
Mid-Term Review Report

Fifth Country
Programme
2012-2016

UNFPA Country Office,
Mongolia

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Acknowledgments

The UNFPA Representative in Mongolia requested a mission to conduct the Mid-Term Review of UNFPA assisted Fifth country Programme in Mongolia (CP5 - 2012 -2016), in line with the outcome, outputs and indicators as stipulated in the Result and Resources Framework (RRF) of the Country Programme Action Plan. Although no longer a mandatory exercise, the MTR in 2014 was carried out in view of the significant changes that have taken place within UNFPA and in Mongolia.

The mid-term review of the UNFPA Fifth Country Programme (2012-2016) of Assistance to Mongolia was facilitated and its report was written by Mr. Najib M. Assifi (team leader), Mr. Demberelsuren Jamyan, Sexual and Reproductive Health Consultant, and Mr. Chuluunzagd Batbayar, Gender Consultant.

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The mission commenced its work on the 9th May through 30th June 2014 which included in-country mission, visit to a focus province and districts, consultations with IPs and off site work, by email and skype conference.

List of Abbreviations and Acronyms

ADB	Asian Development Bank
AGH	Aimag General Hospital
ANC	Antenatal Care
BCC	Behaviour Change Communication
CSOs	Civil society organisations
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COMBI	Communication for Behavioural Impact
CP	Country Program
CPAP	Country Programme Action Plan
DV	Domestic violence
EmOC	Emergency Obstetric Care
ENC	Emergency Neonatal Care
FTAHC	Future Threshold Adolescent Health Center
GBV	Gender Based Violence
GEL	Gender Equality Law
GIA-DoH	Government Implementing Agency- Department of Health
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Agency for Technical Cooperation)
HIV	Human Immunodeficiency Virus
HSSMP	Health Sector Strategic Master Plan
HSUM	Health Sciences University of Mongolia
ICPD	International Conference on Population and Development
IEC	Information, education and communication
IPs	Implementing Partners
LMIS	Logistic Management and Information System
NCMCH	National Centre for Maternal and Child Health
MDGs	Millennium Development Goals
MEIC	Mongol Em Impex Company
MMR	Maternal Mortality Ratio
MOF	Ministry of Finance
MOES	Ministry of Education and Science
MOH	Ministry of Health
MONFEMNET	NGO Network
MPDSP	Ministry of Population Development and Social Protection
MOL	Ministry of Labour
MP	Member of Parliament
MPCPD	Mongolian Parliamentary Committee on Population and Development
MSUE	Mongolian State University of Education
MTR	Mid-Term Review
NCAV	National Centre Against Violence
NCGE	National Committee on Gender Equality

NCMCH	National Centre for Maternal and Child Health
NSO	National Statistics Office
NGO	Non-Governmental Organization
OSSC	One Stop Service Centre
PD	Population and Development
PTRC	Population Teaching and Research Centre
RDTC	Regional diagnostic and treatment centre
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RSO	Regional Sub-Office
RTI	Reproductive Tract Infection
SDP	Service Delivery Point
SMART	Specific, Measurable, Attainable (Achievable), Relevant and Time Bound
SDC	Swiss Development Corporation
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UN	United Nations
UNICEF	United Nations Children Fund
UNDAF	United Nations Development Assistance Framework
UNFPA	United National Population Fund
WHO	World Health Organization
YAP	Youth Advisory Panel

I. EXECUTIVE SUMMARY

Introduction

Despite the rapid socio-economic gains attained since the early 1990's when Mongolia switched from a centrally controlled to a market system economy, the 2010 UN Common Country Assessment revealed many regional and population group disparities with pockets of vulnerabilities especially in remote, hard to reach areas of the country. The rural-urban exodus of the last ten years has also created a belt of poverty around the capital city of Ulaanbaatar. In 2012, 65.5 percent of home births were registered in Ulaanbaatar city which compared to previous year has increased by 4.4 points. (*Health Indicators, 2012 CHD*) Mongolia is most likely to achieve Millennium Development Goals 2, 4, 5, and 6. However, some remote western and central provinces still register maternal mortality ratio of over 200 per 100,000 live births compared to only 42.6 over 100,000 live births in the capital city.

The country's nearly 3 million population is predominantly young (0-14 years old 27.4 percent and 15-24 years 19 percent in 2013) with increasing proportion of 60 years olds and above. Urbanization is also increasing at a rapid rate for example in 2013, 68.1 percent of the population was living in urban areas and 46.8 percent in Ulaanbaatar. As a result of the joint efforts of the Government of Mongolia and UNFPA, the Maternal Mortality Ratio for 2013 was reduced down to 42.6 per 100,000 live births from 50.8 per 100,000 live births in 2012. This indicates a steady decrease in maternal mortality.

After several years of impressive growth, Mongolian economy is facing a significant challenge from growing balance of payment pressure as the foreign direct investment inflow declines and the mineral export remain weak. Mongolia may also face a downside risk from an uncertain global economic environment and further dampening of mineral market.

After about two and half years of implementation of the Fifth Country Programme (2012-2016), the UNFPA Representative called for a Mid-Term Review to: (a) assess the progress of the implementation of the CP5; (b) examine the relevance and effectiveness of strategies and interventions for CP5; and (c) propose areas of re-positioning and re-focusing of the CPAP within the current Mongolia's development context, and in light of the UNFPA's new Strategic Plan. A team of national and international consultants conducted the MTR in May-June 2014.

CP5 has currently four projects implemented by government and non-government institutions. UNFPA provides focused assistance to three provinces and one district in the Ulaanbaatar city. The CO has mobilized additional resources and three non-core projects are implemented within the frameworks of the current CP, covering all remaining provinces.

Key findings and conclusions

There were some delays in implementation of CP5 in 2012 largely due to late start of some projects. The programme implementation further slowed down due to the election in June 2012 and subsequent Government restructuring. The programme implementation rate picked up in the second year (2013) with the implementation rate of 96.26 percent compared to 75.99 percent in 2012.

The Mission found out that UNFPA has been engaged in policy advocacy and policy dialogues in the first half of the current CP cycle with some good results. Following the APPC, Mongolia organized a high-level Meeting on Population and Development with CP5 support which resulted in the "Ulaanbaatar Declaration." It was jointly signed by the Government, Parliament, CSOs, and the international community, re-affirming action to advance the ICPD agenda. The newly established Ministry of Population Development and Social Protection initiated the revision of Population Policy and a new Youth Development Policy with CP5 support. UNFPA's advocacy and policy dialogue contributed to the draft of law on Domestic Violence, the mid-term strategy and action plan for implementation of Gender Equality Law and allocation of financial resources for RHCS by the government. To promote participatory approaches in planning, UNFPA has initiated a tripartite monthly forum with representation of government, youth CSOs and UN agencies to ensure active youth participation in policy-making. Similarly, CP5 supported youth consultation on the post-2015 development agenda.

The Mission is of the view that the implementation of CP5 is well on track and making good progress albeit delays in some projects. The Mission also noted that several outputs have already met the CP targets such as the availability of disaggregated data of planning and decision making, establishment of a functioning surveillance system at the national scale within the National Maternal and Child Health (NCMCH) and the establishment of a mechanism to support gender equality and gender mainstreaming. The Mission noted that there is a need for reviewing and assessing the relevance and correctness of CPAP outputs and progress indicators in view of the changing needs in Mongolia. Similarly, there is a need to revise/revamp the monitoring and evaluation framework of CPAP.

UNFPA has been an active member of UNCT especially in the first half of CP cycle, leading several UNCT/UNDAF working groups, e.g. Theme Group on HIV and AIDS, MCH Working Group, Youth Working Group, Protection Cluster, Governance Working Group and Human Rights priority area result group. Similarly, CP5 has substantively contributed to several UNDAF outcome areas such as "*evidence based planning and budgeting*", "*poverty reduction*", "*increased access to social services*" and has established collaborative efforts with other agencies, e.g. with UNICEF on Social Indicator Sample Survey, with UNICEF, UNDP and ADB on establishing a database for vulnerable population groups, with ADB related to procurement of telemedicine equipment, etc.

The Mission noted that in the new UNFPA Strategic Plan (2014-2017), Mongolia has been re-classified as low need and high-income country. This may imply a lowering of allocation of regular resources to UNFPA programme in Mongolia.

Summary of Recommendations

1. The MTR Mission is of the opinion that UNFPA and partners are contributing effectively to the creation of supportive policy environment through advocacy and upstream policy dialogue. While UNFPA should pursue and enhance its efforts in this area, the Mission recommends that further attention should also be paid to discussions and dialogue with the government on the implementation of the new policies through sustained implementation frameworks and financial resources.

2. The Mission noted various good examples of UNFPA collaboration with other UN agencies and development partners and is of the view that further comprehensive and long-lasting collaborative efforts with development partners should be initiated especially in view of the possible reduced resources for the programme.
3. UNFPA Country Office efforts to collaborate with private sector for joint fund raising and joint implementation of various elements of the programme is an excellent initiative and should be pursued vigorously.
4. In view of the new Strategic Plan of UNFPA, and the significant changes that have taken place in Mongolia recently, the Mission recommends that the CPAP should be aligned with the new UNFPA strategic plan in the context of the country's needs and the government priorities.
5. Re-classification of Mongolia in the new UNFPA Strategic Plan to a low need and high income country means a lowering allocation of regular resources to UNFPA programme in Mongolia. In view of this development, it is recommended that UNFPA CO should ensure continuation of activities supported by UNFPA and their sustainability. In this regard, the Mission further recommends that UNFPA CO should: (a) consolidate its programme with other development partners and UN agencies for maximum impact and in view of possible budget reduction; (b) undertake fundraising from other sources, including private sector, which has already been initiated by country office; and (c) in consultation with the Implementing Partners develop a transition plan.

Population and Development

1. The National Statistical Office has been an effective partner of UNFPA and as such, the Mission recommends that UNFPA should continue its collaboration with NSO for further analysis of data, new surveys on emerging issues (e.g. study on internal migration and study on population aging and its implications), and NSO's engagement in building statistical capacity of other agencies/departments.
2. Given the variety of statistical information that is now available in Mongolia, UNFPA needs to work with NSO on building the knowledge and skills of data users, especially at aimag and soum level on the use of statistical data for planning, budgeting, monitoring and evaluation.
3. Creation of the new Ministry of Population Development and Social Protection was a major event following the election of 2012 to which UNFPA has responded favorably and has initiated close collaboration with the new Ministry. The Ministry has considerable capacity building needs in population and development area. In this regard, the MTR Mission recommends that UNFPA should proceed with MoPDSP's comprehensive capacity needs assessment as soon as practical and subsequently develop and make available to the Ministry a pack of support in area of staff capacity development based on the identified needs.
4. MTR Mission recommends that UNFPA should continue and further enhance its good work with parliamentary committees to further create a supportive environment for the passage of new policies and laws such as the Population Policy, the Youth Development Policy and the law on Domestic Violence.

Sexual and Reproductive Health

1. The Mission recommends that there should be a transition from the service delivery type of activities to more upstream work and alignment with the new UNFPA strategic plan. However, these needs to be carefully planned and managed to ensure achievements are sustained and the quality of SRH services are ensured.
2. The Mission recommends that while the ongoing SRH components of the programme should be sustained, activities under output 3 in SRH area (REDS initiative, contraceptives stock-out e.g.) should be further reinforced and “men” as a target group should be included in the programme. In this connection, the newly approved “National Strategy on Male Health” of MoH should be further supported technically and financially to become fully amalgamated in the reproductive health programme.
3. As the Family Health Center (FHC) budget is based on the number of inhabitants in the service area, the Mission recommends that the number of inhabitants should be based not only on the registered number of population, but also on the estimated number of temporary migrants from rural to urban service areas (including in soum health centre of mining areas.) This will allow allocation of a realistic level of funding for Family Health Centres.
4. To support evidence based policy, planning and strategy development there is a need for up-to-date research such as unmet need for family planning, men’s SRH needs, quality of RH data and other relevant areas.
5. The Mission recommends that further attention should be paid to the quality of antenatal and postnatal care as well as availability of contraceptive services, especially in Ulaanbaatar, with the aim of improving the quality of service and reducing unwanted pregnancies.
6. While the Country Programme has contributed to the staff capacity building of the telemedicine project successfully, the Mission recommends further efforts for strengthening technical capacity of technicians responsible for the maintenance to ensure the equipment provided by the project are of good working condition and to prevent breakdown of the equipment.

Adolescent and Youth

1. The Mission strongly recommends that adolescent and youth concerns should be covered by an independent Outcome in the CPAP. Furthermore, the new Outcome should be complemented by three outputs namely the development and implementation of the youth development policy; availability of life skills education; and availability of adolescent and youth sexual and reproductive health information and services.
2. In view of multiple IPs in the adolescent and youth programme area, the Mission recommends establishing a national coordination mechanism with participation of government agencies working on youth programmes as well as the youth serving CSOs.
3. The Mission noted that setting up of the Youth Development Centres under the MoPDSP and Life Skills Education Halls under the Ministry of Education and Science has been delayed. UNFPA needs to work closely with the project authorities and decision makers in both Ministries to ensure the centres are established and all agreed activities of the work plan are carried out.

4. The Mission noted the progress made in establishing Future Threshold Youth Centres (youth friendly centers) by MOH and recommends that much more efforts are required to ensure that all youth centres are well staffed and functioning effectively.
5. UNFPA should consider providing continued support to the finalization and implementation of Adolescent and Youth Friendly Health Services strategy which addresses quality of service and sustainability issues. Since service standards of the Youth Friendly Clinics are already included in the standards of secondary health services, it is recommended that UNFPA should work closely with MOH to ensure adherence to such standards.
6. The Mission recommends that the y-peer programme should be further supported and expanded to ensure y-peer educators are available in all sites where Youth Development Centres (YDC) and youth friendly centres are functioning.

Gender Equality

1. While some noteworthy achievements were made in the last two years, it is recommended that further support should be provided to help with gender mainstreaming and institutionalization of GBV prevention and response.
2. Capacity building efforts for various partners in gender area has been an on-going activity since the beginning of CP5. It is recommended to maximize efforts towards building and nurturing the structure of the gender machinery for gender equality and prevention of GBV.
3. To ensure sustainability of OSSCs, it is recommended that an action plan with clear roles and responsibilities of national partners should be developed by the end of CP5.
4. New and innovative approaches for gender equality and gender based violence (e.g. OSSC, multi-sector partnership) should be further developed and promoted.
5. Depending on the progress of the Domestic Violence law amendment, it is recommended that the nature of UNFPA support under output 2 in gender area should be flexible to allow appropriate response depending on the amendments that will be made in the domestic violence law.
6. The mission strongly recommends that solid mechanisms/procedures should be developed to ensure gender mainstreaming in all programmes of the government.

II. INTRODUCTION

1. Rational and scope of MTR

The UNFPA Representative called for the Mid-Term Review of the fifth UNFPA assisted programme in Mongolia after two and half years of programme implementation. Although no longer mandatory, the Mid-Term Review was carried out in view of the significant changes that have taken place within UNFPA and in Mongolia. The UNFPA Executive Board approved a new Strategic Plan for 2014 to 2017 which sets new goals and strategic interventions for the agency's development efforts and includes a new business model. Within Mongolia, the country experienced rapid economic growth which led to a massive influx of population to the capital city, significant population migration to mining sites, formation of a new government following the election in 2012 and consequently creation of new Ministries e.g. Ministry of Economic Development and the Ministry of Population Development and Social Protection.

In view of the above, conducting an MTR was considered essential in order to consolidate the results achieved thus far and make necessary adjustments to the CPAP to align it with the new Strategic Plan of UNFPA and to respond to the emerging issues/needs in the country. It was anticipated that the MTR exercise would help to provide sound evidence base to re-direct and re-focus the CPAP and serve as a process to ensure stakeholder engagement and buy-in towards supporting upstream work.

Based on the Terms of the Reference of the MTR mission, the Objectives and scope of MTR were outlined as follows:

1. To assess the progress of the implementation of the CP5 and its programmatic impact;
2. To examine the relevance and effectiveness of strategies and interventions for CP5; and
3. To propose areas of re-positioning and re-focusing of the CPAP within the current Mongolia's development context, and in light of the UNFPA's new Strategic Plan.

The Mid-Term Review of the CP5 was carried out against the measurable Country Programme outcomes and outputs as stipulated in the Results and Resources Framework (RRF). The RRF also specifies the baseline indicators for both levels of outcomes and outputs and the targets to be achieved by the end of the programme. In addition, the UNFPA Country Office in Mongolia has prepared the CP Planning Matrix for Monitoring and Evaluation which includes annual targets and indicators. Prior to the implementation of CP5, baseline studies were conducted by the Country Office on the four key areas of focus namely Reproductive Health, Youth, Gender and Population and Development to setup the baseline indicators. These further helped to determine and measure the progress of CP5 after about two and half years of implementation. Using structured questionnaires based on the questions specified in the MTR TOR and additional output related questions, the MTR team ascertained the achievements, the progress towards attaining the set targets and/or the likelihood of achieving the targets by the end of the current country programme, 2016. The TOR contained specific questions to be addressed by the

MTR team analyzing: the CP impact; relevance to the country priorities and needs; effectiveness; and value added. (Annex I the Terms of Reference of the MTR mission)

2. Country context

Despite the rapid socio-economic gains attained since the early 1990's when Mongolia switched from a centrally controlled to a market system economy, the 2010 UN Common Country Assessment revealed many regional and population group disparities with pockets of vulnerabilities especially in remote, hard to reach areas of the country. The rural-urban exodus of the last ten years has also created a belt of poverty around the capital city of Ulaanbaatar. In 2012, 65.5 percent of home births were registered in Ulaanbaatar city which compared to previous year has increased by 4.4 points. (*Health Indicators, 2012 CHD*) Mongolia is most likely to achieve the Millennium Development Goals 2, 4, 5, and 6. However, some remote western and central provinces still register maternal mortality ratio of over 200 per 100,000 live births compared to only 45 over 100,000 live births in the capital city. By the type of health facility where maternal deaths occurred, 18.2 percent of deaths were in soum health center, intersoum hospitals and rural general hospitals, 34.4 percent were in aimag general hospitals, 9 percent were in regional Diagnostic and Treatment Centres and 36.4 percent were in central and specialized hospitals and maternity hospitals of Ulaanbaatar.

Among the challenges of development in Mongolia is the vast land mass which is sparsely populated with poor road infrastructure and harsh climate. However, from 2011 onwards the economic situation in the country vastly improved and according to the World Bank the country's growth rate was 12.5% in 2012 and maintained a double digit growth (11.7 %) in 2013. Despite economic reforms and strong GDP growth in the last few years, 30 percent of the population still lives below the poverty line. (www.tradingeconomics.com/mongolia/gdp-growth)

Mongolian economy is facing a significant challenge from growing balance of payment pressure as the foreign direct investment inflow declines and the mineral export remain weak. Mongolia may also face a downside risk from an uncertain global economic environment and further dampening of mineral market. Macro-economic and financial vulnerabilities are growing due to continuous expansionary fiscal and monetary policies reflected in significant off-budget spending and rapid credit growth. The government took a series of positive measures recently to address the challenges including adoption of the new investment law, announcement of a fiscal consolidation plan, and subsequent amendment of the 2013 budget to tighten budget spending. Yet, further efforts are needed to shift the growth-oriented economic policies toward economic stability and rebuilding macro-economic policy buffers, in light of uncertain prospects in the external environment and the balance of payment situation.

In Mongolia the average life expectancy was 75.01 years for females and 65.42 years for males in 2013. In other words, women experienced a greater life expectancy than men by 9.6 years. According to Health Indicators 2013, Mongolia was the 157rd country in the world in average life expectancy. The country's nearly 3 million population is predominantly young (0-14 years old 27.4 percent and 15-24 years 19 percent in 2013) with increasing proportion of 60 years olds and above. Urbanization is also

increasing at a rapid rate for example in 2013, 68.1 percent of the population was living in urban areas and 46.8 percent in Ulaanbaatar. The revision of the national population policy has been initiated by the newly established Ministry of Population Development and Social Protection, in order to address the new population trends, country's entry to a middle –income status, and specific needs of population groups such as young people, women of reproductive age, the elderly and the issues of disparities and vulnerabilities.

As a result of the joint efforts of the Government of Mongolia and UNFPA, the Maternal Mortality Ratio for 2013 was reduced down to 42.6 per 100,000 live births from 50.8 per 100,000 live births in 2012. This indicates a steady decrease in maternal mortality. In 2013, a total of 84,399 pregnant women were covered by antenatal care monitoring and 87.8% of them (86.4% in urban area and 89.1% in rural area) entered into prenatal care in the first trimester of their pregnancy. No significant changes were observed compared to 2012 data. In 2013, 89.4% of mothers who were under prenatal care received maternal care within 42 days of birth. In 2013, 91.8% of all mothers had at least 6 times check-ups during pregnancy compared to 87.3% in 2012. In spite of the above, there is a noticeable difference in MMRs between different regions and social groups with the MMR being the highest in the Western region. Despite the availability of contraceptive methods, unmet need for family planning has increased. In 2012, 18,473 cases of abortion were recorded with ratio of 247 per 1000 live births and 22 abortions per 1000 women of reproductive age. Similarly an increase in registered cases of STI and HIV has been recorded. The current fourth national reproductive health programme of Mongolia which was approved by the Government Decree in February 2012 is addressing the above among other issues/challenges of reproductive health in the country.

Young people (15-24 years old) constitute about 25% of the population and they are faced with issues related to sexual and reproductive health. Based on hospital records 42.2% of all STI cases are among adolescents. The cases of unsafe abortion among adolescents are also on the rise.

The Government of Mongolia's Fourth National Reproductive Health Programme was approved by the Government decree in February 2012 covering 2012-2016. It addresses equal access to reproductive health services for women, men and adolescents and expansion of opportunities for population development through sustainable population growth.

In the area of gender, the Gender Equality Law was approved by the Parliament in 2011 followed by the approval of the Mid-Term Implementation Strategy for the law. The revised Law on Domestic Violence is also under consideration by the Parliament.

Given the current development of the country, its changed economic outlook and priorities, UNFPA Mongolia decided to critically review its current programme, which was built on the achievements and lessons from previous programmes and "emergency" mode of 2010-2011. Currently, there is a need to increase upstream policy interventions and maximize the impact through synergies from on-going collaboration with international development partners.

3. UNFPA response

UNFPA's cooperation with Mongolia dates back to 1972. From 1992 onwards a programme approach was adopted and the first five year Country Programme initiated. UNFPA is currently implementing its fifth Country Programme (CP5), 2012-2016 in Mongolia which was approved by UNFPA Executive Board in September 2011. Subsequently and in line with the CPD, Country Programme Action Plan (CPAP) was developed in consultation with the government and development partners which was approved in January 2012. The Fifth Country Programme was designed to contribute to several outcomes of the UNFPA Strategic Plan (2008-2013), namely: (a) increased access to quality maternal and newborn health services; (b) increased access to and utilization of quality family planning services; (c) Enhancement of gender equality and reproductive rights through advocacy and implementation of laws; (d) improved access to SRH services and sexuality education for adolescents and youth; and improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population, RH and gender issues. Given that the UNFPA's new Strategic Plan, 2014-2017 was approved recently, it is imperative that the current country programme of UNFPA in Mongolia be fully aligned with the Outcomes and Outputs for the new Strategic Plan following the programme Mid-Term Review in May/June 2014. The current programme of UNFPA is designed to increase upstream policy interventions and maximize the impact through synergies from on-going collaboration with the UN and non-UN development partners. Based on the gaps and priorities identified in the Final Evaluation of CP4, the new country programme is designed to address the priorities through several government policies and programme. Some of the priority gaps that are being addressed are:

1. The need to scale up adolescent and youth reproductive health knowledge and services;
2. Addressing the disparities of MMR in some remote western and central provinces through improving the quality of EMnOC services, demand creation for RH services among vulnerable groups and youth, and repositioning of FP;
3. Addressing the high incidence and prevalence of STIs and scaling up prevention efforts against HIV and AIDS among most at risk groups, especially among young people;
4. Raising community and governing body's awareness of the high rates of gender-based violence and setting up comprehensive response systems;
5. Implementing the recently passed Gender Equality Law;
6. Enhancing capacity of central and local governments to analyze and use data or evidence-based planning and budgeting as well as monitoring and evaluation.

The programme has three following outcomes and seven outputs to be achieved by 2016:

CP Outcome 1: Increased capacity of central and local governments for evidence-based planning and budgeting and results-based monitoring and evaluation

CP Outcome 2: Increased equitable access to and utilization of good-quality sexual and reproductive services, with a focus on the disadvantaged

CP Outcome 3: Capacities to implement Gender Equality Law and to mainstream gender in policies and programmes improved

Two outputs under Outcome 1 deal with the availability of disaggregated data for policy and planning; and the application of evidence and results-based planning and monitoring tools for decision-making, especially for budget allocations at all levels. The Outcome 2 has three outputs focusing on availability of comprehensive RH services at the secondary and tertiary levels; availability of basic RH services and commodities for disadvantaged groups in selected areas; and availability of adolescent and youth-friendly sexual and RH education and services. And finally, the two outputs under Outcome 2 are addressing advocacy on and implementation of the legal framework on gender; prevention of GBV and provision of quality comprehensive services for survivors of GBV.

CP5 has currently four projects implemented by government and non-government institutions. UNFPA provides focused assistance to three provinces, namely Bayankhongor, Gobi-Altai, and Zavkhan, selected based on maternal mortality and other social indicators. In addition, one district in the Ulaanbaatar city (Chingeltei district) is also supported under the CP5. The CO has successfully mobilized additional resources and three non-core projects are implemented within the frameworks of the current CP, covering all remaining provinces. (Annex 2 – Map of Mongolia with project sites)

Outputs		Country Programme 2012-2016																				
		2012				2013				2014				2015				2016				17
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1
1	Up-to-date and disaggregated data																					
2	Population Dynamics and M&E																					
3	Access to quality RH services																					
	Access to quality RH services (Lux)																					
4	Availability of RH services & commodities																					
	Improving of quality of SRH services																					
5	Youth Development Programme (SDC)																					
	STI and HIV Prevention																					
6	Support to Com'tee on Gender Equality																					
7	Advocacy on gender equality and DV																					

In 2013, the total budgetary allocation (core and other resources combined) for population and development stood at 18%, sexual and reproductive health at 49%, youth at 21%, gender equality at 6% and PCA at 6%.

(Annex 3 – Budget and Expenditure, first half of CP cycle)

4. The role of external assistance

Mongolia was among the most aid-dependent countries in the world with US\$ 2.5 billion of foreign aid received during the period 1991–2002. However, due to strong economic performance in last five years and double digit growth of GDP, Mongolia is reducing its dependency on aid. Currently, the World Bank Group and ADB remain the biggest donor for Mongolia. WB supports infrastructure development, economic governance and institutional strengthening of the mining sector.

- During 2013-2017 the World Bank will focus on enhancing Mongolia’s capacity to manage the mining economy sustainably, building a sustained and diversified basis for economic growth and employment in urban and rural areas and addressing vulnerabilities.

- The Asian Development Bank’s Country Partnership Strategy for 2012–2016 focuses on employment creation and support for economic diversification, addressing priority infrastructure gaps, regional economic integration, and access to basic urban services. The CPS emphasizes social development—particularly education—to address a skills mismatch, and efficiency of health services delivery.
- The UN Country Team in Mongolia is composed of UNFPA, UNDP, UNICEF and WHO with Representational offices and FAO is represented by an international deputy. The rest of agencies, ie UNAIDS, UN Habitat, ILO have national staff handling projects. WHO is the main UN agency involved in the health sector, supporting health systems strengthening through the primary health care, scaling up prevention and control of non-communicable diseases, injuries, violence, sustaining and accelerating the achievement of health-related MDG targets and environmental health management. The UNDP has been contributing to the achievement of the MDGs through capacity-building, knowledge-sharing, partnerships, and policy dialogue. UNICEF has been focusing on health, nutrition, child survival and growth, maternal health and newborn care, water and sanitation, behaviour change communication, and HIV/AIDS. The UNAIDS Regional Support Team has been supporting capacity development, implementation and monitoring of the national HIV/AIDS strategy, including support to combating stigma and discrimination. Similarly, the Global Fund has approved grants for HIV/AIDS, TB and health sector strengthening focusing on public health laboratories.
- Japan’s country assistance for Mongolia is focusing on the National Immunization programme and the procurement of medical equipment. Support from the German Technical Cooperation Agency (GTZ) supports reduction in infectious diseases, to lower morbidity and mortality from STI/HIV, and to improve maternal and child health.
- The Millennium Challenge Account for Mongolia, a US Government grant was supporting the Vocational Education and Training (TVET). The project supported a Regional methodological center in Zavhan, providing fully equipped distance learning facilities and a studio for developing and disseminating video/audio training materials. In 2013, Millennium Challenge Account closed their office in Mongolia.
- In addition to the above, the key external partners for UNFPA are the Luxembourg Development Cooperation and the Swiss Development Cooperation. Luxembourg Development Cooperation aims at improving health services in the areas of cardiovascular diseases and mother and child health care focusing on: telemedicine, cardiac surgery, cardiovascular diseases and mother and child healthcare. Another Luxembourg-funded project is the “STI/HIV Prevention among Youth, Mobile and Most at Risk Populations”. The project, which began in 2012, between UNFPA Mongolia and China is focusing on STI/HIV prevention in border and selected urban areas, in partnership with the Mongolia Red Cross Society and the Mongolia Family Welfare Association.
- Swiss Development cooperation in Mongolia has elaborated its new Cooperation Strategy for Mongolia to be implemented from 2013 to 2016. The key components of the strategic goal of the Swiss Cooperation Strategy are: Agriculture and Food Security; Vocational Education and Training; and State Reform, Local Governance and Civic Participation.

III. GENERAL FINDINGS AND CONCLUSIONS

1. Upstream policy efforts under CP5

The Mission noted that UNFPA has been engaged in policy advocacy and policy dialogues in the first half of the current CP cycle especially in the last year and half. In early 2012, UNFPA Country Office prepared a policy advocacy strategy to help identify key issues and outline strategies and actions to address those issues through concerted advocacy efforts. Subsequently, the engagement of UNFPA in policy dialogues and advocacy has produced some good results.

With support from CP5 the Mongolian delegation attended the Asia Pacific Population Conference in 2013 and provided full support and endorsement to the outcome document of APPC at the end of the conference. As a follow up to the APPC, Mongolia organized a National High-Level Meeting on Population and Development in Ulaanbaatar, which resulted in the "Ulaanbaatar Declaration." It was jointly signed by the Government, Parliament, Civil Society representatives, and the international community, re-affirming collective action to advance the ICPD agenda. In addition to this, since 2012, UNFPA has been providing technical assistance to the Ministry of Population Development and Social Protection through CP5 to revise the Population Policy and to develop a new youth development policy. A technical paper on the implication of demographic changes in Mongolia and a series of fact sheets on pertinent population issues were prepared by UNFPA to provide an analysis of the priority population and development issues and to facilitate policy decision making.

In the area of Sexual and Reproductive Health, UNFPA advocacy efforts through CP5 accelerated on many pertinent issues including government budgetary allocation for Reproductive Health which resulted in government decision to allocate a dedicated budget for HRCS in 2013 and 2014.

In youth area, the Government Action Plan (2012-2016) includes the establishment of Youth Development Centers under MoPDSP leadership. It was as a result of collective advocacy of all partners including UNFPA to advance youth concerns. Although not a policy development effort, CP5 has been instrumental in expanding and formalizing youth CSO networking under the label of "Mongolian Youth Coalition" which has 13 major CSO as its members. Another high level decision was the agreement of the Health Minister with Provincial Governors and City Mayors on the sustainability of Future Threshold Adolescent Health Clinics (Youth Friendly Centres). Again, advocacy efforts of all partners including UNFPA created a conducive environment to formalize the establishment of youth friendly centres.

Following the approval of the Gender Equality Law in 2011, UNFPA under CP5 provided support for the implementation of the law through provision of technical and financial support to NCGE. In this process CP5 supported the Mid-term strategy and Action plan for 2012-2016 through technical assistance. As a result, the Strategy and Action Plan for 2012-2016 was endorsed by the Government in January 2013 and a dedicated budget was allocated for gender related interventions.

In 2012, UNFPA worked with MONFEMNET and Women's Caucus and organized a roundtable discussion on National Gender Machinery as well as GBV Prevention. This high-level forum which was attended by MPs, government officials and CSOs contributed to raising awareness of high-level decision makers.

Although a law on Domestic Violence was approved in 2005, the implementation was weak. During the last two years, there has been significant progress to revise the DV Law within the Legal reform initiative of the Ministry of Justice with UNFPA technical assistance. The DV law has been submitted to the parliament for review and subsequent approval. As a result of the 16 days activism, the President of Mongolia addressed the issue of DV at the citizen's hall in Dec 2013 and called immediate action to end the violence. Also, with the initiative of the President, the Mongolia joined the COMMIT initiative of UN SG in the beginning of 2014.

Based on the above examples the **MTR Mission is of the opinion** that UNFPA is on track for creating supportive policies through advocacy and upstream policy dialogue. While UNFPA should pursue its efforts in this area, further attention should also be paid to discussion and dialogue with the government on the implementation of the new policies.

2. CP5 contribution to the UNDAF outcome areas

The MTR Mission reviewed examples of linkages of CP5 with UNDAF and noted that there has been fairly good linkages of CP5 strategies and activities with the UN Development Framework.

In the Population and Development area, UNFPA programme contributed to the UNDAF outcome 10, i.e., *"Increased capacity of central and local governments for evidence based planning and budgeting, results based monitoring and evaluation under the Governance and human rights"*. To begin with, the Government Resolution on General Procedures for monitoring and evaluation in government institutions was developed and approved. Key performance indicators to provide evidence and to track progress were initiated in 3 pilot Ministries, namely the Ministry of Health, the Ministry of Population Development and Social Protection, and the Ministry of Agriculture and Industry.

Generation, analysis and dissemination of data supported by CP5 is prerequisite to any sound planning. In this connection, the development of capacity of statistical sector was well supported under CP5. The national Statistical Office was able to successfully conduct the 2010 round of Population and Housing census and analyze the data. As a result, NSO produced 14 thematic monographs, and the web-based database for census related statistics which was linked to the NSO Database called 1212.mn. Another achievement was conducting the Social Indicator Sample Survey jointly with NSO and UNICEF which provides additional data on social indicators thus enabling the government social sector to use SISS data in evidence based planning. In addition, CP5 supports the revision of the Population and Development Policy to reflect the recent demographic changes in the country and help to integrate population issues in sectoral plans and policies and put human development at the center of development concepts. This activity is well underway.

In the Sexual and Reproductive Health area, CP5 contributed to the poverty reduction in several ways. The telemedicine approach has contributed to the reduction in the number of patients travelling from aimags to access tertiary level treatment and care. This consequently resulted in saving costs of air travel, accommodation and food not only for the patient but also the accompanying family member(s). In a way, the approach reduces the risk for the family to impoverish because of illness. In addition, the enhanced skills of service providers, including obstetricians, anesthesiologists, neonatologists and midwives prevent morbidity which can impede women's participation in the economic activities. Similarly, access to family planning and planned births allows families to balance their employment and childbearing, contributing to increased income for families.

The youth development programme area of CP5 contributes to UNDAF outcome *“Increased access to and utilization of quality basic social services, especially for the most disadvantaged”*. The programme's technical assistance includes development and further strengthening of the policy and implementation framework, including the envisioned state policy, law on youth, national programme on youth and national and local committees on youth development. In addition to Government institutions, the CP5 also supports capacity development of youth CSOs and their effective networking. Although the results cannot be seen in the first two years of the programme implementation, the launch of the Youth development project, with an aim to improve life skills of young people, especially the vulnerable young people, is foreseen to contribute to poverty reduction in the future. As stated above, while the effectiveness and impact of the programme cannot be analyzed at this stage, the youth programme is on track and making good progress.

In Gender area UNFPA is leading the Protection Cluster of the Humanitarian Country Team, together with Ministry of Population Development and Social Protection. UNFPA has been actively leading the disaster preparedness process, providing technical support as well as organizing capacity development workshops. UNFPA, on behalf of Protection Cluster, has been also active at the Humanitarian Country Team forum, for the finalization of Inter-Agency Contingency Plan to integrate protection issues. Currently UNFPA Mongolia leads the following working groups:

- Theme Group on HIV and AIDS
- MCH Working Group
- Youth Working Group
- Protection Cluster
- Governance working group
- Human Rights priority area results group

The **Mission is of the opinion** that there is sufficient evidence to suggest that various components of the UNFPA country programme are contributing well to various UNDAF outcome areas. The Mission noted that the UNDAF M&E Framework was revised during the UNDAF review in March 2014. Therefore, UNFPA needs to link its CPAP to the revised UNDAF M&E framework.

3. CP5 linkages to the UN agencies and other development partners programmes

Under the CP5, UNFPA and UNICEF agreement to combine their efforts and resources to conduct the Social Indicator Sample Survey was an excellent example of agency collaboration. Previously UNFPA and UNICEF conducted separate surveys, namely MICS (UNICEF), RHS and Demographic Health Survey (UNFPA) resulting in some inconsistency of data and high transaction cost. With combining the surveys into one, data discrepancies is expected to be reduced with much lower transaction costs. Another example is UNFPA, UNICEF, UNDP and ADB efforts to coordinate their support in establishing a database of vulnerable population groups. The Mission noted that this was a useful effort to avoid overlaps and identify complementarities of agency programmes.

In sexual and reproductive health area UNFPA initiated consultations with ADB to coordinate support to aimags where ADB programme is also being implemented, to reduce overlaps and complement the two agency's efforts for a greater efficiency (mainly in procurement of equipment for telemedicine use). Similarly, under CP5 coordination has been established with ADB on the revision of the undergraduate and residency curricula on obstetrics for medical students. UNICEF and UNFPA both applied the Reaching Every District and Soum (REDS) strategy to improve vaccination coverage (UNICEF) and meeting SRH needs of the disadvantaged women (UNFPA). Furthermore, the Millennium Challenge Account project used the telemedicine network created by UNFPA in providing technical support on Pap smear interpretation for provincial hospitals. Now that the MCA is over, the telemedicine project continues to support the software application as well as expert opinions.

In youth area, UNFPA is now the chair of the UN Working Group on Youth, comprising of WHO, UNFPA, UNICEF, UNESCO, ILO, UNDP which among others, has a consolidated agency work plans/activities targeted at youth. UNYAP has been actively involved in UNWG on youth, as well as in agency specific youth activities. Another example of UNFPA's collaboration with other agencies is supporting Youth Consultation on Post 2015 development agenda, as Mongolia was selected as one of 50 countries globally for such thematic consultations. With UNESCO closing its office in Mongolia, UNFPA is supporting the government to continue the life skills education initiative in the Technical Vocational Education and Training (TVET) institutions as well as in schools, universities and lifelong education centers.

In gender area, through CP5, UNFPA worked together with UNESCO and UN Women to develop a joint proposal to strengthen GBV prevention and response in Mongolia, which was submitted to UN Trust Fund to End Violence Against Women. Similarly in 2013-2014, UNFPA took a leading role in preparing a joint proposal with WHO and UNDP to institutionalize multi-disciplinary GBV response which was submitted it to UN Trust Fund to End Violence Against Women. UNFPA is a member of the UN Gender Theme Group, currently lead by UNDP to join efforts with other agencies in gender area.

The **MTR Mission noted** various good examples of UNFPA collaboration with other development partners and is of the view that further comprehensive and long-lasting collaborative efforts with other development partners would be needed especially in view of the reduced resources for the programme.

While all United Nations agencies have a distinct mandates, there are some unavoidable overlapping activities. Improved cooperation is required, and UNFPA must work to maximize synergies and opportunities for collaboration with UN agencies that have overlapping mandates with UNFPA. Furthermore, the **MTR Mission is of the view** that UNFPA Country Office efforts to collaborate with private sector for joint fund raising and joint implementation of various elements of the programme, is an excellent initiative and should be pursued seriously.

4. Participatory approaches to programme development and Implementation

The MTR Mission found out that under CP5, Youth Monthly Meetings facilitated by the UN Youth Advisory Panel (UNYAP) and the MoPDSP has been formalized as a result of concerted advocacy efforts of UNFPA. The forum is designed mainly as a policy dialogue mechanism ensuring active youth participation in policy-making. It is composed of several Ministries that have youth programmes, youth CSOs, and the UN agencies and helps to improve coordination and enhance the relevance of youth programmes to the needs of young people. Similarly, CP5 supported youth consultation on the post-2015 development agenda. Youth development project (YDP 2013-2017) under the Youth Programme has been developed through an extensive consultative process, i.e. series of bilateral and multi-sectors consultative meetings with line Ministries and development partners including UNFPA.

In addition, the CPAP and its annual work plans are developed in close consultation with the stakeholders and programme monitoring is carried out jointly by UNFPA and IPs. The programme quarterly reviews, mid-year component reviews and annual review meetings are led by key ministries and IPs ensuring national and local ownership of the programme.

Overall, the Mission noted that the UNFPA country office has been able to create conducive environment for participation of stakeholders and beneficiaries in programme planning and implementation. A noteworthy effort has been the youth participation in policy making and planning through regular engagement with the decision makers.

5. Working with Private Sector

UNFPA is in the process of establishing collaboration with the private sector for joint fund raising as well as jointly supporting selected issues related to reproductive health, youth or gender. In this process, the country office has established contacts with selected companies and firms. It appears that two companies in particular have very good potential of partnering with UNFPA. **The Mission is of the view** that this is an excellent initiative as funding from UNFPA regular resources many not be sufficient to support the all programme initiatives as it has done in the past.

Both of the companies in questions are interested to support social education and community development in the area of health. UNFPA CO had a number of meetings with their managers and officials responsible for social education and community programmes to explore ways of collaborating on selected issues and do joint fundraising. UNFPA has submitted a proposal to one of the companies

for setting up a youth development centre in a mutually agreed site. Discussions are underway to finalize the proposal and begin the joint initiative. Similarly, UNFPA is in the process of preparing another proposal to initiate partnership with the second company.

The **MTR mission is of the opinion** that partnership with private sector is an excellent idea and recommends that the country office pursue to work in partnership with one or both of the above companies.

6. Key results and “Impact” of CP5 in the first half of CP cycle

Most key strategies and interventions of CP5 were in fact the continuation of strategies of the previous country programmes and as such, it is very difficult to identify the results of interventions that started since the beginning of CP5 in 2012, only less than two and half years ago. Most projects under CP5 started to operate in the second quarter of 2012 and one in 2013. In 2012, there were a number of factors that unfavorably impacted on programme implementation such as the election of 2012 including local elections and the subsequent restructuring of the government machinery. This is clearly reflected in the rate of implementation of CP5 in 2012 which was only 75.9 percent and subsequently climbed to 96.2 percent in 2013. However, there are a number of CP5 interventions that started in the beginning of CP and were successfully carried out with good results most of which were in the population and development area.

The National Statistical Office with support from CP5 was able to successfully disseminate the disaggregated 2010 Population and Housing Census results through a variety of means including a dedicated web-based data base. Tracking of the website usage shows that the database is being used by data users at national and subnational levels. Similarly, NSO was able to create and launch an integrated database linking 2010 PHC data with geographical database using GIS. Furthermore, again with CP5 support, NSO was able to conduct the Social Indicator Sample Survey combining three surveys DHS, RHS (UNFPA) and MICS (UNICIF) the preliminary report of which was launched in early June 2014. As a result of UNFPA support since the beginning of CP5, up-to-date, disaggregated user-friendly population and social data is now available electronically and in print form for users at all levels. This undoubtedly will contribute to the evidence based planning and decision making in the country thus meeting the targets of Output 1 under Outcome 1 of CPAP. Another good example is in gender area. The Mission found out that the activities conducted since the beginning of CP5 have contributed to the establishment of a mechanism to support gender equality and gender mainstreaming. UNFPA’s support through CP5 contributed to the development of a Mid-Term Strategy and Action Plan on implementation of the Law on Gender Equality which was approved in 2011. This has met the target of Output 6 of CPAP Outcome 3 on gender. In addition, large numbers of stakeholders have been trained, communication for behavior change has taken place and a draft law on Domestic Violence has been submitted to the Parliament for approval. The Mission is of the opinion that achievements in gender area are impressive and UNFPA has been one of the key drivers in this area. Without UNFPA’s technical and financial support and leadership it would have been unlikely to achieve such results in a relatively short period of time.

In Reproductive Health area, CP5 supported the establishment of the national maternal and child health Surveillance System of the National Centre for Maternal and Child Health (NCMCH). This system which is established and functioning at the national scale helps with collection and analysis of data on maternal deaths, perinatal deaths, and maternal “near misses” and timely response to reduce maternal and newborn deaths.

7. Relevance of CPAP with national and international priorities and framework

The CPAP was designed in line with the national and international priorities and policy frameworks. During the implementation, as evident from the annual work plans and monitoring reports, the country office has made efforts to ensure that the national and international policy frameworks were adhered to. Under the country programme, all UNFPA supported sexual and reproductive health initiatives uses the protection of human rights and individual dignity as the guiding principle. Confidentiality and privacy issues are addressed as the key component of the client-friendly approach for all components of services, including youth-friendly services provided through Future Threshold Adolescent Health Centers, antenatal care and provision of family planning services. The right of women to family planning information and services has been continuously promoted as human rights. As part of the outreach programme in focused aimags and districts, special attention is being paid to the needs of disadvantaged women by making available needed services including provision of dignity kits for poor women. It was noted that at every opportunity, the need to reach out to vulnerable groups is highlighted and promoted.

Gender issues are incorporated in all programme components including gender disaggregated statistics. Under the CP5 UNFPA made efforts to ensure a multidisciplinary approach is followed in the fight against violence and provision of services for the victims of violence in close collaboration with Government and CSO partners. The Mission found out that UNFPA is working with MONFEMNET to adopt internationally and regionally acknowledged approaches on ending violence against women in the Mongolian context .At the local levels, the multi-disciplinary teams are established to jointly work on the cases of victims of gender violence and provide services as needed. Concerted advocacy efforts aimed at decision makers at the national as well as aimag level has been carried out to prevent GBV. CP5 has supported development of a gender based violence prevention module as one of the life skills modules for the youth programme.

The MTR Mission noted that UNFPA efforts in achieving the outcomes of CP5 are a direct response to the acceleration of efforts to achieve the MDGs before the 2015 reporting year. The CP5 document also refers to the other international agreements and declarations such as the Paris, Accra and Busan declarations. The evidence of CPAP linkages with those agreements are yet to be substantiated.

Subsequent to the election in June 2012, the government established the country’s new Ministry of Population Development and Social Protection. UNFPA immediately positioned itself as the lead partner to the new Ministry and offered its support in terms of technical and financial assistance to build the capacity of the Ministry in the population and Development area. One of the first initiatives of the

Ministry was the revision of the 2004 Population Policy which was supported by UNFPA through technical and financial assistance. Once approved, the new revised policy will set direction for addressing the emerging population issues in the country. Another priority of the new government is youth development. UNFPA responded to this need by initiating and nurturing a tripartite policy dialogue mechanism (Government, youth CSOs and UNs), carried out fundraising and developed a comprehensive programme addressing broader youth issues as well as their sexual and reproductive health needs. This adjustment is also in line with the UNFPA's new strategic plan (2014-2017) which places adolescent and youth among the key beneficiaries of UNFPA work and aims to improve their health and their ability to participate in the decision-making process on the issues that affect their lives. The CPAP was designed prior to the new Strategic Plan of UNFPA and as such, it is not linked to the new SP priorities and directions. The MTR Mission has made several recommendations in this document for aligning the CPAP with the new strategic plan including a recommendation suggesting that that adolescent and youth concerns be covered by an independent Outcome in the CPAP complemented by three outputs namely the development and implementation of the youth development policy; availability of quality life skills education; and availability of adolescent and youth SRH information and services, including gender concerns.

8. Effectiveness of UNFPA assisted programme (CP5)

The Mission is of the view that there is ample evidence suggesting that CP5 is addressing the national priorities and has made good progress towards achieving results, as alluded to under *Key results and "Impact" of CP5 in the first half of CP implementation*, above. In Mongolia, UNFPA has a positive image of a trusted development partner which has made it possible for the country office to address issues of sensitive in nature with relative ease. In addition to various government departments at the national and provincial level, UNFPA works with a number of active civil society organizations and international development partners for the implementation of CP5. This partnership has made it possible to further expand the programme both substantively as well as geographically to address issues that otherwise could not be done, given the limit core resources available to the country office. The Mission took note of the Country Office's efforts to develop partnership with private sector for addressing certain components of the country programme. The Mission is of the opinion that this is an excellent initiative and should be pursued seriously.

9. Value added features of UNFPA's support

UNFPA is known as an agency of the United Nations with experience and expertise to support the government in population data collection, analysis and dissemination. UNFPA has a good track record of strengthening and supporting the National Statistics Office through successive country programmes and as a result, NSO has now emerged as a technically competent national institution capable of undertaking large scale surveys and population and housing censuses. Another comparative advantage of UNFPA is its ability and expertise in dealing with sensitive social issues such as adolescent and youth sexual and reproductive health, prevention of gender based violence and prevention of domestic violence. The Mission is of the view that UNFPA is making good progress in all of the above areas as discussed in

relevant sections of this document. Approval of the Gender Equality Law, its subsequent implementation strategy and drafting of the Domestic Violence law wouldn't have been possible without UNFPA's technical and financial support.

10. Programme design

The Fifth Country Programme was designed on the bases of evidence driven from the Common Country Assessment 2010, Population and Housing Census 2010, MICS 2010, recommendations of CP4 evaluation 2011, and other data sources. The programme design is logical and results oriented. However, given the changes that have taken place domestically (e.g. economic development, Mongolia's emergence as middle income country and the new government) and in the context of UNFPA new Strategic Plan, the Mission is of the view that certain components of the programme are no longer relevant and thus the need for revision and adjustment of relevant parts of the CPAP.

CP5 was develop following a humanitarian situation when a harsh winter affected the lives of a large segment of population and as such, the CP contained some humanitarian response elements which were no longer relevant during the first half of CP implementation. The CP also did not address the implications of the rural-urban exodus of the last ten years which has created a belt of poverty around the capital city of Ulaanbaatar and the migration in large numbers of the young and adult population to the mining sites in the country. The CPAP needs to be adjusted to allow CO to direct resources for a study on internal migration and the analysis of the implications of migration on the health and wellbeing of the population. Similarly, the data suggest that the population of Mongolia is aging fast and there is a need for a study on population aging and its implications on government policies and plans.

As alluded to in the above, the **Mission is of the view** that UNFPA should re-consider the relevance and correctness of all CPAP outputs and progress indicators in view of the changing needs and to prepare for the final evaluation of CP5. The Mission recommends that this could be done through a participatory approach of involving IPs and stakeholders to help restate the outputs and identify relevant and realistic indicators of the CPAP.

IV. REVIEW OF CP5 IMPLEMENTATION, FINDINGS AND CONCLUSIONS

A. Population and Development

The Population and Development area is covered under the Outcome 1 of the CPAP which calls for “*Increased capacity of central and local government for evidence based planning and budgeting, results based monitoring and evaluation*”. The above outcome is complemented by two outputs namely (a) availability of user-friendly disaggregated data on population and development for decision makers and planners, implemented largely by the National Statistical Office (NSO) and a small component on setting up a surveillance system under the National Centre for Maternal and Child Health (NCHMCH); and (b) increased capacity of decision makers at all levels to apply result based planning tools for decision making and budgeting. The MTR Mission noted that due to the recent developments in Mongolia, the second output has been broadened to include working with the new Ministry of Population Development and Social Protection established following the election in 2012, and broadening advocacy efforts through parliament committees to create a supportive environment within the parliament for population and development issues. Also under the second output, UNFPA works with the Cabinet Secretariat on result based planning tools for decision makers and enhancing capacity for monitoring and evaluation.

a. Progress/achievement against indicators

Data for assessing the progress toward achievement of the Outcome indicator, *number of policies and programmes backed by data*, is not currently available. However there is good evidence that achieving the indicator is fully on track. Data on 2010 PHC and the integrated data management system are now widely available through reports, thematic monographs and the website. The preliminary report of the Social Indicator Sample Survey was launched in June 2014 which further provides data on social indicators for data users. The recent laws/policies/frameworks which are completed or being developed such as the Gender Equality Law, the National Strategy for the implementation of the law, draft Law on Domestic Violence, revision of Population Policy, development of Youth Development Policy and law on Development Policy and Planning are all making extensive use of the available data. However, these are just a few examples of policies/ programmes backed by data. A survey of all departments using data for backing their policies and programmes would give a realistic picture of the extent of which the data is being used for policies and plans. It is anticipated that the law on Development Policy and Planning drafted by the Ministry of Economic Development with support from UNDP will promote the use of data since the law will make the use of data mandatory for the government ministries in policy development and planning as well as monitoring and evaluation.

The output indicator *integrated data management system is functioning at a national level, with access to local users* is fully achieved. The integrated data management system is available on-line for all data users at the national and sub-national levels. According to NSO, the tracking system of the on-line data system shows usage of data management system at all levels.

The second output indicator *evidence-based and results-based M&E tool is available and institutionalized* is making some progress. Over 500 local statisticians, planners and M&E officers have been trained on evidenced based planning and result based management by the Cabinet Secretariat. Furthermore, development of a Management Information System is in progress. This output needs further support since the *results-based M&E tool* is not yet available and consequently not institutionalized.

In spite of the above, the MTR Mission is of the opinion that one of the areas where achievements of UNFPA support have been particularly noteworthy is population and development. UNFPA's partnership with the planning and policy institutions and the National Statistical Office started on a sound footing way back when UNFPA's first programme of assistance was formulated. Throughout the successive country programmes including CP5, the partnership has gone from strength to strength resulting in understanding among high-level policy makers on the linkages of population dynamics with policies and plans and concerted action to generate high quality disaggregated data for policy formulation and decision making. It was noted by the Mission that UNFPA has fairly high visibility among the government entities as well as the Parliament and there is good appreciation for UNFPA's support through successive country programmes. Given that one of UNFPA's priority areas of work in Mongolia (now a middle income country) is factoring the population and development concerns into policies and plans, the **Mission is of the view** that working closely with the newly established Ministry of Population Development and Social Protection as well as the parliament committees, is of significant importance to UNFPA's supported programme. A brief review of the various components under this outcome area is given below:

b. Availability of disaggregated data for planning and decision making

The Mission found out that there has been a good progress on the availability of quality disaggregated data on population and development through publications, media and a dedicated web-based database which could be easily accessed by the data users and the public. In this context the key achievements are briefly discussed below:

The National Statistics Office with technical and financial support from UNFPA has been able to develop an integrated data management system by linking 2010 population and housing census data with geographical database using Geographical Information System. While initially it was planned to use DevInfo as a vehicle for making the integrated database available to data users, instead NSO used other channels such as the web-based database www.1212.mn and smart devices with technical support from the project. NSO is promoting the website during various events and meetings and track the usage of the website. NSO stated that based on the tracking records the website is being used by data users at all levels. The Mission found out that the website is being updated on weekly and monthly basis with further analysis of data and new data from various data sources. According to NSO, since the website was launched the number of inquiries by phone and mail has been substantially reduced indicating that

perhaps the data users make use of the website instead of contacting the national statistical office directly.

While much of the data analysis work as well as data dissemination of the 2010 Population and Housing Census were carried out during the CP4, CP5 provided continued support to NSO in translation and printing of monographs specifically the monograph on Population Projection and monograph on Population Structure: Age and Sex. The Mission noted that in addition to the census publications, NSO also disseminates census results through their website www.nso.mn and www.1212.mn.

Another key activity under CP5 was supporting NSO to streamline existing surveys into one comprehensive study. In this process UNFPA supported NSO in conducting Social Indicators Sample Survey (SISS) combining Reproductive Health Survey (RHS), Demographic Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS). UNFPA, UNICEF and NSO reached consensus on a combined RHS/DHS/MICS study which was conducted in the last quarter of 2013. UNFPA supported a technical observation tour to Lao PDR where a combined study of RHS, DHS and MICS was carried out with UNFPA assistance. Using the experience from Lao, NSO technical staff designed and conducted the combined study. According to NSO, the process entailed a lot of technical challenges including selection and prioritization of survey questions. Nevertheless, NSO was able to carry out the combined survey successfully which helped to reduce data discrepancies. NSO launched the preliminary report of the survey in early June and the full report of the study will be made available within a months. The Mission noted a best practice during the data collection which was the use of Tablets enabling the surveyors to directly enter information into the Tablets in the field and subsequently transfer data into the main frame computers in the office for data processing. This resulted in saving time and cost in conducting the survey, as well as in minimizing human errors in entering data, plus the Tablets can be used again in future surveys and data collection activities.

The Mission was informed that key steps have been taken towards decreasing discrepancies in vital statistics collected by NSO and different government entities. NSO has started to plan and prepare for the integration of population data and household registration through the use of a new software in preparation for the mid-term census in 2015. Through CP5 support, the required software was purchased and international training and study tour on the use of the new software was carried out. As this is a new initiative it is likely that it will take relatively longer time to show tangible results.

With support from UNFPA, NSO has initiated incorporating gender sensitive indicators in routine official statistics. This was done following a study tour of NSO technical team to Viet Nam where high quality gender statistics has been produced by the statistics office. Similarly, UNFPA and NSO organized a workshop on gender statistics with participation of gender focal points of 16 Ministries, NCGE and NCAV to introduce and discuss gender statistics and gender indicators. Further work in this area is needed.

The mission noted that capacity building of NSO technical staff in producing, analyzing and disseminating data at the national and local levels has been more or less an on-going activity of UNFPA successive country programmes including CP5. The **Mission is of the view** that there is sufficient

evidence to suggest that the capacity of NSO as a technical institution has been sufficiently strengthened since they are capable of conducting training of statistics officers of other agencies including health statisticians in the UNFPA focus aimags. **The Mission noted** that strengthening capacity of local statisticians continues to be an area of need and recommends that NSO should continue their efforts for developing their capacity to improve quality of data collected at the local levels. Similarly, at the national level NSO is engaged in evidence based advocacy, producing technical booklets for other institutions for calculating PD, RH and Gender indicators and developing policy briefs on population issues to members of the parliament. **The Mission is of the view** that since the in-house capacity of NSO is well developed, perhaps further technical training for NSO may not be a priority for UNFPA programme in future with the exception of supporting participation of NSO in international statistical conferences to enable them to update their knowledge and learn about the new developments in the statistical field. **The Mission further suggests** that given the variety of statistical information that is now available on various sectoral programmes in Mongolia, NSO needs to focus more on building the knowledge and skills of data users, especially at aimag and soum level on the use of statistical data for planning, budgeting and monitoring and evaluation. While some work has been done in this area aimed at the middle level management there is still a need for increasing capacity of data users, especially that many of them are new following the 2012 parliamentary election, local elections and government restructuring.

Overall, the Mission noted that while there have been some minor delays, all AWP activities were carried out by NSO. Similarly, there are plenty of evidence to suggest that activities were completed with good quality e.g. census report, monographs, www.1212.mn website, SISS integrating SRH/RHS/MICS, booklets, policy briefs etc.

c. Maternal and Child Health Surveillance System

Another activity of Output 1 under Outcome 1 of the CPAP is support to the establishment of the national maternal and child health Surveillance System within the MoH's National Centre for Maternal and Child Health (NCMCH) at the a national scale. This system which is established and functioning helps with collection and analysis of data on maternal deaths, perinatal deaths, and maternal "near misses" and timely response to reduce maternal and newborn deaths. The mission noted that UNFPA supported the surveillance team of NCMCH in developing the guideline/roadmap of the surveillance system and provided the training to the team and local data providers in 2013. Recognizing the importance of this activity, the **Mission recommends** further collaboration with NCMCH in fine tuning and effective functioning of the system.

d. Support to the Ministry of Population and Development

The Mission if of the view that the establishment of the country's new Ministry of Population Development and Social Protection was a key event which will help to further enhance attention to the issues of population and development within the government planning machinery. However, being a new entity, the Mission noted that the Ministry needs further support to develop the capacity of its

staff, specially the members of the National Council on Population within MoPDSP in analytical skills and their ability to translate data into policy development to ensure effective engagement in the development of government sectoral policies. The Mission found out that since the establishment of MoPDSP, UNFPA has closely worked with the Ministry at all levels to build a foundation of a strong partnership and to provide technical support in analyzing population data and using this evidence in developing policies and programmes. The Mission is of the view that further support and assistance in this area is required perhaps until the end of this CP cycle since the Ministry still does not have strong technical capacity in population and development area. In this regard, the **MTR Mission recommends** that UNFPA should proceed with the current MoPSDP's comprehensive capacity needs assessment as soon as practical and subsequently develop and make available to the Ministry a package of support for staff capacity development in various technical areas.

One of the first initiatives of the MoPDSP was to embark upon the revision of 2004 Population Policy and in this process, the Ministry requested technical support from UNFPA. UNFPA has made the services of national and international consultants available to closely support the Ministry in the analyses of existing data and drafting the policy. Similarly, with UNFPA support a study on the impact of demographic trends in the socio-economic development of the country was prepared and presented to MoPDSP which provided relevant and useful analysis for the development of the population policy. The Mission found out that the framework and the outline of the policy have been prepared but despite UNFPA's follow up efforts and providing technical assistance the revised policy has not been finalized. The **Mission recommends** that if needed, UNFPA should provide further support to the Ministry to ensure broad-based consultations followed by a sound and comprehensive policy development process based on the current and anticipated population issues in the country.

The Mission noted that another policy initiative undertaken by MoPDSP is the development of a new Youth Development Policy. To facilitate the process, the Ministry has established a working group. One of the first tasks of the working group was organizing and conducting a broad-based consultation with youth and stakeholders at all levels in the last quarter of 2012. UNFPA CO worked closely with the Ministry and provided technical assistance when necessary. UNFPA technical paper on the impact of demographic trends in Mongolia which among other issues discusses demographic bonus and population aging was much appreciated as a reference document in the process. It is expected that the final draft of Youth Development Policy would be completed by August/September 2014.

The Mission noted that the technical paper on the "Impact of demographic changes on country's development" illustrates the implications of various population trends on such areas as poverty, social services, urbanization, population aging and others that should be reflected in government sectoral policy and plans at some stage. In this context, **the MTR mission is of the opinion** that UNFPA should engage with the MoPDSP to discuss and prioritize MoPDSP's engagement in future policy development needs of the country. The MoPDSP also needs to carry out evidence based advocacy and policy dialogue for integration of population dynamics in relevant national plans and programmes using the analysis of the technical paper on the impact of demographic changes, the data from population census and the

Social Indicators Sample Survey. Furthermore, the Mission recommends that UNFPA also considers developing the capacity of MoPSDP in advocacy and policy dialogue.

The Mission noted that while some delays experienced in the development of population policy, other activities of the UNFPA project with MoPDSP are progressing according to the plan.

e. Policy Advocacy through Parliament Working Groups/Committees

UNFPA has been engaged with various parliamentary committees over several country programmes for advocacy on population and development issues and raising awareness of MPs on issues of population dynamics, RH, gender and youth. Early in CP5, UNFPA was engaged with the Parliamentary Standing Committee on Social issues but in early 2014 UNFPA's engagement with parliament further expanded to include the office of the Speaker of the Parliament and four standing committees namely Standing Committee on Social Issues, Legal, Budget and Women Caucus. In Mongolia, the Parliament has the oversight function of government programmes in addition to fiscal oversight and as such, all government policies and programmes need to pass through the Parliament.

Social Committee

The MTR Mission noted that with support from UNFPA, the Social Committee plays an important role in raising awareness of MPs on issues of population dynamics, gender, RH and youth. The committee has organized discussions on population issues inviting NGOs and experts to present their views to enhance understanding of MPs. For example the issue of Domestic Violence was discussed and many high level officials made presentations and led discussions during the meeting. To further expand the coverage of population issues the Social Committee has conducted training for the journalists and has organized competition among journalists on the best articles on population issues which were later published in a booklet for parliamentarians. Subsequent to the election in 2012, many new MPs have joined the parliament and their awareness creation on population issues is a priority for the social committee. Another result of such awareness creation and advocacy was the approval of allocation of budget for the RH commodities as proposed by MOH and Ministry of Finance. Generally, **the Mission is of the opinion** that various awareness creation and advocacy activities supported by UNFPA have perhaps contributed to the creation of a favorable environment for passages of various population related policies and laws. Since these advocacy efforts are low cost and high impact, the Mission recommends that advocacy efforts on population and reproductive issues aimed at MPs should be continued and enhanced.

Women Caucus

The Mission noted that Women Caucus is active in advancing gender issues in the parliament and in this process works closely with the National Committee on Gender Equality and the Centre against the Domestic Violence. The draft of the recent DV law that has been submitted to the parliament was prepared by the Centre against Domestic Violence and the Ministry of Justice. Similarly, the Centre with UNFPA support has given the issue of domestic violence coverage in the media. The Mission was informed that the DV law is linked to 13 other laws and consequently changes would also be required in other laws such as the criminal law. The women caucus with UNFPA support has organized discussions

with various groups and public hearing on DV law. It is expected to officially submit the law to the parliament in June or the latest in October 2014. The Women Caucus is planning a high profile media campaign on DV law which will involve the champions of gender equality e.g. the head of women caucus and the chair of the Parliament Social Policy. The Mission noted that there has been some good progress for the creation of a supportive environment within the parliament for the passage of DV law.

Budget Committee

Budget Committee is another important partner of UNFPA within the parliament. The Mission found out that in the past two years the Committee with support from UNFPA carried out a number of awareness raising and advocacy with MPs with the aim of securing their support for allocation of resources to the reproductive health area. In addition, the Committee has also organized public hearing on how to achieve MDGs. The chair of the Budget Committee attended the APPC with UNFPA support which helped to enhance his understanding of the population and reproductive health issues globally and in the region. As a result of concerted advocacy throughout CP5, the government budget allocation for the RH has increased with focus on specific areas such as telemedicine, youth, and reproductive health commodity security. The chair of the Budget Committee feels that in future UNFPA should further support awareness of MPs on maternal and infant mortality in the country and on how to further reduce MMR and IMR. Concerning allocation of funds for maternal and child health, the Budget Committee has requested that a study be carried out to determine the actual costing of MCH so that a realistic budget could be allocated.

Legal Committee

Although part of the parliament working group, CP5 did not have any direct activity with the Legal Committee yet.

Overall, **it is the view of the MTR Mission** that UNFPA support for advocacy activities through the parliamentary groups and the exposure of members of the parliament to expert discussions on population issues domestically and in the international conferences has created a supportive environment in the parliament for population issues. The Mission is of the view that UNFPA should continue its efforts and engagement with the parliamentary working groups for the remaining years of the current cycle and enhance its efforts in upstream policy dialogue.

Cabinet Secretariat

CP5 partnered with the Cabinet Secretariat to address the second output indicator of Outcome 1, evidence-based and result-based M&E tool is available and institutionalized. The Cabinet Secretariat has undertaken training of 580 local statisticians, planners and M&E officers on evidenced based planning and result based management in 2012 and another 100 in 2014 thus far. This was considered essential in view of the large staff turnover of local government (nearly 50%) subsequent to the election in 2012. However it was not possible to ascertain whether the training actually succeeded in developing capacity of trainees on evidence based planning and M&E. To further support this training, CP5 assisted in updating six booklets with the latest statistical data with PTRC's technical support on methodology of

calculating indicators and their use in policy and planning. The booklets covered such topics as reproductive health, education, gender, employment, poverty and demography. According to the Cabinet Secretariat the booklets were extremely useful as reference materials and wishes to incorporate them in the standard training package. The Mission was informed that the Cabinet Secretariat has incorporated a section on monitoring and evaluation in the draft law on Development Policy and Planning prepared by the Ministry of Economic Development with support from UNDP.

In addition, with UNFPA support the Cabinet Secretariat has started developing a Management Information System which, according to the CS mainly covers the programmes of the national institutions at this stage and will be further expanded to cover the development programme under the local government as well. The MIS will include baseline data and annual targets for each relevant ministry. Once the system is developed, training on the use of the system will be provided for all ministries M&E officers. At this stage, it is not quite certain when the MIS will be fully developed and operationalized.

The Cabinet Secretary has not been able to incorporate the use of population data, (data on population dynamics, youth, RH and gender) for programming and M&E purposes in the curriculum of undergraduate students of the Academy of Management. The only activity carried out was the translation of a UNDP handbook on Monitoring and Evaluation for Development which was made available to the Academy.

The Mission noted that while some activities were carried out, there have been delays in the implementation of other activities with one activity (e.g. working with Academy of Management) not carried out. Given that the CS is extremely busy with various high-level obligations it is questionable whether the CS would be able to undertake all project activities. Based on the above, the Mission recommends that UNFPA should either consider not pursuing its work with CS or completely revising and scaling down the activities to a manageable level.

B. Sexual and Reproductive Health

It was noted by the MRT team that the sexual and reproductive health component of CP5 Country Programme Action Plan (CPAP) was fully in line with the priorities set by the international and national policies including Health MDGs, Mongolian Government Action Plan (2012-2016), Health Sector Strategic Master Plan (2007-2016), 4th National RH Programme (2012-2016), and the National RHCS Strategy (2008-2013).

a. Progress/achievements against Indicators

The MTR team noted that the indicators varied in various documents available and for the sake of reporting, the MTR team used Annex 1 Results and Resources Framework of the CPAP for reviewing achievements against the outcome and output indicators. The MTR team found some discrepancies in

the indicators and recommends that the indicators be reviewed and revised to ensure they are measurable and clearly stated.

The Sexual and Reproductive Health area was addressed under the Outcome 2 of the CPAP, "Increased equitable access to and utilization of quality health (sexual and reproductive) services with a special focus on the disadvantaged". **The MTR Mission is of the view** that the Sexual and Reproductive Health component of CPAP has seen some excellent achievements. Key indicators including contraceptive prevalence rate (CPR) among disadvantaged populations within focus provinces increased and unmet need reduced compared to baseline. The outcome was measured by four following outcome indicators:

- a. *Contraceptive prevalence rate for modern methods among married women;*
- b. *Percentage of disadvantaged women who received a minimum of six antenatal care check-ups during their last pregnancy;*
- c. *Perinatal mortality rate per 1,000 deliveries at selected facilities; and*
- d. *Adolescent fertility rate*

Of the above, the *contraceptive prevalence rate for modern methods among married women* fully achieved the stated target (preliminary data from Social Indicator Sample Survey, June 2014), and the *percentage of disadvantaged women who received a minimum of 6 antenatal care check-ups during their last pregnancy in the focus areas* is on track and but has not met the target. Based on CO data, the achievement was only 34.8% against the target 60% for this year. However, other source, namely the 2013 SISS showed that *6 antenatal check-ups* was 61.7% among the poorest quintile nationally and 58.4 in the Western region. The CPAP baseline data was collected through a survey in 2011, but CO proposed to measure it by check lists administered by family health centres and soum hospitals. Based on UNFPA CO, the indicator on *perinatal mortality rate per 1,000 deliveries at selected facilities* was not measured due to unavailability of data. The last outcome indicator *adolescent fertility rate* is an issue of concern as it not only failed to meet the target it also showed increasing trends against the target of 25 per 1000 among 15-19 years old adolescent women in 2013. Based on MOH data, adolescent fertility rate has increased from 33.9 in 2012 to 35.1 in 2013.

The Outcome 2 is further complemented by three outputs, one focusing on quality of comprehensive RH services at the secondary and tertiary level; the second on increased availability of basic services including commodities; and third delivery of adolescent and youth-friendly sexual and reproductive health education and services.

The first output, "*Improved quality of comprehensive reproductive health services at the secondary and tertiary levels of health care*" is measured by the following indicators:

- a. *Average compliance of sub provincial, provincial and regional hospitals with the international and national CEMOC and ENC standards.*
- b. *Number of cases registered and addressed annually through the telemedicine network*

The second output, “Increased availability and accessibility of basic reproductive health services and commodities for the disadvantaged groups in selected areas” is measured by the following indicators:

- a. *Government budget for RH commodities including contraceptives*
- b. *Percentage of service delivery points offering at least three modern contraceptives*
- c. *Unmet need for FP among married disadvantaged women in focus provinces*

Among the above output indicators the achievement of “*Unmet need for FP among married disadvantaged women in focus provinces*” was notable. The recent data showed unmet need of only 1.6 percent among selected disadvantaged women against the 20 percent of target for 2013. Again, baseline data of the indicator was produced by a survey and later on CO proposed to measure it by check lists completed by family health centres and soum hospitals.

Similarly the number of SDPs offering at least 3 modern contraceptive methods almost fully achieved with 97.7% achievement against the target of 98% target. Another full achievement was in the number of telemedicine cases which achieved 250 registered cases against the target of 250 cases. Indicator on Government budget for RH commodities including contraceptives is making progress. Although the targets were not fully achieved, there has been some positive progress. According to CO data the percentage of achievement of the target were 54.6 % in 2012 (US\$ 109,174, instead US\$ 200,000) and 59.0 % in 2013 (US\$147,589, instead US\$ 250,000).

The average compliance to national and international standards could not be assessed due to unavailability of data since the indicator was national and not for selected sites which needed a special survey to collect data against this indicator.

The progress against output 3, “*adolescent and youth-friendly SRH services*” will be discussed under the section on adolescent and youth.

b. Quality of Service

In regards to “*Improved quality of comprehensive reproductive health services at the secondary and tertiary levels of health care*”, the Mission noted that overall the comprehensive reproductive health services at tertiary levels of healthcare and the capacity for diagnosis of high risk pregnancy management at the NCMCH and at the local level have been strengthened.

Based on data from Ministry of Health, the Maternal Mortality in Mongolia is decreasing. In 2013, the maternal mortality ratio was reduced down to 42.6 per 100,000 live births from 50.8 per 100,000 live births in 2012. UNFPA and the Government of Luxemburg supported the establishment of a nationwide telemedicine network in the area of Maternal and Child Health, which is a significant contributor to the reduction of maternal mortality as well as the poverty reduction. The telemedicine network has been established as a nationwide network connecting all provincial hospitals to the National Center for Maternal and Child Health (NCMCH). One of the key components of the project is capacity development of staff in local hospitals to increase availability of quality MCH/RH care and to

reduce maternal and newborn mortality and morbidity through efficient use of tele-consultation network. **The Mission found out** that the telemedicine project has contributed to the reduction of referrals from aimags to Ulaanbaatar based on NCMCH data. Before telemedicine, all patients with complications referred to a tertiary level hospital had to travel to the capital city but, with the telemedicine project, the need to travel to UB is reduced, saving costs for air travel, accommodation and food not only for the patient but also the accompanying family member(s). Based on NCMCH data, in 2013, 250 cases were consulted through the telemedicine network. One of the important lessons learnt from the project is that efficient utilization of telemedicine network in a timely and appropriate manner can prevent emergencies.

The Mission noted that the CP5 has supported systematic capacity building at the secondary and tertiary level hospitals. At the tertiary level, the CP5 supported training for reference center staff on the provision of high quality counseling. In total, over 200 health care workers were trained. At the provincial level, this included training for obstetricians, gynecologists, midwives and nurses from provincial hospitals on the use of the telemedicine network, management of high-risk pregnancy and Emergency Obstetric Care (EmNOC). An additional component of this output is the establishment of three new services in Mongolia: (a) antenatal screening for congenital abnormalities and other risks; (b) endoscopic surgery for obstetric complications; and (c) establishment of diagnostic and treatment center for infertility within NCMCH.

The Mission is of the view that these capacity development efforts will ensure a good, long-term impact on further reduction of maternal mortality and improving the quality of EmONC. In regard to the UNFPA support to focused provinces, based on country office data, the Mission found out that CPR for modern methods in 3 target provinces and 1 UB target district has increased from 36.3% to 45.7% in Gobi Altai, from 43.4% to 54,2% in Bayanhongor, from 46% to 48.5% in Zavhan and from 24.4% to 45.5% in Chingeltei district among the selected cohort of disadvantaged women, albeit decrease in the national average. The Mission noted that UNFPA has successfully facilitated collaboration between NCMCH and the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG), and international institutions such as the University of New Zealand to plan and establish the prenatal screening programme. This included the introduction of a 3 year programme to train staff in referral centers on maternal fetal medicine and selected provincial hospitals on quality prenatal diagnostics. As a result, the number of pregnancy complications and congenital abnormalities identified at provincial and referral levels has increased - considered a positive achievement as attributed to increased detection capacity, rather than increased incidence, though additional research is needed to support this conclusion.

The Mission noted that on-site trainings initiated by project proved to be effective method of technical assistance in local hospitals. During the discussions, doctors were very satisfied with on-site trainings organized by the project and requested to continue such mode of trainings. Also, the key informant interview indicated that health providers, especially who work at soum Health Centers still needed on-site training to further enhance their capacity (Please see Annex 4). The Mission was informed that UNFPA has worked together with the Swiss Surgical team to organize national training

on obstetrics emergency skills for obstetric complications with very positive results. The training on obstetrics emergency skills has allowed physicians to mechanically facilitate uterine contractions in emergency cases (B-lunch stitch), reducing the number of emergency hysterectomies after C-section, allowing future childbearing and improving quality of life for women who experience obstetric complications hemorrhage.

UNFPA is also currently working to establish a diagnostic and treatment center for infertility at NCMCH, a component that was included in the CPAP at the request of the government of Mongolia. Infertility affects 8% of the population of reproductive age and support for infertility services is an important component of the provision of reproductive health. Renovation of this facility within NCMCH is currently underway, staff training has begun and equipment is expected to arrive in June of 2014. **The Mission recommends** that there is a need to continue supporting the diagnostic and treatment center for infertility to ensure its completion and sustainability, particularly given the resources that have already been invested.

An additional component of Output 3 includes upgrading pre-service training of medical doctors and midwives to meet international standards of excellence. UNFPA is working in collaboration with the University of Sydney to upgrade the medical curriculum over the next few years. The work had a good progress and the intervention is planned to be completed next year. But, the current funding has not allowed for similar upgrades for midwifery curriculum which has been considered sub-standard by international benchmarks. The Mission recommends addressing this important area since improving the knowledge and skills of service providers is considered a strategic intervention in the new UNFPA strategic plan.

The Mission found out that through CP5 support, it may be possible to achieve availability of comprehensive RH services by 2015 because of the improvements that have already been made. To add to what has already been achieved, infertility treatment for couples is in progress including laboratory, clinical manual on infertility services, trainings, equipment and the technical assistance through international expert consultants. There is also improvement on services for adolescents and now Andrologists are providing services at the NCMCH. Despite the above mentioned advances, the Mission feels that it is necessary to improve the accessibility and sustainability of telemedicine services for secondary level of health services should the resources become available. The Mission was informed that UNFPA CO is in discussion with one of the private sector firms for securing additional resources for addressing the above issue. It was reported that the telemedicine network now covers all 21 aimag hospitals, but the site visits and interviews conformed that telemedicine is functioning in less than 21 provinces as reported. In two provinces, namely Bayankhongor and Suchbaatar, the telemedicine equipment are installed and connected, but have not become fully operational due to lack of local support and availability of proper internet connection.

Furthermore, the Mission noted that in provinces where telemedicine was introduced earlier the usage of telemedicine system has gone down, this maybe an indication that the doctors at aimag level have gained knowledge through the use of telemedicine system and therefore can diagnose

and treat the patients without having to refer the cases to the specialists at the Reference Center for opinion or guidance. The Mission also noted that after several years of using the system a new challenge is emerging in terms of the types of software being used. Apparently, there are two separate softwares one used by UNFPA supported component of the telemedicine and the second for diagnoses and treatment of heart diseases. **The Mission is of the view** that the concerned parties should discuss about the possibility of using a single set of software instead of two as this might create problems in future.

c. Availability of basic services

Concerning Output 4, "Increased availability and accessibility of reproductive health services and commodities for the disadvantaged groups in selected areas", the Health departments of focused provinces have used three main strategies: (1) outreach visits to the households by nurses, midwives and social workers, (2) outreach by trained health volunteers, and (3) providing small grants to the local NGOs and community groups for demand creation through communication and community mobilization.

The Mission noted that significant achievements have been made through the implementation of a comprehensive, integrated programme in focused provinces. While the previous country programme focused only on building capacity at the health services level, the current programme has adopted a more client-centered approach by actively promoting the outreach services for the disadvantaged. In CP4, UNFPA's approach seemed to support establishing programmes that were parallel, rather than integrated into existing national programmes. UNFPA has received positive feedback with regard to the approach of CP5 and authorities appreciate how UNFPA has been working to streamline and mainstream programmes in alignment with government priorities, including addressing systematic issues such as helping government to establish MCH surveillance system and supporting MoH to work with National Statistics Office and Civil Registration office to remove inconsistencies in data collection. These efforts have, however, also exposed the limited mid-level health management capacity within the health facilities.

Focusing on Reaching Every District and Soum (REDS) strategy in selected provinces has proven to be an effective way of reaching disadvantaged populations. For example, the model soum initiative has allowed for a more holistic approach to RH programmes in selected soums of 3 focus provinces. UNFPA has supported initiatives at all levels of the health system, from the provision of equipment for EmNOC, training for doctors and midwives, and community education initiatives. The Mission noted that the RH programme is supporting capacity building at the primary and secondary levels, for example, by ensuring that there is sufficient quality equipment at the maternity wards in provincial hospitals. Furthermore, the programme works to ensure functional referral mechanisms and communication with tertiary systems through the telemedicine project. The Mission is of the view that the success of the model soum initiative in three focused aimags demonstrates the importance of an approach that integrates support at the primary, secondary and tertiary levels.

The Mission is of the view that CP5 has also been successful in reaching vulnerable populations through the REDS strategy. The UNFPA-supported REDS initiative has been launched in UNFPA's focus provinces as well as one focus district of Ulaanbaatar. According to the reported figures a total of 11,790 disadvantaged women of reproductive age were reached at the selected sites. Similarly, it was reported by CO that the CPR has increased from 41.9% (2012) to 48.8%.

The Mission noted that the Mobile RH teams as part of the REDS strategy have been instrumental in identifying the needs of disadvantaged women. The Mobile teams were in operation in the previous programme of UNFPA as well and as such, the visit by health specialist from aimag centre to soums to provide care for rural women has been now established as a regular procedure.

The MTR Mission noted that to build capacity of civil society and Family Health Centers to provide RH services, small grants have been provided by the focus aimags and Chingeltei district of UB to local NGOs Family Health Centers to address the SRH needs of specific disadvantaged populations such as disabled women. This activity has been fully in line with the CP strategy. In addition to this approach, the Mission noted that MRCS and MFWA are currently contracted to deliver SRH services to vulnerable groups such as FSWs, truck drivers and mobile population. The Mission is of the view that while the small-grants mechanism helps to expand the outreach services to the disadvantaged, it could also be viewed as a "best practice" in GO-NGO partnership in expanding the services to non-project sites.

The Mission noted that currently there are no activities on male involvement in RH programme of CP5 except for the STI/HIV prevention component of RH, where men are one of the target groups alongside the mobile population and youth. It is interesting to note that the UNFPA Strategic Outcome 3 is stating the need for *"increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions"*. Findings of field visits and interviews of all level decision makers and service providers and users are showing that among all age groups including youth, male involvement in SRH is very weak. Since, traditionally all the SRH strategies and activities were focused on women and not on the men, the RH rights of men has been neglected. Even the previous National RH programme had paid some attention to male involvement with support from and CP4 but not much progress was achieved. The MTR team concluded that the main reason was limited efforts from MoH. The Mission was informed that since the life expectancy of men is less by 8 years than women in Mongolia, the government has started to come up with appropriate measures to address the men's health issues including SRH of Men as part of the programme. In 2014 the MOH approved the "Men's Health Strategy" which includes the male RH. The implementation of the strategy is in the early stage and the Mission was informed that Ministry of Health may require technical and financial support for the implementation of the strategy.

d. Reproductive Health Commodity Security

Within Output 4, UNFPA has also sought to improve RH commodity security and quality of family planning services using a total market approach. Achievements include ministerial budget allocation

for RH commodities as the result of UNFPA advocacy initiatives. The government has taken the responsibility for financing the costs of all essential RH medicines and is gradually taking over costs of contraceptive procurement. The Mission noted that while government funding for contraceptives has increased from 2012 onwards, the government has not provided funding to meet the projected target that was agreed to. The Mission noted that at the same time, UNFPA's global fund on RH commodities is gradually reducing its funding for Mongolia, and it is expected to phase out completely in 2015. **The Mission is of the view** that more comprehensive advocacy is required to support government takeover of contraceptive procurement and ensure its sustainability beyond 2016. Regarding standardization of equipment, the Mission noted that initial steps in standardizing equipment by the MoH are underway. As an example, for lab equipment, the number of suppliers was reduced to major and well established companies. Nonetheless, the issue is still controversial because of open bidding regulations of the government. On the other hand, in order to improve the quality of equipment provided by UNFPA, an international consultant was hired to develop advanced technical specifications. The Mission was informed that the experience was regarded as a good practice by the UNFPA management audit. As a result, UNFPA procured a number of quality equipment; however, cost exceeded the budget and the desired number of pieces of equipment could not be provided.

The Mission noted that the supply management trainings continued using the instructional capacity developed at the School of Pharmacy of the HSUM. According to the survey on availability of SRH commodities, the stockout of contraceptives has been steadily decreasing in the country except for the capital city, Ulaanbaatar.

To increase accessibility of contraceptives, especially for the disadvantaged women, the Mission found out that the Health Insurance Department in July of 2013 made a very important decision, to include 5 additional types of contraceptives methods into the national health insurance scheme. This has enabled the reduction of market cost of these new contraceptives by about 57-83%, which will improve people's access, including the vulnerable groups, to modern contraceptives. The Mission noted that this development however, has not been fully utilized, because of the lack of awareness of women about the reduction of the contraceptive cost. **The Mission recommends** that concerted awareness creation on the inclusion of 5 additional types of contraceptives into the national health insurance scheme, aimed at both service providers and the men/women of reproductive age, be carried out.

The Mission noted that the joint procurement of contraceptives by government and UNFPA has been linked to the provincial distribution mechanisms. One of the key indicators, the percentage of provincial service delivery points offering at least 3 modern contraceptives has increased from 93% to 96%. However, the Mission noted that based on UNFPA CO data there are still significant gaps in distribution and stock-outs in UB, highlighting the need to refocus commodity security efforts in the capital city. According to the reports, stock out in UB has increased year by year, particularly from 40.2% in 2011 to 60.0% in 2013. A recent visit to the family health center in Chingeltei district in UB by the MTR mission further confirmed this concern. Similarly, the abortion rate, which could indicate limited access and availability of contraceptives, has been increasing in Ulaanbaatar. **The Mission**

recommends that UNFPA should work closely with MoH to reinvigorate efforts to ensure contraceptive security, including continuous monitoring of the distribution points is carried out in Ulaanbaatar districts. The Mission noted that the UNFPA trust fund for RH commodities has informed UNFPA CO that UNFPA HQs would be terminating their funding for Mongolia, and as such, 2014 and 2015 would be transition years. Also, there is an agreement with MoH that UNFPA is phasing out and UNFPA will not be able to procure contraceptives for MoH.

The Mission noted that another noteworthy achievement has been the establishment of a National Committee to promote social marketing of contraceptives. Given that this mechanism has not been institutionalized **the Mission recommends** that UNFPA should continue to work closely with the government of Mongolia to ensure the adoption and sustainability of the total social marketing approach of FP commodities

As UNFPA moves away from service delivery towards advocacy and upstream policy dialogue, the **Mission recommends** that UNFPA needs to further clarify its position to all partners such as Ministry of Health, the Union of Family Health Centers (working with MOH), and other stakeholders in order to discuss and identify mechanisms that can help to bridge the gaps, e.g. continuity of services including the supply and distribution chains to ensure RH commodity security and quality of FP services across Mongolia. UNFPA however, could continue with technical assistance when required.

Under the CPAP outcome 2 which deals with strengthening of SRH services and commodities, output 3 specifically addresses the adolescent and youth friendly sexual and reproductive health services. While this output was placed under the RH programme in 2013, in reality it is working as part of the youth development programme which involves several GO and NGO implementing partners. The components of the youth programme related to RH is the STI prevention among female sex workers and mobile populations. Under the STI prevention project supported by Luxemburg government and UNFPA, MoH, Mongolian Red Cross Society and Mongolian Family Welfare Association are working together to promote HIV and STI prevention through behaviour change communication interventions and services. **The Mission is of the opinion** that still there is much to be done to coordinate with the Ministry of Health and ensure alignment with the National Strategy on STI and HIV. This could include implementing the UNFPA initiative of the 10-step strategic approach to comprehensive condom programming. Although this project has been incorporated into the reproductive health programme, there are no indicators to measure achievements under the project.

The project focuses on mobile population such as truck drivers, traders and commercial sex workers along the border of China and Mongolia. The Mission noted that working with sex workers started in 2014 and the project activities are being implemented in four sites. MRCS has mobilized a team of trained volunteers and peer educators to provide training, counseling and referral services for sex workers. "Sex Workers' Sets" containing a variety of educational materials are distributed to the participants during the training. MRCS reported that further analysis of the reports of the MRCS branch is needed to determine if the activities implemented thus far have yielded any tangible

results. However, according to MRCS, the number of attendees in the training sessions has increased indicating that perhaps the first batch found the training useful and relevant to their needs and thus spread the word among their peers.

MRCS runs the community based HIV/STI intervention for the mobile population in five sites. The focus is on truck drivers and small traders. The programme also includes the "train campaign" when educators actually conduct their education and counseling sessions inside the train using a variety of education materials such as playing cards, games and print materials. The "train campaign" is organized once a year. Based on the assessment conducted at the end of the campaign, MRCS reported that the information presented is often valued by the target group and no opposition was experienced during the train campaign.

The Mission is of the opinion that the project addresses an important area of need in Mongolia. It also fulfills elements of the new strategic plan including working with female sex workers as a disadvantaged population group and working through local non-governmental organizations to reach communities that aren't reached by government services. The Mission recommends that the project should be further aligned with the National Strategy on STI and HIV and work closely with the Ministry of Health.

C. Adolescent and Youth life-skills and SRH

Under the fifth programme of assistance of UNFPA the youth programme is covered under the Outcome 2, *"increased equitable access to and utilization of good quality sexual and reproductive health services, with focus on disadvantage."*

a. Progress/achievement against indicators

Under the Outcome 2, one of the outcome indicators deals with adolescent fertility rate with a baseline of 28.3 births per 1,000 women in 2010 and a target of 20 births per 1,000 women in 2016. As alluded to in the chapter on Sexual and Reproductive Health above, the available data from the Ministry of Health shows that the adolescent fertility rate has increased from 33.9 in 2012 to 35.1 in 2013. This is an issue of concern that should receive serious attention by all parties working on adolescent sexual and reproductive health.

Similarly, one of the outputs of Outcome 2 is focusing mainly on *"Strengthening institutional capacity in delivering adolescent and youth friendly sexual and reproductive health education and services"* with three output indicators: The first indicator, *"Number of service delivery points providing adolescent-friendly and youth-friendly services"* is achieved. The CP target is 24 by 2016, however 23 Future Threshold Youth Centers (youth friendly centres) have been established and additional 7 will be established in 2014. The second output indicator, *"Percentage of youth and adolescents with accurate knowledge of modern methods on preventing from unwanted pregnancy"* is a bit unclear as it does not

specify the number of methods. However, the following table shows knowledge of at least one modern method according to MICS in 2010 and SISS in 2013:

Respondents	Age groups	MICS 2010	SISS 2013
Male	15 - 19	64.8 %	80.8 %
Female	15 - 19	72.3 %	79.1 %
Male	20 - 24	90.1 %	93.0 %
Female	20 - 24	95.1 %	95.1 %

Based on the above, knowledge of only one FP method exceeds the 2016 target which was 50% for 15-19 years and 70% for 20-24 years olds. While the knowledge of at least one FP method among adolescent has increased, the data from MOH also shows increasing trend in adolescent fertility. This clearly underscores the need for more concerted efforts on changing behaviour of adolescents to use contraceptive for prevention of pregnancy. For the second indicator, “Percentage of youth and adolescents with accurate knowledge on modern methods of preventing from STIs” the available data is mainly for HIV prevention. According to the MICS in 2010 and SISS in 2013 correct knowledge of prevention of HIV was as follows:

Respondents	Age groups	MICS 2010	SISS 2013
Male	15 - 24	29.3 %	20.7 %
Female	15 -24	31.6 %	22.8 %

Similarly, data from MICS and SISS show the following trends for usage of condom with non-regular partner:

Respondents	Age groups	MICS 2010	SISS 2013
Male	15 - 24	75.4	69.0
Female	15 - 24	53.8	46.1

The data in the last two tables are alarming, both knowledge of and practice of using a preventative method for HIV/STI prevention has gone down. Serious efforts are needed to increase the knowledge and practice of 15-24 years olds on prevention of HIV and STI. And lastly, the third indicator, “*Number of civil society organizations working with vulnerable groups employing strategic behavioural change communication interventions*” is making good progress. In 2014, 18 CSOs were involved in ASRH BCC against the target of 28 in 2016.

In reality, the needs of the youth programme is much broader in Mongolia than just sexual and reproductive health. The Mongolian government considers the youth development, including SRH education and services and gender concerns, for adolescent and youth as an important area to be addressed through a much broader approach. Similarly, the UNFPA’s new strategic plan (2014-2017) places adolescent and youth among the key beneficiaries of UNFPA work and aims to improve their health and their ability to participate in the decision-making process on the issues that affect their lives.

In view of the above and to align the CPAP in Mongolia with the new UNFPA Strategic Plan, **the Mission recommends** that adolescent and youth concerns be covered by an independent Outcome in the CPAP complemented by three outputs namely the development and implementation of the youth development policy; availability of quality life skills education; and availability of adolescent and youth SRH information and services, including gender concerns with outreach y-peer education functioning as a cross cutting area under output 2 and 3.

The Mission found out that the youth programme as a whole has made some positive progress in the last two years in terms of increased programme visibility and acceptance by the stakeholders because of upstream policy work, multi-sectoral involvement, community (youth) engagement and the resources made available through development partners. In spite of the above, the Mission noted that coordination of multi-sectoral partners, (national and local governments, CSOs, development partners), well-functioning YDCs and youth friendly centres, increasing trends in adolescent fertility and declining knowledge and practice of prevention of STI and HIV have been serious challenges that need to be addressed by all IPs working on youth programme.

The Government Action Plan (2012-2016) tasked the newly established MoPDSP to initiate the youth development policy and the establishment of Youth Development Centers. MoPDSP has taken same preparatory steps towards youth development policy through the establishing of a working group and conducting broad-based consultations with youth groups and other stakeholders.

To facilitate further cooperation and coordination, UNFPA supported a tripartite policy dialogue mechanism (Government, youth CSOs and UNs) in the form of regular monthly meetings. The Mission feels that while tangible results may not be available at this stage, establishment of such a tripartite mechanism with regular monthly meetings since December 2012 bound to create synergy among partners working on youth development. While initially the focus of the meeting was on information sharing, since 2014 some substantive issues such as teen pregnancy, the national development report on youth and others have been included in the agenda for discussion. The forum which is co-chaired by UNYAPS and MoPSDP is a platform for engagement and capacity development on youth-serving NGOs. This CSO networking has now evolved into the Mongolian Youth Coalition which has brought together 13 major NGOs and is mandated to bring about: (a) effective coordination; (b) joint evidence based advocacy efforts on a sustainable bases; and (c) institutionalization of certain youth activities, such as youth peer education. This is indeed a much needed development for effective coordination among various youth related projects.

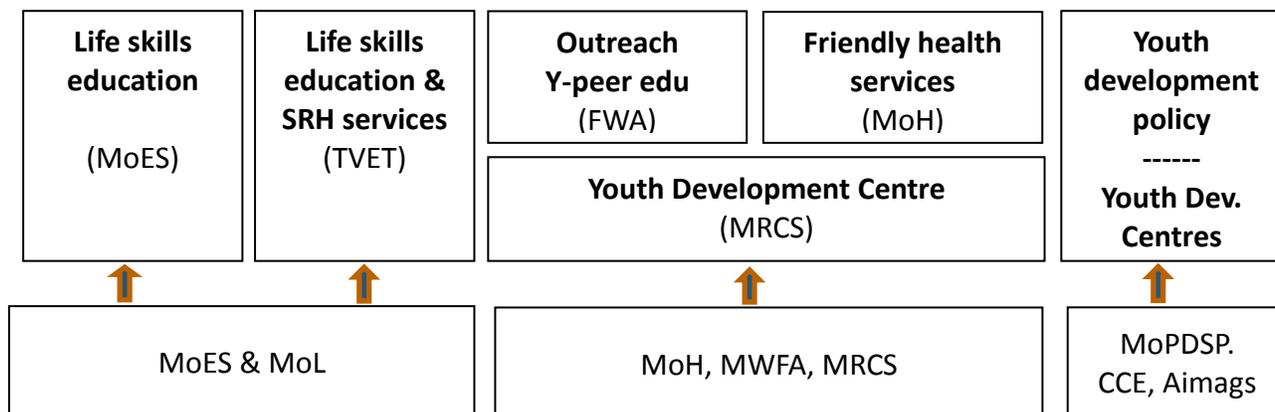
The Mission also noted that in addition to the above, an important agreement has reached between the Ministry of Health, provincial governors and city majors to ensure sustainability of the Future Threshold Adolescent Health Clinics (youth friendly clinics). This would help to further formalize SRH services for adolescent and youth on sustainable bases.

The MTR Mission is of the opinion that while some noteworthy progress has been made in bringing about cohesion among partners, more efforts are needed to strengthen the coordination mechanism at

a higher level. Currently the youth programme is carried out by several government organizations and CSOs focusing on key areas of life-skills based education, youth friendly health services and outreach Y-peer education. The Youth Development Policy initiated by the MoPDSP is going to create an overall umbrella for the entire youth development programme including adolescent and youth SRH.

The Mission noted that there is a lack of a national coordination mechanism for the youth programme. However, it is anticipated that once the MoPDSP develop the national youth programme a coordination mechanism will also be created. Currently, the only youth steering committee in existing is the steering committee of the Youth Development Project funded by the Swiss Development Corporation and UNFPA. However, its membership consists of only government agencies such as MOH, MoL (TVET), Ministry of Education and Ministry Population Development and Social Protection, youth representatives (ie Mongolia Youth Federation and Student Union) and SDC. **The Mission is of the view** that there is an urgent need for the establishment of a national coordination mechanism for the youth programme and recommends that such a mechanism be established soon to include government agencies working on youth programmes as well as the youth serving CSOs.

The GO and CSO partners currently working on youth development are illustrated below:



Based on the above, the key components of the Youth Development Programme in Mongolia includes: (a) The Youth Development Policy under the leadership of MoPDSP; (b) Life skills education with implementing partners MoL and MoES; and (c) Adolescent and youth friendly SRH services implemented by MoH. The outreach Y-Peer education implemented by Family Welfare Association plays an important role in education and BCC as a cross cutting area. Similarly, Gender Equality, prevention of GBV, SRH and BCC will be addressed through all components of the programme. A brief review of each programme is given below:

b. Youth Development Policy

As discussed earlier, Youth Development Policy is the responsibility of the MoPDSP and was initiated subsequent to its establishment in June 2012. To facilitate the whole process of policy development, the

Ministry has established a working group. One of the first tasks of the working group was organizing and conducting a broad-based consultation with about 800 youth and stakeholders at all levels in the last quarter of 2012. Strengthening the national and provincial committees on youth development and developing sector-specific monitoring and evaluation plans have been planned in the 2013 and 2014 AWP of CP5 and some preparatory work has been undertaken. It was noted that UNFPA country office worked closely with the Ministry and provided technical assistance through national and international consultants when requested. UNFPA's technical paper on the impact of demographic trends in Mongolia which among other issues discusses demographic bonus was much appreciated as a reference document in the process of youth development policy. Currently, submission of the draft policy to the parliament for review and approval is scheduled for August/ September 2014. Subsequent to its approval, there is a need for the development of an action plan for policy implementation which requires extensive engagement and support of all youth partners including UNFPA. The mission is of the view that the development and implementation of the policy and the proposed establishment of a national coordination mechanism is bound to create a more effective legal environment and coordination for further improving the quality of interventions and the coverage of the youth development programme in the country.

c. Life Skills Education

As alluded earlier, life skills education approach is being used by four implementing partners. The Mission noted that currently only two YDCs are fully established and functioning and the others are at various stage of development mostly behind the schedule. **The Mission feels** that there is a need for further impetus and drive by the implementing partners to ensure the much needed YDCs are established and functioning as soon as possible. Currently, the IPs use two separate yet similar settings for life skills education namely, the Youth Development Centres and the Life Skills Education Halls.

Youth Development Centres (YDCs) are designed to meet a variety of youth needs, while providing focal points for youth activities. The YDCs meet primary issues for youth of which lack of positive recreational space for youth, both in urban and rural settings is one. This leads to youth being concentrated around drinking and karaoke venues, thus increasing the likelihood of risky and harmful behaviours. Additionally, youth lacking life skills, particularly employability skills such as communication and decision-making skills, is highlighted as a common challenge for employers hiring youth. YDCs are designed to address this issue by being a focal point for the delivery of life skills education. YDCs are a safe, positive public space for youth to gather and engage in different development opportunities.

YDCs also form part of a broader integrated suite of interventions – the Y-Peer network provides outreach to attract youth to YDCs and the YDCs have linkages with youth-friendly health services (some of which are being established by the YDP). At the sub-national levels YDCs also raise awareness of youth issues with aimag decision-makers, while the youth panels are expected to also operate as a local government advisory panel. A significant challenge for YDCs is their ability to engage and attract marginalised youth. The strategic location of YDCs aides this process, such as in remote aimags and mining areas, but even within these locations, there are limited available locations for YDC

establishment. For example, the location of the Darkhan YDC in a student campus is a significant barrier to engaging marginalized youth (this was a result of limited available buildings for the YDC). Other YDCs are in smaller aimag capitals, where distance is less of an issue. Otherwise, attracting marginalized youth remains challenging, as they may simply not be interested in the YDCs, such as young men simply preferring to go to a pub. The YDP aims to reduce this factor through peer-to-peer outreach, offering a variety of recreational not just education services, and other enticements such as free internet.

Life Skills Education Halls (LSEHs) are also designed to provide a safe, positive environment for youth development, but are a smaller space with fewer activities delivered. Rather, LSEHs offer an important space for student-led activities and initiatives, such as school-based Y-Peer, Young Red Cross Movement and Future Doctors Club. Additionally, LSEHs focus more on life skills education in connection with existing educational institutions, without the counseling services available at YDCs. In this sense, they are more integrated into the education system, such as secondary schools, life-long education centres (LLECs) and TVETs, whereas YDCs operate more independently, aiming to reach not just those in education institutions, but also unemployed and other marginalized groups.

Ministry of Population Development and Social Protection

The Government Action Plan (2012-2016) has two action points concerning youth: Youth Development Policy as discussed above; and Youth Development Centres in all provinces in the country. The government action plan also mandates the MoPDSP to establish the YDCs. UNFPA is currently working with the Ministry in the development of YDCs. Currently there are two YDCs established with the involvement of MRCS and establishing 13 more YDCs are planned in 2014 under the overall supervision of the Ministry.

Mongolian Red Cross Society

UNFPA is working with the Mongolian Red Cross Society on prevention of STI and HIV funded jointly by the government of Luxemburg and UNFPA. The project focuses on mobile population such as truck drivers, traders and commercial sex workers along the border of China and Mongolia. In addition, since October 2012 MRCS started running two Youth Development Centres in Darkhan and Dornod. In addition to the YDCs, MRCS organizes youth events in universities and colleges focusing on prevention of STI and HIV. The trained peer educators run these events and address variety of youth related topics using videos, charts, posters, group discussions, debates and movies. MRCS reported that the number of youth coming to the YDCs is on the rise and some have been referred to the hospital for STI screening and/treatment. **The Mission is of the opinion** that in view of the increasing trends in adolescent fertility and decreasing knowledge and practice of prevention of STI/HIV, MRCS should seriously focus on changing behaviour of adolescent and youth to use a contraceptive method to prevent unwanted pregnancy and prevent STI and HIV.

Ministry of Education and Science

Ministry of Education is another key implementing partner under the youth development programme using the life skills approach through setting up education halls. The project started in April 2013 and as such the main activity of the project in the first year was to undertake the ground work and to making

preparations for the implementation of the project. Currently the Ministry is reviewing/revising the 12 life skills modules plus an additional module on adolescent sexual and reproductive health. Gender equality and prevention of gender based violence will also be addressed in the module. Three series of consultations with multiple stakeholders were conducted to develop these modules, which is near to finalization. Subsequent to the revisions, the Ministry would incorporate the modules in the curricula of educational institutions (schools, universities, lifelong education centres and pre-service and in-service teacher training), develop handbooks for life skills education, train teachers and establish life skill education halls in 20 sites. **The Mission noted** that the implementation of various activities of the project has been delayed and recommends that UNFPA should work closely with the project authorities and other decision makers in the Ministry of Education and Science to ensure all agreed activities of the work plan are carried out according to the schedule.

Ministry of Labour

The partnership of the Ministry of Labour with UNFPA to incorporate life skills education in the programme of Technical Vocational Education and Training (TVET) started more than a year ago. The Ministry fully supports the concept and wishes to incorporate life skills in the TVET programme reaching to all provinces through 50 TVET institutions. The Mission noted that students in TVET come from disadvantage families with poor academic performance. It has been the experience of the management of TVET that the potential employers of the TVET graduates in addition to technical skills expect positive behaviour, discipline and good conduct from the employees. Life-skill education helps the students to develop these qualities.

UNFPA's support in life-skill education is highly appreciated by the Ministry of Labour since it reaches not only to the central level but to local communities as well. The Mission noted that UNFPA's support is at the strategic level focusing on the revision of curriculum with the aim of incorporating life-skills education in the TVET programme. With UNFPA support, in 2013 TVET was able to revise two subjects one on communication and the other on adolescent and youth specific health issues including prevention of STI and HIV. Subsequently, more than 50 teachers were trained on life-skills education and a similar training for the heads of departments will be organized in June 2014. The project also provided training packages for the trainers to complement their training on life-skills education. Since the start of the programme, Ministry of Labour has monitored the implementation of the life-skills education in various centers at aimag level.

UNFPA supported the revision of curriculum through provision of technical assistance through national consultants and consultants from John Hopkins University. The Mission found out that the Ministry of Labour is pleased with the quality of technical assistance provided by UNFPA. In addition, through CP5 support has been provided for setting up 12 life-skills education halls to create a better learning environment for life-skills education equipped with teaching/learning equipment and materials.

The TVET programme is competency based training and each centre is accountable for quality assurance of the entire programme. The Mission was informed that the heads of departments and teachers use Q&A checklists to ensure all aspects of the programme are in accordance with the set criteria and

standards. The Mission noted that the project has been able to progress in accordance with the strategy and the agreed work plan and has achieved a lot in a short time. The Ministry has been able to engage one of the UB based NGOs to assist in identification and bringing of disadvantage students from western provinces to attend the TEVT programme in UB. The NGO select those students who are poor and has gone through hardship and violence within their families. The NOG provides shelter for the students and helps them receive paid internships. According to the TVET management, the result has been very positive as the students work hard and excel in their work. This serves as a good example of GO-NGO partnership that should be expanded with involvement of more NGOs.

While the Ministry promotes gender equality in enrollment to the TEVT programme, the male/female ratio of the students depends on the type of programmes. In some programme e.g. industrial work or construction there are more male students while in some the number of female students is higher.

d. Future Threshold Adolescent Centres (Youth Friendly Centres)

Throughout the fifth country programme UNFPA continued its technical and financial support to the Ministry of Health to further enhance Ministry's commitment to the expansion of youth centres/clinics and improvement of the quality of services through Future Threshold Adolescent Centers (youth friendly centres) to adolescent and youth. The Mission was informed that a set of guidelines for management and operation of youth friendly services was updated in 2012 based on the past experience of the Ministry and in line with the international standards. The revised guidelines are still under review and it has not been endorsed by the Ministry. The Mission found out that a major achievement under the current country programme in 2013 was the development of Adolescent and Youth Health Strategy by MOH with technical support from UNFPA and WHO. The MOH is currently reviewing the draft and it is expected to finalize and approve the strategy in June 2014. The Mission noted that the development and dissemination the youth health strategy is on target and according to the AWP, the dissemination workshop for all provincial heads of departments and adolescent health care providers will take place in the second half of 2014. The youth health strategy is a significant document as it focuses on improving the quality and access of SRH services for adolescents and youth, namely integration of youth-friendly services to primary health care level. The strategy also looks at other levels of health care, secondary and tertiary, and is not limited to primary health care only. In addition, the strategy also provides a good base for the expansion of the Adolescent Sexual and Reproductive Health services at the sub-national level. Furthermore, the project supports the establishment of a new youth friendly centre at the Maternal and Child Health Research Center. The NCMCH has already provided space for the youth centre which will be operationalized within this year. Being attached with the NCMCH, it is hoped that the youth centre will serve as a hub for information and analysis on adolescent and youth health issues.

MOH informed the MTR team that currently there are a total of 14 youth friendly centres in provinces and 6 centres in Ulaanbaatar. It is expected to establish 3 more youth friendly centres in UB in 2014. Based on this information, the target for setting up youth friendly centres covering the first three years of the programme has been achieved. The standard services offered at the centres include information and counseling, STI screening and testing, referral to specialized clinics/hospitals and outreach to

schools. The MOH reported that the number of young people visiting the centres is on the rise but the problem faced by the Ministry is high staff turnover and inconsistent quality of services at the centres. One of the reasons, as reported by MOH is that some of the directors of health services do not pay much attention to adolescent and youth health services and as such, the centers are not able to meet the needs of young people. Furthermore, the centres are not closely guided and monitored for quality of services and are not linked to other health care facilities for referrals. MOH is currently doing advocacy and information sharing with the directors of health services with the aim of improving the quality of services. During a field visit to Zavkhan province the MTR Mission noted that the youth friendly centre did not have a staff and as a result the centre remains closed until a new staff (coordinator) is appointed. In spite of the above, according to MOH the number of clinics is expected to further increase in the provinces. In UB there is a plan to set up a clinic within youth campus/dormitory. **The Mission is of the view** that UNFPA should work closely with MOH on improving the quality of services at the centres and to ensure trained staff are available in all youth friendly centres. In view of the increasing trends in adolescent fertility, it is essential to ensure that all youth friendly centres are functioning and adolescent and youth receive high quality SRH information and services through these centres.

The Ministry reported that they have provided training on youth friendly services to about 120 staff since the beginning of CP5 and a handbook for service providers on how to deliver youth friendly services was produced. MOH is also in the process of translating various WHO booklets into Mongolian language including a booklet on quality of care and an orientation package on adolescent and youth friendly health care for service providers.

e. Outreach Y-peer

Family Welfare Association is responsible for the implementation of Y-peer programme with joint financial support from the Swiss Agency for Development and Cooperation and UNFPA. The outreach y-peer works across various youth programmes and provides BCC materials and y-peer services in support of the projects. The project has three key focus areas as follows:

- a. Managing a BCC Working Group involving NGO partners and government institutions. The group meets on monthly bases with UNFPA support. Training for a member of the group on BCC was also supported by UNFPA.
- b. Development of BCC materials on a variety of SRH topics for use by the volunteers and

Feedback from a group of Ypeer educators In Zavkhan Aimag

- It is easy to listen and discuss among ourselves (ASRH issues), however it is challenging to talk about these issues with others
- Adolescents especially need this kind of information. Children should learn from an early age and gradually progress in their learning. Often youth are misinformed and feel ashamed or shy to ask questions (related to sexual health), as they are afraid they will make a mistake.
- When we organize events at school, girls often gather. We must ensure boys participate and take leadership. How can we make boys more active?
- My parents are very supportive of my participation within Y-Peer, as are the teachers at my school.

peer educators. Prior to the development of materials, FWA carries out needs assessment among the intended target groups and partner NOGs and develop and pre-tested the materials prior to final production. The BCC materials produced include, posters, playing cards, sex workers' sets, video CDs, magazine etc.

- c. Training of peer educators on SRH topics as well as communication skills, peer education techniques, counseling, working with groups etc. The Y-peer training is often assessed and evaluated by the FWA to ensure the trainees acquire necessary knowledge and skills to carry out their task as peer educators. The trained young peer educators work on a number of youth projects as part of the broader Youth Development Programme. A new Y-peer campaign, New Friends, initiated in 2013 aims to address some of the challenges the adolescent and youth face. The campaign encourages Y-Peers to reach out to young people who may be lonely, dropping out of school or marginalized, to improve their lives within their communities. Y-Peer educators go out into communities to provide support to fellow youth, to educate them on various issues related to their well-being.

The Youth Peer Education Network has been expanded across the country since the commencement of CP5 implementation in 2012. Currently, 13 provinces have a network of Y-PEER volunteers or peer educators and 147 out of 292 trained peer educators are currently active reaching out to a total of 1,100 young people in the past two years. The y-peer network works closely with local youth friendly health centres and conduct peer-to-peer SRH education, including FP, STI/HIV prevention and promotion of reproductive rights. While Y-PEER educators have become an important referral/link between youth friendly services and young people, **the Mission is of the view** that much more work is needed to change the behaviour of adolescent and youth to use contraceptive methods for prevention of unwanted pregnancy as well as prevention of STI and HIV. The available data suggest that the knowledge of at least one contraceptive method has increased among male and females of 15-19 and 20-24 age groups however it is alarming to note that adolescent fertility has increased. It is also a concern to note that the knowledge and practice of preventing STI and HIV among the same age groups has gone down.

The **Mission is of the view** that outreach y-peer is of significant importance to the youth development programme as evident from various country experiences. The success of the life skills education as well as the adolescent and youth SRH services depend on encouraging youth to youth communication and information sharing. Trained outreach y-peer educators play an important role in this process. The **Mission recommends** that the y-peer programme should be further supported and expanded to ensure y-peer educators are available in all sites where YDC and youth friendly services operate.

C. Gender Equality

Gender Equality is covered under CPAP Outcome 3, *“Strengthened capacity to implement the Gender Equality Law and to mainstream gender in policies and programmes”*. This Outcome is further complemented by two outputs, one emphasizing the need for strengthening advocacy and

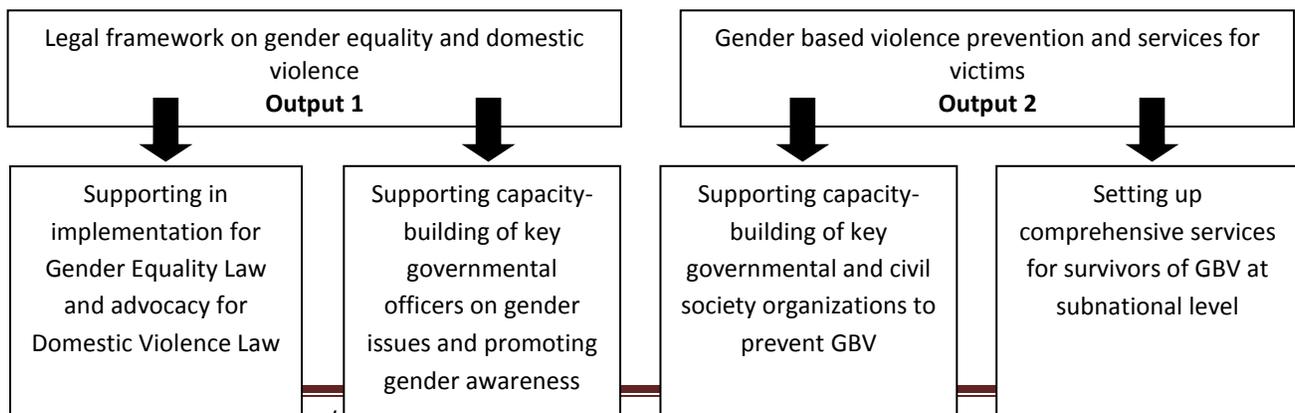
implementation of the legal framework on gender equality and domestic violence legislation, and the second on strengthening multi-sectoral mechanism for GBV prevention and response.

a. Progress/achievement against indicators

The Outcome indicator, *existence of an implementation strategy with a results and resources framework for the Gender Equality Law* is fully achieved and the Gender Equality Law and its implementation strategy are developed and in place. Similarly, the output 1 indicator, *a mechanism is established within the government entity responsible for gender to support gender equality and gender mainstreaming in government institution* is also fully achieved. The National Committee on Gender Equality which is the government entity responsible for gender has been established and functioning well. Furthermore, policy and strategy to implement the policy is in place, government officers including gender focal points, have been trained on gender issues and the Government has allocated state budget for GEL implementation. In regard to the indicators under Output 2, indicator one, *percentage of trained decision makers, police officers, judicial system officers and health service providers with adequate knowledge on gender-based violence*, was fully achieved and over 400 officers were trained which was above the baseline by 50% however, it is not possible at this stage to measure that they have acquired “adequate” knowledge on gender issues. The second indicator under Output 2, *number of one stop service centres providing services for victims of gender-based violence*, is making good progress and nearly fully achieved. While establishing 6 OSSCs was achieved, one OSSC is still not fully functional.

b. Partnership in mainstreaming gender equality and prevention of GBV

The gender equality area in Mongolia as a whole has seen continuous progress of integrating fragmented efforts to address broader issues of gender in a comprehensive manner. The Mission noted that the UNFPA role under CP5 has been a supporter, nurturer and advocate to create a conducive environment as well as to improve capacity of counterpart agencies in implementing Gender Equality Law and mainstreaming gender in policies and programmes. UNFPA has been recognized as having a comparative advantage in the gender area over other development partners, because of its neutrality and its mandate that allows acting on sensitive political issues. The Mission noted that for addressing the CPAP outcome on gender and its outputs, a number of implementing partners from government and civil society organizations have partnered with UNFPA country office. The chart below shows the partners and their roles in implementing the outcome on gender:



2012: NCGE, MONFEMNET
2013: NCGE, MONFEMNET, GO ZA, BKH, GA, ChiND
2014: NCGE, GO ZA, BKH, GA, CHD, MONFEMNET

2012: MOH, GO ZA, BKH, GA, MONFEMNET
2013: NCGE/NCAV, MOH, GO ChiND, ZA, BKH, GA
2014: NCGE/NCAV, GO ZA, BKH, GA, ChiND,
MONFEMNET

The Mission noted that the key recent achievements under the first output in gender area include:

- The Law on Promotion of Gender Equality (LPGE);
- The development of Mid-term strategy;
- Action plan for the implementation of the strategy; and
- A results and resource matrix to guide the implementation of the law.

The above has resulted in setting up of a legal base for the creation of supportive conditions to ensure gender equality in political, legal, economic, social, cultural and family relations. In addition, it further ensures the operationalization of the Law by identifying key interventions and clarifying roles and responsibilities of different stakeholders as well as the resources requirements.

c. Legal framework on gender equality and prevention of domestic violence

The Mission found out that overall, the activities under the first output conducted since the beginning of CP5 have contributed to the establishment of a mechanism to support gender equality and gender mainstreaming. The Law of Mongolia on Promotion of Gender Equality (LPGE), was finally approved by the Parliament in February 2011. To support the development of LPGE's implementation, UNFPA CP5 provided technical assistance through national and international consultants. This resulted in the development of Mid-Term Strategy and Action Plan on implementation of LPGE. Moreover, UNFPA CO supported the development of Result Matrix of Mid-Term Strategy for the implementation of the LPGE and facilitated the donor meeting to present and discuss the RRF. As a result of concerted advocacy, a more favorable condition for the implementation of LPGE has been created. In 2014, the Government allocated dedicated funds for the implementation of the gender equality law. Similarly, some Ministries have started working on sector-specific gender programmes and integrating gender indicators in their M&E Frameworks. Furthermore, major donors (e.g., ADB, KOICA, World Bank) have expressed interests in working on the implementation of LPGE and providing further support in this area. The new partners/donors of LPGE have already started to work with the National Committee on Gender Equality (NCGE) based on the implementation strategy and action plan. Donor consultation was organized by NCGE with support from UNFPA. UNFPA also supported capacity development of gender focal points at various Ministries, three focus aimags and Ulaanbaatar districts through CP5. The Mission noted that this appears to be the beginning of a solid foundation based on the legal framework, human and financial resources to promote gender equality and gender mainstreaming in a comprehensive way in Mongolia. While this progress is noteworthy, the **Mission is of the view** that the development of a set of guidelines and training manual on Gender Sensitive Budgeting is much need and will further complement the above achievements.

Mongolia announced a national commitment to consider Domestic Violence as a crime and hold

perpetrators accountable. The amendment of the Law to combat Domestic Violence has been drafted and is submitted to the parliament for approval. The advocacy and sensitization work and the White Ribbon campaign, with National Centre Against Violence supported by the Youth Development Programme has resulted in the President's public statement on DV and commitment to work with policymakers to create a new legal system that would provide services and safeguards for domestic violence survivors. Following the President's commitment, the education sector conducted its sectoral advocacy meeting committing to address GBV in the education sector.

Awareness raising and sensitization of politicians and key government bodies through organization of round table meetings with the Parliament Women's Caucus, mobilization of two Members of Parliament to serve as champions of gender equality, as well as extensive advocacy conducted with CSOs have contributed to the achievement of the first output under the gender Outcome. The Mission is of the view that this upstream work which is also aligned with the new UNFPA Strategic Plan should continue. **The Mission also noted** that continuous capacity development and sensitization will be required, given relatively frequent changes of personnel in the government structure. Furthermore, it appears that UNFPA support has focused to a large extent on strengthening of the overall gender equality framework, and hence, in the future, more emphasis needs to be placed on gender mainstreaming in government policies and programmes, especially those which are relevant to UNFPA mandate (for instance, health and population issues).

As the indicator and its target under this output was not clear enough and easily identifiable, gender team has proposed changes, which can be considered in order to better monitor the results. The Mission further noted that one of the strategies identified in the CPAP which is incorporation of the gender issues into the curriculum of universities and colleges has not been implemented thus far. In 2012, a literature review of gender course curricula of foreign universities was conducted and gender glossary was updated, but unfortunately, gender was not incorporated in the curriculum and no follow up activities were carried out in the subsequent years. As this is a very important activity, **the Mission is of the view** that this activity should be pursued in the second half of CP implementation. The Mission noted that one of the reasons for this delay was limited project funding of UNFPA as well as shift of NCGE focus due to staff changes. In the meantime, gender mainstreaming in the education sector will be addressed in the Youth Development Project by inclusion of GBV module in life skill training and GBV preventions in the schools, which is an excellent development. However, **the Mission is of the opinion** that still there is a need to incorporate gender in the curriculum of universities and colleges.

d. Prevention of GBV and services for the victims

The second output of the gender Outcome, *"Strengthened capacity of key governmental and non-governmental organization to prevent GBV and to provide quality services for survivors of GBV"* has two indicators namely, the *"percentage of trained decision makers, police officers, judicial system officers, social workers and health care providers with adequate knowledge on gender-based violence"* and the *"number of one-stop service centres providing services for victims of gender-based violence"*. Again in 2013 different indicators were formulated, *"number of referrals and handled cases of GBV based on*

service protocol by multi-disciplinary teams in 3 focus aimags and 1 focus district and OSSCs” and “key organizations of GBV sub-cluster (NCAV, OSSC at Sukhbaatar District Health Center, OSSC at Trauma Hospital, and several CSOs) are able to use guidelines and tools to respond to GBV cases in case of emergency”. The reason being that UNFPA found it difficult to gather data on annual basis, and the “adequate knowledge on GBV” was also unclear. However, the Mission has calculated that for the last 2.5 years the number of trained government officers, police, judicial system officers etc. exceeded 400 which is 50% over baseline.

As for the second indicator, *number of one stop service centers providing services for victims of gender-based violence*, the Mission noted that two new One Stop Service Centres (OSSCs) are functioning in Gobi-Altai and Zavkhan aimags. The Governor office of Zavkhan aimag allocated MNT 137.3 million for construction of a new OSSC at the back yard of Aimag Police Department in 2014. Gobi-Altai aimag placed the OSSC at Aimag General Hospital in 2013 and Bayakhongor aimag is planning to place the OSSC between Aimag general hospital and police department in 2015. The Mission noted the progress being made for achieving this indicator. However, it was noted by the Mission that this indicator has been changed to “*Key organizations of GBV sub-cluster (NCAV, OSSC at Sukhbaatar District Health Center, OSSC at Trauma Hospital, and several CSOs) are able to use guidelines and tools to respond to GBV cases in case of emergency*”.

GBV is one of the key mandate areas for UNFPA, but there is not much evidence and data on the situation of GBV in Mongolia. However, based on the observations and reported cases, gender based violence seems to be a problem in the country. UNFPA has put significant efforts to develop capacities of service providers to prevent and respond to GBV based on human rights principles and in a multi-disciplinary manner, by conducting trainings for multi-disciplinary teams as well as OSSC staff. UNFPA Mongolia supported the National Centre Against Violence (NCAV) in its public awareness and advocacy activities on prevention and response to GBV and has contributed to increase the commitment of high level officials. The President of Mongolia made a statement on DV and committed to work with policymakers to create a new legal system that would provide services and safeguards for domestic violence survivors. Also, advocacy efforts through CP5 contributed to the development of the amendment of the Law to combat Domestic Violence and has been submitted to the parliament for approval.

The Mission noted that as the lead agency of GBV sub-cluster, UNFPA is also playing a critical role in capacity development of GBV sub-cluster members to better prepare and respond to GBV risks during emergencies by developing key guidelines and tools as well as organizing workshops/trainings. Thus, all these activities are contributing towards the achievement of the second output under the outcome. Nonetheless, to measure the achievements and results with evidences, output Indicators may need to be revised. Activities conducted under this output are rather downstream, and according to the new UNFPA Strategic Plan, UNFPA’s engagement needs to be redirected towards upstream works. Such shift for output may depend on the progress of the amendment of DV Law. Once DV Law amendment is approved, this would provide a good legal framework, and in this context, **the Mission recommends** that UNFPA should support its implementation by undertaking concerted advocacy highlighting

government's responsibility in gender based violence prevention and response. Under this output, two activities related to the Ministry of Health on OSSCs could not be carried out in 2012-13. This was due to both changes in the MoH focal point for GBV as well as difficulty in securing the high-level commitment of MoH to lead national-level inter-Ministry coordination mechanism on OSSCs. It was also observed by the Mission that while progress has been made at the local level, lack of national coordination mechanism and commitment could affect negatively on the sustainability of operation of OSSCs. The **Mission is of the view** that further efforts are needed in this area to ensure national coordination for GBV service provision, and UNFPA could support and contribute to this process through technical assistance.

UNFPA is providing a substantial support on capacity-building of key government officers on gender issues and promoting gender awareness and capacity-building of civil society organizations to prevent GBV. Key achievements are introduction of Start Awareness Support Action (SASA) training, Masculinity Manual adapted and published and a pool of trainers has been established. Also the capacity of the multi-disciplinary teams, who are providing services for the victims, has been increased.

Through CP5 support regular gender awareness and GBV prevention campaigns are conducted targeted to changing attitudes and behaviours of general public. Moreover, 16-day campaign on Gender Based Violence, The forum *on men's participation, through Women's Eyes* forum, Young Women's Voices forum and other subnational level campaigns are aimed at raising public awareness on gender equality and the need to prevent and eliminate gender based violence.

Efforts have been made on prevention of GBV under the youth programme – youth vs. gender. Other activities in youth and gender area were increasing awareness of young people on GBV and trainings on GBV prevention also carried out under the youth programme.

As stated above good progress albeit some delays has been made under the two outputs which would contribute to the achievement of the Outcome 3. The Mission noted that one of the outcome indicators, "Existence of an implementation strategy, with results and resources framework, for the Gender Equality Law", has already been achieved fully in 2013. Therefore, **the Mission recommends** that the indicator should be replaced with another new indicator capturing the longer-term results of gender component. In this connection, the gender team has already formulated a proposed revision which should be considered. Furthermore, gender team is also suggesting changes in formulation of the outputs. This needs to be further reviewed and discussed to see if making such changes would be possible given the UNFPA procedures.

IV. BEST PRACTICE/LESSONS LEARNED

The UNFPA fifth country programme in Mongolia has been able to engage many partners since the beginning of CP5 those who are responsible for the implementation of the programme and those who provide technical advice and engage in discussions with UNFPA and implementing partners on normative issues. This process has opened up opportunities for UNFPA and the IPs to try new and innovative approaches to enhance collaboration and participatory approaches. Some of the CP5 best practices in the first half of the CP cycle are discussed below:

1. Reducing data discrepancies and survey cost

- Normally UNFPA and UNICEF use different types of surveys (RHS, DHS and MICS) for collecting data for their respective programmes at the country level. Following the example of an earlier survey in Lao PDR where UNFPA and UNICEF had agreed to combine RHS and MICS into one survey, in Mongolia, UNFPA, UNICEF and NSO reached a consensus to combine their efforts and resources to conduct the Social Indicator Sample Survey by consolidating the RHS, DHS and MICS surveys. This was an excellent example of a tripartite collaboration. Experience from the past suggests that when UNFPA and UNICEF conduct their two surveys separately, there is often some data discrepancies as well as high cost of conducting separate surveys. With combining the surveys into one in Mongolia the data discrepancies is expected to be reduced with much lower transaction cost of conducting one survey instead of two.

2. Saving time and cost in data collection and processing

- The mission noted a best practice during the data collection which was the use of Tablets enabling the surveyors to directly enter information into the Tablets in the field and subsequently transfer data into the main frame computers in the office for data processing. This resulted in saving time and cost in conducting the survey plus the Tablets can be used again in future surveys and data collection activities.

3. Tripartite policy dialogue

- Under the CP5, UNFPA initiated and supported a tripartite policy dialogue mechanism engaging Government, youth CSOs and UN agencies in the form of regular monthly meetings since December 2012. This form has the potential of creating further synergy among partners working on youth development. The monthly meetings initially facilitated by UNYAP and later chaired by MPSDP is a platform for engagement and capacity development of youth-serving NGOs. This CSO networking has now evolved into the Mongolian Youth Coalition which has brought together 13 major NGOs and is mandated to bring about: (a) effective coordination; (b) joint evidence based advocacy efforts in a sustainable bases; and (c) institutionalization of certain youth activities, such as youth peer education.

4. Government/CSO collaboration for expanding the reach of services

- To build capacity of civil society to provide RH services, small grants have been provided by the focus aimags and Chingeltei district of UB to local NGOs to address the sexual and reproductive health needs of specific disadvantaged populations such as disabled women. This activity has been fully in line with the CP strategy. In addition to this approach, Mongolian Red Cross Society and Mongolian Family Welfare Association are currently contracted to deliver sexual and reproductive health services to vulnerable groups such as female sex workers, truck drivers and mobile population. While the small-grants mechanism helps to expand the outreach services to the disadvantaged, it could also be viewed as a "best practice" in GO-CSO partnership in expanding the services to non-project sites.

5. Youth consultation on post-2015 development agenda

- In 2013, UNFPA helped UNYAP in coordinating the national level youth consultation on post-2015 development agenda. The young people themselves facilitated discussions among youth representatives from all provinces and districts (a total of about 100 representatives of young people) and identified key development issues to be addressed at a national level after 2015. The key recommendations from this consultation were included into the national level report on the post-2015 development agenda and discussed at the Bali Youth Forum.

6. Government/CSO collaboration in drafting of the law

- The Ministry of Justice's engagement with the National Centre Against Violence to draft the law on Domestic Violence was an excellent example of Government/CSO collaboration with support from CP5. The Women Caucus in the Parliament is currently working on the draft and has carried out consultations on the draft law with various ministries. The draft law is expected to be submitted official to the Parliament soon.

V. FINDINGS and RECOMMENDATIONS

1. General Findings and Recommendations

- 1.1 The MTR Mission is of the opinion that UNFPA and partners are contributing effectively to the creation of supportive policy environment through advocacy and upstream policy dialogue. While UNFPA should pursue its efforts in this area, the Mission recommends that further attention should also be paid to discussion and dialogue with the government on the implementation of the new policies through sustained implementation frameworks and required resources.
- 1.2 The Mission is of the view that there is sufficient evidence to suggest that various components of the UNFPA country programme are contributing well to several UNDAF outcome areas, specifically to the outcomes on: (a) sustained economic development for poverty reduction; (b) increased access to and utilization of quality basic social services, especially for the most disadvantaged; and (c) strengthened governance for protection of human rights and reduction of disparities. The Mission also noted that the UNDAF M&E Framework was revised during the UNDAF review in March 2014. Therefore, the Mission recommends that UNFPA should link its CPAP to the revised UNDAF M&E framework.
- 1.3 The Mission noted various good examples of UNFPA collaboration with other UN agencies and development partners and is of the view that further comprehensive and long-lasting collaborative efforts with development partners should be initiated especially in view of the possible reduced resources for the programme.
- 1.4 MTR Mission noted UNFPA Country Office efforts to collaborate with private sector for joint fund raising and joint implementation of various elements of the programme. The Mission is of the view that this is an excellent initiative as funding from UNFPA regular resources many not be sufficient to support all programme initiatives and therefor collaboration with private sector should be pursued seriously.
- 1.5 The current Country Programme Action Plan of UNFPA was developed and signed between the government of Mongolia and UNFPA in January 2012. In view of the new Strategic Plan of UNFPA, and the significant changes that have taken place in Mongolia recently, the Mission recommends that the CPAP should be aligned with the new UNFPA strategic plan in the context of the country's needs and the government priorities.
- 1.6 According to the new Strategic Plan, Mongolia has been re-classified as low need and high income country, which suggests a transition from full package interventions to policy work and implies a lowering allocation of regular resources over the years. To ensure continuation of programme activities supported by UNFPA and their sustainability, the Mission recommends that UNFPA CO should: (a) undertake fundraising from other sources, including private sector, which has already been initiated; and (b) in consultation with IPs develop a transition plan.
- 1.7 UNFPA needs to join efforts and consolidate its programme with other development partners and UN agencies for maximum impact and in view of possible reduction in core resources.

- 1.8 The Mission is of the view that UNFPA should re-consider the relevance and correctness of all CPAP outputs and progress indicators in view of the changing needs and to prepare for the final evaluation of CP5. The Mission recommends that this could be done through a participatory approach of involving IPs and stakeholders to help restate the outputs and identify relevant and realistic indicators for the CPAP outcome and outputs.

2. Population and Development

Availability of disaggregated data

- 2.1 The National Statistical Office has been an effective partner of the UNFPA assisted programmes and as such the Mission recommends that UNFPA should continue its collaboration with NSO for further analysis of data and for conducting new studies on emerging issues in particular the study on internal migration and its implication and the study on population aging.
- 2.2 The Mission is of the opinion that since the in-house capacity of NSO is well developed, perhaps further technical training for NSO may not be a priority in future with the exception of supporting participation of NSO in the international statistical conferences to enable them to update their knowledge and learn about the new developments in the statistical field.
- 2.3 The Mission further suggests that given the variety of statistical information that is now available on various sectoral programmes in Mongolia, NSO needs to focus more on building the knowledge and skills of data users, especially at aimag and soum level on the use of statistical data for planning, budgeting and monitoring and evaluation. While some work has been done in this area aimed at the middle level management there is still a need for increasing capacity of data users, especially that many of them are new following the 2012 parliamentary election, local elections and government restructuring.
- 2.4 The preliminary report of the Social Indicator Sample Survey was released in early June 2014 and the launch of the full report will be carried out later. It is recommended that UNFPA should further engage with NSO to review the need for further analysis of data on various social issues and the use of SISS data in various plans and programmes.

Functioning Surveillance system

- 2.5 CP5 supported establishing a surveillance system to enable NCMCH to collect and analysis of data on maternal deaths, perinatal deaths, and maternal “near misses” and timely response to reduce maternal and newborn deaths. The Mission recommends that UNFPA should provide further support to ensure the system is well functioning and contributes to prevention of maternal mortality.

Support to the Population Development and Social Protection

- 2.6 Creation of the new Ministry of Population Development and Social Protection was a major event following the election of 2012 to which UNFPA has responded favorably and has initiated close collaboration with the new Ministry. Since the Ministry is a new entity it has considerable capacity building needs in population and development area .In this regard, the

MTR Mission recommends that UNFPA should proceed with MoPDSP's comprehensive capacity needs assessment as soon as practical and subsequently develop and make available to the Ministry a pack of support in area of staff capacity development based on the identified needs.

- 2.7 The revision of the Population Policy by MoPDSP has taken longer than anticipated in spite of UNFPA's technical assistance. The Mission recommends that if needed, UNFPA should provide further support to the Ministry to ensure a broad-based consultation followed by a sound and comprehensive policy development process based on the current and anticipated population issues in the country.
- 2.8 Subsequent to the approval of the Population Policy, UNFPA should engage with the MoPDSP and support in the translation of the Population Policy into concrete action plans e.g. sustainable and well-resourced implementation frameworks.
- 2.9 The MTR mission is of the opinion that UNFPA should engage with the MoPDSP to discuss and prioritize MoPDSP's engagement in future policy development needs of the country. The MoPDSP also needs to carry out evidence based advocacy and policy dialogue for integration of population dynamics in relevant national plans and programmes using the analysis of the technical paper on the impact of demographic changes, the data from population census and the Social Indicators Sample Survey. Furthermore, the Mission recommends that UNFPA also considers developing the capacity of MoPSDP in advocacy and policy dialogue.
- 2.10 Earlier in 2013 UNFPA facilitated the process of developing national consensus to develop policies on youth and elderly. While MoPDSP has already initiated the process of developing the Youth Development Policy, further technical assistance maybe needed to initiate the development of a policy on population aging.

Policy Advocacy through Parliament Groups/committees

- 2.11 Overall, it is the view of the MTR Mission that UNFPA support for advocacy activities through parliament groups/committees and the exposure of MPs to expert discussions on population issues domestically and in the international conferences has perhaps contributed to better understanding of the issues and has created a supportive environment within the parliament. The Mission recommends that UNFPA should further enhance its support to advocacy efforts through the parliament committees namely the social committee, budget committee, legal committee and the women caucus to further create supportive environment for the passage of new policies and laws such as the Population Policy, the Youth Development Policy and the law on Domestic Violence.

Use of data for planning and monitoring and Evaluation

- 2.12 The Mission noted that while some activities were implemented under the Cabinet Secretariat, there have been delays in the implementation of other activities with some activities (e.g. working with Academy of Management) not carried out. Given that the CS is extremely busy with various high-level obligations it is questionable whether the CS would be able to undertake all project activities. Based on the above, the Mission recommends that

UNFPA should either consider either not pursuing its work with CS or completely revising and scaling down the activities to a manageable level.

3. Sexual and Reproductive Health

- 4.1 In general, the Mission is of the opinion that overall, SRH programme is on track and is making good progress to reach the targets of the current CPAP. However, the Mission recommends that there should be a transition from the service delivery type of activities to more upstream work and alignment with the new UNFPA strategic plan. However, this need to be carefully managed to ensure achievements are sustained and the quality of SRH services are ensured.
- 4.2 The Mission has noted that Mongolia has been re-classified as low-need and high-income country in the new UNFPA Strategic Plan. This implies that UNFPA might move to more upstream work. In this connection, the Mission recommends that UNFPA needs to further clarify its position to all partners such as Ministry of Health, the Union of Family Health Centers, and other stakeholders in order to discuss and identify mechanisms that can help to bridge the gaps, e.g. continuity of services including the supply and distribution chains to ensure RH commodity security and quality of FP services across Mongolia. UNFPA should also undertake a review of the programme activities with all Implementing Partners with the aim of curtailing activities that are less effective and redirecting resources to more cost effective programme strategies and activities.
- 4.3 The Mission recommends that UNFPA should work closely with MOH to reinvigorate Ministry's efforts for effective and efficient implementation of CP5. Furthermore, MOH should place more efforts for sustainability of country programme's key achievements. As UNFPA will not be in a position to support procurement of contraceptives from 2015 onwards, UNFPA should assist MOH to develop measures for ensuring continuity of contraceptive services including advocacy for increasing Government's financial allocation for contraceptives and other RH commodities.
- 4.4 As the country programme enters into the second half of the CP cycle, UNFPA CO needs to review and improve the outcome and output indicators and their means of verifications. The Mission recommends re-setting of targets that were not achieved or overachieved due to different methodologies used for setting baseline and targets. If there is a need for a survey to measure the indicators, especially outcome indicators like "percentage of disadvantaged women who received a minimum of 6 antenatal care check-ups during their last pregnancy in the focus areas", the Mission recommends that UNFPA should consider conducting the survey by the end of the cycle through independent researchers .
- 4.5 The Mission recommends that the current practice of collecting data by the CO, the Implementing Partners, Local Project Coordinators and M&E missions and site visits need to be seriously reviewed and improved to ensure consistency and quality of data collected through such activities.
- 4.6 The nature of the SRH programme is inclusive of the provision of SRH services, and while UNFPA is not responsible for service delivery, the Mission noted that there is still a need for

significant capacity building to ensure high quality SRH services, including new innovations like foetal diagnostic services and evidence-based interventions.

- 4.7 The Mission recommends that while the ongoing programme components in SRH should be maintained, activities under output 2 (REDS initiative, stock-out e.g.) should be further reinforced and “men” as a target group especially among the disadvantaged, should be included in the programme. In this connection, the newly approved “National Strategy on Male Health” of MoH should be further supported technically and financially to become fully amalgamated in the reproductive health programme.
- 4.8 Ministry of Health in late 2013 incorporated Adolescent Reproductive Health (ARH) units into the aimag and district general hospitals by Ministerial Order. However, in most places, the ARH unit is not functioning regularly since the staff are working on part-time basis. For sustainability of SRH services to adolescent and youth, the Ministerial Order needs to be further reinforced and services should be regularly monitored to ensure SRH services are of high quality, accessible and efficient.
- 4.9 As the Family Health Center’s (FHC) budget is based on the number of inhabitants in the service area, the Mission recommends that the number of inhabitants should be based not only on the registered number of population, but also on the estimated number of temporary migrants from rural to urban service areas (including in soum health centre of mining areas.) This will allow allocation of a realistic level of funding for FHCs.
- 4.10 To support evidence based policy, planning and strategy development there is a need for up-to-date research in such areas as unmet need of FP, men’s SRH needs, quality of RH data and other relevant areas.
- 4.11 The Mission recommends that further attention should be paid to the quality of antenatal and postnatal care as well as availability of contraceptive services, especially in UB districts, with the aim of further improving the quality of service and reducing unwanted pregnancies.
- 4.12 The Mission is of the view that more comprehensive advocacy is required on government takeover of contraceptive procurement and to ensure its sustainability beyond 2016. Furthermore, the Mission recommends that UNFPA should work closely with MoH to ensure contraceptive security, including continuous monitoring of the distribution points in Ulaanbaatar districts.
- 4.13 The Mission noted that a National Committee to promote social marketing of contraceptives has been established. Given that this mechanism has not been institutionalized the Mission recommends that UNFPA should continue to work closely with the government to ensure the adoption and sustainability of the total social marketing approach of FP commodities.
- 4.14 The Mission recommends that concerted awareness creation should be carried out aimed at service providers and men/women of reproductive age, on the inclusion of 5 additional types of contraceptives into the national health insurance scheme.
- 4.15 The Mission recommends that there is a need to continue supporting the diagnostic and treatment center for infertility to ensure its completion and sustainability, particularly given the resources that has already been invested.
- 4.16 While the Country Programme has contributed to the staff capacity building of the telemedicine project successfully, the Mission recommends further efforts for strengthening

technical capacity of technicians responsible for the maintenance to ensure the expensive equipment provided by the project are of good working condition and to prevent breakdown of the equipment.

- 4.17 The Mission feels that it is necessary to improve the accessibility and sustainability of telemedicine services for secondary level of health services should the resources become available.
- 4.18 Apparently, there are two separate softwares one used by UNFPA supported component of the telemedicine and the second for diagnoses and treatment of heart diseases. The Mission is of the view that the concerned parties should discuss about the possibility of using a single set of software instead of two as this might create problems in future.

4. Adolescent and Youth

- 4.1 Currently the availability of youth SRH information and services is covered by the Output 3 under the Outcome 2 in the UNFPA CPAP. In view of the importance accorded to the youth programme and UNFPA's new strategic plan (2014-2017) which places adolescent and youth among the key beneficiaries of UNFPA work, the Mission strongly recommends that the adolescent and youth concerns should be covered by an independent Outcome in the CPAP. Furthermore, the new Outcome should be complemented by three outputs namely the development and implementation of the youth development policy; availability of life skills education; and availability of adolescent and youth SRH information and services with outreach y-peer education functioning as a cross cutting area under output 2 and 3. Similarly, gender equality including GBV and BCC should be integral components of all above outputs.
- 4.2 Given that the youth programme is being managed by several government and civil society organizations, the MTR Mission noted that there is an urgent need for establishing a national coordination mechanism (when the national youth programme is established) and such a mechanism should include government agencies working on youth programmes as well as the youth serving CSOs. UNFPA may consider further supporting the coordination mechanism to ensure it is functioning well.
- 4.3 The Mission found out that the youth programme as a whole has made some positive progress in the last two years which includes upstream policy work, efforts to improve coordination as well as expansion of youth centres/clinics with some trained service providers and youth peer educators. However, much more efforts are required to ensure that all youth centres/clinics are well staffed and functioning effectively. In this regard it is recommended that UNFPA should enhance its regular dialogue with IPs and further review and streamline its support to ensure effective and efficient running of the youth centres/clinics.
- 4.4 The Mission noted that setting up of the Youth Development Centres under the MoPDSP and Life Skills Education Halls under the Ministry of Education and Science has been delayed. UNFPA needs to work closely with the project authorities and decision makers in both Ministries to ensure the centres are established and all agreed activities of the work plan are carried out.

- 4.5 The Mission found out that support for the revision of curriculum and setting up of the life skills education halls within TVET under CP5 have been instrumental in creating better teaching/learning environment. As the programme is very new, there is a need for continuous support to TEVT institutions to ensure that a high quality life-skills education is maintained. The Mission further recommends that further innovative methods for life-skills education such as exchange of students between TVET institutions to further create better opportunities for the students to learn from each other should be explored and supported.
- 4.6 The Mission recommends that training materials for both teachers and students should be reviewed and revised after a few years with the aim of further improving the materials with fresh content and more effective methodologies. Similarly, there is a need to revise the curricula after several years of implementation using a participatory process engaging both teachers and students.
- 4.7 While in terms of the number of youth friendly clinics established under MoH the programme is on target, however the Mission noted problems with lack of trained staff, lack of close guidance and monitoring for quality of services and weak linkages with other health care facilities for referrals. The Mission recommends that the problems cited above need to be resolve first before proceeding with establishing new clinics. In view of the increasing trends in adolescent fertility, it is essential to ensure that all youth friendly centres/clinics are functioning and adolescent and youth receive high quality SRH information and services through these centres.
- 4.8 UNFPA should consider providing continued support to the finalization and implementation of Adolescent and Youth Friendly Health Services strategy which addresses quality of service and sustainability issues. Since the service standards of the Youth Friendly Clinics are already included in the standards of secondary health services, it is recommended that UNFPA should work closely with MOH to ensure adherence to such standards.
- 4.9 The Mongolian Red Cross Society and Mongolian Family Welfare Association are working together to promote HIV and STI prevention through behaviour change communication interventions and services. The Mission is of the opinion that still there is much to be done to coordinate with the Ministry of Health and to ensure alignment with the National Strategy on STI and HIV. The Mission also recommends that inclusion of the UNFPA initiative of the 10-step strategic approach to comprehensive condom programming should be considered.
- 4.10 While Y-PEER educators have become an important referral/link between youth friendly services and young people, the Mission is of the view that much more work is needed to change the behaviour of adolescent and youth to use contraceptive methods for prevention of unwanted pregnancy as well as prevention of STI and HIV. The available data suggest that the knowledge of at least one contraceptive method has increased among male and females of 15-19 and 20-24 age groups however it is alarming to note that adolescent fertility has increased. It is also a concern to note that the knowledge and practice of preventing STI and HIV among the same age groups has gone down.
- 4.11 The Mission noted that that the outreach y-peer is important to the whole youth development programme as evident from various country experiences. The success of the life skills education as well as the adolescent and youth SRH services depend on encouraging youth to

youth communication and information sharing. Trained outreach y-peer educators play an important role in this process. The Mission recommends that the y-peer programme should be further supported and expanded to ensure y-peer educators are available in all sites where YDC and youth friendly clinics are functioning.

- 4.12 The mission is of the opinion that in spite of the delays experienced, the youth programme as a whole has made some progress towards achievement of the Output 3 of CPAP. In reality the youth programme has gone beyond the adolescent and youth SRH services and information towards life skills education and youth empowerment. While it is not possible to assess the impact of the programme at this stage, there is a need for more concerted efforts in increasing the knowledge of adolescent and youth on contraceptive to meet the target of lowering the adolescent fertility and prevention of STI and HIV as stated in the CPAP.

5. Gender Equality

- 5.1 While some noteworthy achievements have been made in the last two years, it is recommended that further support should be provided to help with gender mainstreaming and institutionalization of GBV prevention and response.
- 5.2 Capacity building efforts for various partners in gender area has been an on-going activity since the beginning of CP5. It is recommended to maximize efforts towards building and nurturing the structure of the gender machinery for gender equality and prevention of GBV.
- 5.3 The Mission noted that MoH may not be in a position to manage the OSSCs due to multidisciplinary nature of OSSCs, which requires not only medical services but sheltering, security, social services and psychological counseling. Therefore, UNFPA needs to discuss with the relevant government authorities and partners to identify a suitable institution to management the OSSCs. Furthermore, To ensure sustainability of OSSCs, it is recommended that an action plan with clear roles and responsibilities of national partners for management of OSSCs should be developed
- 5.4 The Mission noted that continuous capacity development and sensitization in gender area will be required, given relatively frequent changes of personnel in the government structure.
- 5.5 New and innovative approaches for gender equality and gender based violence (e.g. OSSC, multi-sector partnership) should be further developed and promoted.
- 5.6 Depending on the progress of the Domestic Violence Law amendment, it is recommended that the nature of UNFPA support under output 2 in gender area, should be flexible to allow appropriate response depending on the amendments that will be made in the domestic violence law.
- 5.7 It appears that UNFPA support has focused to a large extent on strengthening of the overall gender equality framework. The Mission strongly recommends that solid mechanisms/procedures should be developed to ensure gender mainstreaming in all programmes.
- 5.8 The Mission noted that one of the outcome indicators, *“Existence of an implementation strategy, with results and resources framework, for the Gender Equality Law”*, has already been achieved fully in 2013. Therefore, the Mission recommends that the indicator should be

replaced with a new indicator capturing the longer-term results of gender component. Furthermore, gender team is also suggesting changes in formulation of the outputs. This needs to be further reviewed and discussed to see if making such changes would be possible given the UNFPA procedures.

Mid-Term Review of the Country Programme Action Plan (2012-2016) Terms of Reference

Introduction

UNFPA implements the Fifth Country Programme (CP) which started in January 2012 and is scheduled to end in December 2016. Currently, the programme has been implemented for two years under the framework of the Country Programme Action Plan (CPAP). The UNFPA supported CP is closely in line with the United Nations Development Assistance Framework (UNDAF) 2012-2016.

The implementation of the first two years of the programme coincided with major developments and changes that have happened both at global and country levels. UNFPA at corporate level has its new Strategic Plan for 2014-2017 approved by the Executive Board, which sets organizational goals and strategic interventions.. The Strategic Plan also outlines the new business model to implement the plan as well as funding arrangements. It proposes a new classification system of programme countries, with implications of financial resources and their allocations. According to the new Strategic Plan, Mongolia has been re-classified as low need and high income country (“pink” country), which suggests a transition from UNFPA’s full package intervention to upstream, policy work, and implies a lowering allocation of regular resources over the years.

At the country level, the Mongolia’s resource-based development model was considerably accelerated in the past 3 years, resulting in rapid economic growth. In 2011, Mongolia marked the economic growth rate of 17.5%, which was the fastest growth in the world, and since then, it continued with double-digit growth in 2012 and 2013, albeit negative signs of the extractive industry. It also led to a massive influx of the country’s population to the capital city of Ulaanbaatar, as well as a significant growth of migrant populations to mining sites. In addition, Parliamentary elections of 2012 as well as the Presidential election of 2013 brought about significant structural changes and reforms in the government, alongside with opportunities created such as the establishment of the new Ministries, i.e. the Ministry of Economic Development and the Ministry on Population Development and Social Protection. It meant for an increased need for capacity development of newly established entities to move development agenda forward. Moreover, at the time when the UNDAF and CP 2012-2016 were being developed, Mongolia had been undergoing a humanitarian crisis resulting from the coldest winter in decades, and it substantially influenced the programming process with a strong focus on humanitarian response. The country however is in the normal developmental status at present, shifting its focus more on accelerating the achievement of MDGs and developing capacities for preparedness and risk mitigations in the event of a recurrent emergency situation.

Although current UNFPA policies and procedures sets it optional, given the above-mentioned significant changes which took place in the past few years, UNFPA Mongolia assessed it necessary to conduct a Mid-term review (MTR) at this time, in order to consolidate the results achieved thus far and make necessary adjustments to the CPAP. It is to provide a good evidence base to re-direct and re-focus the CPAP, and serve as the process to ensure stakeholder engagements and buy-in towards supporting upstream work. However, UNFPA Mongolia has not found it imperative to make adjustments to the

Country Programme Document (CPD) itself, and UNFPA's key developmental areas of focus as well as the expected results to be achieved by 2016 would not be very different.

Context

Mongolia is a landlocked country, most distant from the sea and most sparsely populated. It suffers from harsh climate particularly in winter, high cost of living, a vast land mass with poor road infrastructures, all of which make social and economic development a daunting task. The development of CP5 coincided with the aftermath of 2009 economic crisis and severe winters of 2010-2011, which set the country's development priorities into emergency response mode.

However, macroeconomic situation of the country significantly improved from 2011 onwards, with GDP growth of from -1.3 percent in 2009 to 17.5% in 2011. It has been reported that the 2013 growth rate was 12.5% (World Bank, Nov. 2013). Share of mining sector in GDP is gradually increasing with 19.8% in 2009 and 21.4% in 2012. Growth of the sector has an improving trend from 5.8% in 2009 to 8.9% in 2012. In the period 2009-2012, public budget and expenditure increased two folds.

In terms of demographic situation, the country presently has a population of nearly 3 million, predominantly young and an increasing proportion of the elderly. The population of labour force age is increasing faster than new employment opportunities, despite rapid economic growth. Furthermore, the population is about to enter a period of rapid ageing caused by the decline in fertility in past years and increasing longevity. Urbanization is also increasing at a rapid rate. These population trends, along with Mongolia's economic transformation and its entry to a middle-income country status, create a need for integrating population needs into a broader socio-economic development framework. A revision to the national population policy has been initiated by the newly established Ministry of Population Development and Social Protection, in order to more closely look into the needs of specific population groups such as young people, women of reproductive age, and the elderly and provide effective support to address the issues of disparities and vulnerabilities.

Mongolia has achieved a significant progress in maternal mortality. The maternal mortality ratio was as high as 214 per 100,000 live births in 1994, but in the past 20 years, it has gone down significantly as 50.8 per 100,000 live births in 2012. The latest statistics indicates that the MMR was 52.3 in 2013. However, despite the reduction of MMR at national level, there is a noticeable difference in MMRs between different regions and social groups. According to the analysis of maternal mortality indicators of the last 10 years, the MMR was highest in the Western region with Bayan-Ulgii, Bayankhongor and Gobi-Altai, and it was 1.5-2 times higher than national average. Despite the availability of contraceptive methods, unmet need for family planning has also increased. Young people constitute about 25% of the population and they are faced with issues related to sexual and reproductive health. Statistics show that adolescent take up 5.7% of all deliveries (6% in 2009), account for 5.3% of all abortions (7.1% in 2009), and lead to 42.2% of all STI cases. The cases of unsafe abortion among adolescents are also on the rise.

The country has also made progressive decisions in the area of gender equality with approval of the Gender Equality Law by the Parliament in 2011. Following the law, the Mid-Term Implementation Strategy for the law was developed and approved. The Ministry of Justice initiated the revision of Packages of Law (12 laws) related to the prevention of crime since 2012. The Law to protect victims and witness of crime and the Law on Marshall were approved by the Parliament in 2013 and the new Law on Crime is prepared and included with the provision to criminalize the Domestic Violence. The revised Law on Domestic Violence is also under consideration by the Parliament.

The current development of the country, its changed economic outlook and priorities suggest for UNFPA to critically review its current programme, which was built on the achievements and lessons from previous programmes and “emergency” mode of 2010-2011. There is a need to increase upstream policy interventions and maximize the impact through synergies from on-going collaboration with international development partners. While sexual and reproductive health (RH) services are well established in the country, equitable access to and utilization of good quality sexual and reproductive health services especially by disadvantaged groups remains a challenge. Despite the availability of critical data, the capacity of central and local governments to analyse and use them for evidence-based planning and budgeting as well as policy marking, and results-based monitoring and evaluation is still weak.

CP5 has currently four projects implemented by government and non-government institutions. The projects are jointly planned and reviewed on annual basis and annual workplans are jointly signed. UNFPA provides focused assistance to three provinces, namely Bayankhongor, Gobi-Altai, and Zavkhan, which were selected based on maternal mortality indicators as well as other social indicators. As a geographical focus, one district in the Ulaanbaatar city is also supported under the CP5. The CO has successfully mobilized additional resources and three non-core projects are implemented within the frameworks of the current Country Programme, covering all remaining provinces. To date, UNFPA managed to mobilize all planned other resources for CP5, while exploring partnerships with the private sector.

Objective and scope of MTR

The purpose of conducting the MTR is three-fold:

- To assess the progress of the implementation of the CP5 and its programmatic impact,
- To examine the relevance and effectiveness of strategies and interventions for CP5, and
- To propose areas of re-positioning and re-focusing of the CPAP within the current Mongolia's development context, and in light of the UNFPA's new Strategic Plan.

MTR criteria and questions

The exercise will provide findings and conclusions for the following questions.

Impact:

- What are the intended, and unintended results of UNFPA interventions since 2012?
- What are positive, as well as negative, change in development conditions as a result of UNFPA's support?
- What would have happened without UNFPA's intervention?

Relevance:

- To what extent is the CPAP in line with the priorities set by the present international and national policy frameworks? Are the results logic in the CPAP still valid?
- To what extent has the UNFPA Country Office been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes?
- To what extent has the CP5 been aligned with the new Strategic Plan of UNFPA?

Effectiveness:

- To what extent have the expected CP5 results been achieved, especially at outcome level?
- What are the key factors influencing and not influencing for the achievement?

- Are national and international partners selected to implement a project appropriate to achieve expected results? Can other partners be suggested?

Value added:

- What are the main UNFPA comparative advantages in the country – particularly in comparison to other UN agencies and development partners? Are these strengths a result of UNFPA’s corporate features, or are they specific to the UNFPA country office?
- What is the main UNFPA added value in the country context as perceived by national stakeholders?
- To what extent have the partnerships established with national and international partners allowed the UNFPA country office to make use of comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national capacity to own supported interventions, programmes and policies?

Programme design:

- Are the outputs clearly stated, describing solutions to identified problems and needs, in order to make significant contributions at outcome level? Is the programme logic and M&E framework robust enough?
- To what extent are the inputs and strategies identified and are they realistic, appropriate and adequate to achieve?
- Are the indicators direct, objective, practical and adequate? Is responsibility for tracking them clearly identified?
- Is the implementation framework, modalities and partners selection sound?

Methodology and approach

It is expected that MTR will use an appropriate range of data collection and analysis methods to come up with findings, conclusions and recommendations for the questions mentioned above.

Data collection:

The MTR will use a multiple-method approach including document reviews, group and individual interviews, focus groups and field visits as appropriate.

Validation mechanisms:

The team will use a variety of methods to ensure the validity of the data collected. In addition to systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the UNFPA country office programme managers as well as with Implementing Partners. A validation workshop is planned to be conducted with national partners before the actual completion of the MTR.

Stakeholders’ participation:

The MTR will adopt an inclusive and participatory approach, involving a broad range of partners and stakeholders. A stakeholders mapping will be performed in order to identify both UNFPA’s direct and indirect partners. These stakeholders may include representatives from the government, civil-society organizations, the private sector, UN organizations, other multilateral and bilateral organizations, and most importantly, the beneficiaries of the programme.

Management and conduct of MTR:

In order to ensure a smooth review process and involvement of relevant stakeholders, UNFPA Program Analyst on Monitoring and Evaluation will serve as a focal point of the MTR. The focal point will closely work with the review team within the UNFPA country office and will support the review team in following:

- Compilation of documents and background materials for the review team
- Stakeholder mapping of the main partners
- List of Atlas projects
- Preliminary agenda of the field phase
- Linking and liaising within UNFPA country office as well as with Implementing Partners and other stakeholders
- Other logistical support along the process

The MTR Reference Group will be set up in order to ensure objectivity as well as technical soundness of the process. Specific tasks of the Reference Group will be to review and provide guidance to the MTR process, including the evaluation questions, Inception Report, facilitate access to information, comments to draft reports, among others. The composition of the Reference Group – (one representative each):

- Ministry of Health (MoH)
- Ministry of Population Development and Social Protection (MOPDSP)
- National Statistics Office (NSO)
- National Committee on Gender Equality (NCGE)
- WHO
- UNICEF
- UNDP
- UNFPA (Rep., Assistant Rep., M+E analyst)

MTR process

The review will unfold in three phases, each of them including several steps.

Design phase

- Document and desk review (review of all relevant documents regarding the CP5)
- Stakeholder mapping (a mapping of stakeholders relevant to the CP5. The mapping exercise will include government and civil society stakeholders and will indicate the relationships between different sets of stakeholders)
- Analysis of the program logic (the theory of change meant to lead from planned activities to the intended results of the programme)
- Finalization of the list of evaluation questions
- Development of data collection and analysis strategy as well as concrete workplan for the field phase. At the end of this phase, the review team will produce an Inception report, displaying the results of the above mentioned steps and tasks.

Field phase

After the design phase, the evaluation team will undertake a three-week in-country mission to collect and analyse the data required in order to answer the final evaluation questions, consolidated during the design phase. At the end of the Field phase, the review team will provide the UNFPA country office with debriefing presentation on the preliminary results of the review, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

Synthesis phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the MTR report, taking into account comments made by the UNFPA country office at the debriefing meeting. The first draft of the report will be submitted to the Reference Group for comments in writing. Based on the comments from the Reference Group, the second draft of the report will be prepared. The second draft will be presented at the In-country validation seminar, which should be attended by the key programme stakeholders, including Implementing Partners, and UNFPA staff. The final report will be drafted shortly after the seminar, taking into account comments made by the participants.

Expected outputs/deliverables

The review team will produce the following deliverables:

- Inception report, including (a). Stakeholder map; (b). Final list of evaluation questions and indicators; (c). Overall design and methodology with detailed description of data collection plan for field phase (outline of the report is provided in Appendix 3);
- Debriefing presentation (PowerPoint) synthesizing the main preliminary findings, conclusions and recommendations to be presented and discussed with the CO during the debriefing meeting foreseen at the end of field phase;
- Draft report (potentially followed by the second draft, taking into account potential comments from the Reference group)
Ulaanbaatar
- Final report, based on comments expressed during the dissemination seminar (outline of the report is provided in Appendix 4)

All deliverables will be drafted in English. The PowerPoint presentation for the validation seminar and the final report will be translated into Mongolian by UNFPA.

Workplan and indicative timeline

It is planned that the MTR starts on May 8 2014 and continues for a maximum period of 4 months, but no later than July 15, 2014. The following schedule of activities is only illustrative, and a final timeline will need to be refined and presented by the Team Leader to the Reference Group:

Deadline	Activity
April 28	Finalization of recruitment
May 8	Design phase
May 16	Submission and presentation of the inception report
May 18	Field work
June 3	Submission and presentation of the preliminary results
June 4	Submission of the first draft of the report
June 9	Validation workshop, presentation of the Second draft
June 30	Submission of the Final report

MTR team composition:

The team will be composed from 1 international and 2 local consultants:

Team Leader (international): Overall responsibility of the Team Leader will be to produce draft and final reports. S/he will lead and coordinate the work of the MTR team and be responsible for the quality

assurance of all deliverables. The Team Leader should have a good knowledge and experience in one or more of the UNFPA thematic areas, and for the MTR exercise, cover the Population and Development and Youth development portfolios, as these provide the overall programmatic analysis in the scope of work for UNFPA. The Team Leader provides guidance, technical support and oversight to the MTR team members throughout the period, especially in ensuring agreed upon methodologies, field-research and writing of assigned sections of the report before the deadline. The Team Leader will also ensure a compilation of recommended changes to the current CPAP.

Sexual and Reproductive Health expert (national): S/he will provide expertise in reproductive and maternal health issues. S/he will take part in the data collection and analysis work during the design and field work phase. S/he will be responsible for drafting key parts of the Inception report and of final MTR report, covering sexual and reproductive health area.

Gender expert (national): S/he will be local consultant and provide expertise in gender/ gender based violence issues. S/he will take part in the data collection and analysis work during the design and field work phase. S/he will be responsible for drafting key parts of the Inception report and of final MTR report, covering gender area.

The national experts are expected to provide overall country context in Mongolia to the Team Leader.

The work of the MTR team will be guided by the Norms and Standards established by the United Nations Evaluation Group. Team members will be requested to sign the Code of Conduct prior to engaging in the review exercise.

Qualifications of the MTR team:

1. Team Leader:

- An advanced degree in social sciences, political science, economics and related fields
- Experience with statistics and population dynamics
- Significant knowledge and extensive experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations
- Familiarity with UNFPA will be an asset
- Proven drafting skills in English
- Ability to work in team
- Experience in the Asia and the Pacific region, esp Mongolia, as an added advantage.

2. Sexual and Reproductive Health expert:

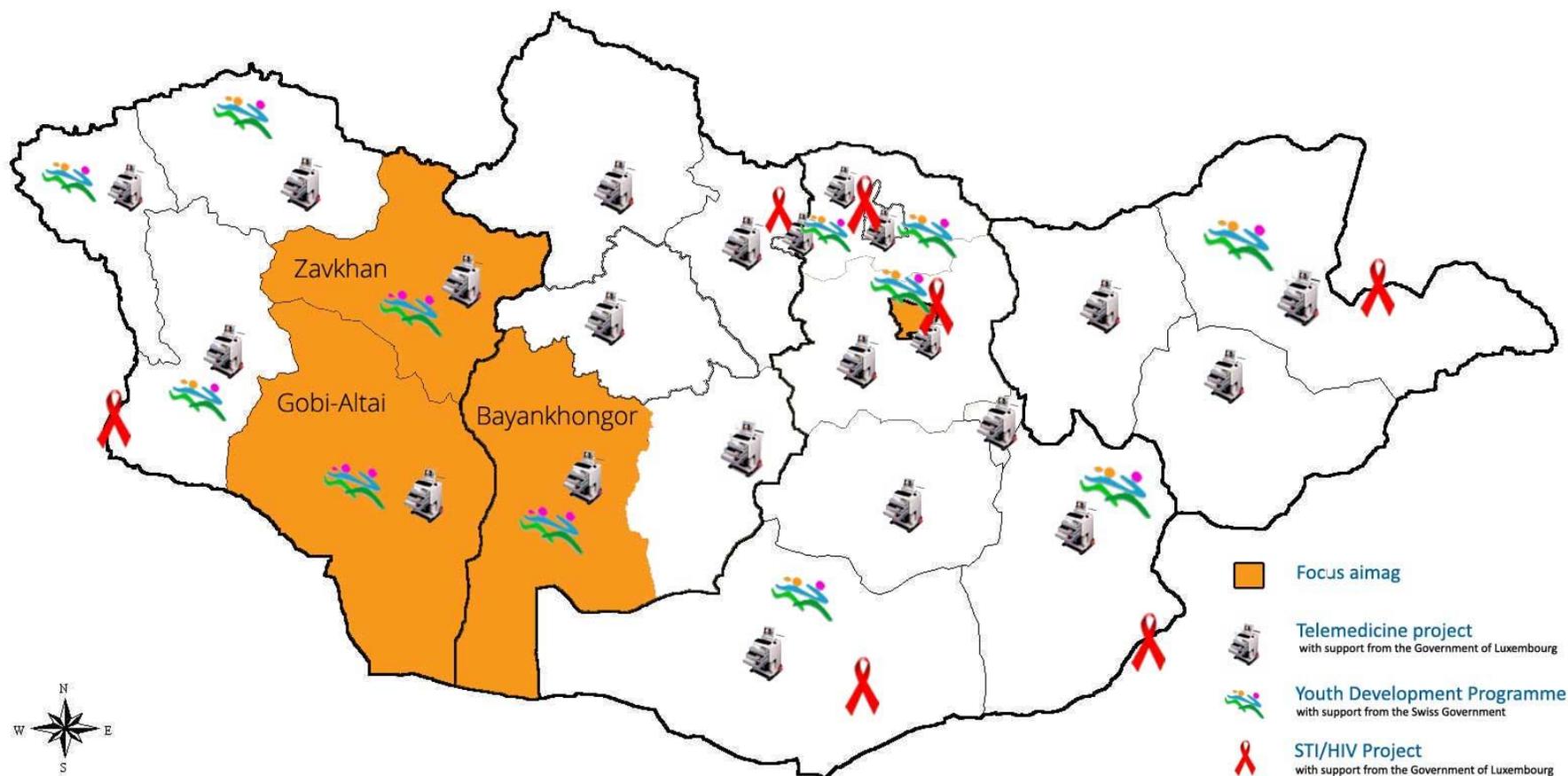
- An advanced degree in social sciences, and related fields
- Experience in public health
- Substantive knowledge and experience of sexual and reproductive health, including issues such as family planning, human resource in health sector, emergency obstetric and newborn health
- Familiarity with UNFPA will be an asset
- Proven drafting skills in English
- Ability to work in team
- Experience not only in Mongolia but also in other countries as an added advantage.

3. Gender expert:

- An advanced degree in social sciences, and related fields

- Experience in public health
- Substantive knowledge and experience of reproductive/maternal health, including issues such as family planning, human resource in health sector, emergency obstetric and newborn health
- Familiarity with UNFPA will be an asset
- Proven drafting skills in English
- Ability to work in team
- Experience not only in Mongolia but also in other countries as an added advantage.

GoM/UNFPA 5th Country Programme 2012-2016



UNFPA Portfolio - List of Atlas projects (2012-2014)

	Project ID	Project Title	2012			2013			2014			
			Budget	Expenditure	%	Budget	Expenditure	%	Budget	Expenditure (as of April 16, 2014)	%	
Regular resources	MNG5A11A	Programme coordination and support	322,001	270,540								
	MNG5A100	Programme coordination and support				293,500	293,414					
	MNG05PCA	Programme coordination and support							270,000	109,287		
	Sub-total for Programm Support			322,001	270,540	13.37	293,500	293,414	9.28	270,000	109,287	11.31
	MNG5U203	Output 3: SRH services in secondary and tertiary levels of health care	216,250	164,913		589,870	588,043					
	MNG5U304	Output 4: RH services and commodities for disadvantaged groups in selected areas	242,940	245,562		310,530	301,314					
	MNG06SRH	SRH programme							500,000	149,950		
	Sub-total for RH			459,190	410,475	19.07	900,400	889,357	28.46	500,000	149,950	20.95
	MNG5U305	Output 5: Adolescent and youth friendly SRH education and services	268,905	210,687								
	MNG5U605	Output 5: Adolescent and youth friendly SRH education and services				262,698	260,492					
MNG05YNG	Youth programme							228,000	60,670			
Sub-total for Youth			268,905	210,687	11.17	262,698	260,492	8.30	228,000	60,670	9.55	

MNG5U506	Output 6: Legal framework on gender equality and domestic violence	149,026	136,476		130,170	128,310				
MNG5U507	Output 7: GBV prevention and services for victims	126,314	103,337		149,040	144,229				
MNG05GND	Gender programme							300,000	138,302	
Sub-total for Gender		275,340	239,813	11.43	279,210	272,539	8.83	300,000	138,302	12.57
MNG5U701	Output 1: Up to date and disaggregated data availability	231,612	162,513		579,681	558,082				
MNG5U702	Output 2: Population dynamics and planning and M+E	356,900	302,900							
MNG5U102	Output 2: Population dynamics and planning and M+E				296,550	289,158				
MNG05PND	PD programme							599,876	276,393	
Sub-total for PD		588,512	465,413	24.44	876,231	847,240	27.70	599,876	276,393	25.13
MNGM0809	Institutional budget	494,223	495,680	20.52	551,471	527,393	17.43	488,789	79,258	20.48
Total RR		2,408,171	2,092,608	100	3,163,510	3,090,435	100	2,386,665	813,860	100
Other resources	MNG5U203	Output 3: SRH services in secondary and tertiary levels of health care	263,254	72,914		1,073,892	973,615			
	MNG5U304	Output 4: RH services and commodities for disadvantaged groups in selected areas	334,955	260,197		505,542	505,426			
	MNG05SRH	SRH programme						697,142	187,013	
	MNG5U305	Output 5: Adolescent and youth friendly SRH education and services	356,273	275,519						

	MNG5U605	Output 5: Adolescent and youth friendly SRH education and services				779,404	753,221				
	MNG05YNG	Youth programme							2,735,985	730,042	
	MNG6U102	Output 2: Population dynamics and planning and M+E				46,302	45,153				
Total OR			954,482	608,629		2,405,140	2,277,415		3,433,127	917,055	
Grand total			3,362,653	2,701,238		5,568,650	5,367,850		5,819,792	1,730,915	

**MTR- Qualitative Research Report
Key Informants and Clients**

Key Informant Interview (KII)

Aimag Directors of Health Departments, Soum Department of Health and Hospital Managers

This brief write up captures the results of interviews with two KIIs, both from the Gobi Altai region in this category.

Regarding activities conducted in their areas since the inception of the CP5 they reported the following achievements:

- A. Improved quality and accessibility of RH BCC;
- B. Improved control of antenatal and postnatal care;
- C. Examination room rearrangement with proper equipment;
- D. Improved emergency care;
- E. Improved the one -stop service for drugs and supplies;
- F. Doctors' and Midwives' training; and
- G. Preventive care testing.

In terms of major achievements and lessons learned, they reported achievements in the proper use of ultrasound equipment, antenatal care and contraceptive methods information. In addition, they indicate that the training provided for the health workers has contributed to decreased staff turn over—no failures were reported.

Regarding the main focus of the RH component of the CP5 and the major progress description since the inception of the project—the key informants said they have been able to provide RH services to target group. In addition, they report medicine supply increased; for instance the use of FP methods increased from 39% in 2012 to 43% in 2013 and pregnancy monitoring has increased by 2% and is now 87.3%.

Regarding equipment for obstetric care and trained manpower the answers were general such as “enough”, “have 3 doctors, 2 main doctors and 1 family doctor”; there was no reference to number of obstetric care cases—however, it is important to mention the translation of this survey question from English to Mongolian did not say “obstetric equipment” it simply stated “equipment”, hence the interview mentioned only office supplies. Lastly, to reach populations living in hard to reach areas; they said service provides conduct monthly trainings, outpatient care, home visitations and early pregnancy testing.

KII Report of Health Care Providers, including soum Hospital Doctors

At the midterm evaluation of the reproductive health (RH) component of the Country Program 5, a total of 25 Soums of Zavkhan aimak doctors were interviewed;

A total of 13 respondents said that they had not received any training through the UNFPA program supported by the CP5. While 12 said that they had received trainings in the areas of *family planning, antenatal care, general women's health, pregnancy prevention, reproductive health rights, domestic violence prevention*. Health care providers or doctors who received training expressed that the training received has enable them to better reach vulnerable populations (i.e poor women and disabled individuals) to provide family planning information. Moreover, they indicated learning about reproductive health rights, research on women's health which has improved the medical care they provide. In addition, they report that the training received have improved their skills to provide antenatal care and pregnancy.

On the other hand, when asked about training and capacity needs; most service providers(SP) report needing trainings in the areas of *mother and child emergency care, ultrasound, obstetrics-gynecology and surgery*. A few SPs indicated training needs on *ethics, anesthesiology and gastro endoscopy*; they further commented on the need to collaborate with other aimag doctors and midwives to learn from their experience.

Regarding guidelines and materials needed, about 30% of SPs reported that they in general they need reproductive health materials that are "easy to understand" and that are updated with new information; they suggested materials with good visuals and interactive information (i.e. CDs) would be helpful. More specifically, a couple of SPs indicated a need for more antenatal care and pregnancy prevention materials as well as endocrinology guidelines.

With reference to current services provided to women of reproductive age, the SPs reported they provide basic health care and advice on contraceptives, family planning, pregnancy care and HIV/AIDS prevention. In addition, they provide women with contraceptives (including injections which they administer) and antenatal care and advice on post-partum care and other general reproductive health information.

Regarding the sufficiency of supplies of reproductive health commodities for clients; the majority of SPs interviewed agreed that they have enough contraceptives available but some expressed challenges in being able to deliver to some people. One of the SPs mentioned having syphilis testing materials as well.

In regards to how they address the RH needs of vulnerable and hard to reach populations; some SPs recounted that they conduct monthly visitations while others conduct seasonal visitations and go to those areas to provide emergency care as needed. While some rely on community health workers to reach these populations and they said UNFPA gave them enough medication supplies, they expressed that there are not enough health workers to reach all areas. Some mentioned they do some research and mapping to plan where they will go but expressed that it is very challenging to get to those areas during the winter season. It seems as though they need more guidance on how to reach vulnerable populations.

To conclude the KII with service providers they were asked if they had any further suggestions or comments on the RH programme and capacity training needs of health workers; in this regard, they expressed the need to provide more general training for health workers to increase quality care. They

indicated that training announcements need to be done with more time in advance to increase attendance. Furthermore, they expressed the need for more hands-on training and collaboration with other local organizations. A few mentioned they need more equipment (but did not specify what kind) and training materials on RH guidance as well. Additionally, they indicated that health training and home visitation targeting poor and disabled women is needed. Lastly, they said that the present activities of the RH programme are helpful and need to continue but in a more consistent manner.

Adolescent and youth survey report

A total of 11 youths (7 females and 4 males) of various education levels, ages ranging from 15-28 were interviewed to determine their knowledge of RH information and their awareness and use of Youth Health Centers.

Across all ages of youths interviewed, most indicated they have knowledge of adolescent and reproductive health services; the majority (8 of 11) also indicated they have knowledge of Youth Health Centers but have not used them. Regarding hearing information about contraceptives, reproductive health, abortion, adolescent sexuality and STI/HIV/AIDS the distribution is similar the group between those who have heard information and those who have not (See table 1)

Table 1. Information youth has heard about.

Sex	Age	Contraceptive methods	RH	Abortion	Adolescent sexuality	HIV/AIDS/STIs
Female	16	N/A	N/A	N/A	N/A	N/A
Female	24	No	Yes	Do not know	Do not know	Do not know
Female	25	Yes	Yes	Yes	Yes	Yes
Female	24	Do not know	No	Yes	Yes	Yes
Female	14	No	No	No	No	No
Male	28	No	No	No	No	No
Female	21	N/A	N/A	Yes	Yes	Yes
Male	21	N/A	N/A	N/A	N/A	N/A
Female	16	Yes	Yes	Yes	Yes	Yes
Male	15	Yes	Yes	Yes	Yes	Yes
Male	15	Yes	Yes	Yes	Yes	Yes

- N/A- not available because participant did not answer.

When being asked about the source they use to get the previous information and given the options of TV, radio, leaflets, poster, Uerkhel LOVE newsletter, internet, newspaper, Future Threshold Adolescent Health Center (FTAHC), Parents, school teacher, friends, physician or older brother and sister—the majority indicated they mostly receive their information for TV, friends and physicians. The other options were chosen slightly less frequently; interestingly, only one person reported obtaining their information from the FTAHC.

Moreover most youths indicated that during the last two years they have not discussed RH services with any doctor or nurse. Regarding receiving information or counseling on STIs/HIV and AIDS during the last two year 6 out of 11 reported they had not. Additionally, the majority agreed that condom can reduce the risk of HIV transmission. When asked about consistent condom use, about half of the youths interviewed reported they did not (this includes those who did not answer this question or who said they “did not know”).Lastly, the majority of youth indicated that they have never discussed condom use with their friends nor have heard about their friends using condoms.

RH service clients

A total of 12 women who are current RH services clients interviewed.

The majority reported living near their soum hospital or clinics and walking to get there. Regarding client friendly services, all women reported they are well received, that the hours of operation are sufficient and that the services provided meet their needs. When asked if they had visited their local doctor within the last six months to get RH services and whether the general atmosphere of the hospital was comfortable, the majority answered the health workers were nice and kind. Regarding contraceptive accessibility and availability, all women reported they receive contraceptives at their request and that they are sufficient in quantity. Furthermore, all women report receiving explanations or advice they wanted and having access to RH services. To conclude their input, some women suggested that the doctor’s offices are too small and that they need upgraded equipment.

MTR Team Meetings during the MTR Mission 15 May to 9 June 2014

16 May

Meeting with UNFPA Representative Ms. Naomi Kitahara

Meeting with UNFPA CO Mongolia team

Meeting with MTR Advisory Group meeting and Presentation of Inception Report

May 19 Zavkhan Aimag

Meeting with aimag Governor Mr. Munkhsaikhan Adishaajav and senior officials of Zavkhan Aimag

Meeting with UNFPA Programme Implementing Team

Visit Aimag general hospital, Telemedicine project, Maternity ward

Meeting with Social Policy Department, Statistics and Child and Family Development Departments

Meeting at TVETs, Y-PEERS, Youth Development center

Visit One Stop Service Center for GBV victims, have discussion with staff

Meeting with Multi-disciplinary team

Visit local EmImpex branch

Visit Primary Health clinic implementing RED strategy

May 20, Zavkhan Aimag

Debriefing meeting with project implementing team

Visit a non-focus soum, meeting with Soum Governor and staff, visiting Soum hospital and meeting with the hospital staff

21 May, Ulaanbaatar

Meeting with the senior staff and technical staff at National Centre on Maternal and Child Health (NCMCH)

Dr. Ch. Enkhtur, General Director;

Dr. Bayalag, Deputy Director of Science and International Cooperation;

Dr. Battulga, Head of Ob/Gyn Hospital;

Dr. Altantuya, Head of Children's hospital;

Dr. Enkhtuya, Head of Neonatology ward; Dr. Khishgee, General consultant

Meeting with Senior official and technical staff of the National Statistical Office:

Mr. S. Mendsaikhan, Chairman;

Mr. B. Erdenesuren, Deputy Chairman;

Mr. L. Myagmarsuren, Director of Data Processing and Technology Department;

Ms. D. Oyunchimeg, Director of Social Statistics Department;
Ms. A. Amarbal, Director of Population and Housing Census Bureau;
Ms. T. Uyanga, Senior Analyst

Meeting with senior staff of the National Center on Gender Equality:

Ms. M. Bolormaa, Head of Secretariat
Kh. Tsendee, Training and International relations Officer
Ms. Battsetseg, Media Specialist

22 May

Khan Bank:

Ms. Ts. Oyuntsetseg, Director of Marketing Department
Ms. Ts. Enkh-Ulzii, Manager of Khan Bank Foudation

Meeting with Ministry of Labour:

Mr. Jadamba
Ms. Duurenbayar, Focal point;
Ms. Tumendemeberel, Focal point

MONFEMNET/National Center Against Violence:

Ms. D. Enkhjargal, National Coordinator;
Ms. T. Undarya, Advisor;
Ms. O. Gerelee, Programme Manager;
Ms. S. Gerelemaa, General manager
Ms. Zolzaya, Deputy of NCAV;
Ms. Munkhsaruul, Manager

Meeting with Ministry of Education and Science:

Ms. Nasanbayar, Head of Strategic Planning Department;
Ms. Ulziibayar, Focal point;
Ms. Bolromaa, Focal point

23 May

Meeting with Oyu Tolgoi Mining Company

Ms. Enkh-Ariunaa O., Regional Development & Social Performance Manager
Ms. Ariunaa N., Superintendent CRSS and Employability

Red Cross/Mongolian Family Welfare Association/Youth NGOs:

Ms. Ariuntsetseg, Department head of Red Cross;
Ms. Enkhtsetseg Danzan, Health Programme
Ms. Munkhtsetseg, Executive Director, MFWA

Meeting with Ministry of Population Development and Social Protection:
Mr. D. Amarsaikhan, Director of Population Development Policy Coordination Department;
Ms. Ch. Erdenechimeg, Senior officer;
Ms. Ts. Myagmarsuren, Officer for Youth;
Ms. Munkhtsetseg, Officer
Ms. Davaasuren Chultemjamts, UNFPA Special adviser on Population and Development

26 May

Visit to Chingeltei District of Ulaanbaatar

Lunch meeting with UNCT

Meeting with Parliamentary Groups

Mr. S. Lambaa, Adviser to the Speaker on Social Issues and chair of parliament social committee
Ms. Erdenechimeg, Leader of Women's caucus
Mr. Davaasuren, Head of Budget Standing committee
Mr. Otgon Majaa, Officer of the Legal Service Department
Mr. Erdenechimeg Luvsan, Member of the Great Hural

Meeting with Cabinet Secretariat,
Ms. Oyuntsetseg, Head of Monitoring and Evaluation Department,

27 May

Meeting at Ministry of Health:

Dr. Buyanjargal, Director of the Policy Implementation and Coordination Division;
Dr. Tugsdelger, Director of Monitoring, Evaluation and Internal Audit Department,
Dr. Munkhdelger, Director of Pharmaceutical Division;
Ms. Khishgee, RH Officer;
Ms. Bolormaa, Maternal and Child Health Officer,
Ms. Soyolgerel, Officer for Youth,
Ms. Munkhtuul, Pharmaceuticals Officer

Lunch meeting with development partners

3 June Presentation of the preliminary draft of MTR report to UNFPA team

4 June Presentation of the preliminary draft of MTR report to the MTR Advisory Group

9 June Presentation of the MTR Report to the Stakeholders.

Reference Materials

1. UNFPA Strategic Plan, 2014-2017
2. UNDAF 2012-2016 (English and Mongolian)
3. UNDAF Review Report
4. Common Country Assessment Report, 2010
5. Country Programme Document 2012, 2016 (English, Mongolian)
6. Country Programme Action Plan (CPAP) 2012-2016 (English, Mongolian)
7. CPAP Planning and Monitoring Tool
8. Country Programme -5, Baseline Survey Report, 2011
9. CPAP annual review materials and reports
10. Annual Work plans
11. Annual Work plan Quarterly reports
12. Standard Progress reports
13. Field trip reports
14. Reproductive Health Survey, 1998, 2003, 2008
15. SISS 2013-2014 (ie RH survey combined with MICS)
16. Population Census report, 2010
17. Implications of demographic trends for socio-economic development and public policy in Mongolia (study report)
18. Evaluation Report – UNFPA Assisted Fourth Country Programme, 2007-2011
19. Country Programme Partner survey, 2011
20. Communication Strategy for UNDAF, June 2011
21. Communication Strategy for UNFPA Country Programme, Dec 2011
22. Policy Advocacy Strategy, Feb 2012
23. Health Indicators, 2012 CHD
24. Health Indicators, 2013 CHD
25. Social and Economic Situation of Mongolia (as of January 2014), NSO Newsletter, 2014
<http://en.nso.mn/content/110>
26. Mongolia GDP Growth Rate, Trading Economics, www.tradingeconomics.com/mongolia/gdp