

United Nations Population Fund

Malaysia Programme Plan, 2019-2020

Proposed indicative UNFPA assistance: \$2.0 million: \$0.8 from regular resources and \$1.2 through co-financing modalities

Programme period: Two years (2019-2020)

Cycle of assistance: Fourth cycle

Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.5	0.7	1.2
Outcome 4	Population dynamics	0.2	0.3	0.5
Programme coordination and assistance		0.1	0.2	0.3
Total		0.8	1.2	2.0

I. Programme Rationale

1. Malaysia has a population of 32 million, of which 13.8 percent or 4.3 million are indigenous, and 10 percent or 3.3 million are considered non-Malaysians, including documented migrants and undocumented workers. Adolescents and youth account for 28 percent of the population, while people over 65 represent 6.2 percent. Over the coming two decades, the large youth population provides an opportunity for Malaysia to benefit from this “demographic dividend” while at the same time is transitioning into an aged society.
2. The government has taken ownership of the 2030 Agenda, and has included the principle of “leaving no one behind” in the expected results of the 11th Malaysia Plan 2016-2020. Despite these efforts, Sustainable Development Goals (SDG’s) related to health and gender equality, are lagging behind. Malaysia ranks 104 out of 144 countries in the global gender equality index. Health expenditure is at 4.2 percent of Gross Domestic Product, and despite a well-functioning health system, there is insufficient access to health information and services for unmarried adolescents and youth, as well as for vulnerable and marginalized groups. Furthermore, there is need for a coordinated rights based approach to achieve gender equality, particularly in relation to sexual and reproductive health and rights and related SDG targets.
3. Despite the high average income per capita, a focus on the remaining pockets of poverty and inequality is required. This should be informed by disaggregation of relevant data, in particular in the state of Sabah in Eastern Malaysia, where the average poverty rate was 2.9 percent in 2016 but 20 percent for indigenous peoples. The state of Sarawak has the highest level of inequality shown by a Gini coefficient of 3.9 and more than 100 thousand households living in poverty, particularly in rural areas.
4. Sexual and reproductive health indicators have improved, particularly the reduction of maternal deaths from 60 per 100,000 live births in 1980 to 29 per 100,000 in 2016. In the same period the total fertility rate dropped from 3.7 to 1.9 per woman and safe delivery increased from 38 to 99 percent. Nevertheless, contraceptive use has remained stagnant or even declined from 55 percent to 52 percent, with the use of modern methods at 34 percent. The role of abortion in fertility reduction and addressing unintended pregnancies remains unclear, although some studies raise concerns. The knowledge of youth on contraceptives and sexual and reproductive health and rights remains limited at 45 percent.
5. While the average age of a mother’s first live birth has increased to 27 years over the past decade, the proportion of sexually active young people below the age of 19 has doubled. This has resulted in an adolescent birth rate of 10 per 1,000 girls aged 15-19 years in 2016. About seven percent were born to unmarried adolescent girls below the age of 15.
6. Across society, there is sensitivity to the provision of sexual and reproductive health information and services to unmarried young people. This has resulted in insufficient coverage and quality of youth friendly sexual and reproductive health services and limited access to contraceptives. Despite sexual and reproductive health education being included in the school curriculum, comprehensive sexuality education is not being widely implemented, in line with international standards. The lack of an integrated approach and coordinated institutional strategy for addressing the needs of adolescents and youth has contributed to uneven and insufficient knowledge and information on sexual and reproductive health, including HIV.
7. Other groups with limited access to sexual and reproductive health information and services, include indigenous groups and migrant workers, including estate workers, women often depend on the permission of their male partners to access services and sea gypsies. Parts of the orang asli/orang asal and migrant populations are unregistered thus excluded from access to government health services.
8. Gender equality has seen advances, particularly in relation to tertiary education and an increase in women’s access to the labour force, although women’s labour force participation rate remains one of the lowest in the region at 54 percent. Accurate national

statistics on the prevalence of violence against women are not available. The government provides services to victims of violence through the one stop crisis centers (OSCC) however, these are often under funded and the quality of services is uneven. Furthermore, institutional coordination for prevention and response is unclear.

9. Malaysia has greatly strengthened its data collection systems over the past decades, placing the country in a leadership position in terms of civil registry and digital data management, which could greatly support the 2020 round of censuses. Despite this capacity, the availability of robust data on sexual and reproductive health, in particular for unmarried youth, older persons and on gender based violence is limited. A formal Demographic and Health Survey has not been conducted and sampling of available surveys may not be representative enough to make quality data projections to inform policies and programmes to address the gaps in achieving SDG and ICPD related commitments. Access to primary data for analysis is limited.

10. The review conducted of the fourth UNFPA programme cycle showed a strong focus on vulnerable and marginalized groups as a comparative advantage of the programme, as well as its engagement with sensitive issues in the context of Malaysia. UNFPA worked with strong implementing partners and enhanced institutional capacities in population dynamics, built civil society capacities to support sexual and reproductive health and family planning services for vulnerable groups, and enhanced capacities of Ministry of Health. Engagement in policy level dialogue and utilising lessons learnt from activities was limited.

11. Building on the recommendations of the review, UNFPA will focus on evidence and human rights based policy engagement to facilitate human capital development and support the inclusion of sexual and reproductive health and rights in the 12th Malaysia plan. The programme aims to strengthen the use of evidence to address inequalities and gaps, and advocating for an enhanced integrated approach across sector-based institutions. This will include the production of evidence to influence the economic case for government investment in sexual and reproductive health, as an enabler for developing human capital. The Programme will include support to South-South and Triangular Cooperation through sharing good practices in Malaysia with other countries in Asia and beyond, and assisting Malaysia's regional and global leadership in the implementation of the Sustainable Development Goals (SDGs). During this programme cycle UNFPA will pursue an inclusive and enhanced partnerships approach, including with the private sector.

II. Programme Priorities and Partnerships

12. The proposed Malaysia programme plan, 2019-2020, is aligned to the 11th Malaysia development plan 2016-2020, the ICPD Plan of Action and the UNFPA strategic plan 2018-2021 as well as the 2030 Agenda for Sustainable Development. The design of the programme benefitted from the inputs of multiple consultations with partners and other stakeholders, including government agencies, women's groups and other civil society organizations and academia. In addition to implementing partners, other organizations and United Nations agencies were consulted, including private sector actors.

13. The two-year programme plan, focuses on zero unmet need for family planning, one of the three transformational results of the strategic plan; and it is framed within a longer term seven-year perspective. It aims to support: 1) government's efforts to achieve inclusive development and leaving no one behind 2) enhance opportunities for strengthening human capital through government investment in sexual and reproductive health 3) promote a human-rights based approach throughout the lifecycle. The programme will focus on addressing persistent inequalities through the realisation of sexual and reproductive health and rights. The programme targets the furthest behind mostly from low-income households in both rural and urban areas, including young people, particularly adolescent girls and young women, indigenous groups, migrant workers, and undocumented people. The programme mainstreams gender across the two

outcome areas, promoting gender equality and women's and girl's empowerment as intersecting themes across the programme.

14. UNFPA will achieve these through evidence based policy engagement, sharing ICPD related development solutions with other countries through South South Cooperation and focussed capacity development. The programme aims to support evidence-based decision-making, while enhancing coordination across Government institutions as well as with non-government actors, to ensure an integrated approach to the development and implementation of policies on sexual and reproductive health, in line with the SDGs.

15. Malaysia has a strong national mechanism to address humanitarian issues through the National Security Council. UNFPA participates and contributes through the UN Humanitarian Theme Group, which coordinates its response with the Council. The Rohingya refugee crisis has resulted in few arrivals in Malaysia over the past year, with coverage provided by UNHCR .

16. UNFPA will work closely with Government at national and sub-national levels and with selected civil society, academia, private sector partners, as well as sister agencies in the United Nations Country Team. In addition to working with bilateral partners, geared in particular towards collaborating on engagement in policy dialogue and advocacy. The programme will continue to work as part of the UN Country Team, chairing the Gender Theme Group and following-up on CEDAW recommendations, while providing support to the UPR process.. A multi-stakeholder partnership will be established aiming to foster an integrated approach in reaching the objectives in each of the two outcome areas. The programme will pilot partnerships for domestic resource mobilization and positioning through communications. Linkage will be sought with relevant regional and global networks.

17. In order to inform the fifth country programme, a population situation analysis will be conducted. This will be done in close cooperation with EPU, as well as the Population Studies Unit, MyAgeing, National Population and Family Development Board and Malaysian Department of Statistics.

A. Outcome 1: Sexual and Reproductive Health and Rights

18. Output 1: *Enhanced national capacities to improve access to quality sexual and reproductive health and reproductive rights for adolescents and youth, particularly the furthest behind including in humanitarian settings.* The programme will use a comprehensive analytical approach to link health, education, gender including prevention of violence as enablers for the development of human capital. It will: (a) provide technical support to conduct demographic and health studies, including economic variables, with the view to build an economic case for investing in sexual and reproductive health policies and services. This includes evidence based-policy advocacy for access to quality and effective gender sensitive sexual and reproductive health services, and enhancing young people's capacities to contribute to development through their social and economic participation; (b) promote an integrated inter-ministerial approach to sexual and reproductive health to enhance capacities at national and sub-national to address sexual and reproductive health and rights with a human rights based and a gender sensitive approach. This includes evidence based advocacy and shared understanding for the development of a sexual and reproductive health and rights plan, with particular attention to bridging the gaps of the furthest behind population groups; and (c) engage in policy dialogue to support comprehensive sexuality education in formal and informal settings. This will include providing technical assistance to the design of an out-of-school programme as well as engaging social actors including the private sector, in a broader discussion to reduce the resistance to comprehensive

sexuality education for adolescents and youth . It will also include the support to the Advisory Coordination Committee on Reproductive Health, which coordinates the inputs from the various Ministries, as well as the development of a strategy to guide inputs into the policy dialogue.

B. Outcome 4: Population Dynamics

19. Output 1: Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies and programmes on sociodemographic inequalities, including in humanitarian settings. The programme will convene and facilitate the dialogue among a multisectorial platform to support the leaving no one behind aspiration and address the inequalities, with special attention to particular groups and sub-national level. The programme will: (a) support the development of an evidence base to inform the application of the SDG principle of 'leaving no one behind' in policies and programmes including the 12th Malaysia Plan, by promoting the use of demographic data to assess the economic impact of population dynamics, with a life cycle approach. (b) Advocate collective efforts of the United Nations country team, particularly engaging in the related SDG monitoring system, the study on undocumented persons in east Malaysia and the gender equality initiatives (c) provide technical assistance on quality assurance and packaging of experience and expertise developed in Malaysia in the areas of census, through South-south and triangular Cooperation, and facilitate knowledge exchange of solutions based on demand. This will be done in close coordination with related national institutions, making use of UNFPA's knowledge about the needs of other countries, acting as a broker in facilitating connections between countries. It will provide operational support, contributing to fostering multilateral platforms, networks and communities of practice.

III. Programme and Risk Management

20. The proposed programme is based on a larger 7 year vision, but covers a two year timeframe from 2019 to 2020, in order to align with both Government and United Nations Country Team planning cycles. The existing governance framework will be jointly revised to ensure an effective programme management and enhanced transparency and accountability of the joint UNFPA and Government investment. It will reflect an equal partnership in terms of accountability for objectives and targets to be achieved. This will include furnishing a means of engaging key stakeholders in policy level discussion, making use of experiences and learnings obtained through the programme.

21. In the absence of an UNDAF, the initiatives of the country programme directly contribute towards the relevant targets outlined in the 11th Malaysia Plan and other medium- and long-term development priorities identified jointly with Economic Planning Unit (EPU), and in support of the work programme of the United Nations Country Team towards the operationalization of the SDGs in Malaysia.

22. The country office will comprise a resident representative, an assistant representative, and programme and administrative staff to ensure effectiveness and efficiency. Technical support, including resource mobilization and South-South Cooperation will be requested from the Asia Pacific Regional Office.

23. Funding of the programme is based on a cost-sharing arrangement with Government. From previous years, the Government is willing to increase its contribution to the programme. Nevertheless, programme implementation may experience heightened risk of budget cut, limited institutional capacity and sudden depletion of resource mobilisation opportunities in the country and changes in the development priorities of partners and donors.

24. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level.

Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and Evaluation

25 UNFPA and the government of Malaysia, in coordination with the Economic Planning Unit (EPU) will realize all monitoring and evaluation activities following UNFPA's policies and procedures. Given that a comprehensive country programme review was conducted during the third country programme cycle (2013-2017/18), evaluation in the fourth cycle will focus on two thematic evaluations, covering each of the programme outcome areas. This will enable the review of the results of the outputs to prepare the ground for programming in the next cycle and thus inform the design of the next five year programme.

26 Results based management and accountability frameworks will be used. Monitoring will make use of the indicators of the results framework. Indicators at output level concern systems or capacities in place in-country. Criteria detailed in the UNFPA meta-data will be used as qualitative indicators in the two-year programme period, to assess progress.

27. Annual review meetings will be conducted to assess progress and required changes to subsequent work plans. The meetings will be chaired by EPU, with annual workplans approved jointly by the UNFPA Representative and EPU. Quarterly monitoring meetings and/or joint field visits will be organised, which will feed into management decision making and progress reporting.

RESULTS AND RESOURCES FRAMEWORK FOR MALAYSIA (2019-2020)

<p>National priorities: 11th Malaysia Plan, 2016-2020 Chapter 4: Improving Well Being for All. <i>Focus Area 4: Achieving Universal Access to Quality Healthcare.</i> Chapter 3: Enhancing Inclusiveness Towards An Equitable Society <i>Focus Area 4: Uplifting B40 Households Towards A Middle Class Society: Addressing the increasing cost of living. Focus Area B: Empowering communities for a productive and prosperous society</i></p> <p>UN Malaysia Framework outcomes (no UNDAF in Malaysia): Enhanced inclusivity and improved well-being for all toward leaving no one behind and the empowerment of women and girls Effective mainstreaming, acceleration, data, accountability and partnerships toward achievement of the Agenda 2030 for Sustainable Development</p> <p>Indicator: _____ <i>Baseline:</i> _____ <i>Target:</i> _____</p>				
<p>UNFPA strategic plan outcome</p> <p>Outcome 1: Sexual and Reproductive Health and Rights</p> <p>Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <p><i>Baseline: 34.3; Target: 38</i></p>	<p>Country programme outputs</p> <p><u>Output 1:</u> Enhanced national capacities to improve access to quality sexual and reproductive health and reproductive rights for adolescents and youth, particularly the furthest behind including in humanitarian settings</p>	<p>Output indicators, baselines and targets</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Socio-Demographic and Economic Study, based on enabling factors for development of human capital, that includes a return of investment and gender analysis, completed and shared with decision makers in collaboration with EPU and other stakeholders concerned <i>Baseline: 0; Target: 1</i> An integrated sexual and reproductive health plan developed that prioritizes access to a comprehensive package of sexual and reproductive health information and services for adolescents and marginalized groups <i>Baseline: 0; Target: 1</i> Policy advocacy strategy developed and implemented on the right to access sexual and reproductive health information for adolescents and youth through the main education system <i>Baseline: no; Target: yes</i> 	<p>Partner contributions</p> <p>EPU, Ministry of Health, Ministry of Education, Ministry of Women, Family and Community Development, Ministry of Youth and Sports, National Population and Family Development Board, Federation of Reproductive Health Associations Malaysia</p>	<p>Indicative resources</p> <p>\$1.2 million (\$0.5 million from regular resources and \$0.7 million from other resources)</p>

<p>Outcome 4: Population Dynamics Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics <i>Baseline 41 percent Target 42</i> 	<p><u>Output 1:</u> Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies and programmes on sociodemographic inequalities, including in humanitarian settings.</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> A National Plan in place to produce SDG indicator 3.7.2, 5.3.1 and 5.6.1 with full disaggregation <i>Baseline: 0; Target: 1</i> Number of publicly available UNFPA supported studies at national and sub-national levels with a focus on leaving no one behind, used to inform the development of the 12th Malaysia plan (2021-2025) <i>Baseline: 0; Target: 2</i> Number of UNCT development and SDG initiatives informed by socio-demographic intelligence <i>Baseline: 0; Target: 2</i> Number of countries successfully supported by UNFPA in learning from the Malaysia experience on census through South south and triangular cooperation <i>Baseline: 0; Target: 1</i> 	<p>EPU, National Population and Family Development Board, Department of Statistics, Population Studies Unit, MyAgeing Ministry of Science, Technology and Innovation Ministry of Foreign Affairs</p>	<p>\$0.5 million (\$0.2 million from regular resources and \$0.3 million from other resources)</p>
--	--	---	--	--