COUNTRY REPORT

MALAYSIA

The 8th ASEAN & Japan High Level Officials Meeting on Caring Societies:

"Poverty Alleviation With A Focus On Vulnerable People"

- **Through Strengthening Collaboration Between The Social Welfare And Health Services**

30th August – 2nd September 2010

Tokyo, Japan

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1. INTRODUCTION

1.1 Follow up of the 7th High Level Officials Meeting

Seven recommendations were made during the 7th High Level Officials Meeting "Towards and Inclusive Society" to improve services for children with disabilities (CWDs) in Malaysia to ensure that CWDs are provided with quality rehabilitation services by implementing the following national strategies:-

- Strengthening the cooperation and sharing of resources across sectors between Ministries of Health (MOH), Department of Social Welfare (DSW) and other related ministries through a national mechanism and framework;

- Strengthening the system for information sharing across ministries working with CWDs;

- Incorporating CWDs in the national plan of action for children over a 5-year period;

- Acquiring technology transfer, e.g. from Japan with assistance from ASEAN, in assistive devices of seating and positioning, wheelchair modification, prosthetic and orthotic and augmentative and assistive communication;

- Promoting preventive measures and early detection and intervention, especially with the use of Malaysian Child Health (MCH) handbook;
- Promoting comprehensive approach in integrated trainings, bringing together doctors, medical specialists, social workers and welfare officers; and

- Strengthening community-based approach of rehabilitation such as mobilising volunteers, volunteer management and training programmes to ensure accessibility and encompassing services provided.

Follow-up actions taken at the national level pertaining to the above recommendations include:-

- To promote closer cross-sectoral cooperation between ministries, the National Council for Person With Disabilities (PWDs) was established under the PWD Act 2008 and is chaired by the Minister of Women, Family and Community Development. Council members include top officials from ministries of Health, Education, Social Welfare, Transport, Human Resource and Finance. Meetings are scheduled three times a year and programmes planned are closely monitored;

- The Ministry of Health (MOH) Plan of Action for Health Care of PWDs 2011-2020 has incorporated action programme for CWDs. The plan of action encompasses health promotion, preventive, curative and rehabilitative services taking into consideration the national and international commitments;

- The MCH Record was implemented since 1960's to monitor the child growth, development and immunisation. Since then, it has undergone two revisions in 1993 and 2006 to widen its scope in early detection and intervention of childhood disabilities. The current Child Health Book has been included with health surveillance, addressing parental concerns and providing them with age-specific anticipatory advices, screening for autism, learning difficulties and ADHD. Implementation of the new Child Health Book will be completed nationwide by 2011;

- To promote comprehensive approach in integrated trainings, trainings have been carried out in an integrated manner for health, welfare and education officers using training manuals prepared by MOH such as a Series of Six Manuals on the Management of CWD, Live Life Stay Safe Training of Trainers on Sexual Reproductive Health for CWDs and Caregiver Training Manual;

- To strengthen community-based approach of rehabilitation, the Quality of Life Care Committee chaired by the MOH Director General, under the National Council for PWDs is proposing for NGOs to coordinate support services for families with PWDs in every district. The NGOs will network with the Government and other NGOs to ensure availability of support services for PWDs and their families. The DSW provides community-based rehabilitation (CBR) programmes for CWDs which involve local NGOs and medical staffs.

Rehabilitative services in CBR centres stress more on socialisation and pre-school education for CWDs;

- To encourage more research on CWDs including issues on causes and empowerment, the MOH is currently in the process of establishing a clearinghouse to collect and disseminate research and articles on disability and PWD. This will help to centralise all available reports from the different agencies and identify gaps for future research on PWDs and CWDs.

1.2 General Information

Malaysia is an independent nation with a parliamentary constitutional monarchy and a federal government structure. The country lies in the heart of Southeast Asia and comprises thirteen states spreading across two major regions (Peninsular Malaysia and East Malaysia on Borneo island), separated by the South China Sea, and three Federal Territories. The country has a total area of approximately 330,252 sq. km.

1.3 Important Figures and Statistics

Malaysia's population increased from 23.50 million people in 2000 to 28.91 million in 2010. The current total population comprises of about 9.17 million people (31.3%) below the age of 15 years, 18.40 million (63.7%) in the economically-productive age group of 15-64 years and 1.35 million (5.0%) elderly people aged 65 years and above. Average annual population growth rate will continue to slow down with the declining fertility rate and delayed marriages. The proportion of the population residing in urban areas increased from 62.0% in 2000 to 63.7% in 2009. This trend towards greater urbanisation of the population is indicative of the growing economic opportunities and better social amenities in the urban areas.

The crude birth rate reduced from 23.4 per thousand populations in 2000 to 17.6 in 2009. Meanwhile the crude death rate remained the same at 4.5 per thousand in 2000 and 2009. The infant mortality rate has also remained at 6.5 per 1,000 live births in 2000 and 2009. Similarly, under-5 mortality rate declined from 8.6 in 2000 to 8.5 per 1,000 live births in 2006. The maternal mortality rate has been 30 per 100,000 live births since 2000. Life expectancy at birth for both men and women continues to increase each year from 70.0 years for men and 74.7 years for women in 2000 to 72.0 years for men and 76.8 for women in 2009. The successive

improvements in these vital statistics are evident of an increasingly health conscious community, a political administration committed to better health care and the economic wealth of the nation.

Besides these vital statistics, Malaysia's per capita income at current price has increased from RM 13,418 in the year 2000 to RM 24,541 in 2009. The poverty rate has reduced from 8.5 in 1999 to 3.8 in 2009. Poverty rate is four fold higher in the rural areas compared to the urban areas. The percentage of literacy rate among the 15 years and above age group increased from 88.7% in 2000 to 92.1% in 2008. The primary school enrolment ratio of male to female is currently 1.05:1. As for safe water supply, 85.0% of households in the rural areas and 97.0% in urban areas had access to safe water supply in the year 2000. In the year 2007, these figures increased to 97.9% in the urban areas and 92.6% in the rural areas.

2. POVERTY REDUCTION IN MALAYSIA

It is important to note that the Government of Malaysia is very mindful of the difficulties faced by the people particularly the poor and the vulnerable. Therefore, the Government strives to lighten the burden borne by the people by ensuring every strata of the society is covered under the social safety net in order to reduce the incidence of poverty in the country.

Malaysia employed common three strategic poverty reducing approaches. Firstly, the push for agricultural and rural development was implemented to raise the income of poor farmers and agricultural workers by raising their productivity. Secondly, labour-intensive export-led industrialisation was carried out to absorb the poor workers from the rural and urban areas. Thirdly, public investment was channelled into education, health, basic infrastructure especially in the rural areas, to raise the standard of living of the poor.

2.1 Government Transformation Plan (GTP)

To meet the challenges standing in our way of achieving Vision 2020, Malaysians have committed to a Government Transformation Programme (GTP), in accordance with the principles of *1Malaysia*, *People First, Performance Now.* This roadmap details the objectives, outcomes and the initial set of actions – in areas identified as National Key Result Areas (NKRAs) and Ministerial Key Result Areas (MKRAs) – with a particular focus on 2010.

The Government has set its visions on completely eradicating hardcore poverty by the end of 2010 and reducing the incidence of poverty to 2.8% in 2010 (from 3.6% today). In addition, measures have been taken to enhance the productivity of low-income households (LIH) who do not fall under the categories of poor and extreme poor.

To achieve this, all sectors are agreeing on a common definition of low-income groups. A common definition of poverty being adopted by all ministries and agencies to accelerate coordination in identifying and assisting poverty target groups:

- Low Income Households (LIH) – households with a total income less than or equal to RM2,000 per month;

- Poor – households with a total income less than or equal to RM750 per month. This is based on the Food and Non-Food Poverty Line Income (PLI); and

- Extreme Poor (hardcore poor) – households with a total income less than or equal to RM440 per month. This is based on the Food PLI.

Under the Government Transformation Programme in 2009, six national key result areas were identified as stated below:

- Urban Public Transport;
- Rural Basic Infrastructure;
- Education;
- Security;
- Corruption; and
- **Low Income Households**

Eliminating poverty through the strategy of tackling the low income household has become the agenda of the Government in order to improve the quality of life of its citizens.

2.2 National Key Result Areas - Low Income Households (NKRA-LIH)

The Ministry of Women, Family and Community Development has been given the task to help the poor and the vulnerable. From 2009, the ministry was tasked to oversee the implementation of National Key Results Area, Low Income Households

(NKRA LIH). The NKRA LIH which was formulated in 2009 is one of the six NKRAs under the Government Transformation Programme (GTP).

Two main objectives under the NKRA LIH are:

- No family categorised as “hardcore poor” by December 2010; and
  (Eradicate hardcore poverty among: **44,643** cases currently registered under e-Kasih)
- Reduce incidence of poverty from 3.6% to 2.8% by December 2010.

2.3 E-Kasih Database

E-Kasih was designed as an integrated database of poor and vulnerable groups and individuals. It was conceived in 2008 and is currently being made operational following a development phase. It eventually contains centralised information on the actual and potential recipients of government social safety net programmes. As such, it has the potential to be a powerful tool to prevent duplication and ensure better targeting. It serves several objectives:

- Integrate data on household profile and also programme participation;
- Provide base for planning poverty eradication programmes;
- Identify qualifying criteria for programmes; and
- Assist in monitoring and evaluation.

Thus far, 181,564 households have been registered, of which 44,643 are classified as hardcore poor and another 53,557 as poor. The balance is in category of low income households which is also referred as vulnerable group (Details as shown in the table below). Households registered under the e-Kasih have been made the central database by the Government in eradicating poverty in the country as well as to achieve the two main objectives under the NKRA-LIH.

HOUSEHOLDS REGISTERED UNDER E-KASIH

NO.	CATEGORY	NUMBER OF HOUSEHOLD
1.	Hardcore poor	44,643
2.	Poor	53,557
3.	Low income household (below RM2,000 per month)	83,364
	Total	**181,564**

3. PRODUCTIVE WELFARE APPROACH

In order to achieve the objectives under the NKRA-LIH, the Government is moving towards productive welfare approach to provide skills training and income generation opportunities for productive group, e.g., in agro-based industries through funding, management, training and marketing programmes; provide welfare assistance and other forms of support to eligible applicants; and develop self-reliance through mindset change programmes.

Ministry of Women, Family and Community Development as the lead **ministry** of NKRA - LIH in cooperation with relevant ministries such as the Ministry of Rural and Regional Development and the Ministry of Housing and Local Government is given the responsibility to eradicate hardcore poverty by the end of 2010. One of the steps taken to ensure the well being of the poor is to provide them with the opportunity to generate income through an initiative of **'Programme One (1) AZAM'.**

Programme 1Azam is basically an income generating project that is divided into four major segments. This programme consists of 4 **projects** which are:

- **Azam Niaga** - to generate business opportunities through training and micro-credit facilities;

- **Azam Tani** - to create income opportunities by coordinating action plans with Ministry of Agriculture;

- **Azam Khidmat** - to train and equip selected individuals to become actively self-employed; and

- **Azam Kerja** - to ensure job placements by coordinating action plans with the Ministry of Human Resources

The NKRA - LIH aimed to consolidate various assistances and resources from all government agencies tasked to tackle poverty apart from coming up with new ideas and initiatives to be implemented.

4. SERVICES PROVIDED BY THE DEPARTMENT OF SOCIAL WELFARE IN POVERTY ERADICATION & ALLEVIATION

The DSW was established in the year 1946 and had undergone several structural changes since then. On 27 March 2004, the Department was put under the purview of the Ministry of Women, Family and Community Development, Malaysia. On 1 April 2005, the Department has restructured its organisation as well as its roles and functions according to its various target groups.

Since the Department was established, the main target groups of the Department are the poor and vulnerable people which involve poor families, PWDs, poor elderly, high risk children and disaster victims. There are services provided by the Department to respective target groups. However, for the target group related to poor or facing financial difficulties, the Department provides various financial assistance schemes to cater for them. Since Malaysia is not practicing a welfare state policy, the Department provides financial assistances based on target group eligibility after means-tested on every application. In providing financial assistance to the poor and vulnerable, the DSW is working hand in hand with the Ministry of Health especially in providing medical treatment for them. The medical services provided in all government hospitals and clinics are free of charge for the poor. In most of the hospitals, Medical Social Workers are placed full time to assist the patients and as liaison with the DSW if the poor or vulnerable patients need further intervention from the Department. However, the main services from DSW for the poor and vulnerable are based on financial assisstances as below;-

NO	ITEM	CRITERIA	AMOUNT (RM)
1.	Financial Assistance for Older Persons	i. Older persons (aged 60 years and above); ii. Without income and means of support; and iii. Without family or with family but unable to support the older persons.	A monthly of RM300 per person.
2.	Financial Assistance for Children	i. For families who are taking care of their children; ii. Children aged below 18 years old; iii. Orphans; iv. Children whose parents cannot afford or do not have source of income due to old age, disabled, suffering from diseases or whose parents are under detention / prisoner v. A guardian who is giving care to a child.	A monthly of RM100 per child. A maximum monthly of RM450 per family whose having more than 4 children.

NO	ITEM	CRITERIA	AMOUNT (RM)
3.	Incentive Allowance for Disabled Worker	i. Registered with the DSW; ii. Employed (including self-employed); iii. Fixed self monthly income of not more than RM1,200; iv. Not living in any welfare institution that provides free accommodation, food and clothing. • Applicant must enclose pay slip / certified letter of income by employer / Head Community for those who self employed.	A monthly allowance of RM300 per person.
4.	Financial Assistance for Person With Disabilities Who Are Unable to Work	i. Fulfill all the requirements to receive welfare assistance; ii. PWD registered with the DSW; iii. PWD who is unable to work; iv. Age between 18 – 59 years old; and v. PWD who do not receive any other welfare assistance from the DSW. <u>*Note:*</u> (a) Current Poverty Line Income (PLI) in 2008 is RM720 for Peninsular Malaysia, RM830 for Sarawak and RM960 for Sabah. (b) Income refers to all source of income including all types of	A monthly of RM150 per person.

NO	ITEM	CRITERIA	AMOUNT (RM)
		pensions, SOCSO, monthly assistance from other agencies, insurance and others. (c)Not a participant of Community-Based Rehabilitation (CBR) Programme under the DSW or other welfare / care centres run by the Government agencies or NGOs.	
5.	Launching Grant	i. Recipient of monthly assistance from the DSW that manage projects such as single mother or their children; ii. PWDs registered with the DSW; and iii. Ex-trainee from any institutions of the DSW.	One-off up to maximum of RM2,700.00
6.	Financial Assistance for Artificial Aids/Assistive Devices	i. PWDs who are registered with DSW; ii. Recommended by medical officer or specialist; and iii. Household income not exceeding PLI.	Actual cost of supporting device.

NO	ITEM	CRITERIA	AMOUNT (RM)
7.	Financial Assistance for Foster Care Children	i. Children under the age of 18 years old; ii. Children who do not have parents; iii. Children who stay with their foster family; iv. Children who are not placed under the Child Adoption Act 1952; and v. Children who are placed under the Foster Care Scheme. *Note:* No fixed income limit for foster families.	A monthly allowance of RM250 per child. A maximum monthly of RM500 per family that fostered 2 children and above.
8.	Financial Assistance for Carers of Bed-Ridden Disabled and Chronically ill	i. Applicant has to be the family member providing care to the PWDs/chronically ill; ii. Providing full time care to the disabled and chronically ill who are bedridden; and iii. Household income not exceeding RM3,000 per month.	A monthly of RM300 per person.
9.	Financial Assistance for Disaster Victims	i. Disaster victims.	One off up to maximum of RM5,000.
10.	Public Assistance	i. Every state has its own State's Public Assistance Scheme; ii. Poor and needy clients who are not covered under other	A monthly of RM80 per person. A maximum monthly of

NO	ITEM	CRITERIA	AMOUNT (RM)
		schemes.	RM350 per family.
11.	School Financial Aids	i. Needy children, orphans, PWDS; ii. Children whose parents cannot afford, temporarily do not have source of income, disabled, suffering from diseases or whose parents are under detention / prisoner; and iii. Monthly income of the family below PLI.	i. Actual cost: a) School fees b) Examination fees c) Text books d) Transportation fares ii. School uniform: a) RM180 per person a year (primary school) b) RM220 per person a year c) (secondary school)
12.	Apprentice Training Allowance	i. Children of those who receive welfare assistance from the DSW; and ii. Ex-trainee from any institutions from the DSW.	A monthly of RM200 per person.
13.	Allowance For PWDs Under the Community-Based Rehabilitation (CBR) Programme	PWDs who are registered with the DSW and undergo the CBR Programme.	A monthly of RM150 per person.

Apart from financial assistances provided under Socioeconomic and Financial Assistance Division in the Department, there are other services provided in helping the poor and vulnerable which are incorporated by other divisions namely the Children Division, Older

Persons and Family Division, Department of Development of PWDs as well as Counselling and Psychology Division.

4.1 Children's Division

The Children's Division provides care, protection and rehabilitation for children so as to ensure their wellbeing and to protect them from dangers of ill treatment, abuse, discrimination, exploitation or from being exposed to moral danger or involvement in juvenile delinquencies as stipulated in the Child Act 2001. Programmes and services provided under this division involved protection and rehabilitation, care and protection, child abuse prevention programmes, juvenile rehabilitation programmes, foster care scheme and adoption, institutional care, family system children's home, witness support services, community child care centres, child protection teams, child activity centres, district child welfare committees.

4.2 Older Persons and Family Division

This division extends care, protection and rehabilitation services to older persons, the destitute and chronically ill persons so as to ensure they are given a chance to lead a good life. This division also provides protection and counselling services to families of domestic violence, as well as financial assistance and counselling services to families with problem. Vagrant and destitute persons are also given protection and rehabilitation in Rehabilitation Centre for Destitute Persons (Desa Bina Diri). Programmes and services provided by the Division are care and protection in an institution, management of domestic violence cases according to the Domestic Violence Act 1994, protection for domestic violence cases, day care centres for older persons, activity centres for older persons, mobile units for older persons, counselling and mediation services.

4.3 Department of Development of Persons with Disabilities

This Department provides care, protection, rehabilitation and training services as well as job opportunities for the disabled. It also encourages active participation to enhance the development and integration of the disabled into society. This Department also initiates programmes for the wellbeing of disabled persons. Details programmes and services provided by the Department are the registration of PWDs, institution care, sheltered workshops, vocational training, community-based

rehabilitation programmes, group homes and job placement.

5. SERVICES PROVIDED BY MINISTRY OF HEALTH IN MITIGATING AGAINST THE IMPACT OF POVERTY ON VULNERABLE PEOPLE

The following groups of marginalised or vulnerable people are the main focus in many health programmes organised by the MOH:-

- Remote and difficult to reach population including the aborigines (Orang Asli in Peninsular Malaysia, and Pribumi in Sabah and Sarawak);
- Urban and Rural Poor Population;
- Estate population; and
- People with disabilities;

5.1 Almost Free Primary Health Care Services

The Ministry of Health in its mission to provide an equitable primary health care service nationwide to all its citizen only charges RM1 for services given at the polyclinics and health clinics. Health services to the vulnerable groups such as the poor and PWDs registered with DSW are provided free of charge. Other preventive health programmes such as maternal and child health programme, family planning, immunisation and treatments of communicable diseases are also provided free of charge.

5.2 Mobile clinics

There are 196 mobile clinics where teams comprising medical assistant, staff nurse, community nurse with or without doctors were carried out once a month in various remote areas in the interior of Peninsular Malaysia, Sabah and Sarawak. These outreach clinics were conducted using appropriate transportation such as boat, four-wheel drive and helicopters. Services provided focused on maternal and child health programme, immunisation, family planning and basic outpatient services.

5.3 1Malaysia Clinics

This initiative which targets the low-income urban population was launched in

January 2010 with the set up of 51 outpatient clinics nationwide. It operates from 10.00 am till 10.00 pm everyday and provides basic medical treatment such as treatment of minor ailments and follow up treatment for patients with well-controlled diabetics, hypertension and asthma. They are currently manned by medical assistants and nurses but planned to be upgraded in the next five years.

5.4 National Medical Fund (Tabung Bantuan Perubatan)

In recognition that certain medical and surgical treatments are costly, not provided free or available in public hospitals, MOH, together with the Ministry of Finance had established a medical fund at the national level to assist those patients who are poor or could not afford the cost of the medical and surgical treatments. Provision of this funding avenue had helped many among those in the vulnerable groups but also subsidised those who are at low and middle income group who otherwise would not be able to afford some of the expensive treatments.

5.5 Efforts focused on Reduction of Under 5 Mortality (MDG 4)

In the effort to achieve the fourth Millennium Development Goal (MDG) which is also closely related to first MDG on eradication of extreme poverty and hunger, various efforts and national initiatives have been planned or enhanced. This include strengthening and regionalization of neonatal services, integrated management of childhood illness programmes (IMCI), regionalization of retrieval services and strengthening specific programmes for the underserved population such as food basket programme.

5.6 Environmental Sanitation and Safe Water Supply Programme (BAKAS)

In 2007, only 1% of Malaysia population do not have access to improved water source and most of them were located at the hard-to-reach and rural areas.

This programme focused on food and water-borne infectious control through provision of safe water supply and environmental sanitation for rural population. This programme is carried out with the maximal involvement of rural community with equipment subsidy and technical assistance from the MOH. Among its main activities are construction of flushed latrine, provision of safe water supply and health education on good personal hygiene and environmental sanitation practices.

6. CASE STUDY: GOOD PRACTICES OF POVERTY ALLEVIATION PROGRAMMES

Title: Food Basket Programme

6.1 Overview

The Malnutrition Rehabilitation Programme, commonly referred to as 'Food Basket Programme' (FBP) is a MOH initiative aimed at overcoming the problem of malnutrition among young children from hardcore poor households. It was launched in 1989.

The key services under FBP include provision of food supplements, nutrition assessment and monitoring of the target child, nutrition education and counselling of the parents / caregivers to ensure that the target child achieve and maintain satisfactory nutritional status. However, to have sustainable benefits, it is recognized that the above will need to be combined with other efforts such as improvement of hygiene, physical environment and household income.

An in-depth evaluation of the programme was carried out in 2003 and further enhanced in subsequent years.

6.2 Problem Analysis

The nutritional status of under-5 children is monitored through nutritional monitoring system using the body weight for age. Overall, the nutritional status of under-5 children has been improving over the years. The malnutrition rate among under-5 children has declined steadily from 25% in 1990 to 14% in 2000. As expected, few of the states with more hardcore poor or rural populations such as Sarawak and Kelantan recorded more underweight under-5 children.

6.3 Institutions or Organization Involved

The FBP is managed by the Family Health Development sector of the State Health Department with inputs by other health sectors such as sanitation and water supply and involving other agencies such as the District Office, Agriculture, Education and Social Welfare Departments.

6.4 Strategy Pursued

The principles of FBP include strong parental involvement in the rehabilitation of their undernourished children, multi-sectoral and interdisciplinary intervention. It also aimed to be part of sustainable development processes towards greater self-reliance.

6.5 How the Strategy was Implemented

The aims of the FBP are as follows:

- To improve nutritional status and health through food supplementation;
- To improve health through micronutrient supplementation;
- To improve health through provision of sanitary facilities and clean water supply;
- To improve health through providing education on health and nutrition; and
- To enhance broader development initiatives, particularly in the area of combating poverty. This includes helping to identify hard-core poor households for referral to the District Office.

The MOH has allotted an annual budget by the Federal Government for the provision of nutrition services and food supplement under the FBP. The funds are distributed to District Health Offices via State Health Departments. The direct providers of nutrition services are the government family health clinics in these areas.

Identification of cases for participation of the FBP was based on two main criteria i.e. the child's body weight must be below -2 standard deviation using age and gender appropriate NCHS weight charts and that the child must come from a hardcore poor family with income below the national poverty line. In addition, children with physical and / or intellectual disability who may or may be under-weight are also eligible.

Procurement of the food items is done centrally at the DHO and handed over to the parents/ caregivers when the latter brings the child in for monthly follow-up at the

clinics. The food items have been calculated to supply ~ 150-250% of the child's daily RDAs for calories and protein for a period of one month. The mother/caregiver is instructed to use exclusively the food items for the preparation of meals for the feeding of the target child. Besides, nutrition and health education such as hygienic and appropriate child feeding practices and nutritious meals preparation were made during the monthly home visits by FHC staffs.

Other activities in the FBP include monitoring and following up cases, 6-monthly deworming treatment, referral to relevant health sectors for provision and installation of safe water supply and sanitation facilities and referral to DO to be included in Extreme Poverty Eradication Programme (PPRT).

Food supplementation is to be given monthly for a minimum of 6 months. It is stopped once the child's weight-for-age achievement shows sustained improvement ≥ -2 SD for 3 consecutive months and upon entry into primary school.

6.6 Impact of the Policy

The malnutrition rate among under-5 children has declined steadily from 25% in 1990 to 14% in 2000 and 5.7% in 2009. The 2009 data showed 5.2% and 0.5% of these children were moderately and severely underweight respectively. (Source: Nutrition Report, MOH 2010).

In the in-depth evaluation of the FBP in 2003, it showed that there was a significant decrease (24%) in the number of severely underweight under-5 children. There was also a general decline in the number of food recipients after recording a peak in 1990. As an average, around 5,000 children yearly were still involved in this programme in the last five years. The bulk of the FBP participants were located in states of Sabah, Sarawak, Kelantan and Perak.

6.7 Potential for up-scaling and replication

The MOH in its Nation Plan of Action for Nutrition (2006-2015) has targeted to reduce further the underweight children below 5 years old. A number of strategies will be put into places such as to incorporate this programme in the development plans of all relevant ministries and agencies, to improve household food security especially among low income group with further improvements of current food aid programmes for the vulnerable groups i.e. children, pregnant and lactating mothers as well as to

provide nutritious and safe supplementary foods to eligible pre-school and primary school children

7. CONCLUSION

Malaysia is one of developing country in the South East Asia that has achieved some degree of success in poverty alleviation. This success achieved as a result of very committed efforts from the government and good participation from various sectors including NGOs and private sectors. However, in the efforts to help the poor families, health and social welfare is considered as basic components to be fulfilled before they can achieve a better quality of life. This proves that strengthening collaboration between social welfare and health services is vital for the betterment of the target group.

COUNTRY PRESENTATION OF MALAYSIA

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