, getting bank loans to weather the storm and to continue marketing without sounding desperate – it's been a battle everyday";

Another founder explained that if push came to shove and they needed to close the business, it is a step they are willing to take;

"At the moment we are just making small adjustments. The current situation is so volatile that we have to stay on our toes";

The bottom line:

"It is not an ideal situation, but with the fact that food deliveries are so widespread and widely used – I don't think the situation has reached a scary boiling point as of yet. Only time will tell whether or not this momentum is able to last, but I do have faith that if marketed appropriately, these businesses will be able to pull through."

Source: Chai 2020.

Since the interviews in Text Box 6 were conducted in 2020, one and a half years later, a quick online check of the five F&B businesses found that all were still operating although it was not possible to assess how they were faring in a pandemic that certainly lasted a lot longer than they had anticipated. The relative optimism in Text Box 6 is missing in most of the interviews conducted for this paper.

Like most of the rest of the country, the restaurants, cafés and eateries shuttered their businesses during the total lockdown under MCO1.0 and MCO3.0. Other times, they were able to operate, albeit with strict regulations. Staff had to be trained to implement the SOPs. Many businesses switched to takeaways and deliveries, which entailed adaptations including changing to suitable menus, investing in appropriate packaging and setting up delivery service. Importantly, they had to rely more on advertising and taking orders online. These different changes and the need to ensure that workers were trained, fully vaccinated and equipped with appropriate PPE and regularly underwent antigen tests all added to the costs of running the F&B businesses - at a time when customer traffic was seriously down. The margins for takeaways were also smaller than for dine-ins, also affecting earnings.

In the state of Penang, dine-ins were allowed from 10 August 2021 – but only for F&B outlets with all staff fully vaccinated and for customers who were able to show proof (on the MySejahtera app) that they were fully vaccinated. F&B operators or premises owners would have to close immediately for 14 days if a COVID case was detected among the workers or customers, and they would have to bear the costs for health screening of workers and thorough sanitizing of the premises. Many restaurants and eateries hesitated to open for dine-ins, preferring to continue with takeaways and deliveries until they were certain about the SOPs and enforcement.

The interviews conducted among eight respondents (owner operators and wage workers) in the F&B sector revealed a range of circumstances.

A Chinese male respondent, 39 years of age, had finished secondary school and worked for several years in the F&B business before setting up his own café selling ice cream and drinks. The café was on a street with a busy night scene and a lot of tourists, so the business was *"breaking even"* before the pandemic. But during the various lockdowns, he had to shut down the business for about 8 months: *"The F&B business has been more dangerous because people take down their masks to eat and drink. Customers also want to sit together rather than observe social distancing regulations"*. He also noted the difficulties of observing the SOPs *"which keep changing, don't know which ones are current and which ones apply"*. Despite getting a 50 per cent reduction in rent from his landlord, a RM3,000 grant for SMEs under PRIHATIN and RM10,000 under a micro enterprise loan scheme without interest, he was not able to sustain the business. Being self-employed, he had no EPF or SOCSO contributions to fall back on, although he had his own private medical and accident insurance. His three local staff all left voluntarily. He tried takeaways with the help of a local part-timer but was not successful. He had no income since the shutdown and resorted to growing vegetables on a plot of land loaned free to him by a friend. His retired father helped out on the vegetable plot – which had yet to yield income. He still hoped to be able to reopen the café but was concerned whether customers would come back and thought that he would only be able to survive for only another half year if conditions did not improve. When asked for his views regarding the government's handling of the pandemic, he thought it was fair to distinguish between *"key"* and *"non-key sectors"* *"if government is consistent and transparent but the distinctions have not been clear, for example designating car wash business as essential"*.

Two other F&B owner operators shut down their businesses during the full lockdowns and were operating since in a *"we have to survive"* mode. One was a 71-year-old Chinese man who described his status as *"B40"*²⁴ and who inherited his noodle business and shop lot from his father. He had worked in the business since completing secondary school. He had a noodle cart outside the shop and sold drinks inside the shop which had seating for customers. He had only one helper; he woke at 4 am every day and prepared all the ingredients on his own. His hours of operation were from about 9 am to 3-4 pm when he sold out all the noodles. Although allowed to operate as *"essential"* and no MITI permit was required for hawker stalls, the business shut down completely during the months of MCO1.0 and full lockdown under MCO3.0. His business has stayed open since, but income has dropped significantly – *"although we are allowed to operate, people now order to fill their stomachs, not to try many dishes as a luxury. Before, with tourists I used to sell 100 to 200 bowls of noodles a day, now 5 or 6 bowls"*. His earnings were not enough to cover the cost of ingredients, so he was using up his savings. He has no EPF or SOCSO. As B40, he received RM1,200 a year from the government under BSH/BPR, but he did not know how to apply for any additional assistance from the government economic stimulus packages for his business. He would like to sell his business *"as I am getting old, and it is too hard"* and he had no idea how long before or whether the country could return to *"normal"*.

The 65-year-old female owner-operator inherited her business selling medical herbal tea and Chinese desserts from her mother. She rents a shop lot which serves also as accommodation for her, her disabled spouse and a son who helps out full-time in the business – *"I am grateful that I can carry on the tradition of Chinese medical herbs and also combine the work with caring for my husband who is an invalid"*. Before the pandemic, her normal working hours were from mid-day to 11 pm, with no off days: *"even during Chinese New Year, we were open"*. The business was making a profit. Before inheriting the business, she and her husband worked as wage employees and had EPF contributions, which they since withdrew to pay medical bills. She bought private health insurance which helped to cover her husband's expenses. She and her husband both received RM1,200 each under the annual BSH/BPR and the business was also allocated RM3,000 under PRIHATIN. Apart from complete shutdown during MCO1.0, she operated the business throughout, although with shorter working hours: *"I applied to MITI for permission to reopen but after several times without reply, I could not wait"*. But the travel restrictions and loss of tourists cut her earnings by at least 50 per cent. She was able to manage because she did not have to pay workers, had no loan repayments and the family had very low expenditures, including for the business: *"As long as we can work, we will have enough"*. She even made donations to food banks to help out poor families in her area.

A high-end restaurant that is part of a Penang boutique hotel and restaurant chain, that won awards and was featured in F&B news and tourism blogs was also severely affected by the pandemic. The interview

²⁴ It was striking that some of the interviewees, although Hokkien speaking, used the term B40 to describe their household status.

with the F&B manager found that business was down to merely 10-20 per cent of the pre-pandemic situation when the restaurant was almost always full. A major difficulty with the pandemic was not knowing how things would be: *"we had to close, then could reopen, then close again ... things have been worse this year than in 2020. The SOPs have been very inconsistent. For example, to operate the business, first was told to apply to the Ministry of Tourism, then changed to MITI. Also because of the travel restrictions need MITI letters for the staff to be able to come to work"*. The restaurant closed completely for 3 months in 2020 and reopened with changed operating hours and takeaway service. But the profit margin for takeaways was less than for dine-ins, the business was still hit by the restrictions on tourism, and it received no assistance from the government (it also paid a higher commercial rate for essentials like cooking oil and gas and utilities). The restaurant had to close again for two weeks in September because several of the migrant workers tested positive for COVID. With earnings dropping to a mere 10-20 per cent of previous levels, a salary cut of 20 per cent for all staff was imposed in 2020, with another 20 per cent cut in 2021. There were no staff retrenchments, but there were some voluntary resignations and all the Indonesian workers in the hotel and restaurant chain returned to their home country.²⁵ The twice-yearly bonus was not given out in 2021. But all other employment benefits for the workers (paid annual leave, sick leave, food allowance, EPF and SOCSO contributions for local workers) have remained untouched. The owner who has always been very hands-on in the business took the initiative to organize a number of special events and entertainment to attract customers, but *"It is not easy making plans now because there is this uncertainty about policies... we do not know what will be allowed and disallowed so plans may have to be cancelled if there is a change in policy"*. The manager also expressed the view that: *"The government has done an inefficient and ineffective job of controlling the pandemic, helping businesses or helping the poor; the politicians look after themselves rather than the people. NGOs have been doing a much better job. When the people set up the White Flag campaign, the government tries to stop it"*.

Two staff of the restaurant were also interviewed (not in the presence of the manager). Both had positions as restaurant supervisors; one was a male from Sri Lanka, 36 years old, with a Sri Lankan wife who also worked in the hotel chain; and the other was a 29-year-old single Malaysian female from East Malaysia who recently graduated from university. The migrant worker lived in accommodation provided by the employer (8 workers in a shop lot, 2 to a room). He and his housemates all contracted COVID and had to be quarantined at home. He used to be given a travel allowance by his employer to return to Sri Lanka once every two years. The female worker lived on her own in a rented apartment. Since the pandemic, their employment benefits remained untouched (14 days paid annual leave, weekly day off, sick leave, medical insurance, overtime remuneration, food allowance during working hours, EPF and SOCSO for local staff and SOCSO for migrant workers). But both had their salaries reduced by 40 per cent, but understood the circumstances (*"people will not indulge in luxury food, also there are no local or foreign tourists"*), were still happy with their jobs and had no desire to look for other jobs, and, in fact, appreciated their employer: *"our boss is very good. He will look after us, who else gives two bonuses a year?"*. They adjusted to their reduced incomes by *"spending wisely, only what is necessary"*. They are both cutting down what they remitted to their families back home. The female staff had to explain to her retired father that she was not able to remit money, and encouraged him to find some part-time work. She also resorted to withdrawing RM1,000 a month from her EPF account to help pay for her rent and other necessities. Their work schedules were shortened (from 9 hours a day with one hour break to 6 to 7 hours). But the SOPs have created additional pressures – not only in terms of the much stricter health and safety protocols they have to observe to serve customers but also to get the customers to observe the protocols. In addition, *"no one can see the smile behind a mask and may not recognize you. For a server, it is very important to have the appreciation of customers -it is not just about the money, the appreciation makes the work better, makes you ready for the next day – and of course, gets you higher tips that we depend on"*. Neither wanted to return to their home countries: *"The situation is worse in Sri Lanka". "The situation is much worse in Sarawak; a lot of shops have closed down. Many of my friends who graduated with me have no jobs; they are trying to make things and sell them online"*.

The owner of a restaurant cum wine bar reported that, after closing for two months during MCO1.0, subsequently shortening opening times, switching to takeaways and experiencing 50-60 per cent drop in earnings, she shuttered the business for good: *"We made the decision February 2021 to cease operations 1 April*

²⁵ The manager explained that the Indonesian workers thought they would be able to return to work after taking a break, but the travel restrictions meant that none were able to come back. The other migrant workers from Sri Lanka, Nepal and the Philippines stayed on.

2021. *Too much bother! Flipflopping of rules during second and third MCOs and rising number of cases too*". The 56-year-old Chinese lady and her three other partners were able to make the decision because all were operating the F&B business as a sideline, had no loans to service and were still able to rely on their main professional occupations (she is a practising architect). The business had been operating for close to seven years and had been making a profit before the pandemic. The business had six male and three female employees, most of whom worked part-time (since the restaurant cum bar was open only in the evenings). Four of the male workers were migrants, but the business had only arranged the necessary documentation for one of them from Pakistan; the other three were undocumented migrant workers. All employees were entitled to a weekly day off, paid annual leave, overtime remuneration, sick leave and a yearly bonus. But only the local employees and the documented migrant worker had EPF and SOCSO contributions and a COVID insurance.²⁶ Initially, the owners did not put the workers on leave or retrench any of them, but subsequently had to impose a 20 per cent pay cut: *"We kept the team together as best we could, we knew to reboot would be more tedious if we had to retrain. Also, we never realized that COVID would be here longer than expected"*. When asked what had happened to the workers after the business closed, the respondent replied that as far as she knew, most of the locals and the three undocumented migrant workers had gone back to their day jobs or were staying home because of the travel restrictions. The documented migrant worker had initially wanted to return to Pakistan and the business offered to pay his airfare. But when he decided to stay on in Malaysia, the business had to report to the authorities that he *"had run away"* so that it would not be held responsible for his undocumented status. Looking ahead, the partners have no plans to reopen the business even though they expect the country to return *"to normal, pretty soon, by year end"*.

Those with financial reserves were more resilient even though they were not spared the impacts of the pandemic. One of the owners of another award-winning boutique heritage hotel which included a restaurant, bar and café, explained that the business was *"highly profitable"* before the pandemic so that with the pandemic it has been able to survive, *"make the necessary adjustments"* and even make expansion plans. The business is comprised of an assets company which owns the hotel property and has eight shareholders, and an operations company which runs the business and has four shareholders. The hotel has been operating since 1996 and the restaurant since 2016. The Chinese interviewee has a university degree and many years of experience in property management before taking over the overall management of the business. Before the pandemic, the hotel and restaurant had about 30 paid employees. Out of these, between four to eight of them were migrant workers contracted through an agent (so the company had no direct responsibility for them since the work permits of the migrant workers were with the agent). The contract migrant workers were from the Philippines and Bangladesh, but not from Indonesia (*"as they had to be able to speak English to interact with the mainly foreign guests"*). On the payroll were also about 10 *"consultants"* or *"independent contractors"* who were responsible for publicity, events, bookings and other part-time tasks. When asked about the main problems facing the restaurant before the pandemic, he explained that the business was highly reliant on the chef who had to be paid *"top dollars"* and because it was a fine dining restaurant, the cost of ingredients was high, and therefore the earnings margins were slim. It was also difficult to hire and retain *"staff with talent and loyalty"*; there tended to be high staff turnover. The wage employees were entitled to the following employment benefits: weekly day off, paid annual leave (after they are confirmed in the job, normally after a 3-months' probation); overtime remuneration; medical insurance, EPF and SOCSO, staff lunch while at work, monthly incentives if they fulfil their individual KPIs, and year-end bonus. The interviewee explained that he took a proactive approach in dealing with the pandemic. Very early on, he already put effort into training the staff on SOPs to keep the virus at bay and ensured strict enforcement; and right from the start of the ban on dine-ins, switched the restaurant to takeaways and deliveries (including getting on the Grab and Food Panda platforms for which there is a 30 per cent commission to be paid). He also joined the Hotel Association, which proved helpful for obtaining early access to information relevant for hoteliers and also for arranging for staff to have early access to vaccination. He wanted to be *"ready to reopen as soon as allowed"*. However, operations were difficult because of confusing instructions: *"the police would say one thing, one government department another thing and the city council something else"*. The hotel and restaurant experienced different extents of closure, depending on the lockdowns imposed under the different MCOs; in all they were closed for about eight months. The staff adjustments included: letting go the staff on probation; ending the use of contract staff hired through agents; putting staff on

²⁶ The COVID insurance offered specific to COVID, which could include lump-sum pay-outs upon diagnosis and daily hospitalisation allowances and death benefits.

unpaid leave; and cutting salaries by half across the board for all staff; with the owner-operators the first to have their salaries/dividends cut. However, as the business slowly reopened, salaries were incrementally restored. Because of the profits the business was making before the pandemic and proper cash flow management, the business *“has been able to survive”*. He reported taking advantage of the various forms of assistance and perks offered by the government under the different stimulus packages, including the wage subsidy for staff, tourism loan from the SME bank at highly preferential rates, and incentives under the Northern Economic Corridor Scheme to rehire staff who had been retrenched. He saw signs of recovery, especially now that interstate and international travel were allowed; but did not expect to get back to previous financial levels before 2023.

4.4 Security service workers

The private security industry was listed among essential services under the First Schedule – Essential Services of the Industrial Relations Act 1967. In January 2021, the government reaffirmed the industry as a key service and stipulated that security guards must be on duty during the MCO to ensure the security of government and the safety of private property. Text Box 7 describes how security guards were key workers during the pandemic.

► Text Box 7: The role of security guards during COVID-19

Security guard services were vital during the COVID-19 pandemic:

Healthcare security services: On a site level, security teams played a crucial role in helping hospitals deal with the primary admission of patients. They ensured the safe transfer of patients and medical personnel to and from isolation zones. Security personnel were at times required to cordon off certain areas to protect patients and staff. They placed elevators in independent service from time to time and provided access control to various travel routes in and around the hospital that they patrolled, as well as providing directions to ensure safe movement.

Public safety: Many stores hired security guards or extra security personnel to limit the number of customers in a store at any given time to ensure that the government-mandated social distancing protocols were adhered to. Previously, guards were primarily focused on preventing the loss of goods through vandalism or shoplifting, as well as general staff security. Then, the role needed a greater level of communication skills and an understanding of healthcare protocols to protect customers. This at times involved taking temperature checks, occupancy management, or simply advising on best practice during the pandemic.

Mobile patrol services: Many premises were closed due to the outbreak. Mobile patrols were dispatched by many security companies to ensure the security of closed and empty offices, retail stores, and commercial outlets, etc.

Source: IFSEC Global 2020.

The President of the Security Industry Association of Malaysia reported that an estimated 70,000 guards were deployed at shopping malls, retail outlets, banks, other commercial places and residential complexes while another 50,000 guarded hospitals, schools and government-linked agencies (Zolkepli 2021). He described the security guards as *“unsung heroes...They are among the earliest frontliners to be exposed to the risk of Covid-19”* (Camoens 2021). They were in direct contact with many people, especially if they worked in busy places; they performed tasks such as registration and individual temperature screening, as well as ensuring that people complied with physical distancing in premises. He further explained that *“most of the guards are in the 25-60 age group. The most affected are Nepalese security guards, although the number is not large”* (Camoens 2021), and urged that security guards be prioritized for vaccination under the NIP.

One of the security guards interviewed was from Nepal and contracted COVID. He was 33 years of age, married with two young children and a wife in his home country. He worked for a security company, on duty at an upscale condominium complex for the past four years. He had a valid work permit on a contract

with the company, and as part of his work permit, had medical and accident insurance coverage but did not contribute to EPF or SOCSO. He worked 12-hour shifts (either day or night) with no days off. His salary was about RM1,950 per month but he was not entitled to paid annual leave, overtime remuneration, food allowance or travel allowance. His accommodation was provided by the security company in an apartment for 20 workers (the arrangement was that ten guards on one shift shared the five rooms in the apartment and then the other ten on the second shift took over the rooms and the beds). Most likely, the living arrangements contributed to 16 out of the 20 workers testing positive for COVID-19 and having to be quarantined for about 20 days, but fortunately none had serious symptoms. The company arranged and paid for the double vaccinations (which cost about RM350 per person) and also for three antigen tests. But he bought his own masks. He was instructed on the SOPs by the company and also the condominium management. Other than being off work and not paid for the quarantine period, his work schedule, working conditions and remuneration remained the same during the entire pandemic period. He did not face problems remitting money home. When asked about his plans, his response was that he expected to return to Nepal in 2022, and *"I do not want to come back to Malaysia, I want to start my own business"*.

Although contacted separately and in different places, it turned out that the other two security guards interviewed also worked for the same security company – but were local and not migrant workers. One was a Malay male, 33 years of age, living with his wife and two young children in a rented house, and doing *"okay"* before the pandemic. He worked for the past four years as a security guard in a large condominium complex that contracted his company to provide security service. The company arranged training on the pandemic SOPs. There were 34 guards working in shifts in the complex. He normally worked 12 hours a day, with a one-hour break. In a month, he had two days off. His average monthly wage was RM1,900 with overtime remuneration paid *"sometimes, not fixed"*. The company covered medical and accident insurance, but only for the periods he was at work. The company also contributed to his EPF and SOCSO. But he had no other employment benefits. He was recently promoted from guard to security officer, but there was no change in his salary. He continued to work throughout the pandemic, with his working conditions and employment benefits unchanged. As a Malaysian he was able to get his vaccinations under MySejahtera, but his company paid for his antigen tests. His salary was regularly paid on time but he felt that *"it is not enough as my family is growing, my wife just gave birth, and I would like to eventually buy an apartment"*. *"I cannot expect to change jobs because of my low level of education"* (completed lower secondary education). He received RM1,200 a year under BSH/BPR. Like many of the other interview respondents, he expressed the view that the government was inconsistent in its efforts to control the pandemic: *"like this today, change tomorrow"*; but he did not have any view on what the government could do to get the country back to *"normal"*.

The other Malaysian security guard interviewed reported more or less the same working conditions since he too worked in the same security company. He was a 63-year-old Indian, living with his wife in an apartment bought by his son. His two grown children were currently working in other parts of the country, and he considered that his family was *"managing okay"* before the pandemic. He was on shift work guarding the entrance to a hotel cum restaurant. The normal working hours were 12, with 2 days off a month. He reported a salary of RM1,700 a month with no overtime remuneration or bonus. Like the other Malaysian security guard interviewed, he was entitled to EPF and SOCSO coverage, but no other allowances. Since the pandemic, there was no change in his working conditions, except that *"I have to be much more careful to ensure that the protocols are observed by all who enter the hotel or restaurant"*. There was also no change in his schedule: *"everyday come to work, go home"*. When asked about how he sees his future, he indicated that, given his age, he was not seeking to change jobs: *"where else can I go"*. He too receives the RM1,200 a year from BSH/BPR, and he reported that *"wherever there is food distribution, I try to get"*. He repeated the complaint about the government's inconsistent policies and the difficulties of keeping up with the changing SOPs: *"today this, tomorrow that"*.

Another interviewee worked as a part-time security guard. He was 26 years old, Indian, newly married and living with his wife in an apartment. After completing university in Penang, he worked as front office staff in a boutique hotel for about one and a half years before COVID-19 struck. He normally worked the night shift for which he was entitled to overtime remuneration. As a wage employee, he was entitled to paid annual leave, medical leave and medical insurance, but not to EPF or SOCSO as he was on probation and not confirmed. His monthly salary was about RM2,000. Since he was on probation and not confirmed, he was retrenched when the hotel made staff adjustments at the start of the pandemic. He was unemployed for

about two months before one of the owners of the hotel gave him a part-time job as a security guard for the owner's private residence. His working hours were from 10 pm to 6.45 am six days a week, and he was entitled to annual leave, medical leave and public holidays, but no EPF or SOCSO. He bought his own medical and life insurance. His wage from the part-time security guard job was about RM1,650 paid regularly monthly. He has also taken on another part-time job during the day, sorting and carrying parcels in the back office of a courier company; the work was on an on-call basis, for a few hours two to three times a week. He was paid by the hour, and earned another RM200 to RM300 paid monthly, so that *"in total, I am able to earn the same as my pre-pandemic income"*. His working hours with night and day shifts were much longer: *"this is part of the struggle to live"*. His family life was also affected as he and his wife had little time to spend together: *"often, the only time we have together is at the courier service where my wife also works (full time)"*. He reported that he received the RM100 a month support from the BSH/BPR but had had no other support. When he had financial difficulties, he was able to take a loan from his current employer (for his work as security guard) and to pay back the loan through monthly deductions from his salary.

4.5 Cleaning service workers

Workers engaged in public cleansing and cleaning and sanitation of premises came under the Essential Services list in Appendix 2. Such workers ranged from cleaners in hospitals to street cleaners and garbage collectors to cleaners and maids providing cleaning services in commercial premises and private homes.

Hospital cleaners came into the media spotlight in June 2020 when some union activists picketed for them to be paid decent wages and to be provided proper PPE for their work. The activists were arrested and charged with allegedly violating the COVID-related Prevention and Control of Infectious Diseases (Measures within the Infected Local Areas) Regulations 2020, despite having had their temperature taken, worn face masks and observed physical distancing. There was strong support from the public and various civil society organizations for the charges to be dropped. The Executive Director of Amnesty International Malaysia emphasized that: "Hospital cleaners are and should be considered frontline workers in our fight against the COVID-19 pandemic like all other healthcare workers. Malaysia's handling of the pandemic cannot only be attributed to medical staff alone. Hospital cleaners place themselves in harm's way every day to ensure that our healthcare facilities are clean and sanitized for use" (Amnesty International Malaysia 2020). The National Union of Workers in Hospital Support and Allied Services (NUWHSAS) pointed out that hospital cleaners, in particular those working in COVID patient wards, were most at risk to infection every day, yet they were often left out when any government incentive was announced for frontliners. Furthermore, the hospital cleaners, despite being frontliners, were not given priority in the NIP. The Malaysian Medical Association (MMA) called for hospital cleaners to be fast-tracked to receive vaccines under the NIP "while letting politicians wait a bit longer" (Malaysiakini 2021a). The Alliances of Government Contract Workers backed the MMA's call to consider hospital cleaners as frontliners for vaccination priority, and further called for them to be granted the special RM600 monthly allowance that the government provided hospital frontline staff during the pandemic (Malaysiakini 2021b).

The NUWHSAS stressed that the cleaners faced threats not just to their lives but also their livelihoods. The hospital cleaners were contract workers hired by companies subcontracted by the government to provide cleaning staff to hospitals around Malaysia. As contract workers, cleaners were often paid only the minimum monthly wage of RM1,200 and were not entitled to employment benefits such as annual pay raise, more than 11 days of paid public holidays, bonuses and compensation if they were laid off. Their allowance for medical expenses were limited to RM200 a year. The MOH appointed a new company for the cleaning contract every three years, and "the workers lose all their seniority and benefits because they would become new workers under the new contractor... they must be protected and they must be given their benefits" (Aiman 2020). Whenever contractors or subcontractors changed, the workers in a hospital would be absorbed as "new workers" despite some of them having worked in the same hospitals for ten to 20 years. This meant that their accumulated annual leave, medical allowances would not be carried forward.

Unfortunately, it was not possible to interview the hospital cleaners who were under the MOH gag order. Nor was it possible to interview street cleaners and garbage collectors – they delivered key services throughout the pandemic but have not been acknowledged as frontliners. In response to a government statement

that workers in “key economic sectors” – identified as manufacturing, export, logistics, transportation, energy and utilities – would be prioritized for vaccination in the NIP, a Member of Parliament put out a media statement describing street cleaners, garbage collectors (and security guards) as “neglected frontliners”. He called for them to be given priority in the NIP: “To neglect them would be an injustice committed. Because of their vulnerability and their constant contact with the public, they should be given the due treatments, especially the early Covid-19 vaccination. The earlier they are inoculated; the lesser risk they could spread the virus in the neighbourhoods they work. It is a shame, therefore, if the government fails to look into their welfare, especially when so many of them do not have the proper safety gears to protect them against the infection of the Covid-19 virus, and they, in return, infect others in the community” (Lim, Lip Eng 2021).

The interviews were confined to four workers cleaning private residences and offices under different work arrangements. The first, a Malaysian Indian male, 35 years of age and with a university degree, worked as an assistant operations manager in charge of 51 workers responsible for cleaning and concierge services in a large condominium complex. He had been in the job for the past eight years, on a permanent contract as a wage employee initially with the development company responsible for building the complex and since September 2020 with the Management Committee which took over the employment of the regular wage employees of the complex. His normal working hours were from 9am to 6pm, five days a week, but he often worked overtime – of his own choice, so there was no overtime remuneration. His employment benefits included weekly days off, paid annual leave, sick leave, EPF and SOCSO contributions and company provided medical and accident insurance – but no travel allowance, accommodation or food allowance. His average monthly salary was between RM4,500 to RM5,000. The development company cut his salary by 15 per cent during the pandemic, but when the Management Committee took over, it restored his original salary. There was no change in his work schedule since the pandemic: *“my work cannot be done from home”*. In fact, he sometimes had to work longer hours *“because of pandemic-related matters, such as residents testing positive, so I have to arrange sanitizing, home quarantine facilities, etc.”* Since there had been no change in his income and he was single and living only with his mother, he had not had to adjust his expenditures. He also had no concerns that he could be retrenched. Although he had not received any additional assistance from his employer or the government, he reported that he and some friends had been getting together to help out poor families in his neighborhood with donations of food and other essentials.

The second interview respondent worked in the same residential complex as a cleaning supervisor. He was a migrant worker from Bangladesh, 39 years of age, married with a wife and three children in his home country. He had been working for more than nine years with a Penang-based company that provided contract cleaning and property management services. He was on a contract with the company but his work permit had expired and the company has applied for it to be renewed. His working hours were from 7am to 7pm, with no days off. He had the medical and accident insurance that was a condition of the work permit for migrant workers, but he was not entitled to social insurance contributions from his employer. His average monthly income was RM1,200 and he was also paid a supervisor allowance and overtime remuneration but was not entitled to any bonus payment. He was “content” with his job, although he explained that the working conditions were tougher than in many other condominiums that his company had contracts with: *“Many of my colleagues do not want to work here because there is more pressure – this is a high-quality complex so the residents expect a lot and the management is more particular. But it is okay for me, I just do my work”*. He was provided accommodation by his employer in an apartment that he shared with five other workers. All six who shared the apartment contracted COVID but there were no serious cases, and he returned to work after the quarantine period of 14 days. The company arranged for his double vaccinations from a private clinic, but he had to pay for half the cost. Other than the quarantine, there was no change in his work schedule nor to his employment benefits. But he felt that there was more pressure in his working conditions. As cleaning supervisor, he had to ensure that the cleaning protocols were strictly followed and he was aware that cleaners were at greater risk as they were exposed to household waste including contaminated face masks. There was no change in his salary. Even though his current work permit had expired, he was not worried about job security; he did not feel that there was any danger that he would lose his job, and he remitted money regularly to his family. The last time he returned to Bangladesh was in 2016, and he was not sure when he could go back again because of the pandemic.

The third interview respondent was an Indonesian woman, 36 years of age and unmarried. She finished primary school and had to stop because the family was too poor to allow her to continue. She came to

Malaysia in 2009 to work as an on-call cleaner/maid with an agency that was responsible for her work permit. The agency had 14 other migrant women workers on legal work permits. It provided accommodation for the 15 workers in a house with 8 rooms, and also provided food – normally uncooked ingredients which the women then prepare for themselves. The agency contracted out the workers to clients on an hourly basis clean private residences and offices or domestic chores such as washing and ironing clothes. The workers were dropped off and picked up by an agency van for their work assignments. Before the pandemic, the respondent worked 9 to 10 hours a day, that was for two assignments in a day. She worked six days a week with one day off. Her agent charged clients by the hour, so that the agent collected about RM4,500 to RM5,000 a month. The agent paid her a monthly salary of about RM1,650 and a yearly bonus of RM400. She also received tips from the clients. But she claimed that she had no health insurance, sick leave or overtime remuneration. Every two years, she was entitled to return to Indonesia for a holiday (normally for about a month) with the return ticket purchased by the agent. She never thought of changing jobs while in Malaysia because *“with my low level of education and the poverty of my family, I do not see any other prospects”*. Under the lockdown conditions of COVID-19, she had no work assignments for about four months. Staying in the house with the many other women, she explained that they all had been extremely careful to observe the cleanliness and safety protocols under the watchful eye of the lady agent – and no one had caught the virus. The agent constantly reminded them of the SOPs and arranged and paid for all of them to be vaccinated (RM350 per person) and to get antigen tests. When she was not working, she received no salary at all, although the agent continued to provide accommodation and food. *“With the lockdowns, there is much less work – and less income”*. Average monthly income dropped to below RM1,000 because of deductions for the hours not worked. Working conditions had changed in so far as she had to strictly observe SOPs – frequently washing her hands and wearing a mask all the time. She was also aware that her clients were worried that she *“may be dangerous as I work from home to home and may transmit the virus”*. Her biggest job stressors were health concerns (fear of catching COVID) and job and income insecurity (clients cancelled their bookings because of pandemic concerns, but if she worked less hours, she had less income). In addition to the lower earnings, she also experienced delays in payment by the agency. She used to remit money home every three to four months but had been less regular because of her lower income and also because she had not ventured out to the mall where migrant workers had specialized facilities for remittances. She expected to work in Malaysia for only one more year.

The fourth worker interviewed was a Malaysian Indian woman, 53 years of age, unmarried. She was from a *“very poor”* family, living in a house with three other siblings. She and her older brother were the income earners. All received their double vaccinations through the MySejahtera app. She completed primary school in the Tamil language, and had worked as a cleaner her entire adult life. Initially, she worked for about ten years for the management company of a horse racing course as an employee receiving a wage and contributions to EPF. Since then, she had been self-employed, working on a part-time basis cleaning for two offices (one a registered company and the other an NGO) and two private residences. She got the jobs through the recommendation of her client whose house she had been cleaning for almost 30 years. She divided her time (six days a week, with Sunday off) between the four jobs, but had no fixed number of hours of work: *“I work till I finish what there is to do”*. Each client paid her a monthly amount, so that her total income came to *“RM2,000 plus”* a month. Being self-employed, she had no social protection. The EPF that she previously had was totally withdrawn to pay for her mother’s illness. Since the pandemic, she reported that her clients would call her up to inform her not to come to work if there were any concerns over infections. But all four clients had paid her the full monthly salaries – so that her earnings have not been affected. Her client helped to register her on MySejahtera and drove her for her vaccinations. The same client also administered a self-antigen test once a week when she came to the house to work. She strictly observed the SOPs when working for all four clients. She did receive aid from the government, RM1,200 a year under BSH/BPR. She had also received essential food packages from the NGO she works for. *“I am grateful that I have all good bosses who have treated me well”*. But she was concerned about what would happen when her brother faced compulsory retirement next year and she had to be the sole breadwinner for the family.

► 5 The key takeaways

The summary of findings and key takeaways on key workers in Malaysia are highlighted below:

Key workers provided social services and were the unsung and vulnerable heroes of the pandemic:

The label “essential worker” reflected society’s needs but it did not mean that society acknowledged or valued the vital role these workers played in the functioning of our daily lives. The Malaysian government’s classification of “essential” and “non-essential” workers in the pandemic emphasized the economic sectors rather than social services. Vaccination under the NIP had prioritized “economic frontline workers”. In addition, the various economic stimulus packages targeted the sectors considered vital to the economy and gave little or no support to the social service workers making key contributions to the daily lives of Malaysians. The working conditions of the key service workers taking care of the health, well-being, safety and security of Malaysians had decent work deficits – which were exacerbated by the COVID-19 health and economic crisis. The nature of their jobs exposed these key workers to greater job stressors and demands in the pandemic but without recognition, resources or support, their vulnerability had increased.

Different groups of key workers were differently vulnerable to the health and economic crisis: Even before the pandemic, healthcare workers faced heavy job demands. The job pressures of these HCWs increased exponentially with the surge in COVID infection rates and numbers requiring in-patient care. Overwhelmed HCWs struggled with excessive workloads, manpower and equipment shortages, and suffered physical, mental and emotional burnout.

Conventional taxi drivers lost customers and earnings because people stayed home, there were no tourists and, even before the pandemic, they faced stiff competition from the e-hailing ride drivers. On the other hand, the e-hailing drivers, in particular the Grab drivers, were less affected because they were able to switch to delivering food and parcels and worked longer hours. While digital app companies like the Grab company introduced a number of innovative measures to help their “partners”, they had no social protection obligations towards the workers.

F&B operators played a key role in food security. The difficulties of enforcing the SOPs in their operations and also on customers and huge reductions in customers resulted in severe loss of income. Switchovers to takeaways and deliveries had not compensated for the reduction of dine-ins.

Safety protocols and security concerns kept security guards working throughout the pandemic. Before the pandemic, the working conditions of these security guards involved long hours and limited employment benefits. Since the pandemic, their own security and safety was at greater risk as they had to enforce SOPs on those who could have been infectious.

Hospital cleaners, street cleaners and garbage collectors faced greater exposure to contaminated waste and virus transmission because of the nature of their jobs and their work environment. But they had not been recognized as economic frontliners for vaccination nor for economic support from the government. Those providing contract cleaning services for office premises and private residences faced job and income insecurity as their services were suspended by clients concerned that they could transmit the virus from one premises to another.

Job characteristics affected vulnerability: Workers were vulnerable to the health and economic impacts of COVID-19 depending on whether their job could be performed from home (and therefore less likely to be affected by the stay-at-home orders), and on whether their job required physical proximity to clients or customers or the job was located within a specific physical worksite (indicating transmission danger and health risk).

Key service workers were less resilient to the health and economic impacts of the pandemic because their jobs could not be performed from home, required physical proximity to at-risk customers or were located in unsafe work environments.

Employment status determined resilience: Key workers who were self-employed operating micro enterprises, such as hawkers, F&B owner-operators and independent taxi drivers, had no EPF or SOCSO to fall back on when they lost their incomes and no health insurance should they have fallen sick. The informal employment status of these key workers left them largely unprotected and highly vulnerable, especially since they appeared to have fallen between the cracks of the government support packages. The income support from the government relied overwhelmingly on formal social insurance programmes leaving out the informal workers.

Gig workers, such as Grab and other digital labour platform workers were independent contractors or freelancers. They had relative flexibility to take on extra jobs or work longer hours, but they faced additional job stressors including growing competition and the need to arrange their own social insurance. Grab, for example, termed those using its platforms “partners” (not “workers” or “employees”) to make it clear that there was no standard employment relationship and no legal obligation to provide labour and social protection.

Key workers who were wage or salary employees were entitled to employment benefits and social protection but they, in particular those on fixed term or temporary contracts, may not have been any less vulnerable than informal workers or non-key workers if their employers were badly hit by the pandemic.

Employees on fixed-term or temporary contracts had little resilience, especially given the uncertain future caused by the pandemic. For example, contract doctors without permanent positions faced unemployment at the end of their contracts and they were also not entitled to the employment benefits enjoyed by permanent civil servants. Service workers on probation and not confirmed in their jobs tended to be the first to be retrenched during the pandemic staff adjustments.

Many of the key workers, including security guards and cleaners, worked as sub-contracted labour through an agent/ employment agency/contractor who arranged their work with multiple parties/end users. Their employment relationship was not with the end user of their services; instead, they were heavily dependent on the agent who determined the terms and conditions of their work, including their accommodation arrangements. On the other hand, companies and other end users may have preferred to use such sub-contracted labour as they may have felt they had no legal obligations towards the workers.

Personal characteristics interacted with other factors to influence vulnerability: Personal characteristics which were already at the root of labour market inequalities and social disadvantages also determined which workers were most at risk and least resilient to the impact of the pandemic.

The World Bank study concluded that “workers most at risk are primarily those that were already vulnerable before the crisis due to their relatively low education, low level of income and advanced or very young age” (Abdur Rahman, Farha Jasmin and Schmillen 2020). Several of the key workers interviewed indicated awareness of their limited job choices because of their low level of education or because they were “too old”.

Key workers at both ends of the age spectrum were especially vulnerable. Older workers faced the highest health risks and also weak labour market positions. The school-to-decent work transition was already difficult for young people; the pandemic made the prospect of long-term detachment from the labour market very real.

Although the limited interviews were not able to capture the gender dimensions, other secondary sources have documented women’s disadvantaged position even before the pandemic (Lim, Lin Lean 2020, pp.40-42) and emphasized that the pandemic had aggravated the inequalities and exacerbated poverty among female-headed households. “In the context of the pandemic, the increased demand for care work is deepening already existing inequalities in the gender division of labour. The less visible parts of the care economy are coming under increasing strain but remain unaccounted for in the economic response” (United Nations 2020, p.13). Women’s rights groups in Malaysia reported a substantial spike in domestic violence and abuse.

Migrant workers were essential but highly vulnerable: Migrant workers were concentrated in those sectors essential to the strength of the Malaysian economy, doing the “dirty, difficult and dangerous”, low-skilled jobs that Malaysian workers shied away from. The decent work deficits of these migrant workers, especially those who were undocumented, were well known. The pandemic starkly exposed their vulnerabilities, including being retrenched without notice and without benefits, having their salaries withheld and occupational safety and health issues. They were also subject to discriminatory and inhumane treatment by government officials who raided migrant communities and sent them to detention centres on the grounds that they were carriers of the virus.

The interviews, though limited in number, revealed a more nuanced perspective of migrant working conditions. There were agents and employers who continued to pay salaries on time, covered the cost of testing and vaccinations, and continued to provide accommodation and food for the workers even when they had not worked for some months. Of course, the other side of the picture was that almost all the migrant workers interviewed reported that they and their “housemates” all caught COVID – most likely because of the overcrowded apartments or dormitories where they slept in shifts in the same beds. And all indicated that they were not covered by social insurance. None were aware that since the beginning of 2020, their employers were required to register them with SOCSO and to contribute to the Employment Injury Scheme which entitled them to receive medical care and compensation, among other benefits.

Job stressors and worker wellbeing were impacted by the socio-political context: When the interviewees were asked for their views about the government’s response to the pandemic, the most striking and frequent answer was that confusing SOPs and numerous flip flops (“today this, tomorrow that”) added to their job pressures. The constant changes and U-turns increased uncertainty and aggravated work pressures; planning was complicated and they had to keep making adjustments to ensure that they did not contravene the regulations and face large fines.

Unfortunately, the pandemic coincided with a highly unstable political context with two changes in government and politicians fighting for control rather than fighting the virus, and inexperienced, first-time ministers helming the country through its worst crisis in recent history. The political situation certainly fuelled the despair of Malaysians that the government was unable to help them in their time of great need. The pressure filled context was evident in the White and Black Flag campaigns, the Code Black movement and the hashtags such as #Kerajaan Gagal -Failed Government, #Kita Jaga Kita – We Help Ourselves and #Lawan – Fight.

One positive outcome was how ordinary Malaysians rallied in this time of need. Malaysians of all races and religions chipped in to provide resources to fight the pandemic and help the most needy. Some of the interviewees, despite their constrained circumstances, reported contributing to food aid campaigns. In the absence of governmental support, civil society groups and organizations and trade unions were very active. One of the interviewees specifically mentioned the advantages of being a member of a trade organization. Although none of the others indicated organizational membership, there were numerous examples of trade unions and civil society organizations championing the roles and rights of key workers.

Labour and social protection was the basis of resilience: It was obvious from the descriptions of long working hours, exposure to hazards and health risks in their work environment, lack of proper equipment, poor worker accommodation, insecure contractual status, etc. that key workers lacked labour protection. A major reason was because the majority of key workers were self-employed or in non-standard or informal employment. Current labour protection regulations covered those in standard formal employment.

Where employers, agents and/or the government have given attention to address any of the decent work deficits, it has been mainly driven by the fight against COVID-19. Bosses have provided training on the health and safety SOPs and provided some basic PPE. The government has given some attention to the accommodation arrangements for migrant workers to prevent infection clusters. But the more serious deficits in their employment conditions have not been addressed. On the part of key workers themselves, the virus has certainly raised awareness of occupational health and safety measures to be observed – which should have long-term benefits.

Weaknesses in the country's social protection system have exacerbated the vulnerability of key workers. Some of the interviewees reported that they received social assistance in the form of cash transfers under the BSH/BPR of RM1,200 a year (paid out in tranches) because they were below the Poverty Line Income (PLI) and in the B40 income group. But the cash was barely enough to cover the costs of food and essentials and they described sinking deeper into poverty, so that some had to turn to aid provided by civil society groups. The self-employed and independent contractors/gig workers did not have social insurance as they did not contribute to SOCSO or EPF.²⁷ Those who previously worked as employees before becoming self-employed explained that they had either withdrawn their contributions to cover emergencies or were no longer making contributions. Lacking employment-based social insurance, those who could afford it purchased their own private medical and life insurance, but they did not have provisions for retirement or old age.

As part of the pandemic relief measures the government offered direct income support under the BPN to a wide group of beneficiaries; but the one-off cash transfer (of about RM600), while welcome, had clearly not been enough to build resilience. Some interviewees also indicated that they did not know how to apply for the BPN or other forms of support made available to owner-operators of micro or small enterprises. No one mentioned that they contributed to the Self-Employment Social Security Scheme (SESS) which was introduced in 2017 nor to the Employment Insurance System (EIS) which offered monetary benefits and job search assistance for the unemployed.

²⁷ In 2017, the Self-Employment Social Security Act was enacted and made compulsory for taxi drivers, e-hailing and bus drivers. From January 2020, the scheme was extended to 19 other sectors, but as of 5 November 2021, only some 337,765 self-employed had registered under the scheme. <https://www.theedgemarkets.com/article/only-337765-selfemployed-individuals-contribute-selfemployment-social-security-scheme-%E2%80%94>

► 6 The policy implications

This final Section identifies policies to recognize and value, protect and empower key workers. In addition to specific policies targeting key workers, there are broader policy considerations to benefit all workers, whether classified as “essential” or “non-essential”, and help the country recover from the COVID-19 pandemic and build back better and more resilient for the future.

Recognition of key workers: Key workers should be acknowledged and valued for the vital role they play in the functioning of our daily lives, and thereby, in the effective functioning of our economy and society. Recognition does not merely mean official classification as “essential” and having the right to work under lockdown situations. Recognition entails taking into account that key workers have decent work deficits and the nature of their jobs and their working conditions expose them to greater health and economic risks in a pandemic – and, therefore, this key precariat need effective labour and social protection. It also means identifying those characteristics of key workers that affect their ability to deal with increasing job demands, so that they can be taken into account in strengthening worker resilience to pandemic shocks and promoting a more inclusive economy and society in the longer term.

Social protection for key workers: Calls for social protection reform have gained prominence as the pandemic has starkly exposed pre-existing gaps and weaknesses in the country’s social protection system. Malaysia’s central bank, BNM, and a national research institution, Khazanah Research Institute (KRI) have recently produced major reports (BNM 2021b and KRI 2021) analysing the current social protection system and providing details for forward-looking reforms to create an inclusive social protection system that leaves no one behind and that builds resilience through universal provision of a social protection floor against major risks at each stage of a person’s life.

In this Section, the focus will only be on those social protection aspects of particular relevance to Malaysian key workers. All three Ps of a comprehensive social protection system – to Protect, Prevent and Promote – are important for key workers. In the context of the pandemic, the immediate needs are for social safety nets to protect those affected by the health crisis, protect those who have lost jobs and incomes, and target those who are especially vulnerable. In the longer term, social insurance provisions should build resilience to economic and financial shocks and prevent vulnerabilities at different stages of an individual’s life. A comprehensive social protection system should also build the resilience of the workers by promoting employability.

To date, the government has emphasized social safety nets which make up the largest portion of fiscal outlay for social protection programmes in Malaysia. It targets the “deserving poor”, defined as those below the PLI or within the B40 income group, to deliver cash assistance. However, such a poverty targeting approach tends to incur undue administrative costs and suffers errors of omission and exclusion. Especially in a crisis, those not officially deemed poor can be highly vulnerable to livelihood and income shocks; those just above the PLI can easily fall below. Only key workers who are officially considered poor received income support mainly through the BSH/BPR. As reported above, they found the income support useful but inadequate. BNM explained that as a result of fragmented policies managed by multiple agencies at both federal and state government levels, “the payout amounts under each programme tended to be small and insufficient to ensure that the most vulnerable households were able to meet minimum income and living standards” (BNM 2021b, p.52). Importantly, the self-employed and those in the informal economy who are not registered with the Inland Revenue Board (LHDN) or labour or welfare agencies are excluded: “verification to determine eligibility for BSH were based primarily on LHDN data, which captured only those in formal employment, making it challenging to validate the eligibility of the self-employed and workers in the informal sector” (BNM 2021b, p.53).

The current social insurance system is limited to employees who are registered in SOCSO’s database, consisting of those in the formal economy. For example, the Employment Insurance Scheme (EIS), which came into force in 2018, is intended to provide retrenchment benefits to unemployed Malaysians but is confined

to employees contributing to SOCSO. There is a clearly a need to extend an EIS-equivalent to non-standard workers, so that they can access unemployment benefits, including job search assistance. Looking ahead to the longer term, the EIS should be linked to Active Labour Market Policies (ALMPs) to facilitate the smooth re-entry of the unemployed into the labour market.

Key workers need social security not only during their working lives but also for retirement and old-age or disability. Public sector employees are protected under a defined-benefit government pension scheme. However, only those who are employed directly by the government, statutory bodies and local authorities are eligible – which excludes those sub-contract workers performing public services, such as the hospital cleaners, street cleaners, garbage collectors described above.

Those key workers who are private sector employees and their employers are mandated to contribute to EPF, with monthly wage deductions from employees and matching contributions from employers. But there are serious issues of sufficiency and sustainability, which have been compounded by the decision of the government to allow EPF contributors to withdraw a portion of their savings to deal with pandemic shocks. The COVID-related withdrawal schemes, i-Sinar, i-Lestari and i-Citra, have a number of flaws in terms of actually benefitting key workers. Firstly, because of their low incomes and low contributions, many do not even have enough savings to withdraw. Secondly, withdrawing funds now means depleting what they will have for retirement or old age or even for productive purposes such as setting up an enterprise. EPF itself recently reported that as a result of COVID-related withdrawals, only an estimated three per cent of Malaysians can afford to retire! (Bernama 2021c). Thirdly and importantly, the schemes are limited only to formal sector employees who are registered and contributing to EPF and leaving out the self-employed, gig workers and contract workers.

The country should gradually move from relying on non-contributory social safety nets to reforming and expanding contributory social insurance schemes that are flexible and adapted to different categories of workers. To build an inclusive social protection system the government must recognize that the world of work increasingly comprises workers in non-standard employment.

The government has attempted to introduce a number of schemes to extend coverage and protection, including the Self-Employment Social Security Scheme (SESS) in 2017 to cater to the self-employed; the PENJANAGig programme to cover gig workers with contributions from the government and the platform service provider; (Human Resources Online Net 2020). and the i-Saraan scheme for Malaysians who are self-employed and do not earn a regular income to make voluntary contributions to EPF towards their retirement, and at the same time receive additional contribution from the government. Unfortunately, these new schemes are under-subscribed.

Efforts to extend these schemes should address the “current institutional barriers and cumbersome bureaucratic mechanisms and processes that require excessive documentation, block access to registration and entitlement to support or that result in long queues, delays in receiving payments, etc.” (Lim, Lin Lean 2020, p. 79). Social security reform should also review the eligibility thresholds; key workers may often not be able to meet the requirements such as minimum earnings, minimum number of months on the job or minimum number of contribution periods.

Labour protection for key workers: It is clear that a major reason for the vulnerability of key workers is their status outside standard employment arrangements. With self-employment and non-standard employment increasingly the norm, it is key to review regulations so as to extend to such workers protections that are enjoyed by workers in “standard” arrangements, as well as to better align the protections available through different employment arrangements.

As the classification of the work relationship defines the protections a worker will receive, efforts should concentrate on addressing misclassification in employment status (ILO 2016, Section 6.1). Besides supporting fairer working conditions, this would help shield key workers from abuses by employers who may use such arrangements as simply a cheaper alternative to standard employment. For example, by hiring gig workers as independent consultants or freelancers rather than as employees, a company is able to avoid its employment-related obligations and may be able to pass on economic risks to the workers. Digital app

companies could label themselves as aggregators of independent consultants rather than as actual employers. Malaysian lawmakers, economists and even politicians have increasingly criticised the digital app companies such as Grab and Food Panda as “new business models that are innovative in their use of tech but also exploited loopholes in more traditional business models” and avoiding labour and social protection for workers (Zahiid 2021).

Attention should also be given to employment arrangements that involve sub-contracts and multiple parties. There is a need to consider assigning some obligations and liabilities to those who use the services of key workers through a main contractor or agent. For example, the study revealed the potential for abuse or neglect even by government departments which contract cleaning of hospitals and public streets and spaces to companies and do not hold themselves responsible for ensuring occupational safety and health or other protection for these workers.

Empowerment through employability: Active Labour Market Policies (ALMPs) are a component of a comprehensive social protection system and also key in the country’s efforts to achieve inclusive recovery from the COVID-19 pandemic. The set of ALMPs that the country adopts “should be flexible and responsive, to allow quick and proportionate reactions to economic shocks” (OECD 2021).

Malaysia’s economic stimulus packages have emphasized cash-based measures such as the Employment Retention Programme (ERP)²⁸, Wage Subsidy Programme (WSP)²⁹ and EIS to tackle retrenchment and growing unemployment. But for key workers, the ERP, WSP and EIS have not been significant because their problem in the pandemic has not been open unemployment but rather deteriorating working conditions and job insecurity. In any case, the programmes were confined to those contributing to SOCSO.

The ALMPs to support key workers should focus on training opportunities for re-skilling and up-skilling so that they can have greater employability in rapidly changing labour markets. Such training opportunities should be organized, taking into account the circumstances and needs of different groups of key workers. For example, to enhance employability of young workers, entrepreneurship skills have proven very useful. And because youth are more likely to be digitally savvy, they could be supported for effective and secure participation in digital labour platforms.

Weak employment services have long been identified as an important reason for the supply-demand mismatches in the Malaysian labour market and poor labour market attachment of certain groups of workers. Efficient labour market information and employment services can offer job search assistance and intermediation support for workers and potential employers/clients, and also facilitate smooth relocation and adjustment in new economic sectors. For example, given the ascent of e-hailing rides and delivery services, those in the dying trade of conventional taxi rides could be assisted to transition to the new digital platforms.

Empowerment through support for MSMEs: Given the owner-operator status of many self-employed key workers, support to MSMEs, especially micro enterprises, is important. The dedicated PRIHATIN SME stimulus package is acknowledgement of the significance of SMEs to the country’s economy and workforce.³⁰ However, the fact that many of the owner-operators of essential service enterprises are not registered either with SOCSO or the Companies Commission of Malaysia (CCM) cuts off their eligibility to various benefits.

Appropriate eligibility conditions and simplified bureaucratic procedures are required if the support measures are to benefit key owner-operators. For example, to establish new enterprises or for existing enterprises to switch to new lines of business, some useful measures could be to waive registration fees and minimum capital requirements and to fast-track procedures to register and issue licences to operate. It might also be worth mentioning that information dissemination is crucial – support measures are of no use if the intended beneficiaries are not aware or do not know how to access the benefits.

²⁸ The ERP under SOCSO provided RM600 a month up to six months to workers forced to take unpaid leave.

²⁹ The WSP provided a subsidy to employers on condition they did not retrench workers, put them on unpaid leave or deduct their wages. The programme specifically excluded migrant workers and the self-employed.

³⁰ A description and analysis of the PRIHATIN SME is in Lim, Lin Lean 2020, pp.70-75.

Empowerment through organizing: An important reason for the decent work deficits of key workers is because they lack voice (to be heard by policy makers and others with the power to affect their lives), visibility (the vital role they play is not known), and validity (their concerns and needs are valid and should be supported). Organizing is key to promoting the three Vs - voice, visibility, and validity - for key workers.³¹ The review above showed that key workers have often relied on other organizations, including trade unions and employers' organizations and professional organizations, to highlight their situation and to call for their rights to resources to improve their livelihoods and lives. What key workers need is to be able to organize to form their own democratic membership-based organizations (MBOs) and be effectively represented in collective bargaining. For example, the online Gig Workers Rising campaign supports app-based workers who are organizing for better wages, working conditions, respect on the job and a seat at the decision-making table: "when gig workers stand together, you have the power to drive real change".³² It provides examples of successful organizing efforts by gig workers to fight for their rights.

Forming alliances with other worker and employer organizations would also help build solidarity, pool resources and strengthen collective voice. There are various examples of trade unions successfully getting collective bargaining agreements extended to cover non-standard workers, typically in the same sector.

Migrant workers are key: Especially as the Malaysian economy reopened with the easing of COVID-related restrictions, the key role of migrant workers has become even more obvious. The manufacturing sector, tourism hotel industry, F&B sector, agricultural sector, small businesses and even market stalls all indicated that a major reason why they were not able to "return to normal" was the serious shortage of migrant workers. During the pandemic, large numbers of migrant workers were the first to be laid off, forcibly repatriated, or voluntarily returned to their home countries; and the Malaysian government banned the entry/re-entry of migrant workers. It urged employers to prioritize hiring locals to address rising unemployment among Malaysians. Long before the pandemic, there were growing concerns that the employment of migrant workers resulted in a cheap labour policy that constrained the adoption of automation technology and capped productivity growth (Ang, Murugasu and Wei 2018).

The impact and implications of COVID-19 have certainly made a review of the country's migrant worker policy more necessary and urgent. Such a review should be based on a careful and realistic assessment of a number of factors. First, a short-term gain (getting rid of migrant workers to adjust to the crisis) should not lead to a long-term pain: "Malaysia would effectively be unplugging its economy's access to a large swathe of the labour force. This could serve as an extra blow to businesses that are already grappling with the economic consequences of the pandemic" (Tan and Romadan 2020). A second consideration is that locals and migrants are "imperfect substitutes"; employers have often complained that they are not able to recruit locals, who are normally more highly educated and skilled, to do the low-skilled, "dirty, difficult and dangerous" jobs done by migrants. A third factor is the competitive potential for introducing automation to substitute migrant workers; it may be naïve to assume that firms, in particular small firms (which make up the bulk of enterprises in the country) would be able to simply upgrade their technology once the supply of migrant workers was cut.

Importantly, the review should not focus on merely economic considerations – those who have contributed so much to the vital functioning of the Malaysian society and economy should be treated humanely and protected. The pandemic has made clear the importance of unhampered access to public healthcare and also to clean and safe working and living conditions – which would help protect both migrant workers and their host communities.

Building back a more resilient future: If there is one lesson we have learned from the pandemic, it is that we are all in this together, and only by being **inclusive and "leaving no one behind"** can we build back

³¹ The three Vs are the rationale and the bases for the work of WIEGO, a global research-advocacy-policy network that champions the rights and protection of the working poor, especially women informal workers. WIEGO has provided many examples from around the world of successful organizing of essential workers including street vendors, waste pickers, home-based workers, domestic workers. See, for example, <https://www.wiego.org/our-work-impact/core-programmes/organization-representation>. Accessed 29 October 2021.

³² <https://gigworkersrising.org/get-informed/>. Accessed 29 October 2021.

better for the future. On the one hand, to improve the resilience of key workers would be to improve the resilience of the society and economy. On the other hand, policies to promote decent work for key workers should be extended to all workers – to fight discrimination and inequality and promote effective functioning of the labour market. We should also build on the community spirit shown during the pandemic, the sense of shared destiny and coming together to help each other, to create a common future that is humane and inclusive.

To build back more resiliently is to emphasize **a sustainable greener future**. Some of the positive outcomes of the COVID-19 mobility restrictions were cleaner air, returning nature and reduced greenhouse gas emissions. These outcomes should not be lost in the recovery process; instead, we should seize the opportunities to sustain a greener future. For key workers, this means, for example, the introduction of working methods that are based on green technology and avoidance of waste and pollution. For the economy and society as a whole, sustainability and resilience can be achieved only by closely aligning recovery with environmental and climate change goals, including avoiding environmentally destructive investment and behavioural patterns.

The crisis has shown that **digitalization** can increase resilience and preserve capacity in the face of stringent restrictions to physical interactions. Digital transformation of the economy has changed how businesses are structured and how consumers obtain information, goods and services. To build back better and more resiliently for the future, the government needs to create the facilitating environment for the digital economy to thrive – including improving the ICT structure, adapting legal frameworks and preparing the workforce for the future of work that is a digital one. To ensure that the digital economy is inclusive going forward, efforts need to provide all individuals with digital skills and access to digital technology. Specifically for small owner-operators to benefit from virtual markets, some important measures would be: facilitating access to ICT tools and platforms that they can use to source locally and maintain communications with customers; providing web-based training on digital marketing and service delivery to increase online capacities; and supporting both vendors and customers to use digital channels for payments.

To be more resilient and better prepared for future health and economic shocks, efficient and effective **data gathering and information systems** are essential. The crisis has emphasized the importance of registering and tracking the population, both Malaysians and non-Malaysians and especially the most vulnerable, so that there is a health alert system as well as more efficient delivery of benefits to those who need them the most. And, as already mentioned, a much improved and up-to-date labour market information system is key. The current lack of recognition of the key role and the vulnerabilities of key workers can be traced to the “out-dated” definitions and coverage in the official statistical system.

Annexes

Prevention and Control of Infectious Diseases (Measures within Infected Local Areas) (Movement Control) (Amendment) 2021 SCHEDULE

ESSENTIAL SERVICES

[Regulation 3]

Manufacturing and Production

1. Aerospace (component and maintenance, repair and overhaul (MRO))
2. Automotive (vehicles and components)
3. Food and beverages
4. Packaging and printing
5. Household and personal care goods, and cleaning materials
6. Healthcare products and medical care including dietary supplement
7. Personal protective equipment and fire safety equipment
8. Components for medical devices
9. Electrical and electronics goods
10. Oil and gas
11. Petrochemical products
12. Chemical products
13. Machines and equipment
14. Ceramic mould for the production of hand gloves
15. Iron and steel
16. Textile for the production of personal protective equipment
17. Furniture
18. Fuel and lubricants

Services

19. Automotive (maintenance and repair)
20. Security and defence
21. Financial
22. Financial institutions including banking, insurance, takaful, bursa and other institutions licensed, approved or registered by Bank Negara Malaysia
23. Capital market entities licensed, registered or regulated by the Securities Commission Malaysia
24. Municipal council and local government
25. Solid waste management and sewerage
26. Public cleansing
27. Cleaning and sanitation of premises

28. Telecommunication and digital infrastructures including information and communication technology services and global business services
29. E-commerce including e-marketplace, digital payment and local e-commerce internet centre services
30. Pawnbroker and licensed moneylender companies
31. Hotel and lodging
32. Agricultural, fishery and husbandry including veterinary services
33. Farm, swiftlet bird nest, horse farm, animal processing plant, slaughterhouse, livestock, livestock food factory, pet shop management
34. Control of diseases and regulation of livestock production, regulation of livestock input and livestock industry related products including export and import
35. Animal health management
36. Utilities including safety of supply, improvement, maintenance and meter reading of water and energy services
37. Professional services in scientific, research and development, technical and maintenance field including accountant, lawyer, auditor, engineer and architect
38. Security control
39. Transportation by land, water or air
40. Port, dock and airport services and undertakings including stevedoring and transferring of cargo, pilotage, storing or bulking commodity
41. Judicial and legal services

Construction

42. Critical maintenance and repair works
43. Major public infrastructure construction works
44. Building construction works that provide complete workers accommodation on construction sites or centralized labour quarter

Distribution Trading

45. Warehousing and logistics
46. Sales and delivery of food and beverages
47. Retailing, distribution and wholesaling

Farming and Commodity

48. Agriculture, fisheries and husbandry
49. Farming and commodity

Others

50. Any service, work, industry or business as determined by the Minister of Health after consulting the authority that regulates the service, work, industry and business".

(Updated, list of economic activities allowed to reopen from 16 August 2021)

1. Car wash

2. Electric and electrical shops
3. Furniture shops
4. Sports equipment stores
5. Household and kitchen appliances shops
6. Car accessories shops
7. Automotive and car sales shops
8. Clothing, fashion, and accessories stores
9. Jewellery stores
10. Morning and wholesale markets
11. Hair saloons (for haircuts only)
12. Companies in the manufacturing sector previously under the non-essential services list will also be allowed to resume operations.

Sources: Malaysia, Attorney General's Chambers (15 January 2021); Ong (24 August 2021).

List of interviewees

Service	Age	Sex	Race	Employment Status	Language	Date
Transportation						
Worker 1	52	Male	Malay	Self-employed	English	22/9
Worker 2	56	Male	Malay	Self-employed	English	21/9
Worker 3	43	Male	Chinese	Independent contractor	English	3/10
Worker 4	41	Male	Chinese	Independent contractor	Hokkien/ English	4/10
F&B						
Worker 1	39	Male	Chinese	Self-employed	English	19/9
Worker 2	71	Male	Chinese	Self-employed	Hokkien	19/9
Worker 3	65	Female	Chinese	Self-employed	Hokkien	24/9
Worker 4	52	Male	Chinese	Wage employee	English	29/9
Worker 5	36	Male	Sri Lankan	Wage employee	English	29/9
Worker 6	29	Female	Chinese	Wage employee	English	29/9
Worker 7	56	Female	Chinese	Owner/Employer	English	24/9
Worker 8	45	Male	Chinese	Owner/Employer	English	14/10
Security						
Worker 1	33	Male	Nepalese	Contract	Malay/ English	27/9
Worker 2	33	Male	Malay	Contract	English	25/9
Worker 3	63	Male	Indian	Contract	English	29/9
Worker 4	26	Male	Indian	Contract, part-time	English	15/10
Cleaning services						
Worker 1	35	Male	Indian	Permanent employee	English	27/9
Worker 2	39	Male	Bangladeshi	Contract	English	27/9
Worker 3	36	Female	Indonesian	Contract	Malay	14/9
Worker 4	53	Female	Indian	Self-employed	Malay	13/10

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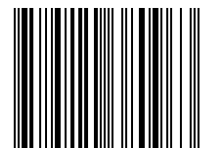
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