



**Country Programme Action Plan  
between  
The Government of Malaysia  
and The United Nations Population Fund  
2013-2017**

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## The Framework

Through their mutual agreement on the content of this document and their responsibilities in the implementation of the country programme, the Government of Malaysia (hereinafter referred to as the Government) and the United Nations Population Fund (hereinafter referred to as UNFPA) are committed to:

**Furthering** their mutual agreement and cooperation towards the fulfillment of the International Conference on Population and Development Programme of Action;

**Building** on the experience gained and progress made during the implementation of the previous Programme of Cooperation as described within the third Country Programme Action Plan of 2008-2012;

**Entering** into a new five-year period of cooperation between January 2013 and December 2017;

**Declaring** that the roles and responsibilities for the implementation of the Third Country Programme and Action Plan 2013-2017 will be fulfilled in a spirit of friendly cooperation;

**Have agreed** on the Country Programme and Action Plan 2013-2017 as follows:

### Part I: Basis of Relationship

The Standard Basic Assistance Agreement (SBAA) between the Government of Malaysia and the United Nations Development Programme, dated 12<sup>th</sup> September, 2012 constitutes the legal basis for the relationship between the Government and UNFPA.

### Part II. Situation Analysis

2.1 Malaysia is an upper-middle-income country with a population of 29.5 million people<sup>1</sup>, and ranked 61 out of 187 countries on UNDP's 2011 Human Development Index. There have been significant declines in mortality and fertility rates over the last twenty years, with life expectancy for Malaysian men presently at 71.7 years and 76.6 years for women (2010)<sup>2</sup>. The rate of population increase is projected to decline to 1.15% by 2020. The Government has outlined its continuing commitment to the MDG agenda through its 10th Malaysia Plan (2011-2015), with 30 per cent of its total development expenditure allocated to the social sector.

2.2 *Overview* Within this context, the priorities for the UNFPA Country Programme and Action Plan will be to focus on vulnerable populations and those most-at-risk in terms of their access to contraception, with a particular focus on young people and their sexual and reproductive health needs. The complex interaction of religious, cultural and social influences need to be considered in order to effectively address the impact of these influences on the empowerment of women and the barriers to their full and effective participation in society.

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<sup>1</sup> Department of Statistics, Malaysia

<sup>2</sup> Department of Statistics. (2010). *Demographic Indicator, Malaysia*.

[http://www.statistics.gov.my/portal/download\\_Population/files/BPD/ind\\_2010.pdf](http://www.statistics.gov.my/portal/download_Population/files/BPD/ind_2010.pdf)

Given this context, the Country Programme will also address the improvement of services for survivors of gender-based violence. Finally, the Country Programme will address the need for a cohesive approach to population dynamics, including the management of the interaction of multidimensional factors in meeting the needs of a country that has both a very young, as well as an increasingly aged, population.

**2.3 Population Dynamics** – A key challenge for Malaysia is planning for and managing an ageing population. A robust national capacity for data generation and analysis of population dynamics is a critical need which is addressed in this Country Programme Action Plan, particularly important for development planning and costing of programmes that are based on demographic projections. The demographic profile of the country shows that 27.6 per cent of the population is currently aged between 0-14 years while the number of older persons over the age of 60 was 8.4% in 2011<sup>3</sup>. By 2030, 15 per cent of the total population will be above 60 years of age<sup>4</sup>. This has implications for the capacity of the nation to ensure decent employment as well as awareness programmes and services for the young while at the same time providing meaningful life options for the elderly. The increasing life expectancy, the country's rapid economic development and the changing structure of family relationships pose a number of challenges, especially in terms of financial sustainability, adequacy of retirement incomes, healthcare financing, care and support and social security for the elderly population<sup>5</sup>.

**2.4 Sexual and Reproductive Health and Rights** - The maternal mortality ratio (MMR) dropped to 28.9 in 2008, a significant reduction from 44 maternal deaths per 100,000 live births in 1991<sup>6</sup>. However, the MDG 5 target of 11 per 100,000 live births will not be achieved by 2015 given the last-mile health-related and socio-political issues that are often complex, including inequity in access to Emergency Obstetric Care (EmOC) facilities. Practical estimates by the Ministry of Health suggest a target of 20 by 2015 which is what the government has adopted. There are three main contributing factors to the current situation of sexual and reproductive health and rights in the country:

a. First, the contraceptive prevalence rate which has stagnated since 1984, registering at only 51.9 per cent in 2004<sup>7</sup>. Despite this, the total fertility rate dropped significantly from 3.3 in 1990 to 2.3 in 2010<sup>8</sup>. The variance between a stagnant CPR and declining fertility rates are due in part to the rising age of marriage for women which increased from 22 years in 1970 to 25.1 in 2000. There exists a need for better coordination between Ministries involved in family planning and sexual and reproductive health in order to address these challenges, particularly in linking policy with relevant implementation programmes.

b. Second, the role of abortions in fertility reduction or the management of unintended pregnancies needs further investigation. One study estimated that 38 out of every 1,000 women have had an abortion in Malaysia<sup>9</sup>, and between 1 to 5 of the 44

<sup>3</sup> Department of Statistics, Malaysia.

<sup>4</sup> The Star online, 11 July 2011. Malaysia will become aged nation by 2030.  
<http://thestar.my/news/story.asp?file=/2011/7/11/nation/20110711144047&sec=nation>

<sup>5</sup> Social Welfare Department, Malaysia (2007). *Social Welfare Policies And Services For The Elderly: A Country Report (Malaysia)*. Presented at the 5th ASEAN & Japan High Level Officials Meeting on Caring Societies, 27 – 30 August, 2007, Tokyo, Japan.

<sup>6</sup> National Population and Family Development Board (NPFDB), Malaysia.

<sup>7</sup> Government of Malaysia and United Nations Development Programme, Malaysia (2010) *Malaysia 2010 MDG Report*. United Nations Development Programme, Kuala Lumpur, Malaysia.

<sup>8</sup> National Population and Family Development Board (NPFDB), Malaysia.

<sup>9</sup> World Health Organization Regional Offices for South-East Asia and the Western Pacific. (2008). *Health in Asia and the Pacific quoting a study: "J. Ross J, Stover J, Adelaja (2005). Profiles for family planning and reproductive health programs (116 countries). 2nd Edition. Washington DC, Futures Group"*

maternal deaths per 100,000 live births are attributed to unsafe abortion annually<sup>10</sup>. The unmet need for modern contraception had increased from 25 per cent in 1984 to 36 per cent in 2004<sup>11</sup>. The unmet need for contraception tend to be highest in the most disadvantaged and marginalized groups for whom barriers to meeting contraceptive needs compromise the scope of life choices that women and men have. A 2010 study points to the gender dimension in family planning, identifying the importance of male participation in decision-making concerning contraception.<sup>12</sup>

c. Finally, the increasing number of HIV cases amongst women is an emerging concern. Current HIV prevention programmes prioritize most-at-risk populations, since Malaysia is classified as a country with a concentrated epidemic. However, while the total number of HIV cases for both men and women is decreasing, the ratio between men and women has increased from 5% of total infections in 1999 to 19% in 2009, an alarming four-fold increase within a decade. This points to a need to address sexual transmission as well as to the need for greater analysis of transmission dynamics and the identification of critical intervention priorities.

**2.5 Gender Equality and Reproductive Rights** - Although the Domestic Violence Act was enacted in 1994, gender-based violence remains one of the most critical issues in Malaysia. There is as yet insufficient data to indicate levels of gender-based violence in Malaysia, unlike Thailand and Vietnam, where the estimate of a woman ever experiencing physical or sexual violence is one in three women<sup>13</sup>. However, there were 3,264 reported cases of domestic violence in 2006. The impact of violence during pregnancy and its contribution to the maternal mortality ratio is currently taken into account in Malaysia, since the well-established Confidential Enquiry into Maternal Deaths (CEMD) system investigates and documents all deaths related to pregnancy. However, there is scope for improvement in data and analysis of the links between physical violence, adoption of contraception and unwanted pregnancies. In Malaysia, One-Stop Crisis Centres (OSCC) were introduced in all hospitals in 1996 to provide comprehensive services for victims of abuse and violence with operational guidelines in place within each hospital. There is still scope, however, for standardizing guidelines across all hospitals nationally, as well as broadening the sensitivity of the health system to detect gender-based violence. There are also critical but complex issues at the interface of gender, culture and religion which remain to be addressed.

**2.6 Young People's Sexual and Reproductive Health and Rights** - There is evidence that with the increasing average age of marriage, pre-marital sexual activity among adolescents in Malaysia is increasing. Recent research has indicated that 5.4% of 4,500 in-school adolescents surveyed have had sex<sup>14</sup>. There is currently some access to sexuality education programmes for out-of-school youth, although recent efforts by the National Population and Family Development Board, the PROSTAR programme of the Ministry of Health and the Federation of Reproductive Health Associations of Malaysia has increased outreach to

<sup>10</sup> Hematram, Y. (2006). *Measuring Maternal Mortality in Malaysia* (p.31). Kuala Lumpur, Malaysia: Department of Community Medicine, International Medical University. Web site: [http://myais.fsktm.um.edu.my/6369/1/Hematram\\_Y.pdf](http://myais.fsktm.um.edu.my/6369/1/Hematram_Y.pdf) as cited in the 'MDG5 Campaign' website of the Asian-Pacific Resource and Research Centre for Women (ARROW), [http://www.mdg5watch.org/index.php?option=com\\_content&view=article&id=110&Itemid=174#\\_edn9](http://www.mdg5watch.org/index.php?option=com_content&view=article&id=110&Itemid=174#_edn9)

<sup>11</sup> Tey Nai Peng, Norliza Ahmad et al. (2010). *Status of Family Planning in Malaysia, 2010: Sustaining Lower Fertility*. Pg. 10. Paper presented at UNFPA and ICOMP Regional Consultation on Family Planning in Asia and the Pacific, 8-10 December 2010, Bangkok, Thailand.

<sup>12</sup> Rosliza, A.M. & Majdah, M. (2010). *Male Participation And Sharing Of Responsibility In Strengthening Family Planning Activities In Malaysia*. Malaysian Journal of Public Health Medicine 2010, Vol. 10 (1): 23-27

<sup>13</sup> Lakshmen, S. (2011). Gender-based Violence and Sexual and Reproductive Health and Rights: Looking at the Health Sector Response in the Asia-Pacific Region. ARROWs for Change, 17(2), 1-2. Malaysia: ARROW.

<sup>14</sup> Lee, L.K., Chen, P.C. Y., Lee, K. K. & Kaur, J. (2006). *Premarital sexual intercourse among adolescents in Malaysia: a cross-sectional Malaysian school survey*. Singapore Med J 2006; 47(6) : 476

secondary school students. The unmet need for contraception among young and unmarried people remains unclear because previous Malaysian Population and Family Surveys (1967, 1974, 1984, 1994, 2004) only studied married women<sup>15</sup>. However, the Ministry of Health has recently significantly expanded its outreach services for young people and adolescents, and has improved its efforts to closely track age-disaggregated fertility rates since 2010. The Ministry of Health currently provides universal access and a range of services to adolescents and youth through its health care facilities nationwide, regardless of their marital status.<sup>16</sup>

### Part III. Past Cooperation and Lessons Learned

3.1 UNFPA began providing assistance to Malaysia in 1973 in support of its National Family Planning Programme. Between 1973 and 2002, UNFPA disbursed a sum of almost USD14 million for 47 projects. In July 2003, the Government of Malaysia became the first Asia Pacific counterpart to agree to cost share the UNFPA Programme for the period 2003-2007. Upon the successful completion of the first cost-sharing programme, the Government of Malaysia agreed cost-sharing for another 5-year programme for the period 2008-2012 to address sexual and reproductive health and rights, HIV prevention and gender empowerment for most-at-risk population groups especially young people, marginalized women and the ageing population. The new country programme for 2013-2017 will provide direct support to the relevant initiatives outlined in the 10<sup>th</sup> Malaysia Plan (2011-2015), particularly those in Chapter 6 on enhancing the quality of life and transforming the healthcare system so that it can achieve universal access<sup>17</sup>.

3.2 The Mid-Term Review<sup>18</sup> of the 2008–2012 Country Programme which was conducted in August 2010 concluded that the projects implemented had the potential to contribute to improvements in most programme areas at national and local levels, with equal potential for up-scaling. Stakeholder consultations<sup>19</sup> indicated that there was a need to expand the core areas within the current country programme including young people's sexual and reproductive health and rights, empowerment of marginalized women, protection of women from gender-based violence, ensuring quality of life for the elderly as well as revitalizing the national family planning programme, in addition to including new and emerging issues such as migrant workers rights and the feminization of HIV/AIDS.

3.3 Key achievements from the preceding Country Programme and Action Plan 2008-2012 include the following:

a. Access to sexual and reproductive health education and HIV/AIDS prevention skills and knowledge imparted in all 12 juvenile detention homes in the country which necessarily required the sensitization and training of care-givers and managers within each home;

b. In the area of HIV/AIDS and sex work, capacity building initiatives have helped sensitize and strengthen the skills and understanding of service providers from non-governmental organisations. This has facilitated an expansion in HIV/AIDS related programmes and services outside of the public sector in the form of improved referrals to the public health facilities which provide follow-up treatment, care and support. The involvement

<sup>15</sup> Tey Nai Peng, Norliza Ahmad et al. (2010). *Status of Family Planning in Malaysia, 2010: Sustaining Lower Fertility*. Paper presented at UNFPA and ICOMP Regional Consultation on Family Planning in Asia and the Pacific, 8-10 December 2010, Bangkok, Thailand.

<sup>16</sup> Direct amendments from the Family Health Development Section, Ministry of Health Malaysia.

<sup>17</sup> Economic Planning Unit (2010). *10th Malaysia Plan 2011-2015*. Prime Minister's Department, Malaysia.

<sup>18</sup> Tey Nai Peng (August 2010) *Mid-Term Review of the Country Programme Action Plan, 2008-2012*. United Nations Population Fund, Kuala Lumpur, Malaysia.

<sup>19</sup> United Nations Population Fund, Malaysia (January 2011) *Notes of Meeting of EPU Stakeholders Meeting, 25 January 2011, Kuala Lumpur*. United Nations Population Fund, Kuala Lumpur, Malaysia.

of family planning clinics in HIV/AIDS prevention work and in serving the population involved in sex work has helped establish and strengthen the SRH and HIV/AIDS linkages in the country. It is estimated that around 3,900 sex workers out of a total population of 60,000 have been trained in the last programme cycle<sup>20</sup>.

c. The extension of awareness training and empowerment programmes to vulnerable populations such as indigenous women, plantation women and urban poor women in their own local languages has contributed towards increased awareness on prevention and redress mechanisms for survivors of violence. The shift in awareness led to an increase of 70% in terms of knowledge and practice. The training included high ranking police officers as well, in order to ensure their understanding and sensitization.

d. A national customized database system which compiles demographic, health and economic data on the elderly in Malaysia was established to provide basic information for policy planning. A pilot programme that developed the conceptual and implementation framework of a life-long learning system for the elderly was implemented within a university setting and then transferred to an independent elderly citizen's group for continued implementation. This was part of an initiative to expand the scope of social engagement, employment and income generation options for those above 50 years of age.

e. The expansion of adolescent drop-in centres called kafe@TEEN increased the access of young people to sexual and reproductive health information and services, as well as HIV/AIDS prevention awareness. The centres were located in a manner so as to target the most vulnerable youth populations with their particular significance being that these programmes were developed and run by a national public agency. Previously, such programmes were only available through specific, NGO-operated projects focused on vulnerable populations of youth. This has led to greater national penetration of services as well as resources invested in this approach. A component of the SRH training content has been incorporated into the Crime Prevention Module which is being rolled out in schools, as well as in National Service school-leaver training programmes. To date 51,928 national service trainees have benefited from the training. The content has also been used to develop sexuality education modules for 12 and 15-year old school students. This is a significant development in the Malaysian context where there is as yet no comprehensive sexuality education within the national school system.

f. Challenges of past cooperation programmes include the need to improve coordination between various implementing agencies as well as sharing of information and progress reports with the focal Ministries. Mechanisms for improved oversight, coordination and alignment of the various programmes will be put in place in order to overcome these previous challenges, so that the investments have a concerted impact, thus achieving greater cost-effectiveness and improved outcomes.

3.4 At the national level, a number of key strategies have contributed to enhancing the broader enabling environment in the country, within which the contributions of this Country Programme Action Plan need to be contextualized. These include:

- a. g. The Second Malaysian Population Strategic Plan Study<sup>21</sup> (2010) that identified the decline in total fertility rates, unmet need for family planning, adolescent sexual and reproductive health information and services and access to safe abortion services as areas for priority action. The study also identified the problem of infertility as a matter of concern, as fertility rates are declining at a faster rate than expected and may soon fall below replacement level.

<sup>20</sup> Lim HE, Ang CL and Teh YK. Size estimation for local responses in Malaysia for HIV prevention in sex work, 2010 (unpublished).

<sup>21</sup> National Population and Family Development Board (2010). *The Second Malaysian Population Strategic Plan Study*. National Population and Family Development Board, Kuala Lumpur, Malaysia.

- b. The National Strategy on HIV and AIDS for 2011-2015 which reaffirms the previous strategies (NSP 2006-2010, Plan of Action 1988 and Plan of Action 1998) which focus on the most-at-risk populations and their partners, with continued attention to vulnerable groups. There is commitment to include advocacy, prevention and scaling up of screening and treatment activities to all those in need.
- c. The revised National Policy for Older Persons (2010 - 2015) that outlines six strategies<sup>22</sup> to empower the individual, family and the community towards improving the well-being of older Malaysians through improving the efficiency and effectiveness of the delivery of programmes and services as well as fostering an elderly-friendly and enabling environment. The policy adopts a developmental and participatory approach, emphasizing the role of research in the planning, monitoring and evaluation of programs and services for the aged.

#### **Part IV. Proposed Programme**

4.1 The UNFPA Country Programme for 2013-2017 is consistent both with the national priorities of Malaysia as delineated in the 10<sup>th</sup> Malaysia Plan<sup>23</sup>, and the strategic outcomes envisioned by UNFPA for the Asia-Pacific region. This Country Programme emphasizes four specific outcome areas within the 10<sup>th</sup> Malaysia Plan, namely:

- a. National Initiative 33: Empowering women to enhance their economic contribution;
- b. National Initiative 36: Supporting older persons to lead productive and fulfilling societal roles;
- c. National Initiative 57: Increasing quality, capacity and coverage of healthcare infrastructure;
- d. National Initiative 58: Shifting towards wellness and disease prevention.

4.2 The overall goal will be to emphasize upstream policy advocacy engagements including the building of evidence to support policy work in areas in which there are still challenges, such as the stagnation in the contraceptive prevalence rate (CPR), the increase in the unmet need for contraception, gender-based and sexual violence, the sexual and reproductive health and rights of marginalized women, young people and adolescents, and improving the population dynamics for policy and programme formulation. The new country programme will also include a significant component of South-South cooperation, particularly in the areas of population and development and maternal health in which Malaysia has shown significant success.

4.3 The strategic priorities, outcomes and outputs of this CPAP were identified by the UNFPA Country Team in close consultation with and through the full participation of the Government and other key civil society stakeholders. Moreover, UNFPA has ensured that the mandate and priorities of the Regional UNFPA Strategic Plan 2012-2013 Development Results Framework are reflected in the overall Country Programme Action Plan. The following table shows the linkage between the Strategic Plan priorities and the Country Programme Action Plan outcomes. The Results and Resources Framework in Annex 1 provides greater details on such linkages. The selection of the four strategic priorities have been based on the recommendations of the Mid-term Review of the 2008-2012 Country Programme Action Plan, as well as the alignment of these priorities with the Government of Malaysia's 10<sup>th</sup> Malaysia Plan.

<sup>22</sup> The 6 strategies are i) Promotion and Advocacy, ii) Lifelong Learning, iii) Security and Protection, iv) Management and Sharing of Responsibilities, v) Participation and Intergenerational Solidarity, and vi) Research and Development.

<sup>23</sup> Economic Planning Unit, Prime Minister's Department (2010). *10th Malaysia Plan*. Putrajaya, Malaysia.



No.	UNFPA Regional Strategic Plan Priorities	Proposed Malaysia Country Programme Action Plan Outcomes
Strategic Priority (1)	Population dynamics and their interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies	Population dynamics and their interlinkages with the needs of young people (including adolescents) as well as an ageing population, addressed in national and sectoral development plans and strategies.
Strategic Priority (3)	Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions	Increased access to and utilization of quality sexual and reproductive health services, particularly family planning, for poor and marginalized women of reproductive age.
Strategic Priority (5)	Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy.	Improve the health system response to reproductive rights, particularly gender-based violence.
Strategic Priority (6)	Improved access to SRH services and sexuality education for young people (including adolescents)	Improved access to SRH services and reproductive health education, particularly for poor and marginalized youth, through evidence based policies and programming.

#### *Population Dynamics*

#### 4.4 Output 1: Strengthened national capacities for incorporating population dynamics and their interlinkages with the needs young people (including adolescents) and the elderly, into national plans and programmes.

The programme will involve a two-pronged approach that includes the establishment of a national coordinating mechanism that considers population dynamics from a cross-sectoral perspective, and the building of national capacities to conduct analysis and incorporate population dynamics into national plans, leading to the development of appropriate policy and programme responses.

- i. Strengthening existing National Coordinating Mechanisms:
  - a. Strengthen the multisectoral coordinating body, including institutions involved in data generation, analysis and planning;
  - b. Support regular functions of the national coordinating body, and provide technical assistance where necessary;
  - c. Invest in the development of a comprehensive plan of action to achieve the objectives of the National Policy on the Elderly;
  - d. Increase the number of programmes that address the needs of the elderly.
- ii. Building national capacities for population dynamics through:
  - a. Providing technical assistance and support for the conduct of the Malaysian Population and Family Survey (NPFDB) 2014 to include unmarried young people and the elderly;
  - b. Strengthening the training of those producing and analyzing census, vital registration and migration data, and prepare plans for analyses and use of the data for evidence-based policy formulation, that are both timely and relevant for planning;

- c. To the extent possible, achieve the strengthening of at least 1 national agency by 2015 to share lessons learned, insofar as tangible outcomes from some projects are available, in support of South-South cooperation in the area of population and development;
- d. Support the inclusion of the various segments of the population, including those in reproductive as well as non-reproductive groups (including older persons) and the single and unmarried populations within national data analysis and ensure the incorporation of such data into policy and programme formulation;
- e. Promote comprehensive analysis and use of data from the 10-yearly Population Censuses (Department of Statistics) supplemented by data on births and deaths (National Registration Department) for a better understanding of the population dynamics and other differentials at sub-national level so that more focused interventions aimed at specific population groups can be developed, with respect to inequalities of access to services and improved coverage;
- f. Promote planning for a five-year inter-censal survey involving representative sample populations, particularly the young and the elderly, on pertinent issues of concern to facilitate better future programme design and development;

### *Family Planning*

4.5 Output 2: Strengthened delivery of health systems to overcome barriers to access for family planning as well as HIV-services, particularly for poor and marginalized women of reproductive age. This programme will involve two primary concerns, namely to improve the national response to unmet need, towards increasing the contraceptive prevalence rate from the current 51.9%, and second, the need to address the gaps between policies and programmes related to family planning, SRH and HIV services for poor and marginalized women.

- i. Reducing unmet need and increasing the contraceptive prevalence rate:
  - a. Provide technical assistance in the area of increasing evidence for the improvement and strengthening of family planning services for vulnerable groups in particular;
  - b. Develop appropriate service guidelines relating to the increasing use of private sector resources for family planning;
- ii. Addressing the gaps:
  - a. Conduct research to analyse and understand last mile and sensitive socio-cultural and political issues and provide evidence for government investment towards achieving a more rapid fall of the MMR, including better health systems management, quality services for antenatal, emergency obstetric and post-delivery care as well as the promotion of family planning;
  - b. Generate evidence on barriers, whether medical, physical or socio-cultural, so as to devise appropriate information, education and counselling programmes to ensure correct and consistent use of family planning methods, HIV prevention, and increasing use of modern/effective methods as well as reducing the recourse to and reliance on traditional contraceptives and abortion;
  - c. Address gaps in adolescent sexual and reproductive health issues by supporting improvements in the policy and programme environment for the promotion of reproductive and sexual health, and the provision of appropriate

services and counselling specifically suitable for each particular age group; Provide evidence and analysis emphasizing the importance of involving men in decision-making processes in family planning, including the prevention of sexually transmitted infections and HIV;

- d. To the extent possible, achieve the strengthening of at least 1 national agency by 2015 to share lessons learned, insofar as tangible outcomes from some projects are available, in support of South-South cooperation in the area of population and development;
- e. Improve the availability of comprehensive data on eligible population groups, both married and unmarried on their needs for family planning (spacing versus limitation) contraceptive options and choice of family planning methods;

### *Gender-based Violence*

4.6 Output 3: Strengthened health systems response to gender-based and sexual violence, particularly amongst poor and marginalized women, most-at-risk young people and adolescents. This programme will:

- i. Strengthen the health sector response to gender-based and sexual violence by:
  - a. Providing data and analysis for policy and programme formulation on the linkage between gender-based and sexual violence and poor reproductive health outcomes;
  - b. Reviewing the existing efficacy of standard operating procedures and assessing them against the One-Stop Crisis Centre Plan of Action, relevant guidelines, national targets, generating evidence concerning the reasons for the gaps and how they can be addressed;
  - c. Increase the availability of data and analysis on the prevalence and nature of gender-based and sexual violence in Malaysia;
  - d. Training and sensitizing non-health related department personnel, such as police and enforcement officers, welfare officers and officers of other relevant departments and empowering them to conduct referrals to the nearest One-Stop Crisis Centre;
  - e. Carrying out community-based training and awareness-raising of gender-based and sexual violence and an assessment of the client satisfaction of support services provided by the One-Stop Crisis Centre.

### *Young People*

4.7 Output 4: Strengthen the capacities of UNFPA-identified institutions to update relevant policies and ensure evidence-based programming for the provision of reproductive health information, education and services amongst poor and marginalized youth, including adolescents, particularly those that are most-at-risk. This programme will:

- i. Improve the policy environment for ensuring the availability of sexual and reproductive health information and services for adolescents and unmarried young people through:
  - a. Generating evidence on the nature of the need, prevalence and circumstances influencing young people's sexual and reproductive health;
  - b. Build capacities of UNFPA-identified institutions to have the necessary knowledge and skills to plan, budget and design youth-friendly information and services.
- ii. Promote the adaptation of the current programme for information, education and counseling for young people so that it is complemented by services appropriate to

their needs, yet sensitive to the political, cultural and religious environment of the country through:

- a. Undertaking research to understand the risks and mitigating factors of adolescent reproductive health, particularly in the states of Sabah and Sarawak.
- b. Supporting the development of pilot initiatives that are designed with key stakeholders, then implemented, evaluated and presented to key decision-makers for consideration to take to scale.
- iii. Generate evidence and analysis on the direction and required nature of SRH and HIV linked services to most-at-risk population groups, particularly Key Affected Women and Girls in addition to sexual and reproductive health information targeted at boys and young men.
- iv. Increase the participation of young people in policy planning, monitoring and evaluation.

## **Part V. Partnership Strategy**

5.1 The Government of Malaysia began the first cost-sharing arrangement with UNFPA in July 2003. Similar arrangements were continued during the second and now the third Country Programme and Action Plan.

5.2 Past achievements of the UNFPA country programme action plans in Malaysia have been possible because of the strong partnership with the Government, as well as with civil society and academic organisations. An effective working mechanism has been established with the key Ministries which are involved in the strategic priority areas of UNFPA, including the Ministry of Women, Family and Community Development, the Ministry of Health and the various departments in charge of implementation of the respective programmes and policies through UNFPA's primary focal point in Government, the Economic and Planning Unit. UNFPA has also had strong partnerships with national non-governmental organisations involved in promoting the sexual and reproductive health and rights agenda, with the capacity for outreach to all 13 states and the federal territory within the country. Our partnership with academic institutions has not only enhanced the evidence and theoretical frameworks on key emerging issues such as the ageing population and safe abortion, but also contributed substantively to the body of knowledge available to direct policy and programme interventions.

5.3 While we continue to strengthen existing partnerships with key partners, UNFPA also recognizes the need to establish new partnerships that will help address emerging issues and challenges, as well as broaden alliances of support for our strategic priority issues. The role of civil society and academia will be important to achieving access to marginalized communities, ensuring the generation of data and enabling the translation of information and access into effective policies and programmes. Engagement with the media will be critical to forming public opinion and raising the understanding of strategic priority issues in support of effective policies and programmes.

5.4 Another important area of partnership will be in the development of South-South cooperation strategies aimed at sharing the lessons learned from Malaysia's impressive and early achievements in poverty reduction, health systems development and education.

5.5 The partnership of UNFPA with various stakeholders will be based upon a mutual exchange of knowledge and expertise aimed at policy-relevant outcomes, documentation and

dissemination of good practices and continuous learning and improvement from evaluations and reviews.

5.6 The Country Programme and Action Plan also has a commitment to build capacities at all relevant levels, and leverage UNFPA supported activities to generate solutions within critical areas of concern.

5.7 Although Malaysia does not have an United Nations Development Assistance Framework (UNDAF), UNFPA works in close collaboration with other UN agencies such as WHO, UNICEF and UNDP and relevant civil society organizations on socio-cultural issues which influence gender equality, HIV/AIDs and young people's access to sexual and reproductive health. The UNFPA country office also leads the United Nations Country Team Gender Theme Group in Malaysia, and through this collaborative mechanism has been able to address a number of cross-cutting and complex gender issues.

5.8 Meanwhile, inter-agency collaboration between UNFPA and UNICEF has already been in place during the last Country Programme cycle (2008-2012), in the area of effective ASRH education and counselling. UNFPA has also collaborated with UNESCO on sexual education within the school curriculum. UNFPA also has been working with the WHO on providing technical support to the Ministry of Health to improve the capacity of and strengthen the national family planning programme. There has also been cooperation between UNFPA and WHO in improving available data on abortion and in reducing the need for its use as a method of fertility control. UNFPA has also worked with WHO and the United Nations Theme Group on HIV and AIDS in strengthening and promoting the linkages between SRH and HIV in order to accelerate the attainment of MDGs 5 and 6. There is potential for this work to continue and be built upon in the next programme cycle.

## **Part VI. Programme Management**

6.1 A new 5-year Country Programme is proposed from January 2013, to be implemented under a continuing cost-sharing arrangement between the Government of Malaysia (GOM) and the United Nations Population Fund (UNFPA). The cooperation will be based on a systematic situational analysis and country programme assessment, and the joint development of a response strategy through this Country Programme Action Plan. To achieve the planned results, the Country Programme will be funded on a 50:50 cost sharing basis between the Government of Malaysia and UNFPA, for a total of USD \$2 million. Any additional resources raised will be allocated using the same cost-sharing arrangement. The Country Programme will be nationally executed while the primary counterpart within the Government of Malaysia will be the Economic and Planning Unit, in the Prime Minister's Department.

6.2 An Annual Review Meeting, chaired by the Economic Planning Unit and held in coordination with UNFPA, will assess progress and approve adjustments to upcoming Annual Workplans of all implementing partner agencies. Funds will be set aside in the initial phase of this Country Programme for generating baseline data where it is required.

6.3 A mid-term review is anticipated to be held in late 2014 in order to re-align the Country Programme with emerging priorities within the 11<sup>th</sup> Malaysia Plan, which is anticipated to be formulated for the period 2016-2020. It will also be an opportunity to integrate new international development targets that arise from the global discussions around the post-Millennium Development Goals and International Conference on Population and Development +20 (ICPD+20) agendas. There will be an end-of programme evaluation in

2016. In addition, there will be on-going monitoring and evaluation of the progress of the Country Programme on an annual basis.

6.4 The UNFPA country office consists of a programme adviser, a programme associate and one programme assistant, totalling three staff in all. The role of UNFPA Representative is held by the United Nations Development Programme Resident Representative for Malaysia, Singapore, and Brunei Darussalam, while the position of Country Director for UNFPA Malaysia is concurrently held by the UNFPA Representative for Thailand, who is located in Bangkok. The Asia Pacific regional office will provide technical assistance where required, and ensure the quality of all programmes.

6.5 All cash transfers to Implementing Partners will be based on the Annual Work Plans agreed between Implementing Partners and UNFPA.

6.6 Cash transfers for activities detailed in AWP's can be made by a United Nations agency using the following modalities:

1. Cash transferred directly to the Implementing Partner:
  - a. Prior to the start of activities (direct cash transfer), or
  - b. After activities have been completed (reimbursement);
2. Direct payment to vendors or third parties for obligations incurred by Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
3. Direct payments to vendors or third parties for obligations incurred by United Nations agencies in support of activities agreed with Implementing Partners.

6.7 Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditures made by the Implementing Partner over and above the authorized amounts.

6.8 Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

6.9 Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of a non-United Nations<sup>24</sup> Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate.

7.0 Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme and expenditure monitoring and reporting, and audits.

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## **Part VII      Monitoring and Evaluation**

<sup>24</sup> For the purposes of these clauses, "the United Nations" includes the International Financial Institutions (IFIs).

7.1 The Government and UNFPA will be responsible for ensuring continuous monitoring and evaluation of the Country Programme for efficient utilization of programme resources, as well as effective achievement of all committed outputs.

7.2 As part of the monitoring and evaluation activities within this CPAP, there will be periodic preparation and regular updating of the CPAP Monitoring and Evaluation Plan, which includes the CPAP Planning and Tracking Tool and the CPAP Monitoring and Evaluation Calendar. The indicators and targets established at the beginning of the programme will be reviewed and updated annually.

7.3 Each implementing partner will conduct regular monitoring of the AWP and report the findings to UNFPA using the Work Plan Monitoring Tool every quarter, to be submitted together with the financial report.

7.4 Joint field monitoring with UNFPA, national coordinating authorities and other relevant partners will be conducted, including financial and audit spot checks to ensure compliance with UNFPA financial and programme reporting requirements. An annual review meeting will be held between the implementing partner and UNFPA to discuss progress, challenges and resource utilization of the AWP.

7.5 A Standard Progress Report, together with the CPAP Planning and Tracking Tool will be submitted once a year by each implementing partner. An annual review of the progress of the CPAP will be held to develop AWP's for the following year and the opportunity taken to document lessons learned and best practices, whenever feasible.

7.6 A mid-term review of the country programme will be conducted which will be results oriented and aimed at assessing progress towards achieving CPAP objectives, outcomes and outputs. The indicators and targets established at the beginning of the programme will be reviewed and updated annually.

7.7 In order to measure the achievements of the CPAP, baseline and end-line data will be collected using data from various sources, especially through national data collection systems that are already in place. Annually, there will be the submission of a Country Office Annual Report (COAR).

7.8 The CPAP will be evaluated in its final year, and the findings used to design UNFPA support within the next CPAP cycle. Additional project evaluations will be undertaken as required.

7.9 Implementing partners agree to cooperate with UNFPA for monitoring of all programmatic activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing Partners agree to the following:

- Periodic review of their financial records by UNFPA or its representatives, following UNFPA's standards and guidance,
- Periodic review and monitoring of their programmatic activities following UNFPA's standards and guidance,
- Special or scheduled audits: UNFPA, in collaboration with other United Nations agencies (where so desired: and in consultation with the [coordinating Ministry] GCA) will establish an annual audit plan, giving priority to audits of

Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

7.10 To facilitate assurance activities, Implementing Partners and the United Nations agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

7.11 Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

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## **Part VIII Commitments of UNFPA**

8.1 The UNFPA has approved a total commitment of USD \$1 million from UNFPA Regular Resources (RR) for this Country Programme and Action Plan 2013-2017. The funds will support priority programmes as identified in the Results and Resources Framework (RRF) attached to this document (see Annex 1). Changes in programme activities are subject to review by the Government and UNFPA. Funds will be committed annually based on the AWP's to be signed by the respective Implementing Partners and UNFPA. Disbursement of funds will be made on a quarterly basis following UNFPA financial rules and procedures. UNFPA funds are distributed by calendar year and in accordance with this Country Programme Action Plan and subject to availability of funds. Subject to the conclusions made in the review meetings, if the rate of implementation in any programme component is substantially below the annual estimates, funds may be reallocated by mutual consent between the Government and UNFPA to other programmatically equally worthwhile strategies that are expected to achieve faster rates of execution.

8.2 In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within 10 days.

8.3 In case of direct payment to vendors or third parties for obligations incurred by Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within 10 days.

8.4 UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

8.5 Where more than one United Nations agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those United Nations agencies.

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## **Part IX Commitments of the Government**

9.1 The 2011-2015 Country Programme will be implemented in conformity with the laws and policies of the Government of Malaysia. The Government is responsible for providing UNFPA with information regarding its laws and policies and any changes occurring during the programme period.



9.2 The Government is also committed to organize periodic programme review and planning meetings and to facilitate the participation of government agencies, NGO's and other stakeholders, where appropriate and agreed.

9.3 A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

9.4 Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWP's only.

9.5 Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the United Nations agency regulations, policies and procedures will apply.

9.6 In the case of international NGO and IGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

9.7 To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide United Nations Agency or its representative with timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNFPA;
- All relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.
- The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash (and where the SAI has been identified to conduct the audits, and to the SAI).
- Undertake timely actions to address the accepted audit recommendations.
- Report on the actions taken to implement accepted recommendations to UN agencies (and where the SAI has been identified to conduct the audits, and to the SAI), on a quarterly basis.

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## **Part X. Other Provisions**

10.1. This CPAP and its annexes shall become effective upon signature and will be understood to cover programme activities to be implemented during the period 1 January


2013 through 31 December 2017. The CPAP of 2013-2017 will supersede any previously signed CPAP.

10.2. The CPAP and its annexes may be modified through mutual consent by the Government and UNFPA based on the outcome of annual reviews, the mid-term review, or other compelling circumstances.

*IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day \_\_\_\_\_ in Kuala Lumpur, Malaysia.*

For the Government of Malaysia


For the United Nations Population Fund  
Malaysia



4/2/2013


Datuk Dr. Rahamat Bivi Yusoff  
Director General of the Economic  
Planning Unit

**DATUK DR RAHAMAT BIVI BT. YUSOFF**  
Director General  
Economic Planning Unit  
Prime Minister's Department



13 Feb 2013

Caspar Peek  
Country Director for Malaysia and  
UNFPA Representative for Thailand



6/2/2013

Kamal Malhotra  
UNFPA Representative Malaysia

**ANNEX 1 - RESULTS AND RESOURCES FRAMEWORK FOR MALAYSIA**

<p><b>National priorities or goals within the 10<sup>th</sup> Malaysia Plan, 2011-2015:</b>                      National Initiative 36: Supporting Older Persons to Lead Productive and Fulfilling Societal Roles                      National Initiative 58: Shifting towards wellness and disease prevention                      National Initiative 33: Empowering women to enhance their economic contribution                      Lead Ministry: Ministry of Women, Family and Community Development</p> <p><b>Regional UNFPA Strategic Plan 2012-2013 Development Results Framework: Population dynamics and their interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies</b></p>		<p><b>Resources per annum (US Dollars)</b>                      Regular resources</p>						
<p><b>CP outcomes, indicators, baselines and targets</b></p>	<p>CP outputs, indicators, baselines</p>	<p>Implementing Partners</p>	<p>2013</p>	<p>2014</p>	<p>2015</p>	<p>2016</p>	<p>2017</p>	<p>Total</p>
<p><b>POPULATION DYNAMICS</b></p>								
<p><b>Outcome 1:</b> Population dynamics and their interlinkages with the needs of young people (including adolescents) as well as the elderly, addressed in national and sectoral development plans and strategies.</p> <p><u>Outcome indicator:</u>                      Number of UNFPA-identified national plans and programmes that incorporate population dynamics issues of ageing and youth.</p>	<p><u>Output 1:</u> Strengthened national capacities for incorporating population dynamics and their interlinkages with the needs of young people (including adolescents) and the elderly, into national plans and programmes.</p> <p><u>Output indicators:</u>                      -Multisectoral coordinating body on youth and ageing, including institutions involved in data generation, analysis and planning, is strengthened.                      -Number of persons trained with UNFPA support on how to incorporate population dynamics issues into plans and programme                      -A comprehensive plan of action on the elderly developed.                      -Number of UNFPA-identified programmes that address the SRH needs of the elderly.</p>	<p>1. Ministry of Finance                      2. Ministry of Higher Education                      3. Ministry of Health                      4. National Population and Family Development Board                      5. Department of Statistics                      6. Federation of Reproductive Health Associations, Malaysia</p>	<p>90,000</p>	<p>90,000</p>	<p>90,000</p>	<p>90,000</p>	<p>90,000</p>	<p>450,000</p>

<p><b>National priority or goal with reference to the 10<sup>th</sup> Malaysia Plan, 2011-2015:</b>                      National Initiative 57: Increasing quality, capacity and coverage of healthcare infra                      National Initiative 58: Shifting towards wellness and disease prevention                      Lead Ministry: Ministry of Women, Family and Community Development</p>									
<p><b>Regional UNFPA Strategic Plan 2012-2013 Development Results Framework: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions</b></p>									
CP outcomes, indicators, baselines and targets	CP outputs, indicators, baselines	Implementing Partners	Resources per annum (US Dollars)						
			Regular resources	2013	2014	2015	2016	2017	Total
<b>FAMILY PLANNING</b>									
<p><b>Outcome 2:</b> Increased access to and utilization of quality sexual and reproductive health services, particularly family planning, for poor and marginalized women of reproductive age.</p> <p><u>Outcome indicators:</u>                      Contraceptive prevalence rate                      Baseline: 51.9 (2004)</p> <p>Unmet need for contraception disaggregated for age and regional disparities                      Baseline: 36.2% (2008)</p> <p>Proportion of reported HIV infections that are female.                      Baseline: 19% (2009)</p>	<p><b>Output 2:</b> Strengthened delivery of health systems to overcome barriers to access for family planning as well as HIV-services, particularly for poor and marginalized women of reproductive age.</p> <p><u>Output indicators:</u>                      -Number of UNFPA-supported institutions with the knowledge and skills to address the gaps in the implementation of family planning, SRH and HIV services                      Baseline: Two</p> <p>-The number of UNFPA-supported institutions with the knowledge and skills to utilize evidence to address the gaps between policies and programmes related to family planning, SRH and HIV services for poor and marginalized women                      Baseline: Two</p>	<p>1. Ministry of Health                      2. National Population and Family Development Board                      3. Federation of Reproductive Health Associations, Malaysia</p>	100,000	100,000	100,000	100,000	100,000	500,000	

<p><b>National priority or goal with reference to the 10<sup>th</sup> Malaysia Plan, 2011-2015:</b>                      National Initiative 33: Empowering women to enhance their economic contribution                      Lead Ministry: Ministry of Health</p>		<p><b>Regional UNFPA Strategic Plan 2012-2013 Development Results Framework: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy</b></p>						
<p><b>CP outcomes, indicators, baselines and targets</b></p>	<p>CP outputs, indicators, baselines</p>	<p>Implementing Partners</p>	<p><b>Resources per annum (US Dollars)</b> Regular resources</p>					
			2013	2014	2015	2016	2017	Total
<p><b>GENDER-BASED VIOLENCE AND REPRODUCTIVE RIGHTS</b></p>								
<p><u>Outcome 3:</u> Improve the health system response to reproductive rights, particularly gender-based violence.</p> <p><u>Outcome indicators:</u>                      Number of reported cases presenting at the One-Stop Crisis Centres.</p> <p>Baseline: 575-580 Domestic violence cases and rape cases per year presenting at the Kuala Lumpur General Hospital (the largest referral hospital in the country). (2009)</p>	<p><u>Output 3:</u> Strengthened health systems response to gender-based violence, particularly amongst poor and marginalized women, most-at-risk young people and adolescents.</p> <p><u>Output indicators:</u>                      -Number and percentage of One-Stop Crisis Centres that deliver services according to standardized OSCC guidelines and the Plan of Action.                      -Number of non-health sector departments (healthcare providers, police and other enforcement officers, welfare officers, and other relevant departments) that have a referral system for GBV survivors to the One-Stop Crisis Centres.</p>	<p>1. Ministry of Women, Family and Community Development                      2. Ministry of Education                      3. National Department for the Development of Islam Malaysia                      4. Attorney General Office                      5. Royal Malaysian Police</p>	60,000	60,000	60,000	60,000	60,000	300,000

<p><b>Additional priority or goal with reference to the 10<sup>th</sup> Malaysia Plan 2011-2015:</b>                      National Initiative 58: Shifting towards wellness and disease prevention                      National Initiative 33: Empowering women to enhance their economic contribution                      Lead Ministry: Ministry of Women, Family and Community Development</p> <p><b>Regional UNFPA Strategic Plan 2012-2013 Development Results Framework: Improved access to SRH services and sexuality education for young people (including adolescents)</b></p>									
CP outcomes, indicators, baselines and targets	CP outputs, indicators, baselines	Implementing Partners	Resources per annum (US Dollars)						
			2013	2014	2015	2016	2017	Total	
<b>YOUTH &amp; SEXUAL AND REPRODUCTIVE HEALTH</b>									
<p><u>Outcome 4:</u> Improved access to SRH services and reproductive health education, particularly for poor and marginalized youth, through evidence-based policies and programmes.</p> <p><u>Outcome indicators:</u></p> <p>Adolescent birth rate                      Baseline: 12.8 per 1,000 female population 15-19 years (2007)</p> <p>Number of UNFPA-identified policies or programmes that have been updated using evidence-based programming principles.                      Baseline: Zero</p>	<p>CP outputs, indicators, baselines</p> <p><u>Output 4:</u> Strengthen the capacities of UNFPA-identified institutions to update relevant policies and ensure evidence-based programming for the provision of reproductive health information, education and services amongst poor and marginalized youth, including adolescents, particularly those that are most-at-risk.</p> <p><u>Output indicators:</u></p> <p>-Number of UNFPA-identified institutions that have the knowledge and skill to plan, budget and design youth-friendly information and services.                      Baseline: Two</p> <p>-Number of pilot initiatives designed with key stakeholders, implemented, evaluated and presented to key decision-makers for consideration to take to scale.                      Baseline: Two</p>	<p>1. Ministry of Women, Family and Community Development</p> <p>2. Ministry of Education</p> <p>3. National Population and Family Development Board</p> <p>4. Federation of Reproductive Health Associations, Malaysia</p> <p>5. UNICEF Malaysia</p>	90,000	90,000	90,000	90,000	90,000	450,000	
<b>Total Programme Coordination and Assistance</b>			60,000	60,000	60,000	60,000	60,000	60,000	300,000
<b>Total CPAP Budget</b>			400,000	400,000	400,000	400,000	400,000	400,000	2,000,000

Annex 2 – Planning Matrix for Monitoring and Evaluation

Results	Targets and achievements					M&E activities	Timing of M&E activities	Persons/Units responsible for M&E activities	Resources available for M&E activities	Monitoring risks										
	Year 1		Year 2		Year 3						Year 4		Year 5							
	Target	Achievement	Target	Achievement	Target						Achievement	Target	Achievement	Target	Achievement					
Strengthened national capacities for incorporating population dynamics and their interlinkages with the needs of young people (including adolescents) and the elderly into national plans and programmes	Action Plan completed		Framework established. Meetings progressing.		Assessment framework for impact generated by work of the body completed		Evaluation of the work of the multisectoral coordinating body		Documentation of lessons learned		CPAP Annual Review Meetings, Country Office Annual Report.		Annually		EPU, UNFPA and Ministry of Women, Community and Family Development		Within current CPA allocation		Staff turnover and inability to gather data consistently due to capacity concerns, as country office has only 3 staff positions.	
	Number of persons trained with UNFPA support on how to incorporate population		5% increase		Percent age increase maintained at 5%		5% maintained but to also include quality of placements and exchange of		5% maintained but to also include quality of placements and exchange of		Monitoring visits, Annual Review Meetings		Annually as well quarterly		EPU, UNFPA and Ministry of Women, Community and Family Development		Within current CPA allocation		There may be lack of baseline nationally as to number of demographers graduated.	

SP outcome 1: Population dynamics and their interlinkages with the needs of young people (including adolescents) as well as an ageing population, addressed in national and sectoral development plans and strategies.

Regional UNFPA Strategic Plan 2012-2013 Development Results Framework: Population dynamics and their interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.







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Results	Targets and achievements										M&E activities	Timing/frequency of M&E activities	Persons/units responsible for M&E activities	Resources available for M&E activities	Monitoring risks	
	Year 1		Year 2		Year 3		Year 4		Year 5							
	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
<p>Number of trained personnel in population research. Baseline: To be identified</p>	Baseline to be determined during the inception year		An increase of 5 new trained persons per year		An increase of 10 new trained persons per year		An increase of 10 new trained persons per year		An increase of 10 new trained persons per year		Annual Progress Report	Monitoring visits, Annual Review Meetings	Annually as well as quarterly	EPU, UNFPA and Ministry of Women, Community and Family Development	Within current CPA allocation	As above
<p><b>SP outcome 2: Increased access to and utilization of quality sexual and reproductive health services, particularly family planning, for poor and marginalized women of reproductive age.</b></p>																
<p><b>Regional UNFPA Strategic Plan 2012-2013 Development Results Framework: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions</b></p>																
<p>Strengthened delivery of health systems to overcome barriers to access for family planning as well as HIV-services, particularly for poor and marginalized women of reproductive age.</p>	<p>Number of UNFPA-supported institutions with knowledge and skills to address the gaps in the implementation of family planning, SRH and HIV services. Baseline: Two</p>	<p>At least one other national institutions not previously reached, to now have been reached</p>	<p>At least a 5% increase in outreach of institutions identified.</p>	<p>At least a 5% increase in outreach of institutions identified.</p>	<p>At least a 5% increase in outreach of institutions identified.</p>	<p>At least a 5% increase in outreach of institutions identified.</p>	<p>At least a 5% increase in outreach of institutions identified.</p>	<p>At least a 5% increase in outreach of institutions identified.</p>	<p>At least a 5% increase in outreach of institutions identified.</p>	<p>At least a 5% increase in outreach of institutions identified.</p>	<p>Annual Progress Report</p>	<p>Monitoring visits, Annual Review Meetings</p>	<p>Annually as well as quarterly</p>	<p>EPU, UNFPA and Ministry of Health</p>	<p>Within current CPA allocation</p>	<p>As SRHR services are delivered across both Ministry of Health and Ministry of Women jurisdiction, the risk will be to pool data from both sources.</p>
<p>The number of UNFPA-supported institutions with the knowledge and skills needed to utilize evidence to</p>	<p>Capacities of 2 institutions built on evidence in contraception</p>	<p>Capacities of 2 institutions built on evidence in contraception</p>	<p>Capacities of 2 institutions built on evidence in contraception</p>	<p>Capacities of 2 institutions built on evidence in contraception</p>	<p>Capacities of 2 institutions built on evidence in contraception</p>	<p>Capacities of 2 institutions built on evidence in contraception</p>	<p>Capacities of 2 institutions built on evidence in contraception</p>	<p>Capacities of 2 institutions built on evidence in contraception</p>	<p>Capacities of 2 institutions built on evidence in contraception</p>	<p>Capacities of 2 institutions built on evidence in contraception</p>	<p>Annual Progress Report</p>	<p>Monitoring visits, Annual Review Meetings</p>	<p>Annually as well as quarterly</p>	<p>EPU, UNFPA and Ministry of Health</p>	<p>Within current CPA allocation</p>	<p>As SRHR services are delivered across both Ministry of Health and Ministry of Women jurisdiction</p>

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Results	Targets and achievements										Means of verification	M&E activities	Timing/frequency of M&E activities	Persons/units responsible for M&E activities	Resources available for M&E activities	Monitoring risks		
	Year 1		Year 2		Year 3		Year 4		Year 5									
	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement								
<p>address the gaps between policies and programmes related to family planning, SRH and HIV services for poor and marginalized women</p> <p>Baseline - Two</p>																		<p>s, the risk will be to pool data from both sources.</p>
<p><b>SP outcome 3: Improve the health system response to reproductive rights, particularly gender-based violence.</b></p>																		
<p><b>Regional UNFPA Strategic Plan 2012-2013 Development Results Framework: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy.</b></p>																		
<p>Strengthened health systems response to gender-based violence, particularly amongst poor and marginalized women, most-at-risk young people and adolescents.</p>	<p>Number and percentage One-Stop Crisis Centres that deliver services according to standardized OSCC guidelines and the plan of action. Baseline: To be identified</p>	<p>At least two OSCCs have had community level awareness raising completed</p>	<p>At least two OSCCs have had community level awareness raising completed</p>	<p>At least two OSCCs have had community level awareness raising completed</p>	<p>At least two OSCCs have had community level awareness raising completed</p>	<p>At least two OSCCs have had community level awareness raising completed</p>	<p>At least two OSCCs have had community level awareness raising completed</p>	<p>At least two OSCCs have had community level awareness raising completed</p>	<p>At least two OSCCs have had community level awareness raising completed</p>	<p>At least two OSCCs have had community level awareness raising completed</p>	<p>Annual Progress Report</p>	<p>Monitoring visits, Annual Review Meetings</p>	<p>Annually as well as quarterly</p>	<p>EPU, UNFPA and Ministry of Women, Community and Family Development</p>	<p>Within current CPA allocation</p>	<p>While the community mobilisation element to use and understand the OSCC is within purview of MoWFCDC, the OSCC themselves are under MoH oversight. Again access to data across ministries will be vital</p>		

UNFPA Malaysia Country Programme and Action Plan 2013-2017

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/Frequency of M&E activities	Persons/Units responsible for M&E activities	Resources available for M&E activities	Monitoring risks	
		Year 1		Year 2		Year 3		Year 4		Year 5								
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement							
	Number of non-health sector departments (healthcare providers, police and other enforcement officers, welfare officers) that have a referral system for GBV survivors to the One-Crisis Centres. Baseline: To be identified	At least two trainings held with non-health sector department personnel	At least two trainings held with non-health sector department personnel	At least two trainings held with non-health sector department personnel	At least two trainings held with non-health sector department personnel	At least two trainings held with non-health sector department personnel	At least two trainings held with non-health sector department personnel	At least two trainings held with non-health sector department personnel	At least two trainings held with non-health sector department personnel	At least two trainings held with non-health sector department personnel	Annual Progress Report	Monitoring visits, Annual Review Meetings	Annually as well as quarterly	EPU, UNFPA and Ministry of Women, Community and Family Development	Within current CPA allocation	to measuring progress. While the community mobilization element to use and understand the OSCC is within purview of MoWFCD, the OSCC themselves are under MoH oversight. Again access to data across ministries will be vital to measuring progress.		
<b>SP outcome 4: Improved access to SRH services and reproductive health education, particularly for poor and marginalized youth, through evidence based policies and programming.</b>																		
<b>Regional UNFPA Strategic Plan 2012-2013 Development Results Framework: Improved access to SRH services and sexuality education for young people (including adolescents)</b>																		
Strengthen the capacities of UNFPA-identified institutions to update relevant policies and ensure evidence-	Number of UNFPA-identified institutions that have the knowledge and skill to plan, budget and design youth-friendly	At least two institutions had their capacities built	At least two institutions had their capacities built	At least two institutions had their capacities built	At least two institutions had their capacities built	At least two institutions had their capacities built	At least two institutions had their capacities built	At least two institutions had their capacities built	At least two institutions had their capacities built	At least two institutions had their capacities built	Annual Progress Report	Monitoring visits, Annual Review Meetings	Annually as well as quarterly	EPU, UNFPA and Ministry of Health	Within current CPA allocation			

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Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing frequency of M&E activities	Persons units responsible for M&E activities	Resources available for M&E activities	Monitoring risks	
		Year 1		Year 2		Year 3		Year 4		Year 5								
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement							
based programming in the provision of reproductive health information, education and services amongst poor and marginalized youth, including adolescents, particularly those that are most-at-risk.	information and services. Baseline: Two																	
	Number of pilot initiatives designed with key stakeholders implemented, evaluated and presented to key decision-makers for consideration to take to scale. Baseline: Two	Planning and determination of pilots and up-scale schedule	Number of schools to which pilots have been extended increase by 5%	Number of schools to which pilots have been extended increase by 10%	Number of schools to which pilots have been extended increase by 20%	Number of schools to which pilots have been extended increase by 30%	Annual Progress Report	Monitoring visits, Annual Review Meetings	Annually as well as quarterly	EPU, UNFPA and Ministry of Health	Within current CPA allocation							

**Annex 3 – Monitoring and Evaluation Calendar of Activities  
Country: Malaysia  
Country Programme Cycle (cost sharing arrangement with Government of Malaysia): Third Cycle**

	Year 1 - 2013	Year 2 - 2014	Year 3 - 2015	Year 4 - 2016	Year 5 - 2017
<b>1. Surveys /studies</b>	-Situation analysis -Needs assessment -Baseline survey	As in year 1	- Outcome analysis of policy advocacy	-End of Line Survey -Final assessment of impact of respective programmes -Outcome analysis of policy advocacy	Baseline assessment for new programme
<b>2. Monitoring system</b>	-Annual Reports (SPR) -Steering/working Committees' report -Field monitoring visit reports	As in year 1	As in year 1	As in year 1	as in year 1
<b>3. Evaluations</b>			Mid-term evaluation (UNFPA, IPs)	End of CP/CPAP evaluation	
<b>4. Reviews</b>	-Annual CPAP review (UNFPA, IPs) -Annual Work Plan review (UNFPA, IPs) - CO Annual Report (COAR)	As in year 1	As in year 1	As in year 1	as in year 1
<b>5. Support activities</b>	-Field monitoring visits (IPs, Ministries focal points, UNFPA) -Provide technical support for review meeting of CPAP (UNFPA, IPs, relevant experts/consultants) - Audit spot checks	As in year 1	As in year 1	As in year 1	as in year 1
<b>M&amp;E Activities</b>					

Planning references					
<b>6. capacity building</b>	<b>M&amp;E</b>	-Programme related training ( such as P&D, RH and Gender, and FACE/ATLAS depending on availability, relevant agencies); briefings (UNFPA guidelines for relevant officials of IPs, by UNFPA)	As in year 1	As in year 1 -Sharing of lessons learned on policy advocacy and capacity building programmes -Documentation of good practices	As in year 1 -Sharing of lessons learned on policy advocacy and capacity building programmes -Documentation of good practices
<b>7. Use of information</b>	<b>Use of information</b>	-Data from needs assessment and baseline surveys used in developing the AWP (Jan-Feb) - ICPD beyond 2014 preparation and reporting - Review of information/direction from 10th Malaysia Plan (2011-2015)	As in year 1 -Findings of studies used for revision of AWP (Jan-Feb)	As in year 1 -Data from Department of Statistics -Documentation of good practices	As in year 1 -Information/ direction from 11th Malaysia Plan (by EPU)
<b>8. Partner activities</b>	<b>Partner activities</b>	-Feedback from 10 <sup>th</sup> Malaysia Plan review and input into 11 <sup>th</sup> Malaysia Plan (2016-2020)	-Inputs into and from review of the National Strategic Plan on HIV/AIDS	-Information/ direction/input into 11th Malaysia Plan (by EPU/UNFPA/IPs)	- Preparation for next CPAP (July onwards, by UNFPA and IPs)