Terms of Reference

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

Country Programme Evaluation

April 2024

Contents

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 Wome
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

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[1] UNFPA Strategic Plan 2022-2025

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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.

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[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 2023[4], 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 2022[6]. 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

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[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

[88] 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

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[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=Ij9taWQ9MTU3JmFscGhhYmV0PVIi

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 2022[14], 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 Survey[15] 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

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[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=Ij9taWQ9MTU3JmFscGhhYm V0PVIi

[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 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 lifetime[17]; 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 Reproduktif 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. PERKERTI 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

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[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=MmZPV04xYlg1dlNLbm9HNURQUU9YZz09

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.

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[19] LPPKN website:
https://www.lppkn.gov.my/lppkngateway/frontend/web/index.php?r=portal/article&menu=3&id=SnlwSyt2Z1R2a UJZQ25Ic1BWb3I3Zz09
[20] LPPKN website:
https://www.lppkn.gov.my/lppkngateway/frontend/web/index.php?r=portal/article&menu=2253&id=TkFXaGE0ak tyOUFzWmJSTFpCSGZaUT09

Considering the critical role of family well-being in national development, the Ministry of Women, Family and Community Development (MWFCD) 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

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[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 Report[23] 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) 2030[25] 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.

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[23] Sixth periodic report.
https://www.kpwkm.gov.my/kpwkm/uploads/files/Penerbitan/instrument_antarabangsa/Discrimation%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 APPC).

(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 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.

(7) The Malaysia Women and Girls Forum (MWGF) advocacy for gender equality and women's empowerment related laws policies and monitoring framework.

(8) Sharing of best practises on gender equality and SRH/RR among Muslim countries enabled.

(9) **Islamic finance partnership**

(10) *Support development of ageing and GBV database for proposal submissions (delay CPAP approval – will be implemented in 2024)*

(11) *Advocacy for gender equality and women's empowerment related laws policies and monitoring framework conducted (delay CPAP approval – will be implemented in 2024)*

(12) *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)*

(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)*

(15) *Advocacy to strengthen multi- sectoral GBV response and protection conducted (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

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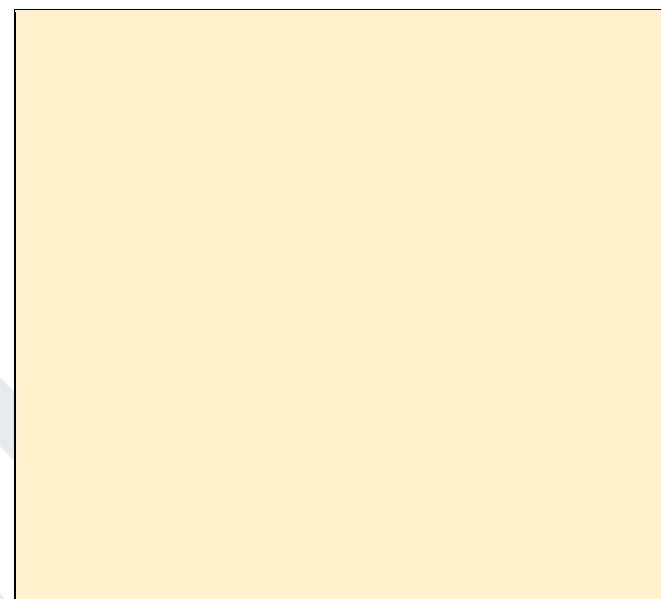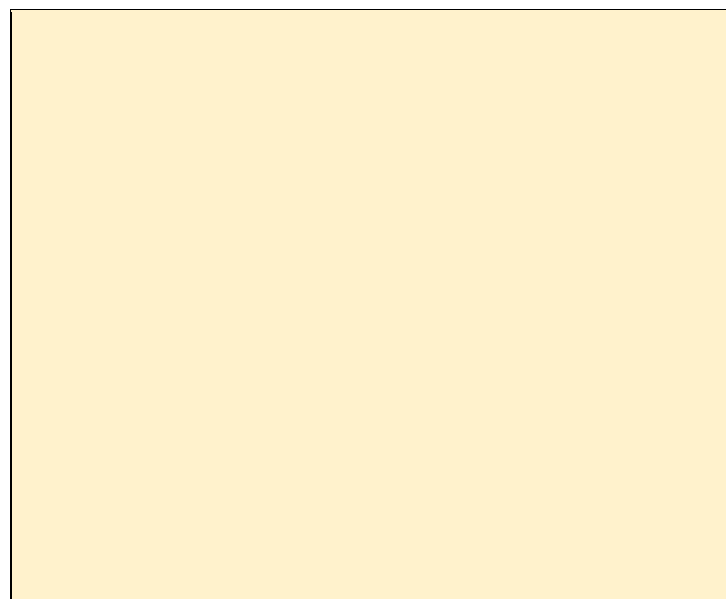
Nota Bene: "Country Programme Intervention Areas" boxes: **In bold**: Activities that were not initially planned, yet were implemented; *in italics*: Activities that were initially planned but were not implemented; Normal (non-bold, non-italics): activities that are planned and implemented.

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 (RFBF), 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).

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[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

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

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[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.

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 grid[33] before submission to the CPE manager for review. The evaluation quality assessment

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[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 CPE[34]

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		
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)*	4 to 5 weeks
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			

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

Preparing all logistical and practical arrangements for data collection	CPE Manager		
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	**Photos** *(see Evaluation Handbook, Section 3.2.5)*	4 to 5 weeks
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]**	
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**	Approximately 12 weeks
Quality assurance of CPE report version 2 [LINK]	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	**Final CPE report** *(see Evaluation Handbook, section 4.5)* **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	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
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	9
Field phase	23	20	20
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 <u>indicative</u>. 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-dpfpa20218
3. UNFPA Evaluation Policy (2024)
   https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2024
4. *UNFPA Evaluation Handbook*
   https://docs.google.com/document/d/1G2Pa7tkAxBH2XGFXb4fLoeNurg9LBQ-w/edit
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 Reproduktif 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

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	March				April				May				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	1	2	3	4	1	2	3	4	1	2	3	4
Preparatory phase																																												
Preparation of letter for government and other key stakeholders	■																																											
Establishment of the ERG	■	■	■																																									
Compilation of background information and documentation	■	■	■	■																																								
Drafting ToR	■	■	■	■																																								

Evaluation Phases and Tasks	March				April				May				June				July				Aug				Sept				Oct				Nov				Dec				Jan 2025			
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(without annexes)	Y	Y	Y	Y																																								
Review and approval of ToR					B	B																																						
Publication of call for evaluation consultancy						Y	Y																																					
Completion of annexes to the ToR						Y	Y																																					
Pre-selection of consultants								Y	Y																																			
Review and approval of annexes to the ToR								B	B																																			

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Evaluation Phases and Tasks	March				April				May				June				July				Aug				Sept				Oct				Nov				Dec				Jan 2025			
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Development of initial communication plan													█	█																														
Desk review of background information and													█	█	█																													

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Evaluation Phases and Tasks	March				April				May				June				July				Aug				Sept				Oct				Nov				Dec				Jan 2025			
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documentation														█	█	█																												
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Revision of design report and submission of final version for approval																				█	█																							
Update of communication plan (based on final stakehold																					█																							

Evaluation Phases and Tasks	March				April				May				June				July				Aug				Sept				Oct				Nov				Dec				Jan 2025			
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er 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																							▓	▓	▓	▓																		

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Evaluation Phases and Tasks	March				April				May				June				July				Aug				Sept				Oct				Nov				Dec				Jan 2025			
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(document review, site visits, interviews, group discussions, etc.)																							▇	▇	▇	▇																		
Debriefing meeting with CO staff and ERG																									▇	▇																		
Update of communication plan (as required)																									▇	▇																		
Reporting phase																																												
Preparation of draft evaluation report																										▇	▇	▇																
Review of draft evaluation report																													▇	▇														

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Evaluation Phases and Tasks	March				April				May				June				July				Aug				Sept				Oct				Nov				Dec				Jan 2025			
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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)																																		▓										

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Evaluation Phases and Tasks	March				April				May				June				July				Aug				Sept				Oct				Nov				Dec				Jan 2025			
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Dissemination and facilitation of use phase																																												
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Development of PowerPoint presentation of key evaluation results																																					G							
Development of																																						O	O					

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Evaluation Phases and Tasks	March				April				May				June				July				Aug				Sept				Oct				Nov				Dec				Jan 2025			
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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 Phases and Tasks	March				April				May				June				July				Aug				Sept				Oct				Nov				Dec				Jan 2025			
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evaluation report and evaluation brief to stakeholders																																									■	■	■	■