

## UNITED NATIONS POPULATION FUND

### Final country programme document for Malaysia

Proposed indicative UNFPA assistance: \$2 million from regular resources on a 50:50 cost-sharing basis with the Government of Malaysia

Programme period: Five years (2013-2017)

Cycle of assistance: Third cycle of cost-sharing arrangement

Category per decision 2007/42: Type 1

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Total
Outcome 1: Population Dynamics	0.43	0.43
Outcome 2: Family Planning	0.47	0.47
Outcome 3: Gender Equality & Reproductive Rights	0.30	0.30
Outcome 4: Youth & Adolescent SRHR	0.45	0.45
PCA: Programme Coordination & Assistance	0.35	0.35
<b>Total</b>	<b>2.0</b>	<b>2.0</b>

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## I. Situation analysis

1. Malaysia is an upper-middle-income country with a population of 28.7 million people, and ranked 61 out of 187 countries on UNDP's 2011 Human Development Index. Malaysia's average annual Gross Domestic Product (GDP) growth between 2001 and 2011 was 4.7% while its estimated 2010 Gross National Income (GNI) Per Capita was \$16,259. While there has been significant economic and social development, the Government has announced the introduction of the National Transformation Policy 2011-2020, comprising the 10<sup>th</sup> and 11<sup>th</sup> Malaysia Plans, Government Transformation Programme, Economic Transformation Programme, Rural Transformation Programme, and Political Transformation Programme, which highlights the need to address income inequality, promote inclusiveness, achieve environmental sustainability and improve systems of governance. There is also a need to further examine the complex interaction of religious, cultural and social influences on the empowerment of women that may hinder their full and effective participation in society.

2. At year-end 2011, Malaysia was on track to achieve most of the Millennium Development Goals (MDGs) in aggregate terms by 2015. Notably, it has achieved the MDG objective of halving poverty – which fell from 17 per cent in 1990 to 3.8 per cent in 2009, based on its national poverty line. Nevertheless, the rural poor in 2009 still accounted for two thirds of poor households. The Government has outlined its commitment to the MDG agenda through its Tenth Malaysia Plan (2011–2015), with 30 per cent of its total development expenditure allocated to the social sector. The priorities of the 10<sup>th</sup> Malaysia Plan are to address relative poverty and the 2.4 million vulnerable households categorized as the bottom 40 per cent, with a focus on women, youth and indigenous communities. The country has achieved gender parity at all levels of education, surpassing parity at the university level. 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) while the rate of population increase is projected to decline to 1.15% by 2020.

3. UNDP's 2011 Gender Inequality Index (GII) ranked Malaysia 43 out of 145 countries with a score of 0.286. It currently lags in terms of women's labour force participation (46.1% compared with 78.7% for men) and political empowerment. Women remain under-represented in decision-making bodies such as the Parliament and state assemblies as well as in managerial and executive positions particularly in the private sector. In addition, urban households headed by women, including households with single mothers and children, have a much higher probability of being poor than those headed by men. There are also complex issues at the interface of gender, culture and religion which remain to be addressed.

4. The demographic profile of the country indicates challenges associated with both a very young as well as an ageing population, where 27.6 per cent of the country's people are currently aged between 0-14 years while the number of older persons stood at 8.4% in 2011. By 2030, 15 per cent of the total population will be above 60 years of age. This has implications for the capacity of the nation to ensure decent employment, information 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. There is a critical need for the availability of robust data and analysis of population dynamics for development planning.

5. The maternal mortality ratio (MMR) was reduced to 28.9 in 2008, a significant reduction from 44 maternal deaths per 100,000 live births in 1991. While the Millennium Development Goals target of reducing the maternal mortality ratio by three quarters puts the rate at 11 per 100,000 live births by 2015, the government estimates a more realistic number may be 20 by 2015, given the last-mile issues that are often costly or would

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require sophisticated technology and complex management arrangements. Significant differentials exist in the ratio by geographical locations, ethnicity, age group and parity. There is a need to invest in studying and analysing the reasons behind the barriers to a more rapid fall of the MMR.

6. The contraceptive prevalence rate has stagnated since 1984, registering at 51.9 per cent in 2004. The rate for modern methods of contraception is even lower at 34 per cent (2004). Despite this, the total fertility rate has dropped significantly from 3.3 in 1990 to 2.3 in 2010. The variance between a stagnant CPR and declining fertility rates are due in part to the rising age of marriage for women, from 22 years in 1970 to 25.1 in 2000, and the proportion of women ages 30-34 who had never been married, which increased to 13 per cent in 2000. Reliance on private sector sources for contraceptives was at 60 per cent in 2004. There exists a need for better coordination between Ministries involved in family planning and sexual reproductive health particularly in linking policy and implementation. A 2010 study points to the gender dimension in family planning, identifying the importance of male participation and citing increases in contraceptive prevalence rates to 74.3 per cent when family planning programmes began incorporating gender awareness and couple counseling on shared responsibilities, within the service delivery system.

7. 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, and between 1 to 5 of the 44 maternal deaths per 100,000 live births are attributed to unsafe abortion annually. The unmet need for modern contraception had increased from 25 per cent in 1988 to 36 per cent in 2004. Unmet need tends to be highest in the most disadvantaged and marginalized groups, where barriers in meeting their contraceptive needs would compromise the scope of life choices that women and men have.

8. There is evidence that with an increasing 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. 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 have increased outreach to secondary school students. The unmet need for contraception among young people and unmarried people remains unclear as the Fourth Malaysian Population and Family Survey (2004) only studied married women. However, the Ministry of Health has recently significantly expanded its outreach services for young people and adolescents, and improved its efforts to closely track age-disaggregated fertility rates since 2010. The Ministry of Health currently provides universal access and a comprehensive range of services to adolescents and youth through its health care facilities nationwide, regardless of their marital status.

9. The annual total number of HIV cases in both male and females is decreasing, however the ratio between female to male is increasing, from 5% of total infections in 1999 to 19% in 2009, a four fold increase within a decade. The number of new HIV cases was highest in 2002 with the total number hitting 6,978 (629 female and 6,349 male). However, it has since steadily decreased to 3,479 cases in 2011 (735 female and 2744 male). The current HIV prevention programmes are prioritized for the most-at-risk populations, as Malaysia is classified as a country with a concentrated epidemic. The main driver of the HIV epidemic in Malaysia is through sharing of needles amongst injecting drug users (IDUs), followed by sexual transmission amongst the sex workers, transgendered people and men having sex with men (MSM).

10. 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 ever experiencing physical or sexual violence is one in three women. However, there were 3,264 reported cases of domestic violence in 2006. The impact of

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violence during pregnancy and its contribution to the maternal mortality ratio is currently taken into account in Malaysia, as 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.

## **II. Past cooperation and lessons learned**

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

12. The Mid-Term Review 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 indicated that there was a need to expand the core areas within the current country programme of young people's SRHR, empowerment of marginalized women, protection from gender-based violence, ensuring quality of life for the elderly as well as revitalizing the national family planning programme, and include new and emerging issues such as migrant workers and the feminization of HIV/AIDS.

13. The Second Malaysian Population Strategic Plan Study (2010) 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.

14. The National Strategy on HIV and AIDS for 2011-2015 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 on vulnerable groups. There is commitment to include advocacy, prevention and scaling up of screening and treatment activities to all those in need.

15. The revised National Policy for Older Persons (2010 - 2015) outlines six strategies 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.

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16. It is important that the Malaysian country component of the Global Survey on ICPD Beyond 2014 to be implemented by UNFPA be located within the CP 2013-2017 as well as integrated and harmonized with other activities. The Global Survey is expected to be carried out in all countries to gather information on the implementation of key elements of the Programme of Action, focusing on progress made so far, the identification of facilitating factors, the gaps and constraints limiting implementation, and emerging issues that require attention and will be supplemented by information through consultations and other processes.

17. Although Malaysia does not have an United Nations Development Assistance Framework (UNDAF), UNFPA works in close collaboration with UN sister agencies and relevant civil society organizations on issues of socio-cultural influences on gender equality, HIV/AIDs and young people's access to sexual and reproductive health. The UNFPA country office leads the joint 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. Meanwhile, inter-agency collaboration between UNFPA and UNICEF is already in place within the last Country Programme cycle, in the area of effective ASRH education and counseling, as well as with UNESCO on sexual education within the school curriculum. UNFPA also has been working with WHO on providing technical support to the Ministry of Health to improve the capacity and strengthen the national family planning programme. There has 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 in strengthening and promoting the linkages of SRH and HIV towards accelerating the attainment of MDGs 5 and 6. There is potential for this work to continue to be built upon in the next programme cycle.

### **III. Proposed programme**

18. The UNFPA Country Programme is consistent with the national priorities of Malaysia as delineated in the 10<sup>th</sup> Malaysia Plan, and the strategic outcomes envisioned by UNFPA for the Asia Pacific region. This Country Programme relates in particular to four specific areas of outcomes 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.

19. 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), increasing unmet need, gender-based violence, the sexual and reproductive health and rights of 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, for which Malaysia has significant and successful experience.

#### *Population Dynamics*

20. Output 1: Strengthened national capacities for incorporating population dynamics and their interlinkages with the needs of an aging population and those of young people (including adolescents) into national plans and programmes. The programme will: (a) promote comprehensive analysis and use of the 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 at sub-national levels and other differentials for more focused interventions of specific population groups, in particular, concerning the

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inequalities of access to services and developing recommendations for improved implementation and coverage; (b) strengthen 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 support the inclusion of the various segments of the population, including those in the 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; (d) provide technical assistance and support for the conduct of the Malaysian Population and Family Survey (NPFDB) 2014 to include unmarried young people; (e) promote planning for a five-year intercensal survey involving representative sample populations and on pertinent issues of concern to further facilitate future programming and development; (f) at least 1 national agency strengthened by 2015 to provide medium to long term technical advisory and capacity building initiatives through South-South collaboration, for other developing countries in the area of population and development.

### *Family Planning*

21. Output 2: Strengthened delivery of health systems to overcome the barriers to access for family planning as well as HIV-services, particularly for poor and marginalized women of reproductive age. This programme will: (a) provide technical assistance in the area of increasing evidence for the improvement and strengthening of family planning services in particular for vulnerable groups; (b) 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 counseling specifically suitable for each particular age group; (c) 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; (d) generate evidence around the barriers, whether medical, physical or social, so as to devise appropriate information, education and counseling 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; (e) development of appropriate service guidelines relating to the increasing use of private sector sources for family planning; (f) conducting research to analyse and understand last mile 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; (g) provide evidence and analysis for the importance of involving men in decision-making processes in family planning, including the prevention of sexually transmitted infections and HIV; (h) national agencies strengthened by 2015 to provide medium to long term technical advisory and capacity building initiatives through South-South collaboration, for other developing countries in the area of family planning.

### *Gender-based Violence*

22. Output 3: Strengthened health systems response to gender-based violence, particularly amongst poor and marginalized women, most-at-risk young people and adolescents. This programme will: (a) strengthen the health sector response to gender-based violence by reviewing existing efficacy of standard operating procedures, guidelines and outcomes and generating evidence concerning the gaps; (b) provide data and analysis for policy and programme formulation on the linkage between gender violence and poor reproductive health outcomes; (c) increase the availability of data and analysis on the prevalence and nature of gender-based violence in Malaysia, potentially via the implementation of the WHO Multi-country Study on Women's Health and Domestic Violence.

23. Output 4: Strengthen the capacities of UNFPA-identified institutions to update relevant policies and ensure evidence-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. This programme will: (a) improve the policy environment for ensuring the availability of sexual and reproductive health information and services for adolescents and unmarried young people through generating evidence on the nature of need, prevalence and circumstances influencing young people's sexual and reproductive health; (b) 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; (c) generate evidence and analysis on the direction and required nature of SRH and HIV linked services to most-at-risk population groups.

#### **IV. Programme management, monitoring and evaluation**

24. A new 5-year Country Programme is proposed to begin in 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 process of situational analysis and country programme assessment, and the joint development of a response strategy through the form of the Country Programme Document and Action Plan. To achieve the planned results, the Country Programme will be funded on a 50:50 cost sharing basis with the Government of Malaysia and UNFPA, to a total of \$2 million. Any additional resources raised will be allocated based on 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, under the Prime Minister's Department.

25. An Annual Review Meeting, chaired by the Economic Planning Unit and held in coordination with UNFPA, will assess progress and approve adjustments in upcoming Annual Workplans of all implementing partner agencies. Investments will be made in the initial phase for generating a baseline for the 2013-2017 Country Programme. A mid-term review is anticipated to be held in late 2014 in order to re-align the Country Programme towards emerging priorities within the 11<sup>th</sup> Malaysia Plan, which is anticipated to be formulated for the period of 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 post-International Conference on Population and Development 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.

26. 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 will continue to be held by the United Nations Development Programme Resident Representative for Malaysia, Singapore, and Brunei Darussalam, while the position of Country Director for UNFPA Malaysia will be held by the UNFPA Representative for Thailand, who will be located in Bangkok. The Asia Pacific regional office will provide technical assistance where required, and ensure the quality of all programmes.

## RESULTS AND RESOURCES FRAMEWORK FOR MALAYSIA

<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				
<b>Revised Regional UNFPA Strategic Plan 2012-2013 Development Results Framework</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
<b>Outcome:</b> <b>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><u>Outcome 1:</u> 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.</p> <p><u>Outcome indicator:</u></p> <p>Number of UNFPA-identified national plans and programmes that incorporate population dynamics issues of ageing and youth.</p> <p>Baseline: Zero</p>	<p><u>Output 1:</u> Strengthened national capacities for incorporating population dynamics and their interlinkages with the needs of an aging population and those of young people (including adolescents) into national plans and programmes.</p> <p><u>Output indicators:</u></p> <p>A multisectoral coordinating body, including institutions involved in data generation, analysis and planning, established and operationalized.</p> <p>Baseline: Zero</p> <p>Number of persons trained on how to incorporate population dynamics issues into plans and programmes.</p> <p>Baseline: Zero</p>	<ol style="list-style-type: none"> <li>1. Ministry of Finance</li> <li>2. Ministry of Higher Education</li> <li>3. Ministry of Health</li> <li>4. National Population and Family Development Board</li> <li>5. Department of Statistics</li> <li>6. Federation of Reproductive Health Associations, Malaysia</li> </ol>	\$430,000 from regular resources on a 50:50 cost-sharing basis with the Government of Malaysia

<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 Health				
<b>Revised Regional UNFPA Strategic Plan 2012-2013 Development Results Framework</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
<p><b>Outcome:</b>  <b>Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions</b></p>	<p><u>Outcome 2:</u> 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></p> <p>Contraceptive prevalence rate for all women of reproductive age</p> <p>Baseline: 51.9 (2004)</p> <p>Unmet need for contraception disaggregated for age and regional disparities</p> <p>Baseline: 36.2% (2008)</p> <p>Proportion of reported HIV infections that are female.</p> <p>Baseline: 19% (2009)</p>	<p><u>Output 2:</u> Strengthened delivery of health systems to overcome the 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></p> <p>Number of UNFPA-identified institutions with the knowledge and skills to plan of family planning, SRH and HIV services</p> <p>Baseline: Zero</p> <p>The number of UNFPA-identified institutions with the knowledge and skills needed to utilize evidence to address the gaps between policies and programmes related to family planning, SRH and HIV services for poor and marginalized women</p> <p>Baseline – Zero</p>	<p>1. Ministry of Women, Family and community Development</p> <p>2.National Population and Family Development Board</p> <p>3.Federation of Reproductive Health Associations, Malaysia</p>	<p>\$470,000 from regular resources on a 50:50 cost-sharing basis with the Government of Malaysia</p>

National priority or goal with reference to the 10 <sup>th</sup> Malaysia Plan, 2011-2015: National Initiative 33: Empowering women to enhance their economic contribution Lead Ministry: Ministry of Women, Family and Community Development				
Revised Regional UNFPA Strategic Plan 2012-2013 Development Results Framework	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
<p><b>Outcome:</b> Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy.</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 UNFPA-supported One-Stop Crisis Centres that deliver services according to standardized OSCC guidelines. Baseline: Zero</p>	<p>1. Ministry of Health</p> <p>2. Ministry of Education</p> <p>3. National Department for the Development of Islam Malaysia</p> <p>4. Attorney General Office</p> <p>5. Royal Malaysian Police</p>	<p>\$300,000 from regular resources on a 50:50 cost-sharing basis with the Government of Malaysia</p>

<b>National 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 Health				
<b>Revised Regional UNFPA Strategic Plan 2012-2013 Development Results Framework</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
<p><b>Outcome:</b> <b>Improved access to SRH services and sexuality education for young people (including adolescents)</b></p>	<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 programming.</p> <p><u>Outcome indicators:</u></p> <p>Adolescent birth rate</p> <p>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.</p> <p>Baseline: Zero</p>	<p><u>Output 4:</u> Strengthen the capacities of UNFPA-identified institutions to update relevant policies and ensure evidence-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.</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.</p> <p>Baseline: Zero</p> <p>Number of pilot initiatives designed with key stakeholders, implemented, evaluated and presented to key decision-makers for consideration to take to scale.</p> <p>Baseline: Zero</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>	<p>\$450,000 from regular resources on a 50:50 cost-sharing basis with the Government of Malaysia</p> <hr/> <p>Total for programme coordination and assistance: \$350,000 from regular resources on a 50:50 cost-sharing basis with the Government of Malaysia</p>