

ANNEX 1 - THE EVALUATION MATRIX

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| <p>Evaluation Question 1: To what extent is the country programme adapted to: (i) the needs of diverse populations, including vulnerable and marginalized groups (e.g. young people, women and persons with disabilities, etc.); (ii) priorities articulated in relevant international and national frameworks and agreements, including the ICPD PoA, SDGs, CEDAW, and UPR; (iii) the strategic direction and objectives of UNFPA, and (iv) the effects of megatrends, particularly but not limited to ageing, low fertility and climate change, and how can UNFPA boost sustainable strategic, human rights-based responses and adaptations to these megatrends?</p> | |
| <p>Assumption for verification 1.1: The needs of diverse populations, including the needs of vulnerable and marginalised groups (e.g. young people, women and persons with disabilities) have been taken into account in the design and implementation of programme interventions.</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1 Evidence of a needs assessment, identifying the needs of vulnerable target population prior to the programming of the CPD and AWP 2 The selection of target groups for UNFPA-supported interventions is consistent with identified needs in the CPD and AWP 3 Extent to which the interventions planned within the AWP were targeted at the most vulnerable, marginalized, women and girls, persons with disabilities and excluded population groups, in a prioritized manner 4 Whether the CP has integrated rights and responsibilities of right holders and duty bearers in the M&E mechanisms across the output areas, including parameters such as gender-disaggregated data, social inclusion, disability inclusion, reflection of women's voices from different groups, etc 5 Whether a clear and transparent accountability mechanism has been put in place for decision-making and review |
| Data collected | Sources of information |
| <p>The needs of the population have been assessed as part of the design process of CP and adapted throughout the implementation. For example, a CSE Advocacy Forum (Forum Advokasi PEKERTI) was held to promote the idea that family planning is consistent with religious values, such as responsible parenthood and the protection of maternal and child health and address any misconceptions or opposition to family planning that may exist within certain communities. This forum involved local leaders to create an environment that is more supportive of family planning and encourages more high-risk women to use family planning services.</p> <p>Furthermore, a Hybrid Family Planning Forum was organised for half day duration involving 150 participants. Experts panel from local leaders and gynecology experts.</p> | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> • UNFPA 2023 Annual Report – Malaysia • 2023 Annual Workplan for UNFPA Malaysia Country Office with Implementing Partners • UNFPA Quarterly monitoring reports • IPs Annual Work Plans • IPs Work Plan Progress Report • Progress report of implementing partners • National Population & Family Development Board Annual Report |

RELEVANCE

The forum was held in the state of Kelantan tentatively in September 2024 in conjunction with the World Contraception Day.

The CP has integrated rights and responsibilities of right holders and duty bearers in the design and M&E mechanism across the outcome areas, with specific attention on the needs and rights of vulnerable groups, in particular, adolescents and young people, women and girls. This is evidenced by the advocacy and policy dialogue activities which have played a pivotal role in advocating for the rights, needs, and concerns of youth and adolescents in Malaysia, in influencing policymakers to prioritise policies and programs that address the unique challenges the demographic group faces in Malaysia. This work included strengthening CSE in- and out-of schools including using innovative approaches. For example, organized a TOT Workshop for 70 NPFDB's Facilitators using Live Life Stay Safe Module (RHSE for Disabled Child) and Cakna Diri Ibu Bapa Module (NPFDB RHSE Module), in 2024, in Langkawi area. Master trainers consisted of experts from MOH, NPFDB and external experts. Also, implemented 14 programs in 14 states with 420 participants of parents with collaboration from Special Education Division, MOE and Social Welfare Department (Institution for Disable Child) and parents in the community.

Stakeholders including vulnerable groups have been consulted and their concerns have been addressed and reflected in the CP.

A clear and transparent accountability mechanism is in place for decision-making and review, e.g. A study comparing Family Planning and CSE policies and practices across four Muslim countries by UNU-IIGH, where the findings helped revise the National Family Planning Policy and PEKERTI & Programme of Action for LPPKN.

A gendered approach has been adopted in the design and M&E mechanism across the outcome areas in particular, women's voices from different groupings have been included, e.g. WAO's community network mapping to study GBV response in Malaysia, among marginalized women and B40 groups; trained grassroots women to become community advocates; trained Government front-liners to work with these women.

Some evidences of GBV advocacy, dialogue, and programme in Malaysia are as follows:

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| <ul style="list-style-type: none"> ✓ 16 Days Campaign for the International Day for the Elimination of Violence against Women (IDEVAW): Orange the Nation campaign in collaboration with Ministry of Women, Family and Community Development and other partners. ✓ Malaysia Women and Girls Forum (MWGF), an annual event that brings together multiple stakeholders involved in the social and economic advancement of women and girls in Malaysia. ✓ White Ribbon Campaign with men and boys working to end violence against women and girls, carried out in collaboration with All Women's Action Society (AWAM). ✓ The Legal Literacy Programme, which is in the pipeline, aims to: raise awareness on all forms of constitutional and legal rights pertaining to gender equality, GBV, SRHR, women's economic <p>Further Activities Needed: Further engagements with multi-stakeholders to support policy improvements and recommend and/or pilot programmes that support youth socio-economic opportunities through SRH and gender equality investment.</p> <p>Interagency collaboration is needed to increase dissemination to target group on SRHE and strengthen family-based SRHE, particularly for parents with disabled children.</p> <p>A commitment by NPFDB to the SRHE and Family Planning Program is to continue to coordinate and implement its work, particularly in advocacy, research and educational initiatives, as part of the national effort to achieve universal access to SRHR, leaving no one behind as a pledge under SDG 3.</p> | |
| <p><i>"Malaysia is transitioning to a high-income country, but vulnerable populations, including ethnic minorities and hard-to-reach groups, are still being neglected in policy interventions. This poses challenges for UNFPA in terms of addressing SRHR and population development issues."</i></p> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person) UNFPA-APRO</p> |

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| <p><i>"Malaysia is transitioning to a high-income country, but vulnerable populations, including ethnic minorities and hard-to-reach groups, are still being neglected in policy interventions. This poses challenges for UNFPA in terms of addressing SRHR and population development issues."</i></p> <p><i>"WAO's work with UNFPA consciously includes diverse groups in their programmes, ensuring representation of different races, religions, abilities, and geographical locations. They actively seek to engage communities beyond Klang Valley and focus on diversity, although it can be challenging due to segregation in certain areas. Some communities are not used to thinking about diversity, presenting challenges in engagement."</i></p> <p><i>"UNFPA supports programmes directed towards reproductive rights, but not sexual rights due to cultural sensitivities. The focus is on marginalized groups, including persons with disabilities and commercial sex workers. UNFPA's role includes technical and programmatic support."</i></p> | <p>NGO</p> <p>Interview with key informant</p> |
| <p>Assumption for verification 1.2: The programmes supported by UNFPA are consistent with the priorities put forward in policy and normative frameworks, including the UNSDCF, ICPD-PoA, CEDAW, UPR and the priorities of the UNFPA Strategic Plan (SP).</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. The objectives and strategies of the CPD and the AWP are in line with the goals and priorities set out in the UNSDCF and UNFPA SP 2. The priorities, strategies and design of the CP is in line with accelerating the progress towards implementation of ICPD-PoA. 3. The CPD (across all components) aims at the development of national capacity 4. Extent to which a human-focused approach (with the integration of gender equality and women's empowerment) has been used to develop the CP, including a specific focus on the needs of vulnerable, marginalized communities, and persons with disabilities 5. The priorities, strategies and design of the CP is in line with the 2030 agenda and contributing to achievement of the SDGs 6. UNFPA's contribution is aligned with Government's commitment to implement agreed UPR, CEDAW recommendations |
| Data collected | Sources of information |

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| <p>The CP and APWs are in line with the UNSDCF and UNFPA strategic plans, e.g to achieve universal access to SRH, realize reproductive rights and address GBV challenges</p> <p>CPAP is in line with CPD</p> <p>The priorities, strategies and design of the CP is in line and accelerating the progress towards implementation of progress ICPD PoA</p> <p>The priorities, strategies and design of the CP is in line with the 2030 agenda and contributing to achievement of the SDGs</p> <p>UNFPA's contribution is aligned with Government's commitment to implement agreed UPR, CEDAW recommendations, for example the CP is adapted to priorities articulated under CEDAW, and the CO provides extensive support to the Government for CEDAW reporting processes, and following up on CEDAW recommendations; the CO also closely engages with the Government on the UPR process – it worked with Government with support of OHCHR and the UNCT to advocate for CEDAW recommendations (on SRHR, FGM etc.) to be integrated into the UPR process, and the step-by-step approach adopted to engage with different stakeholders, including the national advocacy mechanisms to be adopted for rolling out the UPR recommendations once accepted, is considered a good practice model that has been shared with other countries in the region.</p> | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> • UNFPA Strategic plan 2018-21 and 2022 - 2025 • UNFPA CP4 CPD and CPAP • UNFPA 2023 Annual Report – Malaysia • IPs Annual Work Plans • IPs Work Plan Progress Report • Quarterly monitoring reports & • Progress report of implementing partners • 11th MTR and 12th Malaysia plans and SPV 2030 |
| <p><i>“The Ministry of Education’s strategies, including the implementation of PEERS, are selectively aligned with international frameworks such as the SDGs and the ICPD Programme of Action. The alignment is carefully managed to balance international recommendations with local cultural and religious contexts. These strategies support Malaysia’s sexuality education goals by ensuring that global best practices are adapted to the local context, albeit selectively. ”</i></p> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person) APRO</p> |

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| <p>Assumption for verification 1.3: The country programme and its Intended results are in line with Government of Malaysia strategies and plans</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. Extent to which the objectives and strategies of the CPD were discussed and agreed upon with national partners 2. Whether the priorities, objectives and strategies of the CP are in line with the 12th Malaysia plan & SPV 2030 3. Whether the priorities, objectives and strategies of the CP are in line with relevant Government strategies and policies regarding sexual and reproductive health and rights (SRHR), adolescents and youth (AY), population dynamics (PD), gender equality and women empowerment (GEWE) |
| Data collected | Sources of information |
| <p>The priorities, objectives and strategies of the CP is in line with the 11th MTR and 12th Malaysia plans and SPV 2030</p> <p>The priorities, objectives and strategies of the CP is in line with relevant Government strategies and policies regarding SRHR and population dynamics</p> <p>The CP addressed Theme 2: Strengthening Security, Wellbeing and Inclusivity of the 12th Malaysia Plan and focused on Chapter 1: Strengthening Macroeconomics; Chapter 5: Addressing Poverty and Building an Inclusive Society, Priority Area F: Empowering Specific Target Groups, Chapter 6: Improving Regional Balance and Inclusion; Chapter 7: Enhancing Socio-economic Development in Sabah and Sarawak. The CP was also in line with relevant Government strategies and policies regarding SRHR, population dynamics and women's empowerment. For example, adolescent SRHR – in particular, the access to CSE – under outputs 1 and 2, while gender equality and GBV were covered under output 4 of the CP; and in Chapter 13 of the 12th Malaysia Plan: Strengthening Public Sector Service Delivery. These were also in tandem with the Government's commitment to implementing the 17 SDGs through a whole-of-nation approach.</p> | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> • 11th MTR and 12th Malaysia plans and SPV 2030 • Government strategies and policies regarding statistical capacity development, SRHR and population dynamics • UNFPA 2023 Annual Report – Malaysia • IPs Annual Work Plans • IPs Work Plan Progress Report • Quarterly monitoring reports & • Progress report of implementing partners |
| <p>Assumption for verification 1.4: Country programme strategies and responses are adapted to respond to prevailing and future effects of megatrends</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. The extent to which resources (financial, human and technical) related to SRH are available to look at future trends with regard to low fertility 2. The extent to which resources and services are available that contribute to mitigating the impact of population aging |

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| | <ol style="list-style-type: none"> 3. The extent to which strategic foresight is applied to climate change impacts on vulnerable populations 4. The extent to which resources and services catalyse change to reduce gender inequalities through a human rights based approach and promote women's empowerment |
| Data collected | Sources of information |
| <ul style="list-style-type: none"> ▪ The current CPD design does not focus on anticipating upcoming trends that may impact UNFPA's future work in the country. Given the prevailing megatrends of climate change, low fertility, ageing, and others that engulf the global population, and transcend to impacting Malaysia's development trajectory, UNFPA programming needs to keep in view the emerging trends impacting its mandated areas of work, with more forward-looking perspectives and approaches. ▪ The CPD notes the impact of climate change as a physical risk to operations, and refers to natural disasters, particularly regular flooding in eastern Malaysia and how that may affect the achievement of results by disrupting services and refocusing Government priorities. The CPD recommends that the mitigation measure for overcoming this risk is to provide technical support to the Government in integrating SRH and GBV response service provision within national contingency plans and other emergency preparedness plans, which remains valid. However, it does not include any mention of climate change as a systems pressure and its impact on other inter-connected segments of the system. ▪ Research undertaken in Malaysia on the upcoming megatrends as referenced in the secondary data sources listed, as well as priorities identified in the upcoming 13th MP, provide a forward-looking strategic perspective and foresight on the interlinkage of these megatrends and could serve as a useful resource for UNFPA for factoring in future programming. ▪ Resources and services will be needed to catalyze change to reduce gender inequalities through a human rights-based approach and promote women's | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> • UNFPA Malaysia CPD 2022-2025 • UNDP Report on Climate and Demographic Changes in Malaysia • Envisioning Malaysia 2050: A Foresight Narrative • UNFPA 2023 Annual Report – Malaysia • IPs Annual Work Plans • IPs Work Plan Progress Report • Quarterly monitoring reports & • Progress report of implementing partners |

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| empowerment, given that women and girls tend to get impacted most by these megatrends, taking climate change and demographic transitions as examples. | |
| <ul style="list-style-type: none"> Interviews with key informants corroborated with the findings above through secondary data sources that current CPD design does not focus on anticipating upcoming trends that may impact UNFPA's future work in the country, and strategic foresight will need to be applied to climate change impacts on vulnerable populations, especially on women and girls and the elderly, at a time when the country is undergoing demographic transition | Primary Data - Semi-structured Key Informant Interviews (on-line or in person) |
| Evaluation Question 2: To what extent has the country office been able to respond to changes in national priorities, strategies and policies, or to shifts caused by crisis or major political changes? | |
| Assumption for verification 2.1: Changes in national priorities were duly reflected in UNFPA's SRH, AY, PD and GEWE programming, specifically with regard to the needs of older people, women and youth, as well as vulnerable populations. | Indicators: <ol style="list-style-type: none"> Assessment of key changes in national priorities that may have had an impact on the UNFPA programme. Evidence for appropriateness of UNFPA programmes for responding to changes in the SRH and PD needs of the vulnerable populations including older people, women and youth, through adjusting/adapting programmes based on any change in the national population policies in Malaysia. Country Office (CO) capacity to adjust the focus of the interventions and the AWP's with changes in national priorities. Extent to which specific attention has been paid to vulnerable populations following change in national policies such as older people, women and youth. Evidence of advocacy and policy advice around changes in national priorities targeted at addressing needs of vulnerable populations |
| Data collected | Sources of information |
| <ul style="list-style-type: none"> Impacts of the change of government on the design and implementation of CP Adaption of the CP in responding to change in country needs and priorities due to the change of government | Secondary Data - Desk Review/Document Analysis <ul style="list-style-type: none"> UNFPA CPD and CPAP UNFPA Annual Reports – Malaysia UNFPA Quarterly monitoring reports |

RELEVANCE

- The MWFCDD, which is a close partner of UNFPA, is the key player driving forward many of the relevant policies. UNFPA has been directly/indirectly involved, through advocacy platforms, provision of technical support and conduct of background studies, in supporting the policies of the new Government that came into power in November 2022. Some examples include: (a) Raising the minimum age of marriage from 16 to 18 (in the state of Kedah and Selangor) which came up as part of the CEDAW review process; (b) Introduction of the Anti-Sexual Harassment Act 2022, which was led by CSOs, in which UNFPA provided technical inputs while reviewing the draft of the Act (the draft was also tabled at the UN Gender Results Group forum); and (c) Gender-responsive Budgeting, that was advocated by UNFPA using the platform of the Malaysia Women and Girls Forum, while promoting the need to invest in women through budgetary allocations.
- Extent to which the country office has been able to support the implementing partners to adapt the country programme due to change of government
- Office has systems in place to prevent and respond to sexual exploitation, abuse and harassment
- Comprehensive national SRH plan includes health services and targets for all developed and implemented.

Evidenced below:

SRH Advocacy and Programmes for Malaysia:

- Confinement Centre Report Launched - aims to propose a regulatory framework and responsible agency/ministry to set quality standards for confinement centres in Malaysia and mechanisms to enforce regulations, including Standard Operating Procedures (SOP).
- Promoted investment in SRH - to support advancement of reproductive rights and female labour force participation. Return on investments

- IPs Annual Work Plans
- IPs Work Plan Progress Report
- Progress report of implementing partners

RELEVANCE

(ROIs) for investments in family planning, comprehensive sexuality education, HPV screening and vaccination, and family support policies were calculated.

- Families on the Edge (FOE) study and dissemination - the purpose of this study is to undertake a follow-up study based on the previous FoE sample to generate evidence that will be used to formulate policy and guide advocacy in the current context of increased cost of living. The outcome of this exercise is aimed to strengthen social protection and access to services in times of shocks, particularly for vulnerable urban residents such as children, women, and persons with disabilities.
- ICPD Consultancy: technical advice on ICPD and SRHR

PEKERTI at Institute & School

- The objective of the program is to increase the number of trained facilitators in disseminating information on SRHE among educators so that it can be applied to the target group continuously and for a long period of time and sustainably.
- Organized 1 Training of Trainers (TOT) Workshop for 54 Facilitators in the Ministry of Youth (TVET Officers), tentatively on 14 - 17 May 2024, in Putrajaya area.
- Implemented SRHE programs in 21 TVET Centers (under MOYS) in Malaysia with an expected involvement of 840 adolescents in total.

PEKERTI at Community

- Organized 1 TOT Workshop for 70 NPFDB's Facilitators using Live Life Stay Safe Module (RHSE for Disabled Child) and Cakna Diri Ibu Bapa Module (NPFDB RHSE Module), tentatively on 24 – 27 June 2024, in Langkawi area. Master trainers consist of experts from MOH, NPFDB and external experts.
- Implemented 14 programs in 14 states with 420 participants of parents with collaboration from Special Education Division, MOE and Social Welfare Department (Institution for disabled Child) and parents in the community.
- Number of states using online SCE platform accessible for young people---Baseline 0 (2020); Target 7 (2025)

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| <ul style="list-style-type: none"> ○ Number of schools using technology and innovations to teach comprehensive sexuality education---Baseline 0 (2020); Target 200 (2025) <p>Activities undertaken include:</p> <ol style="list-style-type: none"> 1. Leading the UN Malaysia Gender Results Group and gender equality and women's empowerment initiatives for UN in Malaysia 2. Participate in other results groups: SDG, M&E, PEOPLE, PROSPERITY, PEACE, OMT, Humanitarian, Communications, 3. Study on Undocumented Persons in Sabah (UN) <p>The MOE has aligned its strategies with international frameworks like the Sustainable Development Goals (SDGs) and the ICPD Programme of Action. However, adaptation is selective, balancing international recommendations with local cultural and religious considerations.</p> <p>In collaboration with MOE, a proposal on a Training Module for Teachers on PEERS was developed and the ministry showed positive support and now awaiting for management approval (UNFPA-MOE)</p> | |
| <p>Assumption for verification 2.2: CO responded to change in country needs and priorities post COVID-19 pandemic, including the needs of vulnerable and marginalised populations (including refugees, migrants)</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. Impacts of COVID-19 pandemic on the design of CP1 2. Extent to which the CO was able to support the IPs to adapt the CP due to the pandemic, while responding to unexpected needs and priorities 3. Based on lessons learnt from COVID-19 response, the extent to which the CO was able to adapt the CP and apportion funds to address the needs of vulnerable and marginalized populations. |
| Data collected | Sources of information |
| <ul style="list-style-type: none"> • Impacts of COVID-19 pandemic on the design and implementation of CP • Revised CP in responding to change in country needs and priorities due to COVID-19 pandemic • Extent to which the country office has been able to support the | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> • UNFPA CPD and CPAP • UNFPA Annual Reports – Malaysia |

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| <p>implementing partners to adapt the country programme due to COVID-19 pandemic</p> <ul style="list-style-type: none"> • Extent to which the country office has been able to respond to the unexpected needs and priorities due to COVID-19 pandemic <p>Post-COVID:</p> <ul style="list-style-type: none"> ○ E.g. Reallocating resources for new programmes or joint programmes with other UN agencies for vulnerable populations who were worse affected by COVID-19, providing support to implementing partners to reprogramme such as adapt their research design or mode of delivery (introduce online programmes) as well as engaging new partners & religious leaders. ○ E.g. Support to handle the surge in domestic violence due to COVID-19, via WAO in increasing awareness & building capacities of diverse communities and Government stakeholders in protection pathways to respond to GBV. ○ E.g. UNFPA & UNICEF □ Families on the Edge (FoE, 2020) study to explore the impact of the COVID-19 crisis on women and children in low-income urban families in Malaysia, followed by the post-pandemic Living on the Edge (LoE, 2023) study, provided support for evidence-informed policy-making & public dialogue. | <ul style="list-style-type: none"> • UNFPA Quarterly monitoring reports • IPs Annual Work Plans • IPs Work Plan Progress Report • Progress report of implementing partners |
| <p><i>"UNFPA's persistence in continuing their work during times of crisis, such as the COVID-19 pandemic and flooding, was essential for ensuring that the needs of adolescents, which became more nuanced during these crises, were addressed."</i></p> <p><i>"The flexibility and understanding UNFPA showed during these challenging times ensured that research continued, minimizing the risks of delays or disruptions."</i></p> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> <p>Academia</p> |
| <p>Assumption for verification 2.3: CO responded to change in country needs and priorities due to the changes of government</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. Impacts of the change of government on the implementation of CP 2. Adaptation of the CP interventions in responding to change in country needs and priorities due to the change of government |

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| | 3. Extent to which the CO has been able to support the IPs to adapt the CP due to change of government |
| Data collected | Sources of information |
| <ul style="list-style-type: none"> ▪ Reallocation of resources for new programmes or joint programmes with other UN agencies for vulnerable populations who are worst affected by COVID 19 • Support provided to implementing partners by reprogramming such as adapt their research design or mode of delivery as well as engaging new partners such as CSOs, religious leaders and Rulers • As far as the MWFCF is concerned, integrating SRHR into national policies and development frameworks including the three transformative results, into universal health coverage benefit packages, equitable financing schemes, accountability mechanisms, and policies and plans related to primary health care, as the basis for actions to accelerate progress towards good health and the well-being of people. The output also aims to integrate the three transformative results across multisectoral policies and laws, including policies related to resilience, preparedness and disaster risk reduction (UNFPA SP), and this can be seen in the coming 13th Malaysian Plan. • Pertaining to advocacy with the Vatican on CSE, and technical analysis of the Vatican SRHE module, the Vatican agreed to revise the module to align with UNITGSE and UNFPA agreed to support the revision | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> • UNFPA CPD and CPAP • UNFPA Annual Reports – Malaysia • UNFPA Quarterly monitoring reports • IPs Annual Work Plans • IPs Work Plan Progress Report • Progress report of implementing partners • 13th Malaysian Plan • UNFPA SP • 2023 UNFPA Annual Report |
| <p>The CO worked to support development and designing of UNFPA Malaysia's programme in Sabah in strengthening and advocating work related to SRHR, Comprehensive Sexuality Education (CSE), gender equality, prevention of GBV and addressing population dynamics, notably ageing.</p> <p>LPPKN held the PEKERTI/SRHE Forum in cooperation with the communities and religious leaders in Sarawak. The Reproductive Health Education Advocacy Forum,</p> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> <p>Academia</p> <p>LPPKN</p> |

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| <p>especially for parents with special needs from a religious perspective in the state of Sarawak, was held on 7 December 2023 in Sibu, Sarawak which was inaugurated by YB Dato' Hajah Nancy Shukri, Minister of Women, Family and Community Development. This forum involved the participation of 300 people from various regional communities in Sarawak and the religious representatives. The main goal of this program is to spread Social and Reproductive Health Education to parents, especially to those who have children with special needs. The Forum conducted with positive cooperation; potential for replication in other states; LPPKN recognizes the value of partnering with religious leaders.</p> | |
| <p>Evaluation Question 3: To what extent should UNFPA reconceptualize the Theory of Change for the next CP given the state of progress towards the SDGs and the three transformative goals (3TRs) in the country and to ensure continued relevance?</p> | |
| <p>Assumption for verification 3.1: CP1's Theory of Change needs adjustment in the next cycle in light of the state of the country's progress towards SDGs and for taking UNFPA's SP's TRs forward</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. To what extent have UNFPA's transformative results been incorporated in the logic of the current CP's Theory of Change 2. To what extent have the upcoming megatrends as relevant to the national priorities and UNFPA's mandate been kept in perspective in the design of CP1 3. To what extent have resilience and adaptive capacity been integrated in CP1 design to enable Malaysia to withstand any future health crises or other natural disasters |
| Data collected | Sources of information |
| <p>The two foresight publications (Envisioning Malaysia 2050 and UNDP Foresight Report) present important elements that will need to be kept in perspective for development of the next TOC, given the emerging megatrends. Strategic responses have been outlined that are vital for addressing the extensive and inter-connected effects of ageing, low fertility, and climate change. The conclusions reached from the two reports are that the convergence of ageing, low fertility, and climate change presents complex challenges for Malaysia. UNFPA's role in advocating for integrated policy responses and supporting community-level adaptations is crucial for fostering a resilient society equipped to handle these demographic and environmental shifts effectively. UNFPA's leadership in coordinating and supporting these efforts is crucial for ensuring that responses are effective, inclusive, and respect human rights.</p> | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> • UNFPA CPD and its Theory of Change • UNDP foresight report 2024 on Climate and Demographic Changes in Malaysia • Envisioning Malaysia 2050: A Foresight narrative (by Akademi Sains Malaysia, 2017) • UN Common Country Assessment for Malaysia, January 2024 • UNFPA Strategic Plan 2022-2025 • Loheswar, R. (2024, September 5). Understanding RMK-13: How the 13th Malaysia Plan aims to address global, local challenges for country's economic future. Malay Mail. • United Nations (2023). The Sustainable Development Goals Report 2023: Special Edition. |

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| <p>The current TOC when reviewed from this lens falls short in all 2 of the 3 indicators above.</p> <ul style="list-style-type: none"> - Extent to which UNFPA's transformative results been incorporated in the logic of the current CP's TOC: <ul style="list-style-type: none"> o Two of the three TRs (i) and (ii) are well covered in the current TOC - Extent to which the upcoming megatrends as relevant to the national priorities and UNFPA's mandate been kept in perspective in the design of CP1 <ul style="list-style-type: none"> o The upcoming megatrends have not been kept in perspective as warranted, therefore need more focus while conceptualizing the new TOC - Extent to which resilience and adaptive capacity have been integrated in CP1 design to enable Malaysia to withstand any future health crises or other natural disasters <ul style="list-style-type: none"> o Having learnt useful lessons from COVID-19 that led to an increase in poverty and highlighted the persistent problem of inequality in Malaysia (across genders, across urban/rural, across households), systemic approaches promoting resilience and adaptive capacity need to be integrated in the next CP's design to withstand future crises | <ul style="list-style-type: none"> • UNSDCF 2026-2030 draft strategic results framework • Joint UNICEF-UNFPA study on the impacts of the COVID-19 pandemic |
| <p>The thoughts as extracted above and further brainstormed by the ET were raised in interviews with key informants and sense-checked with them before including them in findings and formulating conclusions and recommendations therefrom.</p> <ul style="list-style-type: none"> ▪ <i>Ageing needs to be carefully thought - ageing in dignity and good health; very good DOSM - trends are known - strategic entry point for UNCT, but not an easy one - needs collective effort.</i> ▪ <i>Climate Change impact on women and young girls - need to understand the issue from a gender perspective - what climate events impact them the most.</i> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> <ul style="list-style-type: none"> ▪ Government entities ▪ UNFPA APRO staff ▪ UNFPA CO staff ▪ UNRC and other UN entities <p>UN Senior Official</p> |

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| Evaluation Question 4: To what extent has UNFPA leveraged strategic partnerships with national, local and grassroots organizations (e.g. women's rights activists, youth-led groups, advocacy groups of persons with disabilities, religious groups, parliamentarians, academia and think tanks, private sector) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations? | |
| Assumption for verification 4.1: The UNFPA CO has established a strong partnership with GoM, other UN and international agencies, and NGOs, and is considered a credible partner. | Indicators: <ol style="list-style-type: none"> 1. Number of memorandum of understanding (MoU) or any other arrangements between UNFPA and other stakeholders, such as GoM, NGOs that are active 2. Stakeholders' attitudes and opinions toward UNFPA activities and interventions 3. Strength and sustainability of partnerships between UNFPA and other stakeholders, such as GoM, international agencies, and NGOs, contributing to achievement of UNFPA country programme outcomes. 4. Overall involvement of stakeholders with UNFPA activities and interventions 5. Volume of resources mobilized 6. Evidence of national ownership of UNFPA interventions having been established 7. Evidence of the extent to which UNFPA CO took advantage of existing opportunities for synergies and complementarities amongst its own programme components and those of its partners |
| Data collected | Sources of information |
| <ul style="list-style-type: none"> ▪ A reflection of UNFPA's strong partnership with Government is that the Government has enhanced its financial contribution to UNFPA for the current programme cycle, amount to a total of USD 2.4 million (USD 600,000 per annum as compared to USD 200,000 per annum for the previous cycle). ▪ UNFPA's key partnerships are with the Ministry of Economy and the Ministry of Women, Family, and Community Development (including the National Population and Family Development Board). It is viewed as a strategic and influential partner due to its alignment with Government priorities and effective delivery in its focus areas. The Ministry of Education and the Ministry of Youth and Sports are other Government entities UNFPA engages with. | Secondary Data - Desk Review/Document Analysis <ul style="list-style-type: none"> • UNFPA CPD and CPAP • 12th Malaysia Plan • UNSDCF • UNFPA MYS Annual Reports 2022 and 2023 • IPs Annual Work Plans and Progress Reports • MOU between Islamic University Selangor and UNFPA, Feb 2024 |
| <ul style="list-style-type: none"> ▪ Positive feedback received from Govt entities, NGOs, Academia, UN entities reflecting the strength of the partnership: | Primary Data - Semi-structured Key Informant Interviews (on-line or in person) |

COHERENCE

"The coordination between UNFPA and the Ministry has been effective in ensuring coherence between international commitments like CEDAW and our national action plans. This has made it easier to implement policies that cater to a wide range of vulnerable populations."

Government entity

"UNFPA has been committed to collaboration for around 10-20 years, particularly in the sexual health component. They have helped in promoting awareness, accessibility to education, and services, including clinic counselling on SRH components. UNFPA has really helped us, and shared technical input on programme evaluation and monitoring. UNFPA also participates in research and invites various stakeholders to technical meetings and conferences, sharing best practices among countries."

Government entity

"UNFPA's involvement certainly helps us amplify our impact. With their support, we managed to broaden the reach of our GBV training programmes. Their partnerships are strategic, and they always aim for clear outcomes. However, more frequent engagement with local partners would further strengthen the effectiveness of the programmes."

NGO

"UNFPA has been a supportive and credible partner. They work closely with WAO to ensure that the projects align with government requirements and provide assistance, even in overwhelming administrative tasks. The officers working at UNFPA in Malaysia have been true partners. They work closely with us in making sure everything is in line with what the ministry wants. UNFPA is a partner in every sense of the word."

NGO and IP

"Collaboration between UNFPA and academic institutions like MyAgeing have resulted in productive partnerships that contribute to national policy development. These partnerships have also played a critical role in raising awareness about population ageing in Malaysia."

Academia and IP

"UNFPA has a strong reputation within the UNCT and with key government ministries, including the MWFCD and the Ministry of Economy. It is regarded as a strategic partner, especially for its alignment with government priorities and effective delivery in its areas of focus UNFPA has consistently engaged in coordination

UN Entity

| COHERENCE | |
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| <p><i>mechanisms and reform efforts, despite its limited resources. While it faced challenges due to its small team, the agency's strong attendance and participation in coordination activities made it a credible partner."</i></p> <p><i>"Currently, there is no formal Memorandum of Understanding (MoU) between UNFPA and our entity. However, the collaboration is active, with ongoing joint efforts in areas like GBV and SRH. our organization has appreciated the transparency and openness from UNFPA regarding their challenges and limitations our partnership with UNFPA has significantly strengthened our activities, especially in addressing GBV and SRH issues among refugees. Their inclusion of refugees in various consultations and programming efforts has been crucial."</i></p> <p>▪ Suggestions coming forth for how the partnership can work better:</p> <p><i>"Entities fail to leverage their full potential due to insufficient technical resources from UNFPA's side."</i></p> <p><i>"UNFPA's partnerships need more coherence and strategic thinking to achieve better outcomes."</i></p> <p><i>"The alignment between UNFPA's objectives and national policies is often limited, with many areas where collaboration and coordination could be improved, particularly in capacity building."</i></p> <p>▪ Synergies and complementarities:</p> <p>In terms of the extent to which UNFPA CO took advantage of existing opportunities for synergies and complementarities amongst its own programme components and those of its partners, it was acknowledged by SUHAKAM that UNFPA has successfully created synergies between its programmes and SUHAKAM's mandate. For example, their joint efforts on advancing CEDAW commitments and engaging with the Government on child marriage were seen by SUHAKAM as having been instrumental in pushing the agenda forward.</p> <p>However, when it comes to establishing synergies with the work of grassroots organizations, UNFPA is seen to fall short: <i>"While UNFPA conducts meetings and</i></p> | <p>UN Entity</p> <p>Partner entity</p> <p>Partner entity</p> <p>NGO</p> <p>SUHAKAM</p> <p>NGO</p> |

| COHERENCE | |
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| <i>strategic planning, it has not leveraged synergies with grassroots organizations effectively. We haven't been informed about funding opportunities or potential collaborations, which could have supported our work."</i> | |
| Assumption for verification 4.2: UNFPA CO programmes and interventions are performing more effectively due to partnerships established and maintained. | Indicators: <ol style="list-style-type: none"> 1. UNFPA CO attitude towards benefits of partnership 2. Evidence showing strengthened progress towards achievement of CP outputs due to partnerships 3. Evidence of partnerships with government, civil society and academic partners that enabled UNFPA to reach results in the SRHR and GBV outcome areas 4. Evidence of coordination and complementarity among programme components of UNFPA and the programme's implementation 5. Evidence of coherence among government ministries and UNFPA mandate areas 6. The appropriateness of partners in achieving the higher level results. |
| Data collected | Sources of information |
| <ul style="list-style-type: none"> UNFPA's connections with select civil society and grassroots organizations, make it a trusted partner in gender-related and SRHR-related work. These partnerships have facilitated UNFPA's reach to vulnerable and marginalized populations, including those in Sabah and Sarawak regions. However, there remains a gap in engaging directly with various other CSOs and working with them in these states which misses the opportunity for UNFPA to make its presence realised by grassroot entities. Also, there are some CSOs, including in Peninsular Malaysia, that work in the same mandated areas as UNFPA, but are not aware of their current work. UNFPA's choice of partners was found to be appropriate. The IPs are either (i) Government entities (eg. NPFDB /LPPKN) that have the primary mandate to work in areas of UNFPA mandate which establishes ownership of the initiative and contributes to sustainability prospects after UNFPA support ends, or (ii) NGOs such as WAO that are the prime entity taking the GBV agenda forward, and due to WAO leveraging partnerships with local NGOs as community mobilizers, it has enabled UNFPA to work beyond the Klang valley, engaging diverse groups across Malaysia; or (iii) Academia (eg PSU, MyAgeing) whose technical capacities and ability to access secondary data, conduct analysis and | Secondary Data - Desk Review/Document Analysis <ul style="list-style-type: none"> UNFPA CPD and CPAP UNFPA MYS Annual Reports 2022 and 2023 IPs Annual Work Plans and Progress Reports |

| COHERENCE | |
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| publish articles has been strengthened as a result of UNFPA support, contributing to enhanced capacity being built and a repository of information being generated by these entities that can be brought to use for technical purposes and contribute to national policy development. | |
| <p><i>“The Women and Girls Forum has been instrumental in engaging high-level government and civil society.”</i></p> <p><i>“UNFPA could be more involved in coordinating and supporting NGOs working on SRHR in Sabah, especially to avoid duplication of efforts the lack of coordination amongst NGOs is a challenge, and UNFPA could provide more structured support to ensure better collaboration between these organization UNFPA could better leverage its position by working more closely with NGOs that are already embedded in the communities”</i></p> <p><i>" UNFPA needs to leverage its partnerships better, especially with civil society, to ensure the State does not delay the implementation of gender-related outcomes UNFPA should push for more active engagement with civil society and academia to ensure policies are not only developed but effectively implemented."</i></p> <p><i>“In partnership with UNFPA, PSU addressed various groups in the aging population, considering aspects like race, religion, and ableism. This was evident in collaborative efforts for book publications and local surveys in Sabah and Sarawak, engaging local experts for relevant perspectives</i></p> <p><i>“Any new statistics, or new indicators, which are important for interest of the international community as well as for countries (like Malaysia), they (i.e., UNFPA) are ready to facilitate. They also provide advice, raise matters (of importance), facilitating in terms of technical expertise, despite their limitation in strength”.</i></p> <p><i>“They have been a partner (of UNFPA Malaysia) for a very long time because both of them are the only entities that address, one on aging and one on population. There's no other entities addressing those two areas.”</i></p> <p><i>“Population dynamics cuts across issues...and that (capacity) is lacking with</i></p> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> <p>CO; Comms Agency</p> <p>Academia</p> <p>Academia</p> <p>Academia</p> <p>Government entity</p> <p>UNFPA CO</p> |

COHERENCE

UNFPA, they can't cover all....if they have a good number of team (members), they can cater (to more issues of interest with regards to PD)"

"but I also believe that they have challenges, especially their workforce"

"Coordination between UNFPA, SUHAKAM, and other stakeholders has been effective in pushing forward the gender equality agenda, and has helped ensure that issues such as gender-based violence and child marriage remain on the national agenda. However, more focused efforts are needed to streamline initiatives across different agencies to avoid duplication."

"The office has worked effectively with faith-based organizations, particularly in integrating gender and women's economic empowerment into policies. However, cultural and religious barriers continue to hinder progress in areas like CSE."

"Islamic finance aligns with Sharia (Islamic law) principles. Two key focus areas identified are, elderly population care, especially as Malaysia is moving towards an aging population. (Another is the) support for domestic violence survivors, focusing on empowering them economically and supporting their families"

"We have some constraints in terms of resources, and everything...(and) we feel comfortable to basically reach out to UNFPA and tell them like, okay, this is our situation at the moment in the organization, and they are willing to listen and help us find a solution."

"So the community that we reach to, we make sure that it's diverse, because sometimes maybe it's difficult, because, in one area like, say, (there can be predominantly only one race/religious groups, for example) Malay or Chinese, or Indian. But we try, you know...."

SUHAKAM

APRO

Academia

NGO

EFFECTIVENESS

Evaluation Question 5: To what extent have the interventions supported by UNFPA delivered intended results contributing towards achievement of country programme outcomes? In particular: (i) increased access to and use of integrated SRH services, especially for the most vulnerable groups, such as women and girls, young people, older persons, PWDs; (ii) empowerment of adolescents and youth to access SRH services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all

| EFFECTIVENESS | |
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| <p>women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes? What have been the enabling and inhibiting factors in the implementation of these interventions and the UNFPA Strategic Plan's accelerators, and how can the CP be further strengthened to accelerate progress on 3TRs and ICPD PoA?</p> | |
| <p>Assumption for verification 5.1: The UNFPA CO has contributed to support national policies to improve access to and use of integrated SRHR services for target population including adolescents and youth, women and girls, the elderly, and particularly the furthest behind</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. Evidence of national budget committed to integrated SRH services for interventions supported by UNFPA, under cost-sharing arrangement 2. Evidence that national funds have been allocated to continue UNFPA-supported projects related to integrated SRH services 3. Evidence of political commitment on promoting comprehensive integrated SRH services in national ministries and relevant institutions 4. Type and number of interventions to address different elements of SRH by different concerned parties and reported changes contributing to identified outcomes 5. Evidence of progress towards an integrated SRH plan being developed that prioritises access to a comprehensive package of SRH information and services for adolescents, and other marginalised groups including people with disabilities 6. Evidence of progress towards public advocacy strategy development and implementation on the right to access SRH information for AY through the main education system 7. Evidence of partnerships with government, civil society and academic partners that enabled UNFPA to reach results in the SRHR outcome area 8. Evidence that effects of COVID-19 shifted focus to addressing health-related issues and UNFPA needed to adapt its programming accordingly, thereby not being able to fully achieve CPD outputs. |
| Data collected | Sources of information |
| <p>Preliminary financial data for the first 2.5 years (Jan 2022 to June 2024) of CP1 reflects that 40 per cent of the committed funds of USD 2,311,790 were allocated to the SRH component, and its utilization rate was the highest among the four thematic areas, at 72 per cent.</p> <p>There was an increase access to SRHR information and services , especially in the areas of producing research data for policy-makers and collaborating with faith-based organizations and civil society organizations to promote CSE for adolescents and youths. Evidenced for the accessibility to SRHR information and services are as follows:</p> | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> • UNFPA 2023 Annual Report – Malaysia • 2023 Annual Workplan for UNFPA Malaysia Country Office with Implementing Partners • UNFPA Quarterly monitoring reports • IPs Annual Work Plans • IPs Work Plan Progress Report |

EFFECTIVENESS

- Comprehensive national SRHR plan includes health services and targets for all developed and implemented.
- Inclusion of long-acting reversible contraceptives as an essential sexual and reproductive health service into primary health care in Sabah and Sarawak.
- Number of schools using technology and innovation to teach comprehensive sexuality education
- Number of states using an online comprehensive sexuality education platform accessible for young people
- Number of faith-based organisations supportive of CSE being taught in Government and Sunday schools.

UNFPA areas of intervention include:

- SRH advocacy (including SRH advocacy forum, unmet need of family planning study)
- PEKERTI advocacy (including PEKERTI at institute and school, PEKERTI in the communities)

A study undertaken by the United Nations University International Institute for Global Health (UNU-IIGH) with UNFPA's support, improved the NPFDB's capacity to spearhead the development of the nation's SRH and other population health initiatives by enhancing inter-ministerial coordination, monitoring, and advocacy.

As for partnership, UNFPA has collaborated with the Malaysian Government to promote and improve SRHR, give young people more options, and improve the collection and application of demographic data for development. Main partners for the SRH outcome area have been the MWFC, esp. the NPFDB, Ministry of Economy, MOE, MYS, Economic Planning Unit under the Prime Minister's Department; and the Department of Statistics Malaysia. Regarding UNFPA's partnership with research institutions, example; UMS, MyAgeing, PSU (UM), UNU-IIGH, Burnett Institute.

UNFPA also engaged in policy advocacy in collaboration with Parliamentarians, youth networks, civil society, and indigenous and migrant groups to incorporate the

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| needs and rights of young people, migrants, and indigenous populations in relation to SRH into plans and policies that are essential to the rights and needs of the marginalized population. | |
| <p>UNFPA has responded to changes in national needs and priorities caused by the COVID-19 pandemic and the changes of government in the areas of SRHR and SY components e.g reallocating resources for new programmes or joint programmes with other UN agencies for vulnerable populations who were worse affected by COVID-19, providing support to implementing partners to re-programme such as adapted their research design or mode of delivery as well as engaging new partners such as CSOs and religious leaders.</p> <p><i>“The partnership has been catalytic in avoiding duplication and leveraging each other’s expertise, for example, The Families on the Edge report was a collaboration that leveraged the strengths of both agencies.”.</i></p> <p><i>“UNFPA has rarely engaged with the NGO or similar grassroots organizations, which are crucial for advancing SRHR and services” and further stressed that “while UNFPA organizes strategic plans and meetings, these often lack real impact and do not translate into meaningful collaboration with local organizations. There was a missed opportunity for UNFPA to support the NGO’s ongoing work, such as their workshops and youth advocacy initiatives, which could have benefited from additional funding and collaboration.”</i></p> <p><i>"UNFPA’s persistence in continuing their work during times of crisis, such as the COVID-19 pandemic and flooding, was essential for ensuring that the needs of adolescents, which became more nuanced during these crises, were addressed. The flexibility and understanding UNFPA showed during these challenging times ensured that research continued, minimizing the risks of delays or disruptions."</i></p> <p>UNFPA has coordinated its efforts as the health system's main focus shifted to addressing the pandemic's effects and containing its spread. It did this by offering data and evidence needed to inform the national response through its CO and by implementing a number of interventions targeted at the pandemic conditions in the most affected areas.</p> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> <p>NGO</p> <p>NGO</p> <p>Academia</p> |

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| <p><i>”During COVID, we were very grateful for UNFPA’s proactive engagement, and procurement. At least 10,000 dignity kits were distributed to marginalized communities, including refugees and asylum seekers across Malaysia.”</i></p> | UN entity |
| <p>Assumption for verification 5.2: The UNFPA CO has actively contributed to empowerment of adolescents and youth to SRH services and rights</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. Roles played by UNFPA and partners in the empowerment of adolescents & youths showing evidence of increased utilization of SRH services & improved rights, (e.g. via interventions) contributing to the UNFPA country programme outcomes. 2. Initiatives between UNFPA and responsible governmental and NGOs related to the empowerment of adolescents & youths to SRH services & rights. 3. Evidence of partnerships with government, civil society and academic partners enabled UNFPA to empower adolescents & youths to SRH services & rights. 4. Evidence that the effects of the COVID-19 pandemic are constraining factors in the implementation of CSE, as a massive shift to online learning |
| Data collected | Sources of information |
| <p>Through UNFPA’s effort, there has been an improved access to quality SRHR for AY, particularly the furthest behind including in humanitarian settings</p> <p>The following were carried out by UNFPA:</p> <ul style="list-style-type: none"> • Offered technical assistance to carry out health and demographic studies, to create an economic case for investment in SRH policies and services; • Utilized a thorough comprehensive analytical approach linking health, education, gender, and violence prevention as facilitators for the development of human capital. This included evidence based advocacy and shared understanding for the development of a SRHR plan via improving the SRH education policy and plan, and the family planning policy; with particular attention to bridging the gaps of the furthest behind population groups • Engaged in policy dialogue to support CSE in formal and informal settings, and provided 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 CSE | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> • UNFPA 2023 Annual Report – Malaysia • 2023 Annual Workplan for UNFPA Malaysia Country Office with Implementing Partners • UNFPA Quarterly monitoring reports • IPs Annual Work Plans • IPs Work Plan Progress Report |

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| <p>for adolescents and youth. It also includes 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 .</p> <ul style="list-style-type: none"> • The COVID-19 pandemic has changed the mode on teaching and learning. UNFPA provided technical support to undertake a review of the use of technology and innovation in CSE to teach in schools, TVET institutes and higher education institutions, The use of technology and innovation was also promoted to support teacher training and engagement of young people and parents. Support for evidence-based advocacy and digital communication materials were developed and distributed through social media and other channels, targeting the AY populations. Advocacy campaigns, CSE forums and dialogues were conducted to strengthen support for using technology and innovation for CSE teaching. • UNFPA has helped NPFDB train out-of-school teenagers in using my KafeTeen, a mobile app that provides a full package of SRH information, to access SRHR. <p>As for partnership, UNFPA in partnership with both Government entities and NGOs, effort was made to empower AY to have access to SRHR, including those with disabilities. In cooperation with MOE, in establishing CSE in schools through collaboration with civil society, religious leaders, faith-based organizations, the media, academics, lawmakers, and other UN agencies.</p> | |
| <p><i>“MOE collaborates with regional and local partners, including NGOs and other government ministries, to enhance the effectiveness of CSE programmes. With UNFPA, most interactions have occurred at higher administrative levels, rather than at the direct level. These partnerships play a crucial role in achieving MOE’s objectives, particularly in areas where additional resources and expertise are required.”</i></p> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> <p>Government entity</p> |

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| <p>UNFPA engaged with religious entities and faith-based organizations and to get the buy-in or support from religious leaders, inter-religious dialogues have employed a harm reduction strategy that highlighted how CSE may reduce the harmful effects of unsafe and unprotected sex.</p> <p><i>“the Ministry of Youths and Sports collaborates more with other UN bodies rather than directly with UNFPA. There is interest in future collaboration, especially on SRH issues like HIV among youths. The Ministry partners with LPPKN, which collaborates with UNFPA on some health-related issues.”</i></p> | Government entity |
| <p>Assumption for verification 5.3: The UNFPA CO has contributed to country programme outcomes related to the advancement of gender equality and the empowerment of all women and girls.</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. Evidence of funds of UNFPA CO for interventions committed to advancing GEWE. 2. Type, number of activities and the scope of UNFPA interventions to address GEWE. 3. Monitoring of activities of UNFPA and partners related to GEWE showing evidence of increased utilization of services and contributing to the UNFPA country programme outcomes. 4. Key enabling and inhibiting factors of UNFPA and its IPs in the implementation of the interventions. 5. Stakeholders’ attitudes and opinions for strengthening CP to accelerate progress on 3TRs and ICPD PoA related to GEWE |
| Data collected | Sources of information |
| <p>The UNFPA CO has contributed to the advancement of gender equality and the empowerment of all women and girls in the country through several programmes and initiatives in collaboration with their partners, including government agencies.</p> <p>Preliminary financial data for the first 2.5 years (Jan 2022 to June 2024) of CP1 and the budget picture reflects that 36 per cent of the committed funds of USD 2,311,790 were allocated to the GEWE component. In terms of utilization rates, the total utilization for each of the thematic areas remains within the 64-72 per cent range, with GEWE being the lowest at 64 per cent.</p> <p>UNFPA state level planned interventions:</p> | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> • UNFPA Publications • 12MP and SPV 2030 • Government strategies and policies regarding gender equality and women’s empowerment • AWP of IPs • Quarterly Monitoring Reports and Final • Reports of IPs |

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| <ol style="list-style-type: none"> 1. TV production for MWGF (Malaysia Women & Girls Forum), IDEVAW (International Day for the Elimination of Violence Against Women) event, GBV prevention initiatives. 2. Research on state population data and role of SRH and gender equality. 3. Participation in Women's Assembly session on SDG5 and community support. 4. Demographic and Socioeconomic Changes in Sabah Report launch to strengthen partnerships and advocate for SRH and GBV. <ul style="list-style-type: none"> • Alignment with 12th Malaysia Plan, which aims to “<i>address the plight of all Malaysians, irrespective of gender, ethnicity, socioeconomic status and location</i>” (12th Malaysia Plan), the CO has focused on several areas within gender equality and women’s empowerment, including on GBV. UNFPA’s partnerships with academic institutions is an example of an initiative for families of GBV survivors: <i>The Orange Perpetual Fund, jointly operated by UNFPA Malaysia and Yayasan KUIS, is a scholarship programme backed by seed funding from both parties aimed at supporting tertiary education for children of domestic violence survivors. The Work Kafalah programme, a collaboration between UNFPA Malaysia and the International Research Centre of Islamic Economics and Finance (IRCEIF) at UIS, aims to empower survivors with the skills and knowledge necessary to rebuild and reclaim control of their lives via economic empowerment and financial literacy</i> (UIS News, 2024). • The Malaysia Women and Girls Forum (MWGF) serves as a platform that brings together multiple stakeholders involved in the social and economic advancement of women and girls in Malaysia. The forum identifies, engages and tracks key social, economic and legislative changes needed to accelerate the rights and well-being of Malaysia's women and girls. MWGF is open to the public with panellists and speakers from the civil, non-governmental, academic, legislative, youth, public and private sectors (MWGF Forum 2022 Report). | |
| | Primary Data - Semi-structured Key Informant Interviews (on-line or in person) |

EFFECTIVENESS

“So for us, even in the is diversity, inclusion are very, very important. You know, it's very crucial. So when we actually tailor, the program....We consciously look for a diverse group...to engage with.. Consciously make a decision to reach out, to not just one race (for example).”

NGO and IP

“In terms of gender and other intersecting identities....I think they're (i.e., UNFPA) quite focused in in what they do. I've lost touch of their current work, but I believe that whatever they do are for the good of people. The ones that I am directly involved was when they supported AWAM in the manual on training men to fight against VAW. That was the one we worked on in terms of gender and issues of violence.”

NGO

Currently UNFPA is helping us in developing the National Family Policy through a consultant. Not only that, UNFPA has been always been there in meetings, discussions.

Government entity

I have not really heard about the work of UNFPA....we have worked with UNICEF, we have some collaboration with them, in the past, we did some programmes with them, we are also looking into working with children, we are more focused on working on violence against women and children.

NGO

“So we really grateful because that work was really actually engaging with the grassroot communities. so far the experience has been good. They have always been supportive, and when we had some constraints in terms of resources, and everything, we feel comfortable to basically reach out to them and tell them like, okay, this is our situation at the moment in the organization, and they willing to listen, and help us to find a solution”.

NGO

“UNFPA's work is relevant and effective in the current Malaysian context, especially through initiatives like the OSCC in general hospitals, which provide comprehensive support to survivors of violence. The integration of various services such as medical, counselling, legal support, in one location is beneficial for all survivors, regardless of their background”.

NGO

These, these are the grassroots. Okay. 30 women in each location, so is 120 in 4 locations. When we do 4 location. But this is grassroots, but we also reaching out to

NGO

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| <p><i>the front liners right. So it's 50 in one location. So it will be about 200 (front liners) ”</i></p> <p><i>“So that's why our university, they accept this collaboration so that we can break the cycle by educating their children so they will stay away from the family, right, and in the hostel., I think providing education to the domestic violence victim is something new not everyone has done”.</i></p> <p><i>“UNFPA's communication efforts, through the strategic communication company, have significantly contributed to gender equality and sexual and reproductive health outcomes by amplifying sensitive topics like period poverty and bodily autonomy”.</i></p> <p><i>“UNFPA acknowledges that addressing masculinity and gender norms is essential for long-term change in gender equality and SRHR outcomes.”</i></p> <p>Suggestions for future programmes for GEWE</p> <p><i>Political commitment varies, influenced by politicians' perceptions of electoral benefits. Some politicians see advocating for gender equality as a way to appeal to women voters. Therefore, advocacy efforts should be designed to highlight the benefits of gender equality to political leaders, potentially enhancing their commitment.</i></p> | <p>Academia</p> <p>Communications agency</p> <p>UNFPA CO</p> <p>Academia</p> |
| <p>Assumption for verification 5.4: The UNFPA CO has actively contributed to increased use of population data for evidence-based planning of national development plans, policies and programmes.</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. Evidence of funds of UNFPA CO for interventions to increase the use of population data for evidence-based planning. 2. Type, number of activities and the scope of UNFPA engagement to increase the use of population data for evidence-based planning. 3. Evidence on the increased use of population data for evidence-based planning based on policies and strategies supported by UNFPA 4. Key enabling and inhibiting factors of UNFPA and its IPs in the use of population data in the evidence-based planning of national development plans, policies and programmes. 5. Stakeholders’ attitudes and opinions for strengthening CP to accelerate progress on 3TRs and ICPD PoA related to population data. |
| Data collected | Sources of information |

EFFECTIVENESS

A reflection of UNFPA's collaboration with IPs were found to have resulted in the use of PD for evidence-based planning of national development plans, policies and programmes. Some of these are listed in the list below.

UNFPA state level planned interventions:

1. National Population Conference (PERKKS) was held in Selangor/Kuala Lumpur focusing on low fertility in Malaysia
2. Support APPC (Asia-Pacific Population Conference) processes, including survey, stakeholder consultations, and national secretariat establishment.
3. Preliminary data analysis using HIES2019 microdata, secondary data analysis, and Presentations.
4. Research on Sarawak state population data and role of SRH and gender equality.
5. Demographic and Socioeconomic Changes in Sabah Report launch to strengthen.
6. Partnerships and advocate for SRH and GBV.

Preliminary financial data for the first 2.5 years (Jan 2022 to June 2024) of CP1 and the budget picture reflects that 16 per cent of the committed funds of USD 2,311,790 were allocated to the PD component. The utilization for PD is at 65 per cent..

Amongst the IPs, UNFPA itself has the largest share of the budget allocated (91 per cent) for interventions it is implementing directly. Initiatives with MyAgeing and PSU have recently taken off and have not yet recorded any expenditures. Interventions with Burnet Institute and UNU-IIGH concluded in 2022 recording 100 and 82 percent utilization respectively.

*Fertility policy and practice: a Toolkit for the Asia-Pacific region*¹ was introduced in the conference. This fertility Policy Toolkit was developed by Economist Impact with support from Merck, and it comprises a comprehensive set of policy recommendations that are based on insights gained from research. The report touched on four main areas for addressing the low fertility rate including childcare policies,

Secondary Data - Desk Review/Document Analysis

- UNFPA Publications
- The Report on Demographic and Socio-economic Changes in Sabah
- IPs Annual Work Plans and Progress Reports
- UNFPA Malaysia Annual Report 2023
- National Population Conference 2023 (PERKKS23) website

¹ https://impact.economist.com/perspectives/sites/default/files/ei240_-_apac_fertility_report_v8.pdf

| EFFECTIVENESS | |
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| workplace policies, financial incentives, and assisted reproduction, which were all discussed during the conference. | |
| <p>UNFPA has actively supported their partners and academic institutions in conducting studies on PD:</p> <p><i>Programmes and activities supported by UNFPA, such as the Demographic and Socioeconomic Changes in Sabah, have delivered intended results by increasing the use of population data for evidence-based planning. However, there are concerns about the timeliness and completeness of data, particularly the delayed release of the 2020 census data.</i></p> <p><i>Opportunities for UNFPA to influence the use of population data in the country include supporting national conferences, regional training, and creating awareness through local partnerships.</i></p> <p><i>Government policies and programs reflect some needs, particularly in terms of data-driven interventions, such as the use of data for addressing child marriage in rural Sabah.</i></p> <p><i>LPPKN and KKM collect and utilize disaggregated data from DOSM (Department of Statistics Malaysia) and other sources to plan evidence-based SRHR and population programs.....UNFPA helps enhance the use of this data for programs, particularly around SRHR and GEWE.</i></p> <p><i>Partnerships with academic institutions like MyAgeing have been crucial. These collaborations have included diverse groups from the aging population, considering aspects like ableism, race, and religion.</i></p> <p><i>Efforts are ongoing to integrate gender and human rights perspectives more thoroughly into national aging plans, which is seen as essential for future strategies.</i></p> <p><i>The challenges include difficulties at the state and local government levels in using data. Policymakers need insights beyond disaggregated data, such as poverty rates and living arrangements for older persons.</i></p> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> <p>Academia</p> <p>Government</p> <p>Academia</p> |

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| <p><i>UNFPA is instrumental in accessing critical data. Without them, projects like NTA and policy briefs using secondary data would not have been possible.</i></p> <p><i>“In the traditional sense, much of the resources focus on population data (for example) statisticians, people who collect data...but the expertise in population policies, particularly in population trends and dynamics is scarce and Malaysia is not exceptional”</i></p> <p><i>“There is a need for a full-time technical expert on population development to be based in Malaysia.”</i></p> <p><i>“making sure that the demand for NTA analysis come from policy planners, not from researcher who interested to run the analysis and calling for support for funding whatsoever....but it should come from policy”.</i></p> | <p>UNFPA (APRO)</p> <p>UNFPA (APRO)</p> |
| Evaluation Question 6: To what extent have the country programme strategies been adapted to the context of an Upper Middle Income Country, particularly in terms of normative role, financing models, policy influence and strategic partnerships, including through South-South and Triangular Cooperation? | |
| Assumption for verification 6.1: Programme strategies have been adapted to the context of an UMIC | Indicators: <ol style="list-style-type: none"> 1. UNFPA’s normative role in the context of an UMIC has been effectively carried out 2. Extent to which inroads have been made to exercise policy and advocacy to influence national policies and strategies 3. Extent to which innovative financing models have been explored and effectively put in place |
| Data collected | Sources of information |
| <p><i>With Malaysian women’s labour force participation rate (LFPR) in 2022 still low at 55.8%, compared to 81.9% for men, narrowing this gap has been identified as one of the targets under the Madani Economy Framework announced last year1. The government aims to increase women’s LFPR to 60% within the next ten years to further unlock women's potential in productive economic activities. (Khazanah Research Institute 2024)</i></p> <p><i>“The midterm review found that at the global level, overall, the current pace of</i></p> | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> UNFPA Publications Government Publications 12MP and SPV 2030 AWPs of IPs Quarterly Monitoring Reports and Final Reports of IPs |

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| <p><i>acceleration remains inadequate to achieve the three transformative results by 2030. Only a handful of countries have acceleration rates, if maintained, to achieve the transformation results.”</i></p> | |
| <p><i>In the upper-middle-income country (UMIC) context of Malaysia, UNFPA faces challenges in mobilizing donor resources. The Government of Malaysia is the primary funder, with limited opportunities for external donor support.</i></p> <p><i>Despite these challenges, UNFPA has been proactive in leveraging available resources for joint initiatives, though they have been less successful in competing for funds from mechanisms like the Malaysia UN SDG Trust Fund.</i></p> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> <p>UN entity</p> |
| EFFICIENCY | |
| <p>Evaluation Question 7: To what extent have human, financial and administrative resources been sufficient, adequately allocated and managed, including on aspects of strategic communication, knowledge management, innovation and digitalization, and to what extent have efforts been made to leverage joint UN system resources, including possible common back office services, to achieve the country programme results?</p> | |
| <p>Assumption for verification 7.1: Beneficiaries of UNFPA support received planned resources including on aspects of strategic communication, knowledge management, innovation and digitalization, to the level foreseen and in a timely manner.</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. Evidence that the planned resources were received by IPs to the foreseen level in AWP and in a timely manner 2. Appropriateness of UNFPA financing instruments, administrative regulatory framework (staff, timing, procedures) for the implementation of the programme, including financial reporting system being in place with timely reporting conducted and received from IPs 3. Evidence of appropriateness of the IP selection criteria 4. Evidence of progress towards delivery of multi-year predictable core funding delivered to IPs 5. Evidence of spot checks/audits conducted with IPs and feedback system for IPs on appropriate use of financial and administrative resources being in place and functioning 6. Evidence of strategic communications, knowledge management, innovation and digitalization to achieve country programme results |

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| Data collected (linked to the assumption and corresponding to the indicators) | Sources of information |
| <ul style="list-style-type: none"> ▪ IP selection criteria: IPs are selected through bidding process in the case of CSO selection, for which a rigorous process is followed as reviewed by the ET; in case of Government IPs, a selection process is not followed per se', and they are rather the natural choice as implementing partners given their mandate in the subject area ▪ Outsourcing strategic communications to an outside entity has been effective in terms of handling all aspects of communication and social outreach on behalf of the CO, reducing its burden in the absence of staff capacity to take on this load. Several communications functions, including: design, social media outreach, lobbying with Govt entities (including Parliamentarians), strategizing advocacy around sensitive areas of work and supporting UNFPA in pushing the narrative, creating entry points, strategizing and overseeing events, are all embedded in one company. ▪ Digitalization remains more or less an untapped area and technological advancements have not been sufficiently made use of in adopting these for SRH and GEWE initiatives. ▪ An area of innovation has been Islamic Finance. The <i>Orange Perpetual Fund</i>, is a scholarship programme designed to sustainably support the tertiary education of children of domestic violence survivors. The <i>Work Kafala Programme</i>, a collaboration between the UNFPA and the International Research Centre of Islamic Economics and Finance (IRCEIF) at Selangor Islamic University (SIU), is designed to economically empower survivors of domestic violence by addressing financial literacy and economic abuse. Both programmes are at early stages of taking off, with systems being set up and beneficiaries being identified. There is an opportunity to scale these up at the national level by UNFPA/its partners. With the Government keen to establish Malaysia as a global hub for Islamic Finance, the CO would benefit from receiving targeted support at the UNFPA corporate level for facilitation of such ventures. | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> • Annual Progress Reports 2022 and 2023 • CPAP • Review of the IP selection process and criteria • MWGF documentation • News stories and updates as shared by the external communications agency The Big Picture • Arrangement with the external communications agency The Big Picture • Detailed note on Islamic Finance received from CO Advisor on Islamic Finance |
| <ul style="list-style-type: none"> ▪ Given the delay in signing of the CPAP and corresponding AWP's enabling implementation to proceed, IPs faced issues due to delayed | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> |

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| <p>release of funds, as captured in feedback during the interviews.</p> <p><i>“UNFPA's projects have had significant positive impacts, particularly in the area of policy development and capacity building. However, delays in fund disbursements and data access remain key risks that could undermine the long-term sustainability of these efforts.”</i></p> <p><i>“UNFPA’s activities have had a positive overall impact, but delays in funding disbursement sometimes pose a challenge. While they communicated well and developed strategies to mitigate these risks, ensuring timely funding in the future would help minimize any negative impact on project continuation.”</i></p> <p><i>"While there are risks such as procurement delays and issues with securing vendors, particularly post-pandemic, the overall efficiency and impact of our work outweigh these challenges. Our partnerships help mitigate these risks."</i></p> | <ul style="list-style-type: none"> ▪ NGOs ▪ IPs ▪ UNFPA staff members, consultants ▪ External Communications agency <p>IP - Academic</p> <p>IP - UN entity</p> <p>CO staff</p> |
| <p>Assumption for verification 7.2: The resources provided by UNFPA have had a leveraging effect</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. Evidence that the resources provided by UNFPA triggered the provision of additional resources from the Government 2. Evidence that NGOs (supported by UNFPA) succeeded in mobilizing additional resources for UNFPA interventions |
| Data collected | Sources of information |
| <ul style="list-style-type: none"> ▪ The only leveraging of resources that was evidenced related to securing Government funding of USD 2.4 million, leveraging against the USD 2 million of regular resources provided by UNFPA ▪ No evidence was gathered of NGOs having leveraged any resources for UNFPA interventions | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> ▪ CPD ▪ CPAP |

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| <ul style="list-style-type: none"> Interviews with stakeholders validated the points gathered from secondary data collection as reflected above | Primary Data - Semi-structured Key Informant Interviews (on-line or in person) <ul style="list-style-type: none"> CO staff UNFPA supported NGOs |
| Assumption for verification 7.3: UNFPA has appropriately used its human resources to pursue the achievement of CP1 results | Indicators: <ol style="list-style-type: none"> Use of results-based management by UNFPA and partners to inform management, progress and achievements of the CP Evidence of adequate and timely CO technical support in each programme component and across the CP Evidence of adequate and timely support from UNFPA Asia-Pacific Regional Office (APRO) in each thematic area of the programme System in place for key stakeholders/IPs to provide feedback on the technical support received |
| Data collected | Sources of information |
| <ul style="list-style-type: none"> Human capacity constraints within the team have impacted on the CO not being able to fully exercise its mandate in areas where it would have liked to do more eg. women's economic empowerment/improvement in labour force participation, care economy, engaging men and boys on GBV, resource mobilization (including private sector resources), working with the Government and partners on PD for data analytics, evidence generation and translating to policy formulation. Due to reliance on consultants to help the CO deliver on its mandate, with the break-in-contract clause in place, there is lack of continuity, with periods of lesser engagement due to limited capacity and small office size. Joint programming with UN entities could not be given sufficient attention due to shortage of staff – did not make it in the current round of the MALAYSIA-UN SDG Fund as technical quality of the proposal was not upto the mark | Secondary Data - Desk Review/Document Analysis <ul style="list-style-type: none"> CPD CO Organigramme UNSDCF Record of GRG minutes |

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| <ul style="list-style-type: none"> The UN Gender Results Group (GRG) could not be convened as regularly as UNFPA would have liked to due to staffing constraints and gaps in top leadership requiring other staff to pitch in and sufficient thought leadership could not be put into strategizing how GRG would could be more effective. | |
| <p><i>“With UN Women not being in the country, UNFPA is carrying a burden that is a bit larger than it could, in terms of its capacity and human resources “</i></p> <p><i>"UNFPA's use of consultants has sometimes impacted continuity in its programmes. The reliance on external expertise can lead to a loss of institutional memory, but its focus on engaging key national partners helps to mitigate these risks."</i></p> <p><i>“Thought leadership and convening power needs to be stronger”</i></p> <p><i>“While the collaboration is strong, it has been somewhat limited due to UNFPA's capacity and resource constraints. Resource mobilization efforts, especially for commodities like contraceptives, are an area for potential improvement”</i></p> <p><i>“The reliance on long-term consultants instead of permanent staff impacts the sustainability of programmes, as outsourcing key functions is not a sustainable approach.”</i></p> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> <ul style="list-style-type: none"> CO UN entities IPs NGOs APRO <p>UN entity</p> <p>UN entity</p> <p>UNFPA-APRO</p> |
| <p>Assumption for verification 7.4: UNFPA has leveraged joint UN system resources and systems to achieve country programme results</p> | <p>Indicators:</p> <ol style="list-style-type: none"> Evidence of UNFPA staff's regular/ongoing active participation in existing coordination mechanisms of the UN Country Team, and contributions made |

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| | <ol style="list-style-type: none"> Evidence of UNFPA's active participation in UN working groups, and the leading role it plays in the working groups and/or joint initiatives corresponding to its mandate areas Existence of arrangements with partner UN entities that bring into effect operational synergies through common approaches and/or sharing of resources |
| Data collected <i>(linked to the assumption and corresponding to the indicators)</i> | Sources of information |
| <ul style="list-style-type: none"> UN entities reflected that UNFPA showed strong attendance and participation in UN coordination activities. While recognizing strengths of UNFPA's work and how they value it as a close partner, UN entities also acknowledged the challenges it faces in leading due to limited human resources and a small in-country presence. They felt the UNCT could gain more from a stronger and (continuous) strategic presence of UNFPA, especially in areas of work it leads in line with its mandate, some of which are in sensitive domains, where UN entities use UNFPA as an entry point for negotiations with the Government. There was lack of evidence on UNFPA's engagement on operational synergies as no concrete examples came through from documentation review or key informant interviews | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> UNSDCF UNICEF-UNFPA Living on the Edge Study UNDP-UNFPA care economy initiative |
| <ul style="list-style-type: none"> UNFPA's leadership of the Gender Results Group (GRG) was appreciated and acknowledged by UN entities. The feedback reflected that the GRG was considered to be a more active results group as compared to the other results groups. It also indicated that due to UNFPA's persistent efforts, this group has transitioned from being sparsely attended to one with broader representation. However, UN entities felt that UNFPA's leadership of the GRG, though greatly appreciated, needs a further push, with stronger convening power and more effective thought leadership There was interest from agencies such as UNHCR, UNICEF and UNDP to advance joint approaches and initiatives with UNFPA. UNFPA's work on care economy has been acknowledged as having served to | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> <ul style="list-style-type: none"> UNFPA CO staff UN RCO UNDP UNICEF UNHCR UNAIDS |

EFFICIENCY

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| <p>bring in programmatic synergies</p> <p><i>“UNFPA has engaged in joint studies and initiatives, such as the "Families on the Edge" study with UNICEF, though their participation in joint programmes under the UNSDCF has been less prominent”.</i></p> <p><i>“The gender results group has transitioned from being sparsely attended to one with broader representation, thanks to UNFPA’s persistent efforts”.</i></p> <p><i>“One of our more successful or more active results groups was the gender results group”.</i></p> <p><i>“We were speaking the same language of the reform, the same language of working together, converging towards the same objective”</i></p> <p><i>“UNFPA’s full engagement with UN Reform, transpired across the board, an example being the fielding (and funding) the PSEA (prevention of sexual exploitation and abuse) coordinator, with its limited available resources”</i></p> <p><i>“While the collaboration is strong, it has been somewhat limited due to UNFPA’s capacity and resource constraints. Resource mobilization efforts, especially for commodities like contraceptives, are an area for potential improvement”</i></p> <p><i>"UNFPA has been a key partner in shaping policy discussions on the care economy, working closely with the Ministry of Women. This partnership is critical in ensuring that national stakeholders take ownership of the care worker roadmap, with UNFPA playing a central role in building capacity for its implementation. Their engagement in the care economy project has been highly beneficial, even though capacity constraints are a challenge. Their contributions to policy advocacy and social aspects, alongside UNDP’s work on financing, demonstrate the broad benefits of this collaboration. While there are capacity risks due to the small size of their team, the impact of their work outweighs these challenges."</i></p> | <p>UN entity</p> <p>UN entity</p> <p>UN entity</p> <p>UN entity</p> <p>UN entity</p> |
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| <i>“While there are informal coordination mechanisms in place, we do not have a joint work plan that could ensure sustainability post-intervention. More formalized efforts, including shared advocacy and resource mobilization, would enhance sustainability.”</i> | UN entity |

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| Evaluation Question 8: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects? | |
| Assumption for verification 8.1: UNFPA has established programmes and activities with partners that are sustainable and resilient, with sustainability plans/capacity building being part of each of the programme components, enabling the flow of benefits to continue beyond the intervention’s life | Indicators: <ol style="list-style-type: none"> 1. Evidence that national funds have been allocated to continue UNFPA-supported projects 2. Evidence of the existence of an exit strategy in UNFPA interventions that builds-in effective handover measures 3. Evidence of strengthening national capacities and policies for sustainability of UNFPA programmes. 4. Evidence that aside from UNFPA involvement, the IPs are nationally responsible for similar policies, programmes, and activities 5. Evidence of organizational and staff capacities of government and non-government IPs enhanced to produce results on SRHR, AY, PD and GEWE 6. Evidence of beneficiaries’ capacities being improved as a result of the interventions 7. Evidence of plans/activities of government and non-government IPs in place to sustain the programmes/services on SRHR, AY, PD and GEWE 8. Evidence of resources (human, finance, etc) of government and non-government implementing partners in place to sustain the programmes/services on programme components |
| Data collected (linked to the assumption and corresponding to the indicators) | Sources of information |
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| <ul style="list-style-type: none"> No evidence of existence of exit strategies was observed in the documents review There is evidence of national funds being allocated to continue UNFPA-supported projects or funding prevalent issues such as body anatomy and period poverty advocated by UNFPA at the MWGF: ²<i>"The Selangor Government, through its recently passed state Budget 2023, has allocated RM200,000 to empower women, including through an awareness campaign and the provision of free sanitary pads, making it the first state to introduce such an initiative"</i>. | Secondary Data - Desk Review/Document Analysis <ul style="list-style-type: none"> UNFPA CPD Audit Spot Checks Annual Work plans Annual Progress Reports Quarterly monitoring reports Final report of IPs News media article referring to Selangor state contribution |
| <ul style="list-style-type: none"> There is evidence of organizational and staff capacities of government and non-government IPs enhanced to produce results in areas of UNFPA mandate provided by key informants There is evidence of beneficiaries' capacities being improved as a result of the interventions provided by key informants There is evidence of plans/activities of government and non-government IPs in place to sustain the programmes/services on SRHR, AY, PD and GEWE There is evidence of resources (human, finance, etc) of government IPs in place to sustain the programmes/services on programme components provided by key informants <p><i>"UNFPA's support has been instrumental in building the capacity of our institution through funding small-to-medium-sized projects, allowing younger academics to contribute research articles and book chapters. The capacity-building efforts by UNFPA have extended beyond their programmes, as we have been able to use the skills and knowledge gained to influence national development policies"</i>.</p> <p><i>"UNFPA has significantly enhanced our capacity to manage and execute projects effectively. Younger staff members and students have especially benefited from training initiatives, which have contributed to the sustainability of our programmes."</i></p> | Primary Data - Semi-structured Key Informant Interviews (on-line or in person) <ul style="list-style-type: none"> NGOs IPs UNFPA staff members, consultants, External Comms agency <p>Academia</p> <p>Academia</p> |

² <https://www.freemalaysiatoday.com/category/nation/2022/12/12/health-ministry-launches-initiative-to-combat-period-poverty/>

| SUSTAINABILITY | |
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| <p><i>"In the current project, through UNFPA support, we are working to build a network of community advocates. We are training local women on the ground to manage cases of GBV, with practical skills for navigating systems like police stations and hospitals. Grassroots women are being trained to become community advocates, equipped with the necessary knowledge and skills to handle GBV cases. UNFPA has played a crucial role in supporting WAO's long-term efforts to build local capacity, particularly in developing this network of community advocates. This ensures that, even after the project's completion, these communities will continue to have the tools and support needed to manage GBV cases. We also work closely with government front-liners to ensure their capacity is built to support these advocates."</i></p> <p><i>"We've received significant capacity-building support from UNFPA in areas such as data management, policy formulation, and advocacy on gender equality. These skills have been integrated into our Ministry's operations, which should allow us to sustain these programmes."</i></p> <p><i>"The creation of the Malaysia Women and Girls Forum and the narratives around women's roles in nation-building demonstrate long-term sustainability. We've focused on empowering local NGOs and building capacity among women activists to ensure that the advocacy continues even without direct UNFPA involvement."</i></p> <p><i>"UNFPA's support has enabled us to sustain programmes like bodily autonomy and period poverty advocacy. These efforts now have local ownership, with national and state-level actors like the Selangor government allocating resources towards these initiatives."</i></p> | <p>NGO</p> <p>Government entity</p> <p>External Comms Agency</p> |
| <p>Assumption for verification 8.2: The overall benefits of UNFPA activities are greater than their risks that could affect their continuation.</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. Number of programme benefits as thought by UNFPA CO and IPs 2. Number of risks that may halt programme continuation thought by UNFPA CO and IPs 3. Evidence and quality of mitigation measures in place to manage the risks |
| <p>Data collected</p> | <p>Sources of information</p> |
| | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> ▪ UNFPA CPD |

SUSTAINABILITY

It is assessed that the overall benefits of UNFPA interventions are greater than the challenges their sustainability faces, hence they will either survive once the programme ends, or if they are to be halted, their effects will be long-lasting.

- Annual Work Plans, Progress Reports
- Quarterly monitoring reports
- Final report of IPs

Respondents highlighted several aspects of benefits versus risks, as gathered from multiple key informant interviews:

"The benefits of UNFPA's programmes, particularly in advocating for women's and children's rights, far outweigh the risks. However, political and cultural barriers remain challenges that could affect the continuation of these programmes if not addressed. One of the risks is the resistance to gender equality initiatives in certain conservative communities, but UNFPA has been proactive in engaging diverse stakeholders to mitigate this. For example, they have involved religious leaders in discussions on SRHR."

"UNFPA has been instrumental in building programmes that last, particularly through the One-Stop Crisis Centre (OSCC). They provide integrated support, from medical to legal services, which ensures that survivors of violence get comprehensive care. The fact that these services continue to expand in general hospitals with Government funding is evidence of sustainability. However, to maintain this momentum, there should be more structured support and long-term planning."

"The challenge is in ensuring that local partners are well-equipped to continue the programmes without heavy reliance on UNFPA's resources. There is always a risk that if their support diminishes, the programmes could lose their impact."

"While UNFPA faces challenges, such as limited engagement with certain ministries and concerns about completing multiple activities within the set timeframe, the benefits of their work in SRH and population dynamics outweigh these risks. The Ministry continues to provide support and coordination to mitigate these challenges."

"The main challenge has been political instability and reluctance from religious authorities in some states, but with the backing of key religious leaders and institutions, we have managed to mitigate these risks. Our work in Sarawak on CSE and child marriage, supported by both Islamic and Christian leaders, provides strong evidence of the positive impact."

Primary Data - Semi-structured Key Informant Interviews (on-line or in person)

- IPs
- UNFPA staff , consultants,
- Comms Agency

SUHAKAM

NGO

NGO

Government entity

CO Advisor

| SUSTAINABILITY | |
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| <p>Assumption for verification 8.3: Coordination mechanisms and partnerships have been developed which ensure that national partners will take ownership of results upon completion of UNFPA supported interventions</p> | <p>Indicators:</p> <ol style="list-style-type: none"> 1. Evidence of networking and engagement, coordination mechanisms at national and sub-national levels to accelerate/sustain SRHR, AY, PD and GEWE initiatives 2. Financial resources have been allocated by Government at national and sub-national levels for SRHR, AY, PD and GEWE initiatives |
| <p>Data collected (<i>linked to the assumption and corresponding to the indicators</i>)</p> | <p>Sources of information</p> |
| <ul style="list-style-type: none"> ▪ Entities such as MWFC and LPPKN, as well as the state Government of Selangor have taken measures reflecting ownership of UNFPA interventions. ▪ A solid example of ownership was demonstrated in the case of the PEERS programme. Sustainability of the UNFPA-supported PEERS programme has been built, by MOE embedding it within the broader health education curriculum within preschool to secondary school, ensuring that it continues to be part of the national education strategy. This integration is a significant step towards sustainability, as it ensures that PEERS will remain a core part of the standard school curriculum even after external support, such as from UNFPA, ends. | <p>Secondary Data - Desk Review/Document Analysis</p> <ul style="list-style-type: none"> ▪ UNFPA CPD ▪ Annual Work Plans, Audit Spot Checks ▪ Quarterly monitoring reports ▪ Final reports of IPs ▪ News media article referring to Selangor state contribution |
| <ul style="list-style-type: none"> ▪ Evidence of networking and engagement, coordination mechanisms at national and sub-national levels to accelerate/sustain SRHR, AY, PD and GEWE initiatives, and financial resources being allocated by Government at national and sub-national levels for UNFPA initiatives has been gathered from multiple key informant interviews. <p><i>“The benefits of UNFPA’s support, especially in the areas of gender equality and family welfare, have been substantial. Their assistance has not only helped us meet our international obligations, but also strengthened our domestic policies. The risks of not continuing these partnerships would be the loss of technical expertise and international alignment. To manage the risks of programme discontinuation, we are working on integrating UNFPA-supported initiatives into our national policies, ensuring that they are less reliant on external funding in the future”</i></p> | <p>Primary Data - Semi-structured Key Informant Interviews (on-line or in person)</p> <ul style="list-style-type: none"> ✓ IPs ✓ UNFPA staff, consultants, ✓ Comms agency <p>Government entity</p> |

SUSTAINABILITY

“Our training programmes are important for building community capacity, but more follow-up is needed to ensure long-term engagement. Beyond funding, non-monetary support from UNFPA, such as knowledge sharing and training, is crucial for sustaining these programmes”

“A key area for improvement is ensuring that the policies in Malaysia’s socio-economic development plan are followed by concrete budget allocations, which has not consistently occurred. This is a critical step for sustainability.”

“Capacity building for teachers through continuous training, especially in handling sensitive topics like sexuality education, has been key to sustaining the PEERS programme’s impact”.

Government entity

UNFPA-APRO

Government entity

ANNEX – 2:

LIST OF DOCUMENTS CONSULTED

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ANNEX - 3

STAKEHOLDERS MAPPING AND ORIGINAL LIST OF PERSONS TO BE CONSULTED

Table 1

| Donor | Implementing agency | | | | | | Other partners | | | | | | | Rights holders | Other |
|--|---------------------|-----------|----------|---------------------|----------|--------------|----------------|------------------------------------|-------------|---------------------|----------|-----------------|-------|----------------|---------|
| | Gov | Local NGO | Int. NGO | Women's Rights Org. | Other UN | Academia | Gov | Local NGO | Int. NGO | Women's Rights Org. | Other UN | Academia | Other | | |
| Strategic Plan 2022-2025 Outcomes | | | | | | | | | | | | | | | |
| SP Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated | | | | | | | | | | | | | | | |
| CP Output 1: Access to information and services for sexual and reproductive health and reproductive rights, especially for the marginalized and those furthest behind, including people with disabilities, is prioritized in health policies. | | | | | | | | | | | | | | | |
| Government of Malaysia and UNFPA | NPFDB, LPPKN Sabah | | | | | | JAKIM MYS MWFC | FRHAM MCCBCHST MAIDSC RRAAM | | | | UM, HUMS | DMA | | SUHAKAM |
| CP Output 2: Strengthened national and subnational capacity to design, implement and monitor policies and programmes, including comprehensive sexuality education programmes that promote adolescent sexual and reproductive health and reproductive rights. | | | | | | | | | | | | | | | |
| Government of Malaysia and UNFPA | | | BI | | | | MOE | WCC | | | | | | SIS | |
| CP Output 3: Strengthened policy environment to address population ageing and its linkage to gender equality, through life-cycle and rights-based approaches. | | | | | | | | | | | | | | | |
| Government of Malaysia and UNFPA | | | | | | PSU MyAgeing | DOSM | HOKU | | | | | | | |
| SP Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated | | | | | | | | | | | | | | | |
| CP Output 4: Strengthened national capacities for the design, implementation and monitoring of legal frameworks, policies, plans and programmes to advance gender equality, empower and increase the economic participation of women and girls and prevent gender-based violence and other forms of discrimination. | | | | | | | | | | | | | | | |
| Government of Malaysia and UNFPA | | | | WAO | UNU-IIGH | | MOH | ENGENDER SAWO WCC EMPOWER SWWS JFS | IWRAW ARROW | AWL AWAM | | KANITA UIS ISIS | | SIS | |

| Donor | Implementing agency | | | | | | Other partners | | | | | | | Rights holders | Other |
|--|---------------------|-----------|----------|---------------------|----------|----------|----------------|-----------|----------|---------------------|----------|---|-------|----------------|-------|
| | Gov | Local NGO | Int. NGO | Women’s Rights Org. | Other UN | Academia | Gov | Local NGO | Int. NGO | Women’s Rights Org. | Other UN | Academia | Other | | |
| SOFT AID ACITIVITIES / UNITED NATIONS / COORDINATION | | | | | | | | | | | | | | | |
| Partnership with UN entities is not based on funding allocations | | | | | | | | ME | | | | UNICEF UN-Women UNDP UNHCR UNAIDS | | | |

Table 2

| Acronym | Name of the entity/organization | Rationale for inclusion in stakeholder list | Starting date of collaboration with the CO |
|------------------------|---|---|--|
| NPFDB (known as LPPKN) | National Population and Family Development Board | Implementing partner for SRHR services and sexuality education | 1973 |
| PSU | Populations Study Unit | Implementing partner to conduct population and demography studies, integrating gender equality to inform policy recommendation | 2003 |
| MyAgeing | Malaysian Research Institute on Ageing | Implementing partner on population data, ageing, gender issues | 2003 |
| WAO | Women's Aid Organisation | Implementing partner on GBV, gender equality and gender empowerment | 2020 |
| BI | Burnett Institute | Implementing partner on the adolescent pregnancy report | 2022 |
| UNU-IIGH | United Nations University International Institute for Global Health | Implementing partner in gender equality and empowerment, including GBV and One-Stop Crisis Centre Report and a report on confinement centre study in Malaysia | 2020 |
| UNICEF | United Nations Children's Fund | Partner in Family in the Edge project, adolescent pregnancy report, Gender and disability, child marriage programmes | 2020 |
| MWFCD | Ministry of Women, Family and Community Development | Partner in National Family Policy revision | 1973 |
| MOE | Ministry of Education | Partner in comprehensive sexuality education | |
| DOSM | Department of Statistics Malaysia | Partner in population data and National Transfer Account | |
| MOH | Ministry of Health | Partner in One-Stop Crisis Centre project | 1973 |
| ME | Ministry of Economy | Donor | 2003 |
| FRHAM | Federation of Reproductive Health Associations | Non-profit NGO in Malaysia advocating and promoting SRH, including family planning, and reproductive rights | 2003 |

| | | | |
|----------|---|--|------|
| ARROW | Asian-Pacific Resource and Research Centre for Women | Regional non-profit women and young people's organization; has consultative status with the Economic and Social Council of the United Nations (UN ECOSOC) | |
| UIS | Islamic University Selangor | Islamic financing partner | 2023 |
| AWAM | All Women's Action Society | Partner in GBV programmes | 2005 |
| JFS | Justice for Sisters | A human rights group working on the rights of LGBTIQ and gender equality in Malaysia | |
| HUMS | Hospital Universiti Malaysia Sabah | Partner on socio-demographic study in Sabah | |
| SIS | Sisters in Islam | Stakeholder consultant for <ul style="list-style-type: none"> • NAPEVAW UN-NGO Consultation 2020 • UN-CSOs SDGs Consultation Invitation 2023 Speaker for UN 2024 IWD Programme | |
| MYS | Ministry of Youth and Sports | Partner for CSE | |
| MCCBCHST | Malaysian Consultative Council for Buddhism, Christianity, Hinduism, Sikhism and Taoism | Partner for religious consultation on CSE | |
| MAIDSC | Malaysian AIDS Council | Provider of technical input on SRH | |
| RRAAM | Reproductive Rights Advocacy Alliance, Malaysia | Local NGO in Malaysia working on reproductive rights advocacy | |
| JAKIM | Department of Islamic Development Malaysia | Partner for religious consultation for CSE | |
| UM | University of Malaya | Provider of technical input on gender studies | |
| DMA | DM Analytics | Consulting firm for the "family on the age edge study" | |
| SUHAKAM | Human Rights Commission of Malaysia | Provider of technical input on gender equality | |
| WCC | Women's Centre for Change, Penang | Local NGO working on sexual violence and abuse, but not directly partnering with UNFPA | |
| HOKU | Harapan OKU | Disability NGO | |
| ISIS | Institute of Strategic and International Studies | Partner in care economy and female studies | |
| ENGENDER | ENGENDER Consultancy | Local NGO working on GE and WE; partnered with UNFPA in previous cycle | |
| SAWO | Sabah Women's Action Resource Group | Technical input for GBV in Sabah | |
| EMPOWER | Selangor State Community Awareness Society (Persatuan Kesedaran Komuniti Selangor) | Local NGO working on gender equality and human rights | |
| SWWS | Sarawak Women for Women Society | Local NGO for GBV in Sarawak | |
| IWRAW | International Women's Rights Action Watch, Asia Pacific | International NGO working in the same field as UNFPA (women rights), but not directly partnering with UNFPA | -- |
| AWL | Association of Women Lawyers | Women's rights organization which is not directly partnering with UNFPA, but works on gender equality and women's rights | -- |
| KANITA | Centre for Research on Women & Gender, Universiti Sains Malaysia (USM) | Partner in gender studies in previous programme cycle | |
| UNHCR | United Nations High Commissioner for Refugees | Collaboration on Sexual and Reproductive Health, GBV matters and child marriage | |

| | | | |
|----------|--|---|--|
| UN-Women | United Nations Entity for Gender Equality and the Empowerment of Women | Member of GRG; technical input provider for gender mainstreaming | |
| UNDP | United Nations Development Programme | Recent launch of the care economy project by UNDP involves UNFPA as a UN partner | |
| UNAIDS | Joint United Nations Programme on HIV/AIDS | Though not a recipient of funding, UNFPA is part of the joint programme for provision of technical inputs | |

LIST OF PERSONS TO BE CONSULTED (as determined at the conclusion of the design phase)

(NOTE: This was a purposive near-final listing of stakeholders, drawn up by the ET in consultation with the CO; the stakeholders listed were contacted for conduct of interviews during the field phase; this list underwent adjustments during the field phase as some interviewees needed to be replaced by others due to non-availability or having left the organizations, some were non-responsive, while a few others declined to be part of the process; in one case, clearance from the concerned Ministry could not be secured within the time frame of the field phase; the final list of stakeholders that were consulted is attached as Annex-4 to the Evaluation Report)

| No. | CP Output | Stakeholders | Type | Selection Criteria (*) | Interviewee Title |
|----------------|-----------|---|-------------------------------|------------------------|--|
| SRHR | | | | | |
| 1 | Output 1 | National Population and Family Development Board | Implementing Partner | 1,3 | Senior Chief Assistant Director of Reproductive Health Unit |
| 2 | | | | | Deputy Director / Incharge of Policy |
| 3 | Output 1 | Federation of Reproductive Health Associations | NGO | 8 | Former Executive Director |
| 4 | Output 1 | University of Malaya | Academia | 1 | Associate Professor / Gender Studies, UM |
| 5 | Output 1 | LPPKN Sabah | Implementing Partner | 4 | LPPKN Sabah State Director |
| 6 | Output 1 | Hospital Universiti Malaysia Sabah | Academia/ Partner | 1 | Prof. / Consultant |
| 7 | Output 1 | FRHAM (Federation of Reproductive Health Associations) | NGO/Activist | 1 | Medical committee of FRHAM |
| 8 | Output 1 | Malaysian AIDS Council | NGO | 1 | Executive Director |
| 9 | Output 1 | SUHAKAM | Autonomous body | 4 | (former) Secretary of SUHAKAM, the Human Rights Commission of Malaysia |
| 10 | Output 1 | JAKIM/ sexuality education | Govt body | 1 | Deputy Director of Dept. of Islamic Development Policy (Bahagian Dasar Kemajuan Islam) |
| 11 | Output 1 | Malaysian Consultative Council for Buddhism, Christianity, Hinduism, Sikhism and Taoism (MCCBCHST). | NGO | 1 | Executive Committee Member |
| 12 | Output 1 | RRAAM (reproductive rights advocacy alliance, Malaysia) | NGO | 8 | Hon. Treasurer & Ex-President of RRAAM |
| 13 | Output 1 | Ministry of Youth and Sports | Partner | 1 | Secretary General |
| 14 | Output 1 | Ministry of Women, Family and Community Development | Partner | 1 | Secretary General |
| 15 | Output 1 | DM Analytics | Consultancy | 1 | Co-founder/ Managing Director |
| A&Y | | | | | |
| 16 | Output 2 | Ministry of Education | Partner | 1 | Principal Assistant Director |
| 17 | Output 2 | Burnett Institute | Implementing Partner/Intl NGO | 1,3 | Senior Research Officer, Global Adolescent Health |
| 18 | Output 2/ | Sisters in Islam | Right-holders/ | 1,3,4 | Executive Director |

| No. | CP Output | Stakeholders | Type | Selection Criteria (*) | Interviewee Title |
|--|-----------------------|---|--------------------------------|------------------------|--|
| | Output 4 | | Indirect beneficiary | | |
| PD | | | | | |
| 19 | Output 3 | Populations Study Unit | Implementing Partner/ Academia | 1,3 | Principal investigator |
| 20 | Output 3 | Malaysian Research Institute on Ageing (MyAgeing) | Implementing Partner/ Academia | 1,3 | Senior Research Officer |
| 21 | Output 3 | Department of Statistics Malaysia | Partner | 1 | Focal point / Deputy Director of the Population & Demographic Statistic Division |
| 22 | Output 3 | Harapan OKU | Disability NGO/right holders | 8 | Co-chair of Harapan OKU Law Reform Group |
| GEWE | | | | | |
| 23 24 | Output 4 | Women's Aid Organisation | Implementing Partner | 1,3 | Capacity Building Director |
| 25 | Output 4 | Institute of Strategic and International Studies (ISIS) | Academia | 1 | Deputy Director of ISIS (Research) |
| 26 | Output 4 | Centre for Research on Women & Gender (KANITA), Universiti Sains Malaysia (USM) | Academia | 1,8 | Director |
| 27 | Output 4 | Association of Women Lawyers | NGO Women's Rights | 8 | President |
| 28 | Output 4 | International Women's Rights Action Watch (IWRAP) Asia Pacific | Intl NGO | 8 | Board of Directors |
| 29 | Output 4 | ENGENDER Consultancy | Consultancy | 8 | Lead Consultant GBV |
| 30 | Output 4 | Sabah Women's Action Resource Group | NGO | 4,8 | President |
| 31 | Output 4 | Sarawak Women for Women Society | NGO | 4,8 | President |
| 32 | Output 4/ Output 2 | Women's Centre for Change, Penang | NGO/Partner | 8 | Programme consultant |
| 33 | Output 4 | United Nations University International Institute for Global Health | Implementing Partner | 1,3 | Research lead |
| 34 | Output 4 | All Women's Action Society | NGO/Women's Rights -Partner | 8 | Programmes and Operations Manager |
| 35 | Output 4 | Ministry of Health | Partner | 1 | Deputy Director of Family Development Division |
| 36 | Output 4 | Asian-Pacific Resource and Research Centre for Women (ARROW) | Intl NGO | 8 | Executive Director |
| 37 | Output 4 | Islamic University Selangor | Academia/ Partner | 4 | Director |
| 38 | Output 4 | EMPOWER (Persatuan Kesedaran Komuniti) Selangor | CSO | 4,8 | Advocacy & Capacity Building Officer |
| SOFT AID ACITIVITIES / UNITED NATIONS / COORDINATION <i>(not a CP Output – represents a category of stakeholders)</i> | | | | | |
| 39 | Coordination | Ministry of Economy (ME) | Donor | 1,7 | Assistant Director (Multilateral) |

| No. | CP Output | Stakeholders | Type | Selection Criteria (*) | Interviewee Title |
|-----------------------------|-----------|--|--|------------------------|---|
| 40 | UN Coordn | UNICEF | UN entity | 1,7 | Gender & disability specialist |
| 41 | UN Coordn | UN Resident Coordinator's Office (RCO) | UN entity | 7 | Resident Coordinator |
| 42 | | | | | Head of RCO |
| 43 | UN Coordn | UN Women | UN entity | 7 | Consultant |
| 44 | UN Coordn | UNDP | UN entity | 7 | Deputy Resident Representative |
| 45 | UN Coordn | UNFPA | UN entity | 7 | Country Rep for South Korea (former country rep in Malaysia) |
| 46 | UN Coordn | UNHCR | UN entity | 1,7 | Child Protection & Gender Based Violence Specialist |
| 47 | | | | | Programme Associate/SRH |
| 48 | UN Coordn | UNAIDS | UN Joint Prog on HIV/AIDS | 9 | Country Director, UNAIDS Cambodia, Lao, Malaysia |
| 49 | | UNFPA APRO | UN entity | - | Technical Adviser, Health Economics |
| 50 | | UNFPA APRO | UN entity | - | Prog Specialist/ Desk Officer for Malaysia |
| 51 | | UNFPA APRO | UN entity | - | Regional Programme and Inter-governmental Specialist (including SSTC) |
| 52 | | UNFPA APRO | UN entity | - | Climate Change lead and interim Regional Technical Specialist, PD |
| 53 | | UNFPA APRO | UN entity | - | Technical Advisor, Family Planning |
| 53a | | UNFPA APRO | UN Entity | | Former Ageing Advisor |
| 53b | | UNFPA APRO | UN Entity | | GBV Advisor |
| UNFPA COUNTRY OFFICE | | | | | |
| 54 | | UNFPA-CO | UN Entity | - | Representative |
| 55 | | UNFPA-CO | UN Entity | - | Assistant Rep |
| 56 | | UNFPA-CO | UN Entity | - | M&E, Gender and Communications focal pt |
| 57 | | UNFPA-CO | UN Entity | - | SRH consultant |
| 58 | | UNFPA-CO | UN Entity | - | Gender consultant |
| 59 | | UNFPA-CO | UN Entity | - | CSE consultant |
| 60 | | UNFPA-CO | UN Entity | - | Islamic Financing advisor |
| 61 | | UNFPA-CO | UN Entity | - | Religious advisor |
| 62 | | UNFPA-CO | UN Entity | - | Prog Associate / Ops focal point for UN coordination |
| 63 | | The Big Picture | Communications Agency supporting UNFPA | - | Director |

(*) The Selection Criteria column refers to Stakeholder selection criteria in UNFPA Evaluation Handbook 2024

ANNEX – 4

LIST OF PERSONS CONSULTED AND THEIR ORGANIZATIONAL AFFILIATIONS

| No. | CP Output | Stakeholders and their organizational affiliations | Type | Selection Criteria (*) | Interviewee Name |
|-----------------------|-----------------------|---|--|------------------------|---|
| Government entities | | | | | |
| 1 | Output 1 | Deputy Secretary General Ministry of Youth and Sports | Partner | 1 | For confidentiality reasons, names have been deleted from this table being submitted. |
| 2 | Output 1 | Deputy Secretary General Ministry of Women, Family and Community Development | Partner | 1 | |
| 3 | Output 2 | Principal Assistant Director Ministry of Education | Partner | 1 | |
| 4 | Output 3 | Senior Director Department of Statistics Malaysia | Partner | 1 | |
| 5 | Coordination | Assistant Director (Multilateral) Ministry of Economy (ME) | Donor | 1,7 | |
| Implementing partners | | | | | |
| 6 | Output 1 | Senior Chief and Assistant Director of Reproductive Health Unit National Population and Family Development Board | Implementing Partner | 1,3 | For confidentiality reasons, names have been deleted from this table being submitted. |
| 7 | Output 1 | State Director LPPKN Sabah | Implementing Partner | 4 | |
| 8 | Output 1 | Information Officer/ Overall-in charge person for PEKERTI Sarawak LPPKN Sarawak | Implementing Partner | 4 | |
| 9 | Output 3 | Principal investigator Populations Study Unit | Implementing Partner/ Academia | 1,3 | |
| 10 | Output 3 | Senior Research Officer Malaysian Research Institute on Ageing (MyAgeing) | Implementing Partner/ Academia | 1,3 | |
| 11 | Output 2 | Senior Research Officer, Global Adolescent Health Burnett Institute | Implementing Partner/Intl NGO | 1,3 | |
| 12 | Output 4 | Capacity Building Director Women’s Aid Organisation | Implementing Partner | 1,3 | |
| NGOs / CSOs | | | | | |
| 13 | Output 1 | Member of Medical committee of FRHAM (Federation of Reproductive Health Associations) | NGO/Activist | 1 | For confidentiality reasons, names have been deleted from this table being submitted. |
| 14 | Output 1 | Former Executive Director of FHRAM Federation of Reproductive Health Associations (FRHAM) | NGO | 1 | |
| 15 | Output 1 | Hon. Treasurer & Ex-President of RRAAM (reproductive rights advocacy alliance, Malaysia) | NGO | 8 | |
| 16 | Output 2/ Output 4 | Co-founder Justice for Sisters | Right-holders/ Indirect beneficiary | 1,3,4 | |
| 17 | Output 1 | President, Malaysian Consultative Council for Buddhism, Christianity, Hinduism, Sikhism and Taoism (MCCBCHST). | NGO | 1 | |

| No. | CP Output | Stakeholders and their organizational affiliations | Type | Selection Criteria (*) | Interviewee Name |
|-----------------|-----------|---|------------------------------|------------------------|---|
| 18 | Output 4 | Lead Consultant GBV/ AWAM Counselor ENGENDER Consultancy/All Women Action Society (AWAM) | Consultancy | 8 | |
| 19 | Output 1 | Co-founder/ Managing Director DM Analytics | Consultancy | 1 | |
| 20 | Output 4 | President Sarawak Women for Women Society | NGO | 4,8 | |
| Academia | | | | | |
| 21 | Output 1 | Associate Professor / Gender Studies, University of Malaya | Academia | 1 | For confidentiality reasons, names have been deleted from this table being submitted. |
| 22 | Output 1 | Prof. / Consultant Hospital Universiti Malaysia Sabah | Academia/ Partner | 1 | |
| 23 | Output 4 | Deputy Director (Research) Institute of Strategic and International Studies (ISIS) | Academia | 1 | |
| 24 | Output 4 | Research lead United Nations University International Institute for Global Health | Implementing Partner | 1,3 | |
| 25 | Output 4 | Director Islamic University Selangor | Academia/ Partner | 4 | |
| Autonomous body | | | | | |
| 26 | Output 1 | Commissioner, SUHAKAM | Autonomous body | 4 | |
| UN Entities | | | | | |
| 27 | UN Coordn | Gender & disability specialist UNICEF | UN entity | 1,7 | For confidentiality reasons, names have been deleted from this table being submitted. |
| 28 | UN Coordn | UN Resident Coordinator UN Resident Coordinator’s Office (RCO) | UN entity | 7 | |
| 29 | UN Coordn | Head UN Resident Coordinator’s Office (RCO) | UN entity | 7 | |
| 30 | UN Coordn | Deputy Resident Representative UNDP | UN entity | 7 | |
| 31 32 | UN Coordn | Child Protection & GBV Specialist, and Programme Associate/SRH UNHCR | UN entity | 1,7 | |
| 33 | UN Coordn | Country Director for Cambodia, Lao, Malaysia, UNAIDS | UN Joint Prog on HIV/AIDS | 9 | |
| UNFPA | | | | | |
| 34 | | Technical Adviser, Health Economics UNFPA APRO | UN entity | - | For confidentiality reasons, names have been deleted from this table being submitted. |
| 35 | | Prog Specialist/ Desk Officer for Malaysia UNFPA APRO | UN entity | - | |
| 36 | | Regional Programme and Inter-governmental Specialist (including SSTC) UNFPA APRO | UN entity | - | |
| 37 | | Interim Regional Technical Specialist, PD UNFPA APRO | UN entity | - | |
| 38 | | Technical Advisor, Family Planning UNFPA APRO | UN entity | - | |
| 39 | | Former Ageing Advisor UNFPA APRO | UN Entity | - | |

| No. | CP Output | Stakeholders and their organizational affiliations | Type | Selection Criteria (*) | Interviewee Name |
|----------|-----------|---|-----------|------------------------|---|
| 40 41 | | Gender Advisor and GBV Technical Specialist UNFPA APRO | UN Entity | - | For confidentiality reasons, names have been deleted from this table being submitted. |
| 42 | | Country Rep for South Korea (former country rep in Malaysia) UNFPA | UN entity | 7 | |
| 43 | | Representative UNFPA-CO | UN entity | - | |
| 44 | | Assistant Rep UNFPA-CO | UN entity | - | |
| 45 | | M&E and Communications focal pt UNFPA-CO | UN entity | - | |
| 46 | | SRH consultant UNFPA-CO | UN entity | - | |
| 47 | | Gender consultant UNFPA-CO | UN entity | - | |
| 48 | | CSE consultant UNFPA-CO | UN entity | - | |
| 49 | | Islamic Financing advisor UNFPA-CO | UN entity | - | |
| 50 | | Religious advisor UNFPA-CO | UN entity | - | |
| 51 | | Prog Associate / Ops focal point for UN coordination UNFPA-CO | UN entity | - | |
| 52 | | Director, The Big Picture (outsourced Comms Agency supporting UNFPA) | - | - | |

(*) The Selection Criteria column refers to Stakeholder selection criteria in UNFPA Evaluation Handbook 2024

ANNEX – 5:

UNFPA STATE-LEVEL INTERVENTIONS - CURRENT AND PLANNED

| State | CP Output | Implementing Partner / other partners | Planned Interventions ¹ | Status of Implementation ² | Beneficiaries |
|----------|--------------------------------------|---|--|--|--|
| SELANGOR | Output 1/ SRHR Advocacy | UNFPA | Advocacy for FP2030, focus on family planning beyond population reduction perceptions | Provided technical and political insights, used adolescent pregnancy study to highlight CSE needs, SRH investment report launched | National stakeholders, communities, girls from the communities |
| | Output 2/ Adolescents and Youth | Ministry of Education, UNFPA | PEERS Teacher Module Development and Training Collaboration Proposal | Letters submitted for collaboration; ministry showed positive support; awaiting management approval | Teachers, students in Selangor |
| | Output 2/ Adolescents and Youth | UNFPA, UNICEF | Launch of the Adolescent Pregnancy Report ³ as part of the South-South and Triangular Cooperation initiative. Study was conducted in Selangor, Kuala Lumpur and Pahang. | Report launched to create advocacy on comprehensive sexuality education | Women and girls, youth, academics, government partners |
| | Output 1/ SRHR Advocacy | UNFPA | Publication of the Living on the Edge Study ⁴ focusing on the impact of raising cost of living on low-income households in Kuala Lumpur, including the impact on female-headed households, caretakers, and access to SRHR | Report has been published | Women and girls, academics, government partners |
| | Output 2/ Adolescents and Youth | Vatican, UNFPA | Advocacy with the Vatican on CSE; technical analysis of Vatican SRHE module | Progressive advocacy; Vatican agreed to revise module to align with UNITGSE; UNFPA to support revision | Vatican, educators involved in CSE programs |
| | Output 3/ Population Change and Data | UNFPA, National Population and Family Development Board (NPFDB) | National Population Conference (PERKKS) was held in Selangor / Kuala Lumpur focusing on low fertility in Malaysia | Co-organized PERKKS on 21-22 November 2023; addressed issues around family planning, low fertility, gender equality; 200 participants attended | Government partners, academicians, practitioners, private sectors, researchers, policymakers |

¹ Country Programme Action Plan 2022-25, UNFPA Malaysia. <https://drive.google.com/file/d/1UojDGwskwkiZsYbnpBGCsUkrvSl6EowX/view>

² 2023 Annual Report - Malaysia, UNFPA Malaysia. https://drive.google.com/file/d/1r_hroCdVNgFpGgRh4K6UdKDdezVIMp3L/view

³ Adolescent Pregnancy - Malaysia, UNFPA Malaysia. <https://malaysia.unfpa.org/en/publications/pathways-adolescent-pregnancy-unfpa-malaysia>

⁴ Living on the Edge, UNICEF Malaysia.

[https://www.unicef.org/malaysia/media/4626/file/Living%20on%20the%20Edge%20\(key%20findings\)\(ENG\).pdf](https://www.unicef.org/malaysia/media/4626/file/Living%20on%20the%20Edge%20(key%20findings)(ENG).pdf)

| State | CP Output | Implementing Partner / other partners | Planned Interventions ¹ | Status of Implementation ² | Beneficiaries |
|----------------|--|--|---|---|---|
| | Output 3/ Population Change and Data | UNFPA, MWFC, National Population and Family Development Board (NPFDB) | Support APPC (Asia-Pacific Population Conference) processes, including survey, stakeholder consultations, and national secretariat establishment | Key role in supporting APPC processes; developed national secretariat; contributed to strong country statement and side event | Government, youth, CSOs, stakeholders |
| | Output 3/ Population Change and Data | MyAgeing | Preliminary data analysis using HIES2019 microdata, secondary data analysis, and presentations | Data analysis and presentations completed; draft write-ups and infographics; secured HIS & HES 2022 data via UPM library | Data analysts, researchers, policymakers |
| | Output 4/ Gender and Social Norms | UNFPA, Ministry of Women, Family and Community Development, Various stakeholders | TV production for MWGF (Malaysia Women & Girls Forum), IDEVAW (International Day for the Elimination of Violence Against Women) event, , GBV prevention initiatives | TV production for MWGF held on 15 Dec 2023; IDEVAW event on 25 Nov 2023 with 200 partners; GBV prevention through White Ribbon Campaign | Women and girls, government partners, NGOs, CSOs, academics, private sector |
| SARAWAK | Output 1/ SRHR Advocacy | National Population and Family Development Board (NPFDB) | SRH advocacy forum for parents of disabled children and religious communities | Forum held with 300 participants including parents of disabled children, religious leaders, and religious organisations. | Parents of disabled children, religious leaders, religious communities |
| | Output 2/ Adolescents and Youth | IP/LPPKN | PEKERTI/SRHE Forum for cooperation with religious leaders | Forum conducted with positive cooperation; potential for replication in other states; LPPKN recognizes value of partnering with religious leaders | Religious leaders, communities in Sarawak |
| | Output 3/ Population Change and Data | Population Studies Unit, University of Malaya | Research on state population data and role of SRH and gender equality | Preliminary research conducted, including literature review and initial engagements with Sarawak state government | Sarawak state government, researchers |
| | Output 4/ Gender and Social Norms | Malaysia Urban Forum (MUF) 2023, local stakeholders | Participation in Women's Assembly session on SDG5 and community support | Facilitated a session on SDG5 at MUF 2023; enabled networking with state stakeholders; follow-up advocacy planned | Women, state stakeholders, community participants |
| SABAH | Output 3 Output 4/ SRH and GBV Advocacy | University Malaysia Sabah, University Malaya | Demographic and Socioeconomic Changes in Sabah ⁵ Report launch to strengthen partnerships and | Delivered report launch, built partnerships with stakeholders, created advocacy entry points. | Stakeholders in Sabah, potential future advocacy targets |

⁵ Report: Demographic and Socioeconomic Changes in Sabah, UNFPA Malaysia. <https://malaysia.unfpa.org/en/publications/report-demographic-and-socioeconomic-changes-sabah>

| State | CP Output | Implementing Partner / other partners | Planned Interventions ¹ | Status of Implementation ² | Beneficiaries |
|-------|-----------|---------------------------------------|------------------------------------|---|---------------|
| | | | advocate for SRH and GBV | The CO is working to support development and designing of UNFPA Malaysia's programme in Sabah in strengthening and advocating work related to SRHR, Comprehensive Sexuality Education (CSE), gender equality, prevention of GBV and addressing population dynamics, notably ageing. | |

ANNEX - 6:
DATA COLLECTION TOOLS

1) INTERVIEW GUIDE FOR ET MEMBERS - UNFPA MALAYSIA CPE

A. SEQUENCING OF INTERVIEWS

EVERY INTERVIEW WILL FOLLOW THE FOLLOWING SEQUENCING:

- ✓ Introduce yourself.
- ✓ Inform the interviewee of the purpose of the evaluation: that this is the Country Programme Evaluation for UNFPA wherein all key stakeholders are being interviewed in their capacity as key informants.
- ✓ Explain to them the objectives of the interview, as reflected in the table below for each stakeholder category – this will facilitate their better understanding of the context.
- ✓ Ensure that the objective is well-understood by the interviewee, so that they can answer in a more relevant manner.
- ✓ Explain how the information provided by the interviewees will be used, and reassure them of the confidentiality of sources attached to this exercise, and take their informed consent for the interview.
- ✓ During the core interview, transform the objectives in the interview guide into questions, or formulate some basic questions in advance and populate the interview log sheet in advance accordingly.
- ✓ The interview should feel like a conversation; the evaluator should react to responses with follow-up questions, requests for clarification, invite more explanations, etc.
- ✓ If some aspect of the interview was unclear, recheck it with the interviewee before finishing.
- ✓ While finishing the interview, confirm any follow-up considerations (eg. if any documents need to be sent, etc), and if relevant, ask the interviewee for suggestions about other key persons they may have mentioned during the interview, who could also be interviewed.

B. INTERVIEW OBJECTIVES

The ET has set up the following interview objectives for the conduct of the semi-structured interviews. Deriving from these interview objectives, and in order to equip ET members for the conduct of individual interviews, group interviews/FGDs and email Questionnaires, the ET has formulated indicative questions that will be posed to the stakeholders, while keeping these flexible, leaving room for adjustment during the course of the conduct of the interviews.

| S.No. | Stakeholder Category | Interview Objectives |
|-------|---|---|
| 1. | UNFPA Country Office Representative and Staff | <ul style="list-style-type: none">❖ To understand how UNFPA perceives itself as an entity and as a partner❖ To understand how UNFPA coordinates with counterparts❖ To identify areas that are considered by UNFPA as ones where it brings in its comparative advantages and has recorded success❖ To understand the challenges UNFPA faces in achieving its set objectives and lessons learnt❖ To check the effectiveness of UNFPA's SRH, AY, PD and GEWE interventions❖ To weigh the benefits and risks of UNFPA activities in terms of their sustainability❖ To check if UNFPA Malaysia activities mainstream gender issues❖ To assess as to what extent UNFPA took advantage of synergies with other UN entities. |

| S.No. | Stakeholder Category | Interview Objectives |
|-------|--|--|
| | | <ul style="list-style-type: none"> ❖ To assess if UNFPA has been an effective player in responding to changing national context or in terms of emergency preparedness and response. ❖ To understand how UNFPA sees its programme evolving in its next cycle - are there any areas that would be considered important to focus on that were not adequately covered in the current cycle, and if there is an opportunity to expand the programme, what areas would be considered as key candidates, especially given Malaysia's UMIC status and upcoming megatrends? |
| 2. | UNFPA Regional Office Representatives and Staff | <ul style="list-style-type: none"> ❖ To understand how APRO views the CO's performance vis-à-vis other same size programmes in similar contexts ❖ Getting their views on which areas they see the CO leading in, and what they consider to be success stories in UNFPA Malaysia's SRH, AY, PD and GEWE interventions, including in the communications field. ❖ To assess their understanding of the challenges the CO is facing ❖ To assess if there are any areas in which APRO considers that UNFPA Malaysia could have done better. ❖ To get their views with regard to the Theory of Change of the current CP and what changes do they foresee for the next cycle's TOC for UNFPA to remain relevant in light of the SP's 3TRs and the state of the country's progress on the SDGs ❖ To understand how APRO sees UNFPA Malaysia programme evolving in its next cycle - are there any areas that would be considered important to focus on that were not adequately covered in the current cycle, and if there is an opportunity to expand the programme, what areas would be considered as key candidates, especially given Malaysia's UMIC status and in view of upcoming megatrends? |
| 3. | Govt coordinating agency / UNFPA's key counterpart | <ul style="list-style-type: none"> ❖ To assess if they consider UNFPA as a strategic and credible partner ❖ To assess if the Government perceives UNFPA's activities to be in line with the UNFPA Malaysia Country Programme, and in line with national priorities ❖ To assess the Government's view with regard to UNFPA's SSTC activities ❖ To seek their perspectives on how they see the UNFPA Malaysia programme evolve in the future |
| 4. | Implementing Partner Representatives | <ul style="list-style-type: none"> ❖ To assess if they consider UNFPA as a strategic and credible partner ❖ To check the effectiveness of UNFPA's SRH, AY, PD and GEWE interventions ❖ To weigh the benefits and risks of UNFPA activities in terms of their sustainability ❖ To assess if in the view of the IPs, does UNFPA make effective use of its resources ❖ To check if UNFPA Malaysia activities mainstream gender issues ❖ To understand if there have been any challenges or difficulties, and ask for suggestions on how these can be addressed. |
| 5. | Other partner government entities | <ul style="list-style-type: none"> ❖ To assess if they consider UNFPA as a credible partner ❖ To check the effectiveness of UNFPA's SRH, AY, PD and GEWE interventions ❖ To weigh the benefits and risks of UNFPA activities in terms of their sustainability |

| S.No. | Stakeholder Category | Interview Objectives |
|-------|---|---|
| | | <ul style="list-style-type: none"> ❖ To check if UNFPA Malaysia activities mainstream gender issues ❖ To understand if there have been any challenges or difficulties, and ask for suggestions on how these can be addressed. |
| 6. | Representatives of Academia and NGOs | <ul style="list-style-type: none"> ❖ To assess how they see UNFPA as a credible partner ❖ To check the effectiveness of UNFPA's SRH, AY, PD and GEWE interventions ❖ To weigh the benefits and risks of UNFPA activities in terms of their sustainability ❖ To check if UNFPA Malaysia activities mainstream gender issues ❖ To understand if there have been any challenges or difficulties, and ask for suggestions on how these can be addressed. ❖ To discuss how they see UNFPA Malaysia programme evolving in its next cycle - are there any areas that would be considered important to focus on that were not adequately covered in the current cycle, and if there is an opportunity to expand the programme, what areas would be considered as key candidates, especially given Malaysia's UMIC status and in view of upcoming megatrends |
| 7. | Beneficiaries of UNFPA support (direct + indirect) <i>Further reference to questions to be posed to beneficiaries are provided in the following page under FGD Guide</i> | <ul style="list-style-type: none"> ❖ To assess how they see UNFPA as a credible partner ❖ To assess how they consider this service to be important to them, and if they have access to that service and to what extent ❖ To find out whether capacity-building activities were relevant ❖ To find out if trainees are using the knowledge transferred to them through a training programme ❖ To assess how has the service affected their lives and the community as a whole ❖ To check the sustainability aspects, i.e. are benefits sustainable? Or is there a need for follow-through activities? |
| 8. | Entities that are not partners of UNFPA but functioning in the same space as UNFPA | <ul style="list-style-type: none"> ❖ To understand their perspectives about UNFPA's expertise in its area of work ❖ To assess if in their view, UNFPA's work is relevant and effective, and if they consider UNFPA as their competitor or a complementary entity. |
| 9. | UN Agency partners | <ul style="list-style-type: none"> ❖ To assess how they perceive UNFPA as a credible member of the UNCT ❖ Do they consider UNFPA as an entity that is collaborative in their work with partner UN entities, and what added value does it bring? ❖ To assess the role UNFPA plays in UNCT coordination structures and if there is any synergy in its operations with that particular UN entity. ❖ To check if in their view, UNFPA's SRH, AY, PD and GEWE interventions are relevant and effective and how these should evolve in future programming. ❖ To weigh the benefits and risks of UNFPA activities in terms of their sustainability. |

2) TEMPLATE FOR INTERVIEW LOGBOOK

INTERVIEW DATA:

| | | |
|---------------------------------|---------------------------|---------------------------|
| Name (s) of the interviewee(s): | Position: | Institution/organization: |
| Interview date: | Output/AWP/Atlas project: | Stakeholder type: |
| Interviewer: | Area of analysis: | Interview code: |

INTERVIEW CONTENT:

Background & key issues

| |
|-----------------------------------|
| Background of Interviewee: |
| Qs to be raised: |

Key Points Emerging from the Interview

| |
|--|
| |
|--|

Follow-up Actions, if any

| |
|--|
| |
|--|

Interview Contents/Transcript

| |
|--|
| |
|--|

3) TEMPLATE FOR NOTES OF THE RESULTS OF THE FOCUS GROUP (or Group Interview) DISCUSSIONS

1. Objective of the focus group
2. Methodology
3. List of participants (name, institution)
4. Report on the topics discussed

| |
|---|
| Topic discussed (<i>formulated as a question</i>) |
| Summary of the discussion |

| |
|---|
| Topic discussed (<i>formulated as a question</i>) |
| Summary of the discussion |

| |
|---|
| Topic discussed (<i>formulated as a question</i>) |
| Summary of the discussion |

4) FOCUS GROUP DISCUSSION (or Group Interview) GUIDE

Self-introduction

Introduction to the objectives of the evaluation

A brief introduction to the rules of focus groups

Menu of possible questions:

- What do you personally see as the most important aspect of your work related to UNFPA support? What do you feel proud of in your work?
- In your opinion to what extent are the services/projects important for and relevant to the needs of the most vulnerable population in this region/country?
- Who do you see as the most vulnerable groups in your region? Have you been able to reach out to these groups? What are the barriers for this happening (or happening more)? What strategies have worked or been more successful?
- To what extent have you been equipped with necessary knowledge and practical skills during the trainings?
- Would you say that the training/intervention has been a success? Why? How do you know that people trained have actually learnt from it? How do you know they are using what they learnt in their jobs?
- Has the overall situation improved in the region/country? If so, do you think the trained/sensitised doctors/midwives/youth have contributed to this improvement? How?
- What are key factors that impede the provision of effective services? What makes it more challenging? Please give examples.
- In your opinion, would it be possible to achieve the same results with less resources? If yes, please give examples. If not, explain why.
- What are your further needs?
- Would you advise and recommend UNFPA to do the same in other regions/communities? Why?
- How long will services will be further sustained and provided for, were UNFPA to withdraw support?

NOTE: *These Qs are primarily targeted towards beneficiaries of UNFPA support, but some of these can also be used by evaluators for interviews with key informants amongst IPs and other partners.*

ANNEX – 7:
LIST OF UNFPA INTERVENTIONS
UNFPA MALAYSIA COUNTRY PROGRAMME 2022-2025

| 2022 | 2023 | 2024 ^(*) |
|------|------|---------------------|
|------|------|---------------------|

(*) The numbers included therein cover expenditures until 30 June 2024

| Donors / Interventions | Implementing Agency | Geographic Location | Beneficiaries | Budget (USD) | Expenses (USD) | Impl. Rate |
|---|---------------------|----------------------------|--|--------------|----------------|------------|
| SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) | | | | | | |
| Strategic Plan 2022-2025 outcome 1: By 2025, the reduction in the unmet needs for family planning has accelerated | | | | | | |
| Country Programme output 1: Access to information and services for sexual and reproductive health and reproductive rights, especially for the marginalized and those furthest behind, including people with disabilities, is prioritized in health policies. | | | | | | |
| DONORS: Government of Malaysia; UNFPA | | | | | | |
| INTERVENTIONS: 1. Families on the Edge study: The impact of COVID-19 on women and children in low-income families. | UNFPA | Kuala Lumpur Selangor | Women and Girls; Academic; Govt partners | 918,092 | 662,095 | 72% |
| 2. Study on Gap Analysis of Confinement Centres in Malaysia. | UNU-IIGH | Nationwide | Govt partners; Women | | | |
| 3. Regional Study on Understanding Pathways to Adolescent Pregnancy in Southeast Asia | Burnett Institute | Selangor Pahang | Women and Girls; Youth; Academics | | | |
| 4. Advocacy of family planning services through mass media content and communication strategy | LPPKN | Nationwide | Govt partners | | | |
| 5. Family planning advocacy forum | LPPKN | Nationwide | Women and Men | | | |
| 6. Study on family planning among Malaysian women | LPPKN | Nationwide | Women; Men; Youth; Academics; Govt partners | | | |
| 7. National Family Policy revision | UNFPA | Nationwide | Govt partners | | | |
| ADOLESCENTS AND YOUTH (AY) | | | | | | |
| Strategic Plan 2022-2025 outcome 1: By 2025, the reduction in the unmet needs for family planning has accelerated | | | | | | |
| Country Programme output 2: Strengthened national and subnational capacity to design, implement and monitor policies and programmes, including comprehensive sexuality education programmes that promote adolescent sexual and reproductive health and reproductive rights. | | | | | | |
| DONORS: Government of Malaysia; UNFPA | | | | | | |
| INTERVENTIONS: 1. PEKERTI at institute & school | LPPKN | Nationwide | Youth | 173,803 | 132,442 | 76% |
| 2. PEKERTI at community | | | Youth | | | |
| 3. CSE advocacy forum | | | Youth | | | |
| POPULATION DYNAMICS (PD) | | | | | | |
| Strategic Plan 2022-2025 outcome 1: By 2025, the reduction in the unmet needs for family planning has accelerated | | | | | | |
| Country Programme output 3: Strengthened policy environment to address population ageing and its linkage to gender equality, through life-cycle and rights-based approaches. | | | | | | |
| DONORS: Government of Malaysia; UNFPA | | | | | | |
| INTERVENTIONS: 1. Report on Demographic and Socioeconomic Changes in Sabah. | PSU | Sabah | Academics; Policymakers; Govt partners | | | |
| 2. Participation in the 7th Asia-Pacific Population Conference (7th APPC). | UNFPA | Regional (Asia-Pacific) | Policymakers; Govt partners | | | |

| Donors / Interventions | Implementing Agency | Geographic Location | Beneficiaries | Budget (USD) | Expenses (USD) | Impl. Rate |
|--|-------------------------|---------------------------------|--|--------------|----------------|------------|
| 3. Co-organisation of the National Population Conference 2023 (PERKKS23). | UNFPA | Nationwide | Academics; Policymakers; Govt partners | 379,578 | 247,360 | 65% |
| 4. ICPD advocacy | UNFPA | Global/ National | Govt partners; Policymakers | | | |
| 5. National Policy and PoA on Ageing | MyAgeing | Nationwide | Govt partners; Policymakers | | | |
| 6. Socio-demographic intelligence and analysis for policymaking (SIAP) | MyAgeing | Nationwide | Govt partners; Policymakers | | | |
| 7. Malaysia households panel surveys (MYHOPS) | MyAgeing | Nationwide | Govt partners; Policymakers | | | |
| 8. Capacity-building and ageing network development initiative (CANDI) | MyAgeing | Nationwide | Govt partners; Policymakers | | | |
| 9. Silver economy and social inclusion (SESI) | MyAgeing | Nationwide | Govt partners; Policymakers | | | |
| 10. Report on Demographic and Socioeconomic Changes in Sarawak | PSU | Sarawak | Govt partners; Policymakers; Academics | | | |
| GENDER EQUALITY AND WOMEN’S EMPOWERMENT (GEWE) | | | | | | |
| Strategic Plan 2022-2025 outcome 3: By 2025, Malaysia is making meaningful progress towards an economy that is inclusive, innovative and sustainable across all income groups and productive sectors | | | | | | |
| Country Programme output 4: Strengthened national capacities for the design, implementation and monitoring of legal frameworks, policies, plans and programmes to advance gender equality, empower and increase the economic participation of women and girls and prevent gender-based violence and other forms of discrimination. | | | | | | |
| DONORS: Government of Malaysia; UNFPA | | | | | | |
| INTERVENTIONS: 1. GBV advocacy and dialogues including 16 days campaign for the elimination of violence against Women (IDEVAW), Malaysia Women and Girls Forum (MWGF), and White Ribbon Campaign | UNFPA | Nationwide | Women and Girls; Govt partners; NGOs | 840,317 | 538,432 | 64% |
| 2. Safe community model to empower grassroots women to be community advocates (TeamTINA) | WAO | Selangor, Melaka, Pahang, Kedah | Women and Girls | | | |
| 3. Linking community advocates to survivors | WAO | Selangor | Women and Girls | | | |
| 4. Survivor-informed and survivor-led response systems | WAO | Selangor | Women and Girls | | | |
| 5. UNCT coordination and programmes including Gender mainstreaming workshop, PSEA consultancy, UNCT SDG initiatives | UNFPA | -- | UN Agencies | | | |
| 6. Studies on female labour force participation (upcoming) | New IP being identified | To be confirmed | To be confirmed | | | |
| 7. Legal literacy programme (upcoming) | New IP being identified | To be confirmed | To be confirmed | | | |
| GRAND TOTAL (SRHR + AY + PD + GEWE) | | | | 2,311,790 | 1,580,330 | 68% |

Source: Country Office

NOTE: Breakdown of regular and other resources by outputs is provided in table 3.4, Chapter 3, Section 3.2.3 of this Report.



Terms of Reference

The Government of Malaysia & United Nations Population Fund (UNFPA) First Country Programme (2022-2025)

Country Programme Evaluation

April 2024

Contents

| | | |
|--|----|----|
| 1. | 1 | |
| 2. | 3 | |
| 3. | 9 | |
| 4. | 23 | |
| 4.1. | 23 | |
| 4.2. | 23 | |
| 4.3. | 23 | |
| 5. | 24 | |
| 5.1. | 24 | |
| 5.2. | 25 | |
| 6. | 26 | |
| 6.1. | 26 | |
| 6.2. | 28 | |
| 7. | 32 | |
| 8. | 35 | |
| 9. | 36 | |
| 10. | 37 | |
| 11. Management of the Evaluation | | 39 |
| 12. Composition of the Evaluation Team | | 41 |
| 12.1. | 41 | |
| 12.2. | 43 | |
| 13. Budget and Payment Modalities | | 47 |
| 14. Bibliography and Resources | | 48 |
| 15. Annexes | | 50 |

Acronym

| | |
|---------------|---|
| APRO | UNFPA Asia and Pacific Regional Office |
| AIDS | Acquired Immunodeficiency Syndrome |
| CCA | Common country assessment/analysis |
| CEDAW | Convention on the Elimination of All Forms of Discrimination against Women |
| CO | Country office |
| CP | Country programme |
| CPD | Country programme document |
| CPE | Country programme evaluation |
| DSA | Daily subsistence allowance |
| ERG | Evaluation Reference Group |
| EQA | Evaluation quality assessment |
| EQAA | Evaluation quality assurance and assessment |
| ERG | Evaluation reference group |
| GBV | Gender-based violence |
| HIV | Human Immunodeficiency Virus |
| ICPD | International Conference on Population and Development |
| ICT | Information and communication technologies |
| IDEVAW | International Day for the Elimination of Violence Against Women |
| LNOB | Leaving no one behind |
| NPFDB / LPPKN | National Population and Family Development Board / Lembaga Penduduk dan Pembangunan Keluarga Negara |
| M&E | Monitoring and evaluation |
| MWFCD | Ministry of Women, Family and Community Development |
| MWGF | The Malaysia Women and Girls Forum |
| RFBF | Reaching the furthest behind first |
| PEKERTI | National Policy and Plan of Action for Reproductive Health and Social Education |
| PWD | People with disabilities |
| SDGs | Sustainable Development Goals |
| SPV | Shared Prosperity Vision |
| SRHR | Sexual and reproductive health and reproductive rights |
| ToR | Terms of reference |
| UHC | Universal Health Coverage |
| UNCT | United Nations Country Team |
| UNEG | United Nations Evaluation Group |
| UNFPA | United Nations Population Fund |
| UNSDCF | United Nations Sustainable Development Cooperation Framework |
| UPR | Universal Periodic Review |
| WAO | Women's Aid Organisation |
| YEE | Young and Emerging Evaluator |

1. Introduction

UNFPA Malaysia Country Office is planning to conduct an independent evaluation of its Country Programme (2022-2025), in accordance with UNFPA 2024 Evaluation Policy. This evaluation will serve the following purposes: demonstrate accountability to the stakeholders on the contributions of the country programme (CP) to agreed results; generate evidence and lessons to support evidence-based programming in UNFPA and provide necessary evidence to design the next CP. This will be an external exercise conducted by an independent evaluation team in accordance with the UNFPA Evaluation handbook 2019 edition, United Nations Evaluation Group and UNFPA evaluation norms and standards. The evaluation is expected to cover all components of the country programme during a period from January 2022 through June 2024.

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals”.¹

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on “leaving no one behind”, and emphasizing “reaching those furthest behind first”.

UNFPA has been operating in Malaysia since 1973. The support that the UNFPA Malaysia Country Office (CO) provides to the Government of Malaysia under the framework of the First Country Programme (CP) (2022-2025) builds on national development needs and priorities articulated in:

- The Twelfth Malaysia Plan (12MP), 2021-2025
- United Nations Common Country Analysis (CCA), 2023
- United Nations Sustainable Development Cooperation Framework (UNSDCF), 2021-2025
- UNFPA 5th Country Programme Action Plan (CPAP), 2022-2025

¹ [UNFPA Strategic Plan 2022-2025](#)

- Malaysia MADANI

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.² A Country Programme Review was conducted in 2022, and for this programme cycle (2022-2025), the CO will conduct a full-fledged Country Programme Evaluation (CPE). The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA First country programme (2022-2025) in Malaysia, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook [LINK](#). The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.³ It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Malaysia CO; (ii) the Government of Malaysia; (iii) implementing partners of the UNFPA Malaysia CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA Asia and Pacific Regional Office (APRO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA Malaysia CO in close consultation with the Government of Malaysia Ministry of Economy that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the APRO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

² UNFPA Evaluation Policy 2024, p. 22 [[LINK](#)].

³ UNEG, Norms and Standards for Evaluation (2016). The document is available at <https://www.unevaluation.org/document/detail/1914>

2. Country Context

i) Population, demographic, and socio-economic development

Malaysia population stood at 33.5 million in 2023⁴, with an annual population growth rate of 1.8 per cent. Malaysia is a multi-ethnic and multi-religious country with 58.0 per cent Malay, 12.1 other Bumiputera, 22.6 per cent Chinese, 6.6 per cent Indians, and 0.7 per cent ‘others’.⁵ Total fertility rate for women aged 15-49 years dropped from 1.7 in 2021 to 1.6 in 2022, the lowest in five decades. Proportion population per age group was 7.6 million (22.7 per cent) for 0-14 years, 23.4 million (69.9 per cent) for 15-64 years, and 2.5 million (7.5 per cent) for 65 years and above.

According to the Household Income and Expenditure Survey released by the Department of Statistics Malaysia (DOSM), the average household income increased from 5,000 in 2012 to RM8,479 in 2022⁶. Gini Coefficient by ethnicity decreased for all ethnicities, with Bumiputera at 0.387 from 0.389, Chinese at 0.412 from 0.417 and Indians at 0.406 from 0.411, indicating a lowering inequality trend. In 2022, Malaysia's absolute poverty rate increased to 6.2 per cent, up from 5.6 per cent in 2019 before the pandemic. Nearly 490,000 Malaysian households live below the average national poverty line of RM2,589 per month. Malaysia's Human Development Index (HDI) has improved from 0.577 in 1980 to 0.803 in 2021, ranked 62nd out of 191 countries, and classified as a “Very High HDI” country.⁷

Malaysia is undergoing a significant demographic transition and is expected to become an aged nation by the year 2030 when 15 per cent of its population will comprise of those aged 60 and above. Rapid population ageing in Malaysia can be attributed to the decline in fertility rate and longer life expectancy. Population aging poses several challenges for Malaysia, which also has a vibrant young population. Demographic transition has consequences for the labour force participation and the economy, as well as the pressures on the healthcare system and overall productivity.

Floods are one of the most common climate and natural disasters in Malaysia, particularly occur during the monsoon season (November to February).⁸ While flood-related deaths and serious injuries were minimal, residents in several flood-prone states suffered considerable loss and damage, and remain at risk of displacement. Other climate-related disasters include drought, landslides, and storm surges. Research has also showed that women and children are among the most vulnerable groups to climate

⁴ Department of Statistics Malaysia: <https://open.dosm.gov.my/>

⁵ Demographic Statistics Malaysia Third Quarter 2023: https://www.dosm.gov.my/uploads/release-content/file_20231107101245.pdf

⁶ Table 3: Mean of monthly household gross income by ethnic group of head of household, strata and state, Malaysia, 1970 – 2022. <https://www.ekonomi.gov.my/sites/default/files/2023-12/Jadual3-Pendapatan-Isi-Rumah-Kasar-Bulanan-Purata-Mengikut-Kumpulan-Etnik-Ketua-Isi-Rumah-%20Strata-dan-Negeri-Malaysia-1970-2022.pdf>

⁷ Malaysia maintains spot in ‘Very High Human Development’ category in new HDR Report. <https://www.undp.org/malaysia/blog/malaysia-maintains-spot-very-high-human-development-category-new-hdr-report>

⁸ Climate Risk Country Profile. <https://www.adb.org/sites/default/files/publication/723571/climate-risk-country-profile-malaysia.pdf>

change risks.⁹ The Government's aspiration to achieve carbon neutrality by 2050, was reiterated at COP28 UN Climate Change Conference, and the establishment of the National Climate Change Action Council in 2023 demonstrate its recognition of climate change as a critical issue. The National Energy Transition Roadmap launched in August 2023 further emphasized the Government's green credentials.¹⁰

Malaysia has been actively fostering technology and innovation as key drivers of its economic growth and development. Various initiatives and policies have been implemented to support the growth of the technology sector and encourage innovation across industries. For example, the Multimedia Super Corridor (MSC), Cyberjaya, and Technology Park Malaysia serve as hubs for research, development, and collaboration among industry players, academia, and government agencies. In addition, Malaysia has been investing in digital infrastructure, including high-speed internet connectivity and digital platforms, to expand broadband access in rural areas and promote digital literacy among the population.

i) Maternal and child health

Over the years, maternal and child health indicators have improved, particularly the reduction of maternal deaths from 56.4 per 100,000 live births in 1980 to 23.5 per 100,000 in 2018. In the same period, safe delivery by skilled birth attendants increased from 38 to 99 per cent. However, maternal mortality rate increased to 24.8 in 2020 and 68.2 in 2021 due to COVID-19 pandemic.¹¹ However, the figure dropped to 26 in 2022 and 2023 as the pandemic slowed down. Malaysia has achieved the under-five mortality rate target since 1984. Under-five child mortality rate was 86 per 100,000 live births. The country's neonatal mortality rate, or deaths of infants aged less than 28 days, stood at 4.1 per 1,000 live births in 2021, an increase from 3.9 per 1,000 live births in 2020.¹²

ii) Sexual Reproductive Health and Rights (SRHR)

Despite the progress, there are still groups with limited access to sexual and reproductive health information and services, such as indigenous groups, Bajau laut population and migrant workers, including estate workers, women who often depend on the permission of their male partners to access services. According to the Fifth Malaysian Population and Family Survey (MPFS-5) published in 2014,¹³ the national contraceptive use has declined from 55 per cent in 1994 to 52 per cent in 2014. The use of modern

⁹ World Bank Group Gender Strategy. Gender Equality, Poverty Reduction, and Inclusive Growth. <https://documents1.worldbank.org/curated/en/820851467992505410/pdf/102114-REVISED-PUBLIC-WBG-Gender-Strategy.pdf>

¹⁰ National Energy Transition Roadmap. https://www.ekonomi.gov.my/sites/default/files/2023-09/National%20Energy%20Transition%20Roadmap_0.pdf

¹¹ Statistics of life expectancy, Malaysia

¹² The Population of Malaysia. <https://open.dosm.gov.my/dashboard/population>

¹³ Report on Key Findings of the Fifth Malaysian Population and Family Survey (MPFS-5) 2014. National Population and Family Development Board (NPFDB). https://familyrepository.lppkn.gov.my/index.php/database_stores/store_view_page/18/488?link=Ij9taWQ9MTU3JmFscGhhYmVOPVli

methods has stagnated at 34.3 per cent since 1984. The unmet need for modern methods of contraception has steadily risen from 25 per cent in 1998 to 34.3 per cent in 2014.

In 2020, adolescent birth rate was 7.6 per 1,000 among adolescents 15-19 years old. In 2019, the total number of deliveries by women below the age of 20 was 11,452. Among these, 161 (1.4 per cent) were mothers aged below 14, while 11,291 (98.6 per cent) were between the ages of 15 and 19. Around 40 per cent of adolescents who had an unsafe abortion never used any methods of contraception. According to the Adolescent Health Survey 2022¹⁴, the prevalence of adolescents who have ever had sex was 7.6 per cent. Among this group, a notable 32.8 per cent of adolescents reported having had sex before reaching the age of 14. Furthermore, the reported condom usage during the last sexual intercourse among the surveyed population was relatively low, with only 11.8% indicating condom use. These statistics highlight various aspects of sexual behavior and practices among the youth, underlining the need for comprehensive sexual health education and awareness programs.

The Fifth Malaysian Population and Family Survey¹⁵ 2014 showed that the knowledge level of adolescents regarding sexual intercourse is considered low. The knowledge of youth on methods of contraception remains low at 45 per cent. About 64 per cent of Malaysian adolescents did not believe that having sex for the first time could lead to pregnancy, and only 27 per cent of the adolescents knew that sexually transmitted infections (STIs) could be transmitted by having sexual intercourse with a person who has a sexually transmitted disease. About 45 per cent believed that HIV/AIDS could be transmitted through mosquito bites, and only 33.3 per cent know that condoms can prevent sexually transmitted diseases. Overall, the prevalence of adequate HIV knowledge among adolescents was only 1.3%.¹⁶ The low knowledge level is partly attributed to social-cultural factors that limit their access to SRH information and services. To enhance human capital and drive macroeconomic performance, it is necessary for Malaysia to continue to invest in sexual and reproductive health and reproductive rights, in particular unmet needs in family planning, more effective Comprehensive Sexuality Education (CSE) in and out of schools and to ensure access to sexual and reproductive health information and services for young people and marginalized populations.

iii) Gender equality and women's empowerment

Malaysia has made considerable progress toward gender equality and women's empowerment. Gender parity has been attained in education and health. In 2018, out of all school leavers who applied to enter universities, 60 per cent were female and 40 per cent were males, the same proportions were seen in the success rate. While measures are being taken to encourage women to join the workforce, female labour force participation rate remains one of the lowest in the region at 55.3 per cent in 2020 compared to 80.6 per cent for men. Women are paid less than men. The median monthly wage was RM2,019 for women

¹⁴ Institute for Public Health (IPH) 2022. Technical Report National Health and Morbidity Survey (NHMS) 2022: Adolescent Health Survey, Malaysia.

¹⁵ Report on Key Findings of the Fifth Malaysian Population and Family Survey (MPFS-5) 2014. National Population and Family Development Board (NPFDB).
https://familyrepository.lppkn.gov.my/index.php/database_stores/store_view_page/18/488?link=Ij9taWQ9MTU3JmFscGhhYmVOPVli

¹⁶ Institute for Public Health (IPH) 2022. Technical Report National Health and Morbidity Survey (NHMS) 2022: Adolescent Health Survey, Malaysia.

and RM2,093 for men in 2020. While measures are being taken to encourage women to join the workforce, female labour force participation rate remains one of the lowest in the region at 55.3 per cent in 2020 compared to 80.6 per cent for men. Women are paid less than men. The median monthly wage was RM2,019 for men in 2020.

While Malaysian women have achieved significant advancements in education and workforce participation, traditional gender roles and expectations persist in the society. In recent years, there has been a growing awareness of the need for gender-transformative approaches to address these issues. This approach seeks to challenge and transform the underlying power structures, norms, and attitudes that perpetuate gender inequality, and place women and girls at the centre of policies and programme.

iv) Gender-based violence and harmful practices

Gender-based violence (GBV) is still perceived as a sensitive issue that should not be discussed openly in Malaysia. About 8 per cent of Malaysian women between the age of 18-50 years have experienced Intimate Partner Violence (IPV) in their lifetime¹⁷; given the sensitivity of gender-based violence that is linked to stigma, fear of retribution, and socio-cultural beliefs, this number is likely to be higher. The COVID-19 pandemic further exacerbated GBV incidence. Between January to October 2020, the Women's Aid Organization (WAO) reported 183% increase in WhatsApp messages and 249% in calls for queries on Domestic Violence.

v) National policies and programmes

The National Family Planning (FP) Programme was introduced in 1966 in Malaysia with the establishment of the National Family Planning Board (NFPB), also known as LPPKN (Lembaga Penduduk dan Pembangunan Keluarga Negara in Malay, under the Population and Family Development Act of 1966. The vision of LPPKN is to be the centre of excellence for population and family, and its mission is to spur innovation and family agenda through policies, family demographic research, programmes and services.¹⁸ The National Family Planning (FP) Programme was expanded and integrated with the Ministry of Health's maternal and child health services since the 1970s.

During ICPD25, Malaysia reiterates its commitments to reproductive health through its National Policy and Plan of Action for Reproductive Health and Social Education (referred to as Dasar dan Pelan Tindakan Pendidikan Kesihatan Reproduksi dan Sosial Kebangsaan or PEKERTI). LPPKN is a statutory agency under the Ministry of Women, Family and Community Development (MWFCD) and has overall responsibility for implementing PEKERTI. PEKERTI is a policy, plan of action (PoA) and programme. While the PoA includes all ages, the programme targets adolescents. This policy recognizes that Social and Reproductive Health

¹⁷ Shuib R, Endut N, Ali SH, Osman I, Abdullah S, Oon SW, et al. Domestic violence and women's well-being in Malaysia: Issues and challenges conducting a national study using the WHO multi-country questionnaire on women's health and domestic violence against women. *Procedia-Social and Behavioral Sciences*. 2013;91:475–88.

¹⁸ LPPKN website:

<https://www.lppkn.gov.my/lppkngateway/frontend/web/index.php?r=portal/article&menu=60&id=MmZPV04xYlg1dINLbm9HNURQUU9YZz09>

Education (SRHE) is a key component in Sexual and Reproductive Health Rights (SRHR) and the achievement of optimal reproductive and sexual health plays an important role in human development.¹⁹ Program implemented under the PEKERTI Action Plan include:

- a. KafeTEEN Youth Center - a modern youth-friendly center established by the National Population and Family Development Board (LPPKN) started in 2006 to help young people between the ages of 13 and 24 to go through their teenage years with full confidence. KafeTEEN Youth Center and Transit Center conduct education and skills development programs such as lectures, workshops, camps, seminars, teen talk, teen chat, volunteer programs and other side activities such as sports, tours, charity work and recreation for the benefit of reproductive and social health education to teenagers.
- b. Development of LPPKN's Reproductive Health and Social Education Module - To support the implementation of the PEKERTI Program, LPPKN has developed several modules that are used in implementing the advocacy program, including Adolescent Self-Awareness Module, Self-Reflection Module (Parent Edition), SRH module for Boys, and ACE module (Accurate, Comprehensive, Effective)

UNFPA Malaysia Country Office in collaboration with the LPPKN developed a mobile/virtual application called myKafeTEEN in 2018. The application was designed to help young people/teens to express themselves and consult with doctors and counsellors related to their health, lives and well-being. This teen-friendly application aims to provide update information related to them including information on sexual and reproductive health. In 2021, a review of the app was conducted, which examined its development, piloting, and implementation procedures, as well as its programmatic outputs, activities, and outcomes, encompassing the time period from its launch in 2018 until December 2020.

The National Family Planning Guidelines have been formed as a guide for the implementation and coordination of this program which covers the following elements:²⁰

- i. The delivery of Family Planning services is based on aspects of health and family health and the practice is voluntary.
- ii. Contraceptive services will be provided through the cafeteria system and delivered by specially trained medical personnel, paramedics and support personnel with an emphasis on supportive medical services and follow-up care.
- iii. Family Planning/Population Education is integrated in the formal and informal education system.
- iv. The provision of Family Planning services in the Social Development Program is to provide opportunities to improve family life and women's socio-economic status.
- v. To provide programs and support activities to improve the quality of life. It includes aspects of health, well-being and activities to promote and improve the status of women.

¹⁹ LPPKN website:

<https://www.lppkn.gov.my/lppkngateway/frontend/web/index.php?r=portal/article&menu=3&id=SnlwSyt2Z1R2aUJZQ25Ic1BWb3I3Zz09>

²⁰ LPPKN website:

<https://www.lppkn.gov.my/lppkngateway/frontend/web/index.php?r=portal/article&menu=2253&id=TkFXaGE0aktyOUFzWmJSTFpCSGZaUT09>

Considering the critical role of family well-being in national development, the Ministry of Women, Family and Community Development (MWFC) developed the National Family Policy (NFP) in 2010. This policy prioritises the perspective of the family in all socio-economic development efforts to produce a high-quality generation. It also underlines the importance of the role of the family institution to continue to be preserved and strengthened in addition to emphasizing the concept of family well-being which is based on family values such as love, honesty, fairness and equity regardless of status, gender and age. The family institution is one of the micro systems in the network of large social systems. The role of the family institution is not only to meet the needs of socialization and care, but also in the spectrum of education, economy, health and environment which are closely related to ensure the well-being of a family institution.

In the 10th Malaysia Plan (2011 - 2015)²¹ the concerns of older persons received nearly equal attention as women's empowerment. In Chapter 4: Moving Towards Inclusive Socio-economic Development, the sub-header reads 'Supporting Older Persons to Lead Productive and Fulfilling Societal Roles', promising "to provide a conducive environment for older persons to remain healthy, active and secure", with programmes that "will focus on enhancing elderly-friendly infrastructure, improving access to affordable healthcare, ensuring adequate provision of shelters and improving financial security and opportunities for employment" (p. 185). This will be the first-time old age employment is explicitly referenced in the national development plans, marking a huge departure from the past where older persons are considered retired or past the age for work.

In 2011, the Cabinet approved a new National Policy for Older Persons (Dasar Warga Emas Negara, NPOP) and its Action Plan (2010 - 2020) to replace the National Policy for the Elderly in 1995. The revised policy adopts a life span perspective, with a goal of empowering the individual, the family and the community, making provisions for age-friendly services as well the development of enabling and supportive environment towards the well-being of older Malaysians. It highlighted the need for continued initiatives for the protection of vulnerable older persons, but at the same time calling for more old-age employment opportunities.²² Recognising that Malaysia will be an ageing nation by 2030, and as part of its commitments made during ICPD25, initiatives have been undertaken to empower the youth population, including lowering the voting age from 21 to 18 years old.

The Government has established a One Stop Crisis Centre (OSCC) in all hospitals in Malaysia under the Ministry of Health since 2015 to provide the necessary services to survivors of gender-based violence Following the enactment of the Domestic Violence Act 1994. In 2018, the Committee on the Elimination of Discrimination against Women (CEDAW) recommended several measures targeted at strengthening the comprehensive response to gender-based violence and other harmful practices, under its concluding observations. These include developing a comprehensive system to collect, analyse and publish data on women's situation regarding gender-based violence including rape, implementing measures to encourage men to share child-rearing and housework responsibilities, and addressing the root causes of adolescent

²¹ Tenth Malaysia Plan: https://www.pmo.gov.my/dokumenattached/RMK/RMK10_Eds.pdf

²² Policy Development on Ageing in Malaysia in Book (Healthy Ageing in Asia): <https://www.taylorfrancis.com/chapters/edit/10.1201/9781003043270-4/policy-development-ageing-malaysia-tengku-aizan-hamid-wan-alia-wan-sulaiman-mohamad-fazdillah-bagat-sen-tyng-chai>

pregnancy and child marriage. Malaysia submitted the 6th CEDAW Report²³ in 2022 and the 4th Cycle of Universal Periodic Review (UPR)²⁴ in January 2024.

In 2019, the government launched the Shared Prosperity Vision (SPV) 2030²⁵ to focus its policies on realising more equitable and balanced growth, including through the establishment of a more comprehensive and effective social protection system. The SPV 2030 aims to increase the participation and leadership of women in the public and private sectors, especially at the highest level of management, by protecting women's rights, reviewing the effectiveness of laws that protect victims of domestic violence and providing access to child care programmes to ensure the participation of women with children in the labour market. The Twelfth Malaysia Plan (12MP) focuses on addressing the last mile challenges through policies on social reengineering, environmental sustainability and economic empowerment.

As part of its commitments for ICPD25, Malaysia has drafted a new Sexual Harassment Bill and had the first reading in Parliament in 2021. The Anti-Sexual Harassment Act 2022 was passed in the Dewan Negara in August 2022. Starting from March 2023, provisions of the Act came into effect. In addition, an Anti-Discrimination Against Women Bill has been drafted to address gender equality in accordance with Article 8 of the Federal Constitution.

vi) Data

Malaysia has increasingly strengthened its data collection systems including civil registry and digital data management. Despite this, the availability of robust data on sexual and reproductive health, in particular for unmarried youth, older persons and on gender-based violence is limited. The census in Malaysia, known as Population and Housing Census, is conducted every 10 years (last census was in 2010) by the Department of Statistics Malaysia. This is also the case for the Malaysian Population and Family Survey conducted by the National Population and Family Development Board / LPPKN. A formal Demographic and Health Survey (DHS) 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 Sustainable Development Goals (SDGs) and International Conference on Population Development (ICPD) related commitments.

3. UNFPA Country Programme

UNFPA has been working with the Government of Malaysia since 1973 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the First country programme in Malaysia.

²³ Sixth periodic report.

https://www.kpwkm.gov.my/kpwkm/uploads/files/Penerbitan/instrument_antarabangsa/Discrimination%20against%20women%20CEDAW/CEDAW_C_MYS_6_8667_E.pdf

²⁴ Universal Periodic Review – Malaysia. <https://www.ohchr.org/en/hr-bodies/upr/my-index>

²⁵ Shared Prosperity Vision 2030. <https://www.ekonomi.gov.my/sites/default/files/2020-02/Shared%20Prosperity%20Vision%202030.pdf>

The First country programme (2022-2025) is aligned with the Twelfth Malaysia Plan (2021-2025), UNSDCF (2021-2025), and UNFPA Strategic Plan 2022-2025. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Malaysia CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery. The **overall goal** of the UNFPA Malaysia First country programme (2022-2025) is **universal access to sexual and reproductive health and reproductive rights and accelerate the implementation of the ICPD Programme of Action**, as articulated in the UNFPA Strategic Plan 2022-2025. The country programme contributes to the following **outcomes** of the UNFPA Strategic Plan 2022-2025:

- **Outcome 1:** By 2025, the reduction in the unmet need for family planning has accelerated
- **Outcome 3:** By 2025, the reduction in gender-based violence and harmful practices has accelerated

The UNFPA Malaysia First country programme (2022-2025) has four thematic areas of programming with four interconnected **outputs**: (i) policy and accountability; (ii) adolescents and youth (iii) population change and data; and (iv) gender and social norms. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes; they have a multidimensional, 'many-to-many' relationship with these outcomes.

Output 1: Policy and accountability

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

UNFPA Malaysia works closely with the Ministry of Health to (a) advocate for sexual and reproductive health and reproductive rights action plan; (b) provide technical support to strengthen the capacity of the health system to provide high quality, rights-based integrated sexual and reproductive health services to all, including increased demand for family planning, strengthened response to GBV survivors and stigma - free HIV services, with a focus on pregnant women, young people and key populations, including in Sabah and Sarawak; (c) improve the capacity of the health systems to implement Minimum Initial Service Package (MISP) (not yet implemented).; and (d) advocate for policies on SRH and HIV integration, for more efficient use of healthcare workers, and ensure a continuum of prevention, treatment, support and care services (not yet implemented).

This has been delivered through:

1. Study on Enhancing Human Capital through SRH Investments and Family. This report provides evidence on how Malaysia can enhance human capital via strategic investments in Sexual & Reproductive Health as well as vital family support policies and services to increase the female

labour force participation rate and achieve essential national milestones, and hence expedite further the country's transition to a high-income nation.

2. FP2030 advocacy. UNFPA Malaysia played an important role for the FP2030 advocacy being the bridge between FP2030 and national stakeholders, providing technical and political insights. The FP2030 advocacy space provided an opportunity to position the importance of family planning including generating understanding that family planning is not only about reducing population numbers as inaccurately understood by some national partners.
3. Families on the Edge study: The impact of COVID-19 on women and children in low-income families. The study aimed to support evidence-informed policy-making and public dialogue on the impact of the COVID-19 pandemic on women and children in low-income urban families in Malaysia, as well as the relevance, adequacy and accessibility of public policy responses to the pandemic.
4. Study on Gap Analysis of Confinement Centres in Malaysia. Confinement centres were established in Malaysia to respond to the demands for care for mothers and newborns for the first 28 to 42 days after birth. Despite the ubiquitous presence of Confinement centres in Malaysia, there is limited regulation for their registration and operation. The study aimed to understand the operations of Confinement Centres in Malaysia and inform recommendations for their regulation.
5. SRH advocacy forum in Sarawak. The forum was organized by the National Population and Family Development Board (NPFDB) to provide knowledge about the importance of SRHR (PEKERTI) to parents of disabled children and religious communities in Sarawak.
6. Study on Country Comparison of Family Planning and SRHR Policies and Plan of Actions.
7. Inclusion of long acting reversible contraceptives as an essential SRH services into primary health care in Sabah and Sarawak (Reason: Delayed signing of IP workplan due to CPAP approval delay)
8. Develop and implement comprehensive national SRH plan includes health services and targets for all (Reason: Delayed signing of IP workplan due to CPAP approval delay)
9. Launch and dissemination of Confinement Centre Report (Reason: conflicting timeline with other events)
10. Situation analysis of unmet needs in the country (qualitative study) include best practices from the Region (Reason: Delayed signing of IP workplan due to CPAP approval delay)
11. Evidence-based Advocacy brief on importance of having National SRH and RR plan (Reason: Delayed signing of IP workplan due to CPAP approval delay)

Output 2: Adolescents and youth

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

UNFPA interventions include (a) advocacy and technical support to the Ministry of Education and other actors to strengthen the implementation of comprehensive sexuality education programmes according to the latest international standards, and strengthen coordination mechanisms; (b) providing technical support to national and subnational institutions to harmonize the design, implementation and monitoring of comprehensive sexuality education programmes in training and vocational institutes; (c) promoting the use of technology and innovation to support teacher training and engagement of young people and

parents; (d) technical assistance for building the capacity of religious leaders and faith-based organizations, including the Vatican on CSE to advocate for the implementation of comprehensive sexuality education in government schools and Sunday schools; and (e) supporting the generation of evidence through a report “Regional Study on Understanding Pathways to Adolescent Pregnancy in Southeast Asia” on the importance of investing in adolescents and youth through a life-cycle approach, within the context of an ageing society, and on the linkages between comprehensive sexuality education and sexual and reproductive health, gender equality and teenage pregnancy.

This has been delivered through:

1. Regional Study on Understanding Pathways to Adolescent Pregnancy in Southeast Asia (Burnet Institute). The study underscores the importance of adolescent-responsive health services, comprehensive sexuality education, supportive relationships, and enabling environments that empower girls to make informed decisions about their sexual and reproductive health and lives. Advocacy conducted utilising the report provided an opportunity to further highlight the importance of comprehensive sexuality education particularly taking into account, voices of the girls from the communities, and the need to tailor approaches to address their needs.
2. Programme with LPPKN: Integration of SRHR (PEKERTI) into relevant national policies and programmes in Malaysia. UNFPA Malaysia provides technical support and advocacy for institutionalization of inter-agency mechanism to strengthen CSE/PEKERTI and establishment of technical working group.
3. Strengthening PEKERTI advocacy and implementation including to conduct TOT for the Ministry of Youth and Sports, National Youth Training Institute, and parents in high risk area.
4. Study on Sexuality Education Across Selected Muslim Countries: A Review to Inform Malaysia’s 2020-24 National Reproductive Health and Social Education Plan of Action (UNU-IIGH). This review provides important insights to inform Malaysia’s 2020-2024 PEKERTI to enhance the effectiveness of SRHE in formal and informal settings, that will support the achievement of Malaysia’s international commitments, particularly the ICPD PoA and the SDG Agenda.
5. Advocacy with the Vatican on CSE. UNFPA Malaysia provided technical analysis of the proposed Vatican SRHE module on its level of alignment with the UNITGSE resulting in the Vatican's confirmation to revise their module to be more aligned to UNITGSE.
6. Comprehensive desk review or a study on best practices using technology and innovation to teach national sexuality education programmes and curriculum at schools, TVET institutes and higher education institutions.
7. Developed and piloted CSE modules that can be taught using technology and innovation for schools, TVET institutes and higher education institutions (not yet implemented due to CPAP approval delay).

Output 3: Population change and data

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

UNFPA Malaysia work focused on (a) strengthening multisectoral and interagency partnerships to raise awareness and visibility on the linkages among population ageing, gender equality and strengthening

institutional capacities related to protection and care systems, including during the 7th APPC, National Population Conference 2023; (b) promote analysis on population dynamics, vulnerability including gender, covering costed differentiated needs of women and men in the context of rapid population aging, such as an analysis of Demographic and Socioeconomic Changes in Sabah; (c) provide analysis and policy advice on the care industry, including in the context of rapid population aging and the impact on older women; and (d) strengthen policy and knowledge generation on population ageing and urban development with a gender and rights perspective (not yet implemented due CPAP approval delay).

This has been delivered through:

1. Report on Demographic and Socioeconomic Changes in Sabah. The report was successfully delivered in collaboration with University Malaysia Sabah and University Malaya. The report unveiled critical demographic dynamics, indicating a rapid population rise driven by foreign workers. Critical issues such as child marriage, education, and literacy skills affecting women's socioeconomic status were highlighted, emphasising the need for collaboration with various entities to address these challenges. The gender narrative stressed the importance of increasing female productivity and labour force participation. The insights will guide future policies and strategies to foster sustainable development, particularly in empowering women and youth for a thriving Sabah.
2. Participation in the Seventh Asian and Pacific Population Conference (7th APPC). UNFPA Malaysia plays a key role in supporting APPC processes, well recognised by the government and relevant counterparts. The development of a national secretariat for APPC processes comprised of UNFPA, MWFCD and LPPKN enabled a structured and close collaborative approach to the whole process. UNFPA Malaysia provided close support from reviewing survey questions, identifying survey respondents, following up with survey respondents, following up on survey submission, organising stakeholder consultation meetings, drafting country report, drafting country statement, co-organising side event, and to ensuring participation of youth and CSOs. The country has demonstrated a steadfast commitment to addressing issues related to inequalities and social exclusion and upholding rights and health, with a specific focus on sexual and reproductive health and reproductive rights.
3. Co-organisation of the National Population Conference 2023 (PERKKS23). The conference aimed to delve into and discuss the dynamic issues and challenges related to the population, emphasising their connection to national development. The conference served as a platform for academics and researchers to present research findings in the fields of population and family, generating actionable proposals. Additionally, it sought to produce a Draft Conference Resolution on population and development issues within the country through specialised discussions involving policymakers, senior government officials, representatives from Government-Linked Companies (GLCs), experts, and academics.

Output 4: Gender and social norms

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

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

This has been delivered through:

1. Study on assessment of services addressing Gender-based Violence in Malaysia, including the One-Stop Crisis Centre services. An overall assessment of Gender based violence (GBV) responses in Malaysia, including the primary, secondary, and tertiary health care levels was conducted with the purpose of generating evidence to inform recommendations for the delivery of GBV services.
2. Workshop on Islamic Financing. This initiative is part of an innovative financing project supported by UNFPA's Strategic Investment Facility, aiming to enhance the understanding and application of Islamic financing principles in support of UNFPA's mandate, particularly focusing on SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality).
3. Leading the UN Malaysia Gender Results Group and gender equality and women's empowerment initiatives for UN in Malaysia
4. Programme with WAO: Gender-based Violence Response in Malaysia during COVID-19 Pandemic
5. Establishment of Gender Equality and Social Inclusion (GESI) Mechanism and Consultation
6. The International Day for the Elimination of Violence Against Women (IDEVAW) 2023. The strategic objective of the event was to unite key stakeholders, including representatives from various organisations, activists, NGOs, and UN agencies, to emphasise the crucial role of investment in ending violence against women. The event, strategically positioned as an agenda setter for both UN/UNFPA and the Ministry, aimed to set the narrative for IDEVAW and highlight the importance of collaborative efforts.
7. The Malaysia Women and Girls Forum (MWGF). Since 2020, the Malaysia Women and Girls Forum (MWGF) has been a bridge connecting stakeholders in public and civil society to address crucial social, economic, and political issues and solutions for the advancement of Malaysia's women and

girls. The program reviewed the country's progress over the past three years in advancing the rights and well-being of women and girls, drawing on the resolutions of the last three iterations of the Malaysia MWGF.

The UNFPA Malaysia CO also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs.

The central tenet of the CPE is the country programme **theory of change** (LINK) and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Malaysia First country programme (2022-2025) is based on the following results framework presented below:

Malaysia/UNFPA First Country Programme (2022-2025) Results Framework

Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development

UNFPA Strategic Plan Outcomes

By 2025, the reduction in the unmet need for family planning has accelerated

By 2025, the reduction of preventable maternal deaths has accelerated

By 2025, the reduction in gender-based violence and harmful practices has accelerated

UNFPA Malaysia First country programme Outputs

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

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

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

Not applicable

Output 4. Strengthened national capacities for the design, implementation and monitoring of legal frameworks, policies, plans and programmes to advance gender equality, empower and increase the economic participation of women and girls and prevent gender-based violence and other forms of discrimination

UNFPA Malaysia First country programme Intervention Areas

- (1) Study on Enhancing Human Capital through SRH Investments and Family.**
- (2) FP2030 advocacy.
- (3) Families on the Edge study: The impact of COVID-19 on women and children in low-income families.
- (4) Study on Gap Analysis of Confinement Centres in Malaysia.**

Not applicable

- (1) Study on assessment of services addressing Gender-based Violence in Malaysia, including the One-Stop Crisis Centre services (UNU-IIGH).
- (2) Leading the UN Malaysia Gender Results Group and gender equality and women's empowerment initiatives for UN in Malaysia
- (3) PSEA country coordinator

- (5) SRH advocacy forum in Sarawak.
- (6) Study on Country Comparison of Family Planning and SRHR Policies and Plan of Actions (UNU-IIGH)
- (7) Regional Study on Understanding Pathways to Adolescent Pregnancy in Southeast Asia.
- (8) Programme with LPPKN: Integration of SRHR (PEKERTI) into relevant national policies and programmes in Malaysia.
- (9) Strengthening PEKERTI advocacy and implementation including to conduct TOT for the Ministry of Youth and Sports, National Youth Training Institute, and parents in high risk area.
- (10) Study on Sexuality Education Across Selected Muslim Countries: A Review to Inform Malaysia's 2020-24 National Reproductive Health and Social Education Plan of Action (UNU-IIGH).
- (11) Advocacy with the Vatican on CSE.**
- (12) Report on Demographic and Socioeconomic Changes in Sabah.
- (13) Report on Demographic and Socioeconomic Changes in Sarawak.**
- (14) Participation in the Seventh Asian and Pacific Population Conference (7th APPEC).
- (15) Co-organisation of the National Population Conference 2023 (PERKKS23).
- (16) *Establish Technical working group to focus on ageing population and population dynamics with TOR to collectively work towards establishing an inter-institutional coordination body for the generation, analysis and use of demographic data in policies. (Working group needs to be established by the Government).*

- (4) Programme with WAO: Gender-based Violence Response in Malaysia during olence Against Women (IDEVAW) 2023.
- (5) The Malaysia Women and Girls Forum (MWGF) advocacy for gender equality and women's empowerment related laws policies and monitoring framework.
- (6) Sharing of best practises on gender equality and SRH/RR among Muslim countries enabled.
- (7) Islamic finance partnership**
- (8) Support development of ageing and GBV database for proposal submissions (delay CPAP approval – will be implemented in 2024)*
- (9) Advocacy for gender equality and women's empowerment related laws policies and monitoring framework conducted (delay CPAP approval – will be implemented in 2024)*
- (10) Advocacy and awareness raising at the State level and in rural areas on the disadvantages of GBV, child marriages and FGM. (delay CPAP approval – will be implemented in 2024)*
- (11) COVID-19 Pandemic**
- Establishment of Gender Equality and Social Inclusion (GESI) Mechanism and Consultation**
- (12) The International Day for the Elimination of Vi**
- (13) Awareness raising in IPV domestic violence marital rape stalking human trafficking and the legal remedies under the Penal Code Domestic Violence Act 1994 and other relevant act. Roadshow and usage of other platforms to inform rural women of their legal rights. (delay CPAP approval – will be implemented in 2024)*
- (14) Advocacy and legal literacy to raise awareness on all forms of constitutional and legal rights GBV and legal protection under the law conducted using appropriate approach. (delay CPAP approval – will be implemented in 2024)*

- (17) Consultation with MOH, LPPKN, DOSM, MWCFD and Technical experts including, Regional office, WHO and UNICEF in developing the SRH plan and the standardisation of data collection and segregation (delay CPAP approval – will be implemented in 2024)
- (18) Situation analysis of unmet needs in the country (qualitative study) include best practices from the Region (delay CPAP approval – will be implemented in 2024)
- (19) Evidence-based Advocacy brief on importance of having National SRH and RR plan (delay CPAP approval – will be implemented in 2024)
- (20) Development of evidence-based advocacy and promotional materials tailoring to the needs of various communities for SRH, FP (delay CPAP approval – will be implemented in 2024)
- (21) Technical assistance provided in putting together the first draft of the National Reproductive Health Commodity Security strategy which include services for the vulnerable and marginalized population and evidence-based advocacy provided to MOH and relevant ministries (delay CPAP approval – will be implemented in 2024)
- (22) National Family Policy revision**
- (23) Technical assistance provided to strengthen the capacity of health systems and health providers on SRH/RR, including FP, GBV, HIV and MISP (delay CPAP approval – will be implemented in 2024)
- (24) Evidence base Advocacy provided to MOH with support from LPPKN to incorporate SRH

- (15) Advocacy to strengthen multi- sectoral GBV response and protection conducted (delay CPAP approval – will be implemented in 2024)
- (16) Strengthening of One Stop Crisis Centres (OSCCs) at state level to ensure to quality response to GBV survivors supported.
- (17) Capacity building of all relevant stakeholders such as PDRM, for DV cases. State level consultations are recommended.
- (18) Advocacy for establishing a mechanism to track gender-related investment conducted through modelling gender responsive budgeting and capacity building.
- (19) ICPD via UPR, gender mainstreaming, gender budgeting
- (20) Establishment of GBV prevalence data supported (will be implemented in 2024)
- (21) Technical support for DOSM to develop a comprehensive framework for GBV data collection, analysis and dissemination (will be implemented in 2024)
- (22) Evidence and/or policy briefs on the value in investing in gender equality and SRH/RR in Sabah generated (delay CPAP approval) (will be implemented in 2024)
- (23) Organize Roadshows to promote the opportunities provided by the Government and the MWCFD especially for business MSME opportunities for women to support the economic empowerment of women (delay CPAP approval)
- (24) Feasibility study to assess the conditions to introduce a law to require identified private sector corporations to provide childcare facilities to enable more women to work (will be implemented in 2024)
- (25) Study to evaluate effectiveness of child care subsidy for B40 (will be implemented in 2024)
- (26) Evidence on the barriers and discriminatory labour practises (will be implemented in 2024)
- (27) Advocacy to strengthen multi- sectoral GBV response and protection conducted

- indicators into national health survey. (delay CPAP approval – will be implemented in 2024)*
- (25) Consultation with MOE, MoYS, K-KOMM, LPPKN, MOH, Regional and national technical experts including CSOs and FBOs to collectively work towards CSE and coordinate with PEKERTI policy and action plan. (delay CPAP approval – will be implemented in 2024)*
- (26) Technical working group established with an interagency coordination mechanism and TOR to collectively working towards CSE review, advocacy for in and out of schools CSE and communication/promotion to general audiences like parents and multiple stakeholders. (delay CPAP approval – will be implemented in 2024)*
- (27) Evidence- based advocacy and digital communication materials developed and distributed to gain supports of MoE, MoYS, K KOMM, MWFC, MOH and FBOs, states and for communication with general audience particularly parents through social media and other channels.*
- (28) Comprehensive desk review or a study on best practices using technology and innovation to teach national sexuality education programmes and curriculum at schools, TVET institutes and higher education institutions, and dissemination of the desk review (delay CPAP approval – will be implemented in 2024)*
- (29) Engagement of a team of experts and consultants to improvise and harmonise the national CSE programmes and curriculum which is on par with international standards based on the results of the desk review and*

digitise it for schools, TVET institutes and higher education institutions. (delay CPAP approval – will be implemented in 2024)

(30) Developed and piloted CSE modules that can be taught using technology and innovation for schools, TVET institutes and higher education institutions (delay CPAP approval – will be implemented in 2024)

(31) Advocacy campaigns, CSE forums and dialogues conducted with the supports from multisectoral partners (delay CPAP approval – will be implemented in 2024)

(32) Advocacy campaigns, CSE forums and dialogues conducted with the supports from multisectoral partners to strengthen the support of using technology and innovation for CSE teaching that is of international standards from MoE, MoYS, MWFC, K- KOMM, FBOs, teachers and parents. (delay CPAP approval – will be implemented in 2024)

(33) Developed and piloted CSE modules that can be taught using technology and innovation for schools, TVET institutes and higher education institutions (delay CPAP approval – will be implemented in 2024)

(34) Developed and piloted teacher training modules of the CSE that is delivered using technology and innovation for teachers and educators at schools, TVET institutes, and higher education institutions who are comfortable teaching CSE. (delay CPAP approval – will be implemented in 2024)

(35) Rolling out CSE teacher training for teachers/educators at schools, TVET Institutes

and higher education institutions. (delay CPAP approval – will be implemented in 2024)

(36) Technical assistance provided to integrate gender and human rights perspectives into National policies, including National Policy and PoA on Ageing. (delay CPAP approval – will be implemented in 2024)

(37) Generate evidence through primary and secondary data linking population dynamic, human rights and gender equality to support gender and human rights mainstreaming into national and sectoral policies, including National Policy on Ageing. (delay CPAP approval – will be implemented in 2024)

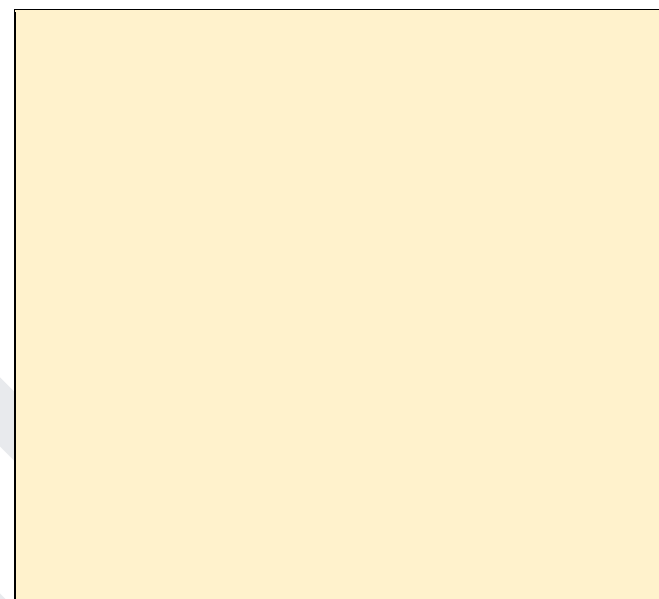
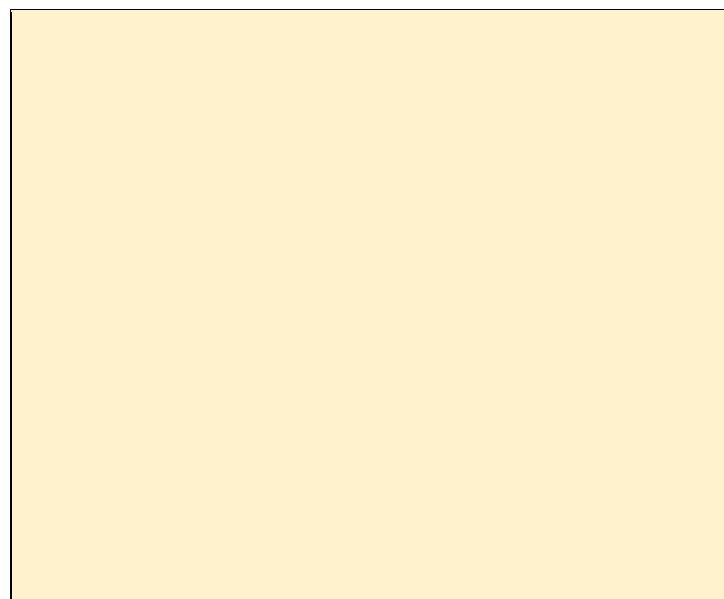
(38) Conduct a comprehensive analysis of population data linked with rapid ageing and costed differentiated needs of women and men which contributed to policy development (delay CPAP approval – will be implemented in 2024)

(39) Provide technical assistance to MWCED or any other relevant agencies in drafting a Bill for Older Persons and other related legislation to protect the rights of older persons in Malaysia. (delay CPAP approval – will be implemented in 2024)

(40) Conduct capacity building to do analysis and use of disaggregated population data among multi-stakeholders including Parliamentarians. (delay CPAP approval – will be implemented in 2024)

(41) Organize capacity building and piloting exercise on Active Ageing Index. (delay CPAP approval – will be implemented in 2024)

- (42) *Series of advocacy initiatives conducted to promote an institutional coordination body for generation, analysis and use of demographic data in policies. (delay CPAP approval – will be implemented in 2024)*
- (43) *Development of policy briefs to advocate the care economy and its impact on women and older women. (delay CPAP approval – will be implemented in 2024)*
- (44) *Continued with Policy advocacies to promote gender and human rights mainstreaming in population policies especially strengthening South-South and triangular cooperation. (delay CPAP approval – will be implemented in 2024)*



Nota Bene: “Country Programme Intervention Areas” boxes: **In bold:** Activities that were not initially planned, yet were implemented; *in italics:* Activities that were initially planned but were not implemented; Normal (non-bold, non-italics): activities that are planned and implemented.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The objectives of this CPE are:

- i. To provide the UNFPA Malaysia CO, national stakeholders and rights-holders, the UNFPA APRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Malaysia First country programme (2022-2025).
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The specific objectives of this CPE are:

- i. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the role played by the UNFPA Malaysia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
- iii. To draw key conclusions from past and current cooperation, including the strategic direction and business model that the CO has adopted and provide a set of clear, forward-looking, strategic and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover national level interventions as well as the following states where UNFPA implemented interventions: Selangor, Melaka, Sabah, Sarawak.

Thematic Scope

The evaluation will cover the following thematic areas of the First CP: (i) policy and accountability; (ii) adolescents and youth; (iii) population change and data; and (iv) gender and social norms. In addition, the evaluation will cover cross-cutting issues including the UNFPA Strategic Plan's six accelerators (1. Human rights-based and gender-transformative approaches, 2. Innovation and digitalization, 3. Partnership, South-South and triangular cooperation, and financing, 4. Data and evidence, 5. Leaving no one behind (LNOB) and reaching the furthest behind first (RBBF), 6. Resilience and adaptation and complementary

among development, humanitarian and peace-responsive efforts) and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization, financing; advocacy and strategic communications, and strategic partnerships including South-south and triangular cooperation.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP, starting from January 2022 through May/June 2024.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the UNFPA Evaluation Handbook [\[Link\]](#), the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.²⁶

| Criterion | Definition |
|-----------------------|--|
| Relevance | The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change. |
| Coherence | The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country. |
| Effectiveness | The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups. |
| Efficiency | The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance? |
| Sustainability | The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends). |

²⁶ The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria) and the evaluation objectives. Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme and the strategic positioning of UNFPA's support in the context of the next Country Programme cycle . At the design phase, which will include an Evaluation Question workshop (see Handbook [\[LINK\]](#), Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Malaysia CO, the ERG, and key country stakeholders). In particular, they will ensure that each evaluation question is accompanied by a number of "assumptions for verification". Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory's internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, pinpoint other external factors that have influenced the programme and contributed to change, and propose strategic areas for readiness and amplification or acceleration in the context of the new country programme.

Relevance

1. To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.), (ii) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action, the SDGs, CEDAW, and UPR; and (iii) the strategic direction and objectives of UNFPA.
2. To what extent has the country office been able to respond to changes in national priorities, strategies and policies, or to shifts caused by crisis or major political changes?
3. To what extent should UNFPA reconceptualize the Theory of Change and the next CP given the state of progress towards the SDGs and the three transformative goals (3TRs) in the country and to ensure continued relevance?

Coherence

4. What extent has UNFPA leveraged strategic partnerships with national, local and grassroots organizations (e.g. women's rights activists, youth-led groups, advocacy groups of people with disabilities, religious groups, parliamentarians, academia and think tanks, private sector) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?

Effectiveness

5. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access to and use of integrated sexual and reproductive health services, especially for the most vulnerable groups, such as women and girls, young people, older persons, PWDs; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?
6. What have been the enabling and inhibiting factors in the implementation of the above and the UNFPA Strategic Plans's accelerators, and how can the CP be further strengthened to accelerate progress on 3TRs and ICPD Programme of Action?
7. To what extent has the Country Programme strategies been adapted to the context of an Upper Middle Income Country, particularly in terms of normative role, financing models, policy influence and strategic partnerships, including through South-South Technical Cooperation?

Efficiency

8. To what extent have human, financial and administrative resources been sufficient, adequately allocated and managed, including on aspects of strategic communication, knowledge management, innovation and digitalization, and to what extent has efforts been made to leverage joint UN system resources, including possible common back office services, to achieve the country programme results?

Sustainability

9. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?
10. To what extent are the effects of megatrends, particularly but not limited to ageing, low fertility and climate change, incorporated in the country programming, and how can UNFPA boost sustainable strategic, human rights-based responses and adaptations to megatrends considering diverse realities and for future sustainability of the TR results?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Malaysia CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies

the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Malaysia First country programme (2022-2025) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Malaysia CO been during the period of the First country programme.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Malaysia First country programme (2022-2025) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Malaysia CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Malaysia CO will establish an ERG comprised of key stakeholders of the country programme, including: governmental and non-governmental counterparts at national level, including organizations representing persons with disabilities, the regional M&E adviser in UNFPA APRO. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, surveys, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook [\[Link\]](#). This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Malaysia CO, the evaluators acquire a solid knowledge of the [UNFPA methodological framework](#), which includes the Evaluation Handbook and the evaluation quality assurance and assessment principles and their application.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,²⁷ *Ethical Guidelines for Evaluation*,²⁸ *Code of Conduct for Evaluation in the UN System*²⁹, *Guidance on Integrating Human Rights and Gender Equality in Evaluations*,³⁰ and *Guidance on disability inclusion in UNFPA evaluations*³¹. When contracted by the UNFPA Malaysia CO, the evaluators will be requested to sign the UNEG *Code of Conduct*³² prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Malaysia. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

The evaluation matrix

²⁷ Document available at: <http://www.unevaluation.org/document/detail/1914>.

²⁸ Document available at: <http://www.unevaluation.org/document/detail/102>.

²⁹ Document available at: <http://www.unevaluation.org/document/detail/100>.

³⁰ Document available at: <http://www.unevaluation.org/document/detail/980>.

³¹ Document available at: <https://www.unfpa.org/admin-resource/guidance-disability-inclusion-unfpa-evaluations>

³² UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Malaysia CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Malaysia CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Malaysia CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. A survey can be also used as a primary data source as appropriate. Secondary data will be collected through extensive document review, notably, but not limited to the resources highlighted in section 14 of these terms of reference. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of four weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g, interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, Chapter 4). The analytical methods should be clearly described in the design report.

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the CPE manager, the consultant must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- **Verification of accuracy:** The consultant commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use:** The consultant is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in

the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of ‘leaving no one behind’, ensuring that AI tool usage avoids exclusion or disadvantage to any group.

7. Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase (*Handbook, Chapter 1*)

The CPE manager at the UNFPA Malaysia CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Recruitment of a Young and Emerging Evaluator (YEE)
- Establishing the evaluation reference groupDrafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Evaluation questions workshop
- Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase (*Handbook, Chapter 2*)

The design phase sets the overall framework for the CPE. This phase includes:

- Induction meeting(s) between CPE manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with CO staff
- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1

- ERG meeting to present the design report
- Drafting the design report version 2
- Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA APRO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase (*Handbook, Chapter 3*)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of four weeks for data collection is planned for this evaluation, including remote data collection and in-country mission. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidating feedback for the debrief

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase (*Handbook, Chapter 4*)

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
- Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for an acceptable report. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Malaysia CO, in consultation with APRO M&E adviser.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase *(Handbook, Chapter 5)*

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the [editorial guidelines of the United Nations](#) and the [UNFPA Evaluation Office](#) to ensure high editorial standards
- Contribute to the CPE communications plan

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Malaysia CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).

- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Malaysia CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in the English.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO [guidance and tools](#). An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid³³ before submission to the CPE manager for review. The evaluation quality assessment

³³ The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet. **Executive summary:** Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and intervention; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.

- **Background:** The evaluand (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
- **Design and Methodology:** The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
- **Recommendations:** They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
- **Structure and presentation:** The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.
- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Malaysia CO, (iii) the regional M&E adviser in UNFPA APRO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

10. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of

the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE³⁴

| Main tasks | Responsible entity | Deliverables | Estimated Duration |
|---|---|--|--------------------|
| Design phase | | | |
| Induction meeting with the evaluation team | CPE Manager and evaluation team | | 4 to 5 weeks |
| Orientation meeting with CO staff | CO Representative, CPE Manager, CO staff and RO M&E Adviser | | |
| Desk review and preliminary interviews, mainly with CO staff | Evaluation team | | |
| Developing the evaluation approach | Evaluation team | | |
| Stakeholder sampling and site selection | Evaluation team, CPE Manager | Stakeholder map [LINK] | |
| Developing the field work agenda | Evaluation team, CPE Manager | Field work agenda [LINK] | |
| Developing the initial communications plan | CPE Manager and CO communications officer | Communication plan (see Evaluation Handbook, Chapter 5) | |
| Drafting the design report version 1 | Evaluation team | Design report-version 1 | |
| Quality assurance of design report version 1 | CPE Manager and RO M&E Adviser | | |
| ERG meeting to present the design report | Evaluation team, CPE manager | PowerPoint presentation on design report version 1 | |
| Drafting the design report version 2 | Evaluation team | Design report - version 2 | |
| Quality assurance of design report version 2 | CPE Manager and RO M&E Adviser | | |
| Final design report | Evaluation Team | Final design report (see Evaluation Handbook, section 2.4.4) | |
| Field phase | | | |
| Preparing all logistical and practical arrangements for data collection | CPE Manager | | 4 to 5 weeks |

³⁴ For full information on all tasks and responsible entities, see the relevant chapters of the Handbook [LINK](#)

| | | | |
|--|---|--|------------------------|
| Collecting primary data at national and sub-national level | Evaluation team | | |
| Supplementing with secondary data | Evaluation team | | |
| Collecting photographic material | Evaluation team | Photos (<i>see Evaluation Handbook, Section 3.2.5</i>) | |
| Filling in the evaluation matrix | Evaluation team | Evaluation matrix [LINK] | |
| Conducting a data analysis workshop | Evaluation team | | |
| Debriefing meeting with CO and ERG | Evaluation team and CPE manager | PowerPoint presentation | |
| Reporting phase | | | |
| Consolidating the evaluation matrix | Evaluation team | Evaluation matrix [Link] | Approximately 12 weeks |
| Drafting CPE report version 1 | Evaluation team | Evaluation report - version 1 | |
| Quality assurance of CPE report version 1 [LINK] | CPE Manager and RO M&E Adviser | | |
| ERG meeting on CPE report version 1 | Evaluation team and CPE Manager | PowerPoint presentation | |
| Recommendations workshop | Evaluation team, CPE manager, ERG members | Recommendations worksheet | |
| Drafting CPE version 2 | Evaluation team | Evaluation report - version 2 | |
| Quality assurance of CPE report version 2 [LINK] | CPE Manager and RO M&E Adviser | | |
| Final CPE report | Evaluation team | Final CPE report (<i>see Evaluation Handbook, section 4.5</i>) with powerpoint presentation and audit trail [LINK] | |

Nota Bene: Column “Deliverables”: In italics: The deliverables are the responsibility of the CO/CPE Manager; in bold: The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The **CPE manager** in the UNFPA Malaysia CO, in close consultation with Ministry of Economy that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality,

independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Malaysia CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA senior leadership from the Malaysia CO, APRO, representatives of the national Government of Malaysia, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA APRO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the CPE quality assurance and assessment (EQAA). This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader – international consultant with overall responsibility for carrying out the evaluation exercise, in addition to serving as a technical expert on strategic positioning and institutional business models, (ii) two team members – national consultants who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women’s empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include the fourth member - a Young and Emerging Evaluator (national consultant) who will provide support to the evaluation team throughout the evaluation process and contribute substantively to the adolescent and youth component. In addition to their primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the First UNFPA country programme in Malaysia.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context (including the Young and Emerging Evaluator). Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. They will be responsible for the production and timely submission of all expected deliverables in line with the ToR. They will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. They will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond their responsibilities as team leader, the **evaluation team leader will serve as an expert on strategy and positioning especially in the context of upper middle-income context and looking at the more transversal and crosscutting aspects of the programme.**

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated sexual and reproductive health and reproductive rights, including family planning, adolescent pregnancy, HIV and other sexually transmitted infections, maternal health, UHC, climate resilient health systems, health related data systems, healthy ageing. They will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in their thematic area of expertise. They will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Malaysia CO staff and the ERG. They will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Adolescents and youth expert

The adolescents and youth expert will provide expertise on youth friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE Manager, UNFPA Malaysia CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights and LNOB, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, social and gender norms, excluded populations including people with disabilities and indigenous population groups that are marginalized, youth leadership in promoting gender equality and women's empowerment, CSE, as well as addressing GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. They will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in their thematic area of expertise. They will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Malaysia CO staff and the ERG. They will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics and data expert

The population dynamics and data expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, and national statistical systems. They will

contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in their thematic area of expertise. They will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Malaysia CO staff and the ERG. They will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader and they will have the responsibility to carry out the relevant assurance as it relates to data quality.

Evaluation team member: Young and Emerging Evaluator. The Young and Emerging Evaluator (YEE) will contribute to all phases of the CPE and will provide technical inputs to the adolescent and youth component of the evaluation. They will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The Young and Emerging Evaluator will participate in data collection (site visits, interviews, group discussions and document review) and support data analysis, as agreed with the evaluation team leader and the CPE manager. The YEE will also support the dissemination and facilitation of use of the evaluation results. Finally, they will provide administrative support throughout the evaluation process and participate in meetings with the CPE manager, UNFPA Malaysia CO staff and the ERG.

The modalities for the participation of the evaluation team members (incl. the Young and Emerging Evaluator) in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in conducting summative and formative evaluations and in strategy formulation and strategic foresight, preferably in areas of UNFPA's mandate.**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.

- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives, and disability inclusion in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a Young and Emerging Evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Malaysia.
- Fluent in written and spoken English.

SRHR expert

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, adolescent sexual and reproductive health, and family planning.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives, and disability inclusion in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malaysia.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Adolescents and youth expert

The competencies, skills and experience of the adolescents and youth expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development [optional: (*only in humanitarian contexts*) and/or humanitarian assistance].
- Substantive knowledge of adolescent and youth issues, in particular SRHR of adolescents and youth.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malaysia.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Gender equality and women's empowerment expert

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives, and disability inclusion in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malaysia.

- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, ageing, migration and national statistics systems.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives, and disability inclusion in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Malaysia.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Young and Emerging Evaluator

The Young and Emerging Evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline;
- Certificate in evaluation or equivalent qualification is an asset;
- Less than 5 years of work experience in monitoring and evaluation, research or social studies in youth development;
- Excellent analytical and problem-solving skills;
- Demonstrated ability to work in a team;
- Strong organizational skills, communication skills and writing skills;
- Good command of information and communication technology and data visualization tools;
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;

- Keen interest to improve as a professionally competent evaluator within the framework of the national evaluation capacity of the country.
- Fluent in written and spoken English.

13. Budget and Payment Modalities

The evaluators (including the Young and Emerging Evaluator) will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

| | |
|--|-----|
| Upon approval of the design report | 10% |
| Submission of Preliminary PowerPoint presentation of field phase | 20% |
| Upon submission of a draft final evaluation report of satisfactory quality | 30% |
| Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results | 40% |

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

| | Team leader | Thematic experts. (two) | Young and Emerging Evaluator |
|--|--------------------|------------------------------------|---|
| Design phase | 14 | 9 | 21 |
| Field phase | 23 | 20 | 23 |
| Reporting phase | 28 | 15 | 15 |
| Dissemination and facilitation of use phase | 5 | 1 | 1 |
| TOTAL (days) | 70 | 45 | 60 |

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
2. UNFPA Strategic Plan (2022-2025) (incl. annexes)
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfa20218>
3. UNFPA Evaluation Policy (2024)
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2024>
4. *UNFPA Evaluation Handbook*
https://www.unfpa.org/sites/default/files/admin-resource/Final_Eval%20Handbook%202024.pdf
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office [list all evaluations individually and provide the direct hyperlink to each report] - available at:
<https://www.unfpa.org/evaluation>

Malaysia national strategies, policies and action plans

6. National Poverty Reduction Strategy
7. 12th Malaysia Plan, 2021-2025
<https://rmke12.ekonomi.gov.my/en>
8. United Nations Sustainable Development Cooperation Framework (UNSDCF)
<https://unsdg.un.org/resources/united-nations-sustainable-development-cooperation-framework-guidance>
9. Malaysia United Nations Sustainable Development Goals Framework 2018-2020
10. National Adolescent Health Policy
<https://www.malaysia.gov.my/portal/content/27638>
11. National Adolescent Health Plan of Action
<https://www.malaysia.gov.my/portal/content/27638>
12. Garis Panduan Pengendalian Masalah Kesihatan Seksual and Reproduksi Remaja di Klinik Kesihatan, MOH, 201
https://hq.moh.gov.my/bpkk/images/3.Penerbitan/2.Orang_Awam/7.Kesihatan_Remaja/2.PDF/2.Garis_Panduan_Modul_Manual_Direktori/5_garis_panduan_pengendalian_masalah_kesihatan_seksual_dan_reproduktif_remaja_di_klinik_kesihatan.pdf

UNFPA Malaysia CO programming documents

13. Government of Malaysia/UNFPA First Country Programme Document (2022-2025)
14. United Nations Common Country Analysis/Assessment (CCA)

15. Situation analysis for the Government of Malaysia/UNFPA First Country Programme (2022-2025)
16. CO annual work plans
17. Joint programme documents
18. Mid-term reviews of interventions/programmes in different thematic areas of the CP
19. Reports on core and non-core resources
20. CO resource mobilization strategy

UNFPA Malaysia CO M&E documents

21. Government of Malaysia/UNFPA First Country Programme M&E Plan (2022-2025)
22. CO annual results plans and reports (SIS/MyResults)
23. CO quarterly monitoring reports (SIS/MyResults)
24. Previous evaluation of the Government of Malaysia/UNFPA First Country Programme (2022-2025), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other documents

25. Implementing partner annual work plans and quarterly progress reports
26. Implementing partner assessments
27. Audit reports and spot check reports
28. Meeting agendas and minutes of joint United Nations working groups
29. Donor reports of projects of the UNFPA Malaysia CO
30. Evaluations conducted by other UN agencies
31. IAHE- Inter-Agency Humanitarian evaluations <https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations>

15. Annexes

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| A | Theory of change |
| B | Stakeholder map (will be provided to the contracted consultants) |
| C | Excel sheet on analysis of UNFPA interventions (will be provided to the contracted consultants) |
| D | Tentative evaluation work plan |

Annex A: Theory of change

[UNFPA Malaysia Country Programme Document \(2022-2025\)](#)




[Theory of Change – Sexual Reproductive Health and Rights](#)

[Theory of Change – Adolescents and Youth](#)

[Theory of Change – Population Dynamics](#)

[Theory of Change – Gender-Based Violence and Harmful Practices](#)

Evaluation work plan

-  = Responsibility of evaluation manager, UNFPA CO staff, regional M&E adviser and/or ERG
-  = Responsibility of evaluation team
-  = Responsibility of UNFPA Evaluation Office

| Evaluation Phases and Tasks | June | | | | July | | | | Aug | | | | Sept | | | | Oct | | | | Nov | | | | Dec | | | | Jan 2025 | | | |
|--|------|---|---|---|------|---|---|---|-----|---|---|---|------|---|---|---|-----|---|---|---|-----|---|---|---|-----|---|---|---|----------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Design phase | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Development of initial communication plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kick-off meeting with the evaluation team | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Desk review of background information and documentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drafting design report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Review of draft design report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presentation of draft design report to the ERG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Revision of design report and submission of final version for approval | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Evaluation Phases and Tasks | June | | | | July | | | | Aug | | | | Sept | | | | Oct | | | | Nov | | | | Dec | | | | Jan 2025 | | | |
|--|------|---|---|---|------|---|---|---|-----|---|---|---|------|---|---|---|-----|---|---|---|-----|---|---|---|-----|---|---|---|----------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Update of communication plan (based on final stakeholder map and evaluation work plan presented in the approved design report) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field phase | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inception meeting for data collection with CO staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual meetings of evaluators with relevant programme officers at CO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data collection (document review, site visits, interviews, group discussions, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Debriefing meeting with CO staff and ERG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Update of communication plan (as required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Evaluation Phases and Tasks | June | | | | July | | | | Aug | | | | Sept | | | | Oct | | | | Nov | | | | Dec | | | | Jan 2025 | | | |
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| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Reporting phase | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preparation of draft evaluation report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Review of draft evaluation report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drafting final evaluation report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Development of EQA of final evaluation report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Submission of final evaluation report to EO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Development of independent EQA of final evaluation report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Update of communication plan (as required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dissemination and facilitation of use phase | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preparation of management response and submission to PSD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Evaluation Phases and Tasks | June | | | | July | | | | Aug | | | | Sept | | | | Oct | | | | Nov | | | | Dec | | | | Jan 2025 | | | |
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| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Finalization of communication plan for implementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Development of PowerPoint presentation of key evaluation results | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Development of evaluation brief | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Publication of final evaluation report, independent EQA and management response in UNFPA evaluation database | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Publication of final evaluation report, evaluation brief and management response on CO website | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dissemination of evaluation report and evaluation brief to stakeholders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |