



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and the United  
Nations Office for Project Services**

Distr.: General  
8 November 2021

Original: English

**First regular session 2022**

31 January to 4 February 2022, New York

Item 10 of the provisional agenda

**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for Malaysia**

Proposed indicative UNFPA assistance:	\$4.4 million: \$2.0 million from regular resources and \$2.4 million through co-financing modalities or other resources
Programme period:	Four years (2022-2025)
Cycle of assistance:	First
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2021-2025

## I. Programme rationale

1. Malaysia is a multi-ethnic and multi-religious country, with a population of 32.7 million; 77.3 per cent of the population live in urban areas, 48.6 per cent are women and 11.1 per cent of adults and 4.7 per cent of children live with disabilities. Malaysia's Human Development Index (HDI) has improved (from 0.577 in 1980 to 0.802 in 2018), with Malaysia being classified as a very high HDI country.
2. Over the years, sexual and reproductive health indicators have improved, particularly the reduction of maternal deaths (from 56.4 per 100,000 live births in 1980 to 23.5 per 100,000 in 2018). During the same period, the total fertility rate dropped from 4 to 1.8 per woman while safe delivery by skilled birth attendants increased from 38 per cent to 99 per cent. Despite the progress, there are still groups with limited access to sexual and reproductive health (SRH) information and services, such as indigenous groups, the Bajau Laut population and migrant workers, including estate workers, and women who often depend on the permission of their male partners to access services. Special efforts are needed to reach those groups furthest behind, including indigenous and migrant populations.
3. Contraceptive use has declined (from 54.8 per cent in 1994 to 52.2 per cent in 2014), with the use of modern methods only at 34.3 per cent. The unmet need for modern methods of contraception has steadily increased (from 25 per cent in 1988 to 34.3 per cent in 2014). The groups furthest behind described above may face some barriers in meeting their contraceptive needs.
4. There has been a steady decline in the adolescent birth rate (from 10.1 per 1,000 aged 15-19 years in 2016 to 9.1 per 1,000 aged 15-19 years in 2017 and 8.5 per 1,000 aged 15-19 years in 2018). The knowledge of youth on methods of contraception remains low, at 45 per cent (Malaysian Population and Family Survey, 2014). This is partly attributed to social-cultural factors that limit their access to SRH information and services in and out of school.
5. To enhance human capital and drive macroeconomic performance, it is necessary for Malaysia to continue to invest in sexual and reproductive health and reproductive rights, in particular in reducing the unmet needs for family planning, prevention and response to gender-based violence, and more effective comprehensive sexuality education in and out of schools.
6. In 2019, the Government launched the Shared Prosperity Vision (SPV) 2030 to focus its policies on realizing more equitable and balanced growth, including through the establishment of a more comprehensive and effective social protection system. The twelfth Malaysia Plan (12MP), 2021-2025, focuses on addressing the 'last mile' challenges towards achieving a developed economy status through policies on social reengineering, environmental sustainability and economic empowerment.
7. As noted in the common country analysis (CCA), Malaysia has made considerable progress toward gender equality and women's empowerment. Gender parity has been attained in education and health. In 2018, of all those leaving schools who applied to enter universities, 60 per cent were female and 40 per cent were male; the same proportion was seen in the success rate. While measures are being taken to encourage women to join the workforce, the female labour force participation rate in Malaysia remains among the lowest in the Association of Southeast Asian Nations (ASEAN); in 2020, it stood at 55.3 per cent and is significantly lower than the male labour force participation rate, which was 80.6 per cent in 2020. Women are paid less than men; in 2020, the median monthly wage was 2,019 Malaysian Ringgit (RM2,019) for women and RM2,093 for men.
8. The SPV 2030 aims to increase the participation and leadership of women in the public and private sectors, especially at the highest level of management, by protecting women's rights, reviewing the effectiveness of laws that protect victims of domestic violence and providing access to child care programmes to ensure the participation of women with children in the labour market.

9. Malaysia is undergoing a significant demographic transition and is expected to become an aged nation by 2030 when 15 per cent of its population will comprise those aged 60 and above. Rapid population ageing in Malaysia can be attributed to the decline in fertility rates and a longer life expectancy. Population aging poses several challenges for Malaysia, as it also has a vibrant young population, which require a deeper reflection on gendered roles. This can be addressed through several strategies, including life-long learning. The demographic transition has consequences for labour force participation and the economy, as well as creating pressures on the healthcare system and overall productivity.

10. In 2018, there were 8,506 cases of gender-based violence reported to the police, and this is likely to be underreported. The COVID-19 pandemic has further exacerbated gender-based violence. Between January to October 2020, the Women's Aid Organization reported an increase of 183 per cent in WhatsApp messages and 249 per cent in calls for queries on domestic violence. To provide the necessary services to survivors of gender-based violence, the Government has established since 2015 one-stop crisis centres in all hospitals in Malaysia under the Ministry of Health. In 2018, the Committee on the Elimination of Discrimination against Women (CEDAW) recommended several measures targeted at strengthening a comprehensive response to gender-based violence and other harmful practices, under its concluding observations. These include developing a comprehensive system to collect, analyse and publish data on women's situation regarding gender-based violence, including rape, implementing measures to encourage men to share child-rearing and housework responsibilities, and addressing the root causes of adolescent pregnancy and child marriage.

11. Malaysia has increasingly strengthened its data collection systems, including civil registry and digital data management. Despite this, the availability of robust data on sexual and reproductive health, in particular for unmarried youth, older persons and on gender-based violence is limited. A demographic and health survey has not been conducted and sampling of available surveys may not be representative enough to make high-quality data projections to inform policies and programmes to address the gaps in achieving the Sustainable Development Goals (SDGs) and International Conference on Population Development (ICPD) related commitments.

12. The country programme directly contributes to the People and Prosperity pillars of the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2021-2025. UNFPA has a strong commitment to enhancing coherence and synergies with the United Nations system-wide efforts in Malaysia, as reflected in the UNSDCF through active participation in the United Nations interagency work as the chair and coordinator of the Gender Results Group. Overall, UNFPA will support the implementation of the UNSDCF, using a holistic approach building on its comparative advantages in the generation of evidence for the monitoring of SDGs and other indicators and for advocating for policies that ensure optimal sexual and reproductive health, reproductive rights status and gender equality

13. Building on the recent report produced by UNFPA on enhancing Human Capital and Macroeconomic Performance through Sexual and Reproductive Health Investments in Malaysia, evidence, including the figures for the return on investment is in place for the Government to invest more in SRH.

14. UNFPA will build on the momentum of the Nairobi Summit, particularly the voluntary ICPD+25 commitments made by Malaysia to advance the Decade of Action to ensure sexual and reproductive health and reproductive rights for all. UNFPA will work with relevant Government partners, especially the Malaysian Department of Statistics, National Population Family Development Board and the Ministry for Women, Family and Community Development to build a stronger population data system that can reach the furthest left behind, to leave no one behind, a foremost priority of the ICPD and the SDGs.

15. Regarding the United Nations COVID-19 pandemic commitments to Malaysia, under the United Nations Socio-economic Response Plan, UNFPA is committed to supporting recovery from the COVID-19 pandemic impact on SRH, focusing on the unmet needs for family planning; young people; gender, especially with increasing incidents of gender-based

violence; and on older people because of their increased vulnerability to a serious form of the disease.

## II. Programme priorities and partnerships

16. The country programme is aligned with the SPV 2030, which aims to address disparities among different groups to ensure that no one is left behind and places a special focus on women, youth and the elderly. The programme is also aligned with the priorities of the 12MP; the 2030 Agenda; UNSDCF, 2021-2025; ICPD Programme of Action; and voluntary commitments made by Malaysia at the Nairobi Summit. It will contribute directly to the achievement of SDG Goal 3 on health, Goal 4 on education and Goal 5 on gender equality, and will contribute indirectly in a variety of ways to SDG goals 1, 10, 11 and 17. UNFPA will do this consistent with national laws and the development priorities of the country and will direct its efforts towards the removal of societal barriers that limit the enjoyment of equal rights (in conformity with universally recognized human rights) and choices between men and women, with a focus on youth, the older population, and persons with disabilities, for the achievement of the 2030 Agenda.

17. In line with the UNFPA Strategic Plan, 2022-2025, the country programme will work with Government authorities and partners to accelerate the implementation of the ICPD and the SDG agenda. In the context of the Decade of Action, the main vision of the programme is to support the national commitment in fulfilling SDG 5, target 5.6, which calls on Governments and partners to ensure universal access to sexual and reproductive health and reproductive rights and to promote gender equality and women's rights. In doing so, the country programme will support Malaysia in achieving two of the three UNFPA transformative results, which seek to accelerate a reduction in the unmet need for family planning and gender-based violence and harmful practices.

18. UNFPA will advocate with the Government to make critical investments in health, disaggregated data collection and analysis, as well as engagement of young people to empower them to improve their lives and contribute to sustainable development enabled by human rights and gender equality.

19. The country programme was developed in consultation with the Government, academia, civil society, religious leaders and other development partners, and close coordination with other United Nations organizations so that their efforts complement that of UNFPA in a holistic approach in implementing the UNSDCF. It will contribute to the implementation of international human rights commitments and recommendations, including gender equality and women's participation in the labour force and strengthening comprehensive efforts to prevent and respond to gender-based violence and other harmful practices, as recommended by CEDAW.

20. It will promote the rights of girls and women, including those with disabilities, and will work with the Government and other stakeholders, including civil society, the private sector, academia, religious leaders and international development partners, to create an environment where they have access to equal opportunities, including at the workplace. The programme will advocate for investing in youth with knowledge and skills to enhance human capital, which will help to realize their full potential. It will support the Government in addressing issues related to inequity and unequal access to health services for marginalized populations and will work to create an enabling environment to address the needs of the elderly, especially women. The programme scope is national, with specific interventions focused at the territorial level, particularly in the Sabah and Sarawak regions.

21. In line with the key principles of "leaving no one behind", promoting and protecting human rights, improving accountability, transparency and efficiency, and gender mainstreaming, UNFPA will focus on the groups left furthest behind, and work with Government and other institutions (civil society, the private sector, academia, religious leaders and international development partners) in using population data for planning and policymaking so that Malaysia achieves the full benefit from investments in health, gender

and youth empowerment. UNFPA will use advocacy and policy dialogue as primary modes of engagement.

22. UNFPA will support resilience building and articulate the humanitarian-development-peace-nexus by strengthening the national institutions, with a focus on ensuring that sexual and reproductive health and reproductive rights, gender equality and gender-based violence are integrated into national emergency preparedness and response plans.

23. The programme will leverage diverse partnerships with government entities at national and subnational levels, civil society, the private sector, academia, religious leaders and international development partners to create shared opportunities and ensure support to UNFPA programmes. It will leverage comparative advantages of different United Nations agencies through an informal and effective division of labour to optimize individual contributions and collective strengths, resulting in a more effective technical assistance and advocacy as with ‘one voice’ at the country level as well as through the development of high-quality global knowledge products. UNFPA will encourage South-South and triangular cooperation as a critical component of partnership for achieving envisioned results, particularly in comprehensive sexuality education and advancing gender equality in the region.

24. The programme will directly contribute to the results of the UNSDCF, and UNFPA as a chair of the Gender Results Group will also provide leadership to mainstream gender equality across the UNSDCF.

25. The programme will be implemented under two Strategic Plan outcomes of UNFPA, which are linked to the two interconnected UNSDCF outcomes, as detailed in the Results and Resources Framework, and will use mainly upstream interventions focused on policy dialogue, advocacy, partnerships, coordination and evidence generation. The programme has been designed so that the outputs are mutually reinforcing, harnessing interlinkages across programme components.

#### **A. Unmet need for family planning**

26. The country programme will accelerate efforts to reduce the unmet need for family planning by focusing on SRH information and services, in particular for young people and those groups left further behind, and addressing population aging through life-cycle and rights-based approaches.

27. The programme will contribute to SPV 2030, Strategic Thrust 5 on social well-being, and UNSDCF outcomes 1 and 3. Each programme output will be aligned to relevant UNSDCF collaborative outputs.

*28. Output 1. Access to information and services for sexual and reproductive health and reproductive rights, especially for the marginalized and those furthest behind, including people with disabilities is prioritized in health policies.*

29. Contributing to SPV 2030, SDG 5, target 5.6 and UNSDCF Outcome 1 (collaborative output 1.2), UNFPA will work closely with the Ministry of Health to (a) support implementation of the National Reproductive Health Commodity Security Strategy; (b) provide technical support to strengthen the capacity of the health system to provide high-quality, rights-based integrated sexual and reproductive health services to all, including increased demand for family planning, strengthened response to GBV survivors and stigma-free HIV services, with a focus on pregnant women, young people and key populations, including in Sabah and Sarawak; (c) improve the capacity of the health systems to implement Minimum Initial Service Package (MISP); and (d) advocate for policies on SRH and HIV integration, for more efficient use of healthcare workers, and ensure a continuum of prevention, treatment, support and care services.

*30. Output 2. Strengthened national and subnational capacity to design, implement and monitor policies and programmes, including comprehensive sexuality education programmes that promote adolescent sexual and reproductive health and reproductive rights.*

31. Contributing to SPV 2030, the SDGs and UNSDCF Outcome 1 (collaborative output 1.3), UNFPA interventions will include (a) advocacy and technical support to the Ministry of Education and other actors to strengthen the implementation of comprehensive sexuality education programmes according to the latest international standards, and strengthen coordination mechanisms; (b) providing technical support to national and subnational institutions to harmonize the design, implementation and monitoring of comprehensive sexuality education programmes in training and vocational institutes; (c) promoting the use of technology and innovation to support teacher training and engagement of young people and parents; (d) technical assistance for building the capacity of religious leaders and faith-based organizations to advocate for the implementation of comprehensive sexuality education in government schools and Sunday schools; and (e) supporting the generation of evidence on the importance of investing in adolescents and youth through a life-cycle approach, within the context of an ageing society, and on the linkages between comprehensive sexuality education and sexual and reproductive health, gender equality and teenage pregnancy.

*32. Output 3. Strengthened policy environment to address population ageing and its linkage to gender equality, through life-cycle and rights-based approaches.*

33. Contributing to SPV 2030, SDGs and UNSDCF outcomes 1 and 3 (collaborative outputs 1.1 and 3.2), UNFPA will work on (a) strengthening multisectoral and interagency partnerships to raise awareness and visibility on the linkages among population ageing, gender equality and strengthening institutional capacities related to protection and care systems; (b) promote analysis on population dynamics, vulnerability including gender, covering costed differentiated needs of women and men in the context of rapid population aging; (c) provide analysis and policy advice on the care industry, including in the context of rapid population aging and the impact on older women; and (d) strengthen policy and knowledge generation on population ageing and urban development with a gender and rights perspective.

## **B. Preventable maternal death**

34. Over the years, sexual and reproductive health indicators have improved, particularly the reduction of maternal deaths (from 56.4 per 100,000 live births in 1980 to 21.1 per 100,000 live births in 2019). During the same period, safe delivery by skilled birth attendants increased from 38 per cent to 99 per cent. The quality of care is a major determinant in reducing maternal mortality, efforts are ongoing to improve this. In 1991, Malaysia introduced the Confidential Enquiry into Maternal Deaths, which is a robust structure that audits every pregnancy-related death in great detail, allowing the identification of preventable causes, and solutions to prevent similar deaths in the future. Against these positive results and in line with the priorities of 12MP and UNSDCF, this programme is not designed to focus on this particular outcome.

35. UNFPA will continue to advocate under the principle of “leaving no one behind”, to further reduce preventable maternal death to single digits and reach the furthest left behind with maternal health information and services.

## **C. Gender-based violence and harmful practices**

36. Achieving gender equality and women’s empowerment through further reduction of gender-based violence and harmful practices will contribute to SPV 2030, Strategic Thrust 5 on social well-being, and UNSDCF outcomes 1 and 3. Further, the programme will contribute to the achievement of gender-responsive outputs mainstreamed throughout the UNSDCF.

*37. Output 1. Strengthened national capacities for the design, implementation and monitoring of legal frameworks, policies, plans and programmes to advance gender equality, empower and increase the economic participation of women and girls and prevent gender-based violence and other forms of discrimination.*

38. Contributing to SPV 2030, the SDGs and UNSDCF outcomes 1 and 3 (collaborative outputs 1.3 and 3.2), UNFPA interventions will include (a) analysis of barriers that limit

economic participation of women in the workforce, including home-based economic activities and advocate for gender equality laws and policies that promote women's labour force participation, including in the care industry; (b) providing technical assistance to strengthen institutional mechanisms for the delivery of multisectoral coordinated response services to survivors of gender based violence, including establishment of safe spaces in selected service-delivery points at the community-health-centre level, to ensure a survivor-centred health response to GBV survivors; advocate for pre-service curriculum development on GBV for health practitioners; encourage improved linkage between survivors and GBV response through case management and referral pathways; technical support ensuring capacity of health staff to strengthen accessible and timely essential health services for GBV survivors, especially first-line support, including on referral mechanisms; (c) generation of evidence and data on the importance of gender-related investments in the national economy and support implementation of a mechanism to track the investments; (d) advocacy for the implementation of national and international normative frameworks on human rights and for the enactment of a law against all forms of discrimination; (e) undertake, in coordination with other United Nations organizations, advocacy and policy dialogue and provide technical assistance to the private sector and civil society organizations, to advocate for gender equality and women's rights; and (f) support, in coordination with the Government, other United Nations organizations and civil society the development of a comprehensive monitoring and reporting framework for CEDAW and the ICPD+25 voluntary commitments on reducing GBV.

### **III. Programme and risk management**

39. The programme will be implemented within the framework of the UNSDCF and under the overall coordination of the Economic Planning Unit. UNFPA together with other United Nations agencies will promote joint initiatives to accelerate the achievement of the national SDG targets and priorities of the SPV 2030 and 12MP. With the United Nations development system reform in place and the programme recently expanding upstream policy-level engagement, strategic alliances will be brokered with other United Nations organizations in Malaysia and with academia to respond effectively and promptly to growing demands for technical assistance. The country office will also draw the needed technical expertise from the regional office and request further support from UNFPA headquarters, as necessary.

40. The UNFPA programme will be implemented through government implementing partners and selected civil society partners, including religious groups. UNFPA will contribute to the UNSDCF coordination mechanisms by actively participating in the joint UNSDCF Steering Committee, be co-chaired by the Resident Coordinator and the Ministry of Economic Planning Unit, and in results groups and theme groups, for ensuring coherent and effective coordination of the UNSDCF implementation, review and reporting.

41. Internal risks associated with programme management and operational capacity will be managed by clear prioritization and alignment with government priorities and the UNSDCF. This ensures that support to evidence generation and advocacy focuses on areas with substantial opportunities for partnerships and leveraging of resources. UNFPA will align the technical expertise it offers the Government with the programmatic focus areas in the country programme. UNFPA will contribute to the UN country team configuration review to identify capacities needed to deliver UNSDCF outcomes.

42. Funding of the programme is based on a cost-sharing arrangement with the Government. Therefore, a key external risk is the heavy reliance of the country programme on the Government's timely financial investments. Alignment of the Government's funding schedule with the initiation of the country programme is important in enabling full implementation of the country programme. Appropriate mitigation measures will focus on early and careful planning with the Government for efficient investment in the social sectors and support to increase the effectiveness of government investments and programmes.

43. Natural disasters, particularly regular flooding in eastern Malaysia, may affect the achievement of results by disrupting services and refocusing government priorities. The

major mitigation measure for the risk will be to provide technical support to the Government in integrating SRH and GBV response service provision within national contingency plans and other emergency preparedness plans.

44. The COVID-19 pandemic and its aftermath will require constant monitoring for related risks and may necessitate adjustments in the implementation of the country programme and the UNSDCF. An additional assumption is that the adverse socioeconomic impact of the COVID-19 pandemic and any other future pandemic does not result in a situation of national emergency, in which case, in conformity with UNSDCF, the country programme will have to adjust its course and content.

45. UNFPA will regularly assess operational and programme risks alongside other United Nations agencies. Socio-economic and political risks shall be regularly assessed and mitigation measures undertaken, including reprogramming, in response to emerging issues and unforeseen circumstances.

46. As part of the mitigation strategy, UNFPA will implement an integrated resource mobilization and partnership plan to innovatively engage the Government, the private sector and donors to generate and leverage resources, particularly domestic resources, towards achieving the intended results. Resource mobilization efforts will be supported by a communications strategy to advocate for donor support and domestic financing towards meeting the ICPD targets and the national SDG priorities. Resource mobilization and communication strategies will be updated periodically to ensure funding and visibility of the programme.

47. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

48. UNFPA and the Government, through the relevant agencies, will monitor the programme, following UNFPA policies and procedures and applying the principles of results-based management and accountability frameworks. The programme will be monitored using a clearly defined results framework. A costed monitoring plan will be put in place to systematically obtain data on the programme indicators.

49. UNFPA will promote responsibility and accountability throughout the programme cycle by aligning the country programme monitoring and evaluation framework with those of the UNSDCF and national development plans. UNFPA will work with the Government coordinating ministry, implementing partners and representatives of beneficiaries to track progress and adjust workplans, as needed by conducting field visits, quarterly reviews, spot checks and annual meetings with implementing partners. The regular periodic reviews of the UNFPA programme will be used to consolidate inputs for UNSDCF monitoring and reporting.

50. An end-of-programme evaluation will be conducted in the penultimate year of the country programme, with operations research, innovation and the sharing of good practices cornerstones for learning and improvement in programme design and implementation.

51. UNFPA will ensure the consistent use of the gender marker to monitor expenditure and improve gender-based planning and decision-making. UNFPA will pursue partnerships with academic and research institutions to implement its evaluation plan and generate more regular independent assessments of achievements.

52. The programme will actively contribute to strengthening national capacities for results-based planning, monitoring, reporting and evaluation. It will actively contribute to United Nations system programming processes and participate in the midterm review and final evaluation of the UNSDCF, 2021-2025. UNFPA will support United Nations programme



processes by providing strategic engagement in the UNSDCF results groups, and the monitoring and evaluation group to support implementation, monitoring, tracking and reporting of UNFPA-prioritized national SDGs, providing inputs and support for voluntary national reports, as necessary.

53. Through the UNSDCF results groups, UNFPA will help gather information on indicators, following the monitoring and evaluation plan of the UNSDCF, 2021-2025. Official sources of information, databases and reports of various projects and ministries will be used, where appropriate and necessary.

## RESULTS AND RESOURCES FRAMEWORK FOR MALAYSIA (2022-2025)

<b>NATIONAL PRIORITY:</b> Social well-being ensures that the welfare of all segments of society is protected, especially those categorized as economically vulnerable and B40.				
<b>UNSDCF OUTCOME:</b> By 2025, poor and vulnerable groups living in Malaysia, benefit from more equity-focused and high-quality social services as well as a social protection system that ensures all have an adequate standard of living.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> By 2025, the reduction in the unmet needs for family planning has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 34.3% (2014); Target: 36 (2025)</i></li> </ul> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Adolescent birth rate, per 1,000 women aged 15-19 years <i>Baseline: 8.5 (2018); Target: 7.0 (2025)</i></li> </ul>	<p>Output 1. Access to information and services for sexual and reproductive health and reproductive rights, especially for the marginalized and those furthest behind, including people with disabilities, is prioritized in health policies.</p> <p><u>Linked to UNSDCF collaborative output 1.2:</u> Social services are strengthened to ensure access to high-quality, equity-focused provision that promotes the well-being of all</p>	<ul style="list-style-type: none"> <li>Comprehensive national sexual and reproductive health plan includes health services and targets for all developed and implemented <i>Baseline: No (2020); Target: Yes (2025)</i></li> <li>Inclusion of long-acting reversible contraceptives as an essential sexual and reproductive health service into primary health care in Sabah and Sarawak <i>Baseline: No (2020); Target: Yes (2025)</i></li> </ul>	<p>Ministry of Health, Ministry of Higher Education, Ministry of Education, Ministry of Women, Family and Community Development, Department of Statistics, National Population and Family Development Board, WHO, UNICEF, IOM, United Nations University (UNU), University Malaysia Sabah, Religious leaders, Jabatan Kemajuan Islam Malaysia (JAKIM), Federation of Reproductive Health Associations Malaysia (FRHAM)</p>	<p>\$0.7 million (\$0.3 million from regular resources and \$0.4 million from other resources)</p>
		<p>Output 2. Strengthened national and subnational capacity to design, implement and monitor policies and programmes, including comprehensive sexuality education programmes that promote adolescent sexual and reproductive health and reproductive rights</p> <p><u>Linked to UNSDCF collaborative output 1.3:</u> Increased adoption of inclusive social norms and values and rejection of harmful practices, particularly against women and girls, and the creation of demand for services</p>	<ul style="list-style-type: none"> <li>Number of schools using technology and innovation to teach comprehensive sexuality education <i>Baseline 0 (2020); Target 200 (2025)</i></li> <li>Number of states using an online comprehensive sexuality education platform accessible for young people <i>Baseline 0 (2020); Target 7 (2025)</i></li> <li>Number of faith-based organizations supportive of comprehensive sexuality education being taught in government and Sunday schools <i>Baseline: 21 (2020); Target: 25 (2025)</i></li> </ul>	<p>Ministry of Health, Ministry of Higher Education, Ministry of Education, Ministry of Women, Family and Community Development, UNICEF, UNU, JAKIM, FRHAM</p>

<b>NATIONAL PRIORITY:</b> Social well-being ensures that the welfare of all segments of society is protected, especially those categorized as economically vulnerable and B40.				
<b>UNSDCF OUTCOME:</b> By 2025, poor and vulnerable groups living in Malaysia, benefit from more equity-focused and high-quality social services as well as a social protection system that ensures all have an adequate standard of living. By 2025, Malaysia is making meaningful progress towards an economy that is inclusive, innovative and sustainable across all income groups and productive sectors.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> By 2025, the reduction in the unmet needs for family planning has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, work injury victims and the poor and the vulnerable <i>Baseline: To be developed for Malaysians;</i> <i>Target: 30% (2025)</i></li> </ul> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of sustainable development indicators produced at the national level, with full disaggregation when relevant to the target, following the Fundamental Principles of Official Statistics <i>Baseline: 52.9% (2019);</i> <i>Target: 64.7% (2025)</i></li> </ul>	<p>Output 3. Strengthened policy environment to address population ageing and its linkage to gender equality, through life-cycle and rights-based approaches.</p> <p><u>Linked to UNSDCF collaborative outputs 1.1 and 3.2:</u> A more efficient, effective and sustainable social protection system is in place that provides increased protection against contingencies throughout the lifecycle; Further advances are made towards women's equality in the economy</p>	<ul style="list-style-type: none"> <li>Existence of an inter-institutional body to coordinate the generation, analysis and use of population data <i>Baseline: No (2020); Target: Yes (2025)</i></li> <li>Availability of the National Plan on Population Ageing that integrates gender and human rights perspectives <i>Baseline: No (2020); Target: Yes (2025)</i></li> </ul>	<p>Ministry of Women, Family and Community Development, UNDP, Department of Statistics, Malaysian Research Institute on Ageing, UNU.</p>	<p>\$0.5 million (\$0.2 million from regular resources and \$0.3 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> Social well-being ensures that the welfare of all segments of society is protected, especially those categorized as economically vulnerable and B40.				
<b>UNSDCF OUTCOME:</b> By 2025, poor and vulnerable groups living in Malaysia, benefit from more equity-focused and high-quality social services as well as a social protection system that ensures all have an adequate standard of living. By 2025, Malaysia is making meaningful progress towards an economy that is inclusive, innovative and sustainable across all income groups and productive sectors.				

<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Actual case proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence <i>Baseline: 8.73% (2017); Target: 6% (2025)</i></li> <li>Female labour force participation rate <i>Baseline: Female: 55.3% with no formal education: 44.6% urban: 57.5% rural: 46.5% (2020); Target: Female: 60% with no formal education: 46% urban: 60% rural: 50% (2025)</i></li> </ul>	<p>Output 1. Strengthened national capacities for the design, implementation and monitoring of legal frameworks, policies, plans and programmes to advance gender equality, empower and increase the economic participation of women and girls and prevent gender-based violence and other forms of discrimination</p> <p><u>Linked to UNSDCF collaborative outputs 1.3 and 3.2:</u> Increased adoption of inclusive social norms and values and rejection of harmful practices, particularly against women and girls, and the creation of demand for services; Further advances are made towards women's equality in the economy</p>	<ul style="list-style-type: none"> <li>Number of legal frameworks and policies developed or revised to address gender-based violence, and women's economic participation and empowerment <i>Baseline:0 (2020); Target:2 (2025)</i></li> <li>Number of advocacy platforms, that engage the Government, CSOs and men and boys to promote women's economic empowerment and gender-based violence prevention and response <i>Baseline:0 (2020); Target: 2 (2025)</i></li> <li>Number of multisectoral GBV coordination mechanisms established and strengthened to deliver comprehensive multisectoral GBV response services across the humanitarian-development continuum <i>Baseline: 2 (2020); Target: 10 (2025)</i></li> </ul>	<p>Economic Planning Unit, Ministry of Labour, Ministry of Health, Ministry of Higher Education, Ministry of Education, Ministry of Women, Family and Community Development, Ministry of Entrepreneur Development and Cooperatives, UNDP, UNICEF, University Malaysia Sabah, JAKIM and FRHAM.</p>	<p>\$2.1 million (\$0.9 million from regular resources and \$1.2 million from other resources)</p> <p>Programme coordination and assistance: \$0.2 million from regular resources</p>