

Country Programme Performance Summary: Mongolia

A. Country Information			
Country name: Mongolia			
Category per decision 2013/31: Pink	Current programme period: 2012-2016	Cycle of assistance: 5	
B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>			
<u>Population and Development:</u>			
<i>PD Output 1 (2012-mid 2014): Up-to-date and disaggregated data on population and development are available, accessible and presented in a user-friendly format for decision makers, planners and other development partners, including during emergencies.</i>			
<i>Revised PD Output 1 (mid 2014-2016): Up-to-date and disaggregated data on population, including data on population dynamics, youth, SRH and gender, are analysed, available and used for policy making.</i>			
Indicators	Baseline	Target	End-line data
CPAP 2012-mid 2014			
<ul style="list-style-type: none"> Integrated data management system is functioning at a national level, with access to local users 	DevInfo is used by 13.9% of government employees, no other integrated data management system is in place (2011)	A user-friendly data management system is in place and used by all IPs	The integrated data management system is available online for all data users at the national and sub-national levels. According to NRSO, the online data usage tracking system shows use of the data management system at all levels of government.
<ul style="list-style-type: none"> 2010 census results are disseminated; the 2015 midterm census and the DHS or combined RHS/MICS are conducted, the data analysed and disaggregated, and the results disseminated 	Data from the 2008 reproductive health survey were analysed and disseminated, but not fully disaggregated (2011)	Data collected, analysed, fully disaggregated and disseminated	2010 Census results were widely disseminated: the main report and 13 monographs were produced and disseminated in hard and soft copies. The 2015 mid-term census was conducted in 2015 and the results will be disseminated in early 2016. The Social Indicator Sample Survey, a combination of three major surveys (Demographic Health Survey, Reproductive Health Survey and Multiple Indicators Cluster Survey) was successfully conducted by NRSO in 2013 and the main report and three thematic reports were produced and disseminated in 2014 and 2015, respectively.

CPAP mid 2014-2016 (revised)			
<ul style="list-style-type: none"> Number of policy-oriented evidence generated and disseminated 	1 (2013)	3	4 (2015) <ul style="list-style-type: none"> The 2015 mid-term census was conducted in 2015, and the results will be disseminated in early 2016. The Social Indicator Sample Survey was successfully conducted by NSO in 2013 and the main report and three thematic reports were produced and disseminated in 2014 and 2015, respectively. A study on the situation of elderly women was conducted in 2015. A study on family planning services was conducted in 2015 and key results were disseminated.
<ul style="list-style-type: none"> Quality of database with population-based data accessible by users through web-based platform that facilitates mapping of socio-economic and demographic inequalities. 	1212.mn database launched and 138,000 people accessed as of January 2014.	10% annual increase in the number of people accessing 1212.mn	A total of 531,600 people accessed 1212.mn for population data in 2015, which is 289% increase over the 2014 baseline.

Key Achievements *(input also from the last CP evaluation)*

The National Registration and Statistics Office (NRSO), with technical and financial support from UNFPA, has developed an integrated data management system by linking the 2010 population and housing census data with geographical information using Geographical Information System. While it was initially planned to use DevInfo as a vehicle for making the integrated database available to data users, NRSO opted to use other channels such as the web-based database “www.1212.mn” with technical support from UNFPA. The website is updated weekly and monthly with further data analysis and new data from various sources. According to NRSO, since the launch of the website, the number of inquiries by phone and mail has been substantially reduced, suggesting that data users are making use of the website rather than contacting NSO directly. In 2015, the number of visits to the website reached 531,600.

With joint support from UNFPA and UNICEF, NRSO conducted the Social Indicator Sample Survey (SISS) in 2013, combining three previously separate surveys: DHS, RHS (UNFPA) and MICS (UNICEF). This joint endeavour allowed for the largest household sample size for a national level survey in Mongolia and utilized the latest information technology, including tablets which streamlined the process of data collection, verification and analysis. The use of tablets enabled real-time data collection and improved data quality assurance, minimized human errors entering data, and reduced operational costs. The SISS’ main report was launched in 2014. UNFPA also supported in-depth analyses of SISS data, focusing on adolescent and youth fertility, quality of antenatal care, and unmet need for family planning/abortion. The results of the three in-depth studies were disseminated in 2015. As a result, up-to-date, disaggregated, user-friendly population and social data is now available electronically and in print form for users at all levels. This provides additional data on social indicators, thus enabling the government’s social sector to use SISS data for evidence-based planning.

Key steps have been taken towards decreasing discrepancies in vital statistics collected by NRSO and different government entities with UNFPA support. NRSO established an integrated population and household database, which reconciled discrepancies in national population data and further enabled NRSO to more efficiently carry out the 2015 mid-term census through this database. The results of the mid-term census are expected to be released in the first quarter of 2016. The database is expected to have many other applications within state services in the future.

In addition, CP5 supported the revision of the Population and Development Policy to reflect recent demographic changes in the country and to better integrate population issues in sectoral plans and policies, while also putting human development at the center of development concepts. The policy draft has been submitted to Parliament for discussion and subsequent approval. UNFPA's technical support and advocacy resulted in the development of the Youth Development Policy, the revised Law on Combatting Domestic Violence, the National Migration Programme, the Law on the Rights of the Elderly, and the Mid-Term Strategy to implement the Gender Equality Law. All of these policy documents used population data produced with technical assistance from UNFPA. Particularly, a UNFPA technical paper on the impact of demographic trends in Mongolia, including the demographic bonus and population aging, was much appreciated as a reference document in the process of developing these policies. The results of the situational studies on elderly women and family planning are being used for the formulation of the Law on the Rights of the Elderly and the Fifth National Reproductive Health Programme.

With support from UNFPA, the Parliamentary Standing Committee on Social Policy, Education, Culture and Science has played an important role in raising the awareness of MPs on issues related to population dynamics, gender, RH and youth. In January 2014, UNFPA expanded its partnership with the Parliament by signing a Letter of Understanding with the Working Group of the Parliamentary Speaker by adding Parliamentary Standing Committees on Justice, Budget and for the Women's Caucus in addition to the Committee on Social Policy, Culture and Science. In May 2015, a dedicated lobby group composed of 15 MPs was established to advocate for key population policies among other MPs. The Working Group of the Parliamentary Speaker organized a series of discussions on population issues, inviting CSOs and experts to present evidence and their views to enhance knowledge and understanding of MPs. Such discussions contributed to the approval of the Crime Law and the Law on Protection of Witnesses and Victims (these laws have important implications for GBV prevention and response), and an increased budget allocation for RH commodities.

PD Output 2 (2012-mid 2014): Improved capacity of decision makers and planners at national and selected provincial and district levels to apply evidence-based and results-based planning tools for decision making, especially for budget allocations

*This output was removed in 2014 CPAP revision based on MTR recommendations.

Indicators	Baseline	Target	End-line data
CPAP 2012- mid 2014			
<ul style="list-style-type: none"> Evidence-based and results-based planning and budgeting tools are available and institutionalized 	The current presentation of data is difficult to interpret and use (2010)	A tool exists and is used by decision makers at 28 partner organisations	With UNFPA support the Cabinet Secretariat developed and improved on a Management Information System which covers the programmes of the national institutions and the local government. The MIS includes baseline data and annual targets for each relevant Ministry.
<ul style="list-style-type: none"> Percentage of national and local government institutions using evidence-based and results-based management 	14.2% (2011)	25%	Over 500 local statisticians, planners and M&E officers have been trained on evidence-based planning and results-based management by the Cabinet Secretariat. The end-line data as to how this capacity development has contributed to the use of evidence-based and results-based management is not available as it requires a specific study.

Key Achievements*(input also from the last CP evaluation)*

With UNFPA's technical support to the Cabinet Secretariat, key performance indicators to provide evidence and to track progress were initiated in 3 pilot Ministries: MoHS, the Ministry of Population Development and Social Protection (MPDSP), and the Ministry of Agriculture and Industry. UNFPA also provided financial assistance to the Cabinet Secretariat to establish the nationwide Management Information System that allows administrative units of all 21 provinces and 9 districts of the capital city of Ulaanbaatar to report against 43 indicators in the areas of governance, economic and social development. These were important initial steps which contributed to the Cabinet Secretariat including a section on monitoring and evaluation as a mandatory part of any new law, policy or plan to be developed and approved in the future, as articulated in the newly approved Law on Development Policy and Planning. This is the first example of an institutionalized and legalized M&E mechanism in Mongolia.

Sexual and Reproductive Health:

SRH Output 1 (2012-mid 2014): Improved quality of comprehensive reproductive health services at the secondary and tertiary levels of health care

Revised SRH Output 1 (mid 2014 - 2016): Improved quality of comprehensive sexual and reproductive health services through innovation.

Indicators	Baseline	Target	End-line data
CPAP 2012 – mid 2014			
<ul style="list-style-type: none">• Number of secondary and tertiary health facilities providing comprehensive reproductive health services according to international and national standards.	8 (2009)	21	Will be assessed towards the end of 2016.
<ul style="list-style-type: none">• Number of cases registered and addressed annually through the telemedicine network	196 (2011)	300	871 (cumulative over reporting period)
CPAP mid 2014-2016 (revised)			
<ul style="list-style-type: none">• Percentage of major direct and indirect obstetric complication cases received through telemedicine network	19% (2011)	50%	23.6% (2015)
<ul style="list-style-type: none">• Number of female sex workers utilizing SRH services	168 (2012)	1,000	1,820 (2015)

Key Achievements*(input also from the last CP evaluation)*

During CP5, comprehensive reproductive health services at tertiary levels of healthcare and the capacity for diagnosis of high risk pregnancy management at NCMCH and the local level have been strengthened. 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 the tele-consultation network. The telemedicine approach to providing maternal and newborn care has contributed to the reduction in the number of patients travelling from provinces to access tertiary level treatment and care. This has resulted in reduced costs of travel, accommodation and food not only for patients but also for accompanying family member(s). Therefore, telemedicine also has reduced a

family's risk of impoverishment from the costs of seeking care. In addition, the enhanced skills of service providers, including obstetricians, anesthesiologists, neonatologists and midwives prevented and reduced morbidity and mortality. Based on data from the Ministry of Health and Sports, maternal mortality is decreasing. In 2015, the maternal mortality ratio was reduced to 25.6 per 100,000 live births from 50.8 per 100,000 live births in 2012. Mongolia is one of only nine countries in the world to achieve MDG 5 on maternal health.

The Maternal and Newborn Morbidity and Mortality Surveillance and Response System at the National Center for Maternal and Child Health (NCMCH) became fully functional in 2015 with technical support from UNFPA. The NCMCH now collects data on four indicators (maternal mortality, severe maternal morbidity including "near misses," perinatal mortality, and congenital abnormalities) as well as adolescent health indicators, and analyses are conducted on a weekly basis. The results of analyses are submitted to MoHS weekly. Submitted reports feed the MoHS Minister's bi-annual maternal death review, which helps to identify "hot spots" and to take timely measures to prevent future mortality.

An additional component of this output includes upgrading pre-service training of medical doctors and midwives to meet international standards of excellence. UNFPA facilitated collaboration between the Mongolian National University of Health Sciences (MNUHS) and the University of Sydney to upgrade the pre-service curriculum for obstetrics, as well as a new textbook and the establishment of a lab for hands-on training in essential skills. The new curriculum was introduced in the 2015/2016 academic year.

Three new reproductive health services were introduced during CP5 with UNFPA's technical and financial support:

- The utilization of pre-natal ultrasound screening in the first and second trimesters of pregnancy was increased to 35.6% in 2015, compared to 0% in 2012. Pre-natal screening contributes to reductions in perinatal and maternal mortality.
- Endoscopic surgical units were introduced to secondary and tertiary level health services and the percentage of endoscopic surgical interventions was increased from 0% in 2012 to 9.6% in 2014 and to 28.4% in 2015. The minimally invasive surgery, performed by using endoscopy, allows faster recovery after gynecological surgical procedures with minimal scars and tissue trauma. The units will serve as training facilities for gynecologists from the provinces to introduce this client-friendly approach across the country.
- An Assisted Reproductive Medicine unit was established at a tertiary level health service provider, the first unit of its kind to be established within a public hospital. This was a very important step for the country where infertility is quite high (8% of the population of reproductive age). The service reduces the cost to clients and makes advanced infertility management available to more Mongolians.

UNFPA's advocacy and technical support resulted in improved policy environment and increased budget allocation to address SRHR:

- As a result of concerted advocacy throughout CP5, the government budget allocation for the SRH has increased with focus on specific areas such as telemedicine, youth, and reproductive health commodity security. This was achieved through close collaboration with the Parliamentary Standing Committee on Budget, an important UNFPA partner within the Parliament. Over the past two years, the Committee, with support from UNFPA, carried out a number of awareness-raising activities and advocacy for MPs to secure their support for the allocation of resources to SRH. The Committee also organized a public hearing on how to achieve MDGs. The chair of the Budget Committee attended the Asia and Pacific Population Conference of 2013 with UNFPA support to enhance his understanding of population and RH issues globally and in the region.
- UNFPA provided technical assistance to the MOHS to implement the SRHR-related recommendations of the Universal Periodic Review. Mongolia accepted a recommendation to pay special attention to the reproductive rights of women and girls with disabilities. Until March 2015, national guidelines regarding the provision of abortion services to women with mental disabilities placed the decision in the hands of medical staff without the consent of the woman or their legal representative. UNFPA supported the revision of the guideline to end these instances of the violation of the rights of women and girls with disabilities.

- UNFPA's technical and advisory services supported the development of a National Sub-Programme on STI/HIV for 2016-2021. The current National Strategy on HIV/AIDS/STI (2010 to 2015) puts minimal attention on STI and focuses more on HIV/AIDS. However, nationally, the burden of STIs is more severe than HIV as STIs are quickly becoming a primary public health concern in Mongolia. The incidences of stillbirth and congenital syphilis have increased in recent years as well as infertility rates among women of reproductive age. Therefore, UNFPA's various advocacy and technical assistance helped the Government to understand the extent of the problem and the need to focus at least an equivalent amount of attention and resources on STIs as to HIV. For the first time, linkages between STI/HIV and other reproductive health services were clearly identified in the National Sub-Programme for 2016-2021.

During CP5, partner CSOs reached out to communities that are not reached by government services, such as female sex workers and mobile populations, with reproductive health services. These initiatives have contributed to increasing the number of female sex workers who have been reached by the project from 180 in 2014 to 664 in 2015. As a result of this continued effort, the incidence of new syphilis infections was reduced three fold among female sex workers monitored by the project from 30 to 10 per cent between 2014 and 2015.

SRH Output 2 (2012 – mid 2014): Increased availability and accessibility of reproductive health services, including reproductive health commodity security, for disadvantaged groups in selected areas

Revised SRH Output 2 (mid 2014-2016): Policies, strategies and protocols developed and implemented for sexual and reproductive health, with particular attention to Ulaanbaatar city.

Indicators	Baseline	Target	End-line data
CPAP 2012 – mid 2014			
<ul style="list-style-type: none"> Government budget for reproductive health commodities, including contraceptives 	\$60,000 (2011)	\$250,000	250 million MNT (\$125,000) approved for 2016
<ul style="list-style-type: none"> Percentage of service delivery points offering at least three modern contraceptives 	93.7% (2011)	96%	66% of primary health care services (2015) 71% of secondary health care services (2015)
<ul style="list-style-type: none"> Number of selected provincial and sub-provincial health facilities providing basic emergency obstetric care and the minimum initial services package, according to international and national standards. 	5 out of 27 (2010)	11 out of 27 (2016)	Will be assessed towards the end of 2016
CPAP mid 2014 – 2016 (revised)			
<ul style="list-style-type: none"> Number of strategies and guidelines revised and developed 	0 (2014)	4	5 (2015)
<ul style="list-style-type: none"> % of SDPs which did not experience stock-outs in the last 6 months disaggregated by province and UB. 	78.6% in provinces 39.0% in Ulaanbaatar (2013)	60%	10.8% in provinces 0% in Ulaanbaatar (2015)

Key Achievements(input also from the last CP evaluation)

In the area of Sexual and Reproductive Health, UNFPA advocacy efforts during CP5 accelerated on many pertinent issues including government budgetary allocation for Reproductive Health which resulted in the government's decision to allocate a dedicated budget for reproductive health commodity security (RHCS) in 2013 and 2014. Progress towards the indicator target for government budget allocated to RH commodities, including contraceptives, is improving. Although the targets were not fully achieved, there has been some positive progress. According to CO data, the target was 54.6 % achieved in 2012 (US\$ 109,174 from the target of US\$ 200,000) and 59.0 % achieved in 2013 (US\$147,589 from the target of US\$ 250,000). While government funding for contraceptives was increased in some years since 2012, the government has not provided funding to meet the agreed projected target. As a result, stock-out of contraceptives has increased to 91.7% since mid-2015.

The number of service delivery points (SDPs) offering at least 3 modern contraceptive methods was 97-98% in 2012 and 2013. However, the situation has deteriorated since then as the government was not able to fully cover the procurement of contraceptives starting from 2014. To increase accessibility of contraceptives, particularly for disadvantaged women, the Health Insurance Department made a very important decision in July 2013 to include 5 additional contraceptive methods into the national health insurance scheme. This has reduced the market cost of these new contraceptives by 57-83%, which improves access to modern contraceptives, including among vulnerable groups.

The Reaching Every District and Soum (REDS) strategy in selected provinces has proven to be an effective way to reach disadvantaged populations. For example, the model soum initiative has allowed for a more holistic approach to SRH programmes in select soums of 3 focus provinces and one district in Ulaanbaatar. A total of 11,790 disadvantaged women of reproductive age were reached at the selected sites. The contraceptive prevalence rate (CPR) for modern methods among the selected cohort of disadvantaged women in target provinces and district has increased (despite a decrease in the national average): from 36.3% to 45.7% in Gobi Altai, 43.4% to 54.2% in Bayanhongor, 46% to 48.5% in Zavkhan and 24.4% to 45.5% in Chingeltei district.

The following guidelines were developed and/or revised with UNFPA's technical assistance and subsequently approved:

- National Guideline on Infection Management and Blood Transfusion for maternal and child health services
- National Guideline on Prenatal Diagnostics
- National Guideline on sub-Fertility Management
- National Guideline on Antenatal Care
- National Guideline for STI Case Management and Contact Tracing

UNFPA's technical and advisory services supported the development of the National Sub-Programme on STI/HIV for 2016-2021. The current National Strategy on HIV/AIDS/STIs 2010-2015 puts minimum attention to STIs and focuses more on HIV and AIDS. However, nationally, the burden of STIs is significantly more severe than HIV and AIDS, with STIs quickly becoming a primary public health problem in Mongolia. Therefore, UNFPA's advocacy and technical assistance focused on helping the Government to understand the extent of the problem and the need to focus at least an equivalent amount of attention and resources to STIs as to HIV and AIDS. For the first time, linkages between STIs/HIV and other Sexual and Reproductive Health services were clearly identified in the National Sub-Programme.

The introduction of these new and/or revised guidelines into practice directly contributes to improvements in quality of reproductive health services.

SRH Output 3 (2012 – mid 2014): Strengthened institutional capacity to deliver adolescent-friendly and youth friendly sexual and reproductive health education and services

Revised SRH Output 3 (mid 2014 – 2016): Improved and extended provision of youth friendly sexual and reproductive health services in target areas.

Indicators	Baseline	Target	End-line data
CPAP 2012 – mid 2014			
• Number of service delivery points providing adolescent-	18 (2010)	24 (2016)	24 (2015)

friendly and youth-friendly health services			
<ul style="list-style-type: none"> Percentage of youth and adolescents with accurate knowledge of modern methods that prevent unwanted pregnancy and sexually transmitted infections 	4.7 % of respondents aged between 15-19 years; 14.0 % of all respondents aged between 20-24 years (2012)	50% - 15-19 years 70% - 20-24 years	The end-line data will be available in 2017.
<ul style="list-style-type: none"> Number of civil society organizations working with vulnerable groups employing strategic behavioural change communication interventions 	12 (2011)	28	18 (2014)
CPAP mid 2014 – 2016 (revised)			
<ul style="list-style-type: none"> % of young people who correctly identify ways of preventing HIV 	23% for girls; 21% for boys	30% for girls and boys	The end-line data will be available in 2017
<ul style="list-style-type: none"> Number of youth who use adolescent health clinics 	16,000 (2013)	24,000	28,640 (2015)

Key Achievements (input also from the last CP evaluation)

CP5 supported the development of the Adolescent and Youth Health Strategy by MoHS, which is expected to be approved as a sub-programme of the Fifth National Reproductive Health Programme in 2016. This is an important step towards improving the policy environment for addressing health, particularly the sexual and reproductive health of young people, as it focuses on improving the quality of and access to SRH services for adolescents and youth through the integration of youth-friendly services at all levels of health care.

CP5 supported the establishment of 9 new youth friendly health clinics in provinces and districts of Ulaanbaatar. 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 number of young people visiting these centers is on the rise. One of these clinics was established at the Maternal and Child Health Research Center, the only tertiary level health service provider that functions as a reference center for all district and provincial hospitals. The youth health-related routine data information system has been established with key stakeholders, including MoHS and NCMCH, and the youth health centre at NCMCH is set to serve as a hub for information and analysis on adolescent and youth health issues.

Gender Equality

GE Output 1 (2012 – mid 2014): Strengthened capacity of politicians and key government entities to advocate and implement the legislation on gender equality and on domestic violence

Revised GE Output 1 (mid 2014 – 2016): National gender machinery strengthened.

Indicators	Baseline	Target	End-line data
CPAP 2012 – mid 2014			
<ul style="list-style-type: none"> A mechanism is established within the Government entity responsible for gender to support gender equality and gender 	The mechanism is not established (2011)	The mechanism is established at the national level and at local levels in focus areas	The National Committee on Gender Equality (NCGE), the government entity responsible for gender, has been established and is functioning. Furthermore, the Mid-Term Strategy to implement the Gender Equality Law (GEL) is in place, government officers,

mainstreaming in government institutions			including gender focal points, have been trained on gender issues and the Government has allocated state budget for GEL implementation.
CPAP mid 2014 – 2016 (revised)			
• % of GEL RRF implemented	0 (2013)	80%	80.8% (2015)
<p><u>Key Achievements</u><i>(input also from the last CP evaluation)</i></p> <p>Following the approval of the GEL in 2011, UNFPA under CP5 provided support for the implementation of the law through the provision of technical and financial support to NCGE. CP5 supported the GEL’s Mid-term Strategy and Action Plan for 2012-2016 through technical assistance. As a result, the strategy and action plan were endorsed by the Government in January 2013 and a dedicated budget was allocated for gender-related interventions starting in 2014. This forms a legal basis to create supportive conditions that will improve gender equality in political, legal, economic, social, cultural and family relations. In addition, the strategy and action plan further ensure the operationalization of the Law by identifying key interventions, clarifying roles and responsibilities of stakeholders and articulating resource requirements.</p> <p>Through CP5, UNFPA supported the capacity development of gender focal points at various Ministries and in three focus provinces and Ulaanbaatar districts to facilitate gender mainstreaming into sectoral policies and programmes. As a result, some Ministries (i.e., Ministry of Finance, Ministry of Justice and Ministry for Green Development) and three provinces where UNFPA provides targeted support have started working on sector-specific gender programmes as well as the integration of gender indicators into their M&E Frameworks. For the first time, gender-sensitive budgeting was introduced into the core curriculum of civil servants at the Academy of Management, the key institution that trains civil servants. The Cabinet Secretariat included gender indicators in the M&E framework of the Government Action Plan in 2013 and all government agencies are now responsible for reporting on: 1) the existence of designated officers in charge of gender issues and percentage of gender-related activities and 2) the sex ratio in management positions. This was an important step towards holding government agencies accountable for gender mainstreaming and increasing women’s role in decision making.</p> <p>In addition, with UNFPA’s support during CP5, the revised draft of the Law to Combat Domestic Violence has been submitted to Parliament for approval. With UNFPA’s advocacy support in partnership with CSOs, the Parliament approved revisions to the Law on Protection of Witnesses and Victims, the Crime Law and the Law on Misconduct wherein domestic violence is, for the first time, officially charged as a crime. The key to such progress was a partnership with the Women’s Caucus to advance gender issues in Parliament in close collaboration with NCGE and the National Center Against Violence (NCAV). With UNFPA support, the women’s caucus has organized discussions with various groups and organized a public hearing on the Law to Combat Domestic Violence and related laws, such as the Crime Law and the Law on Misconduct, which gained further support among MPs.</p>			
<p><i>GE Output 2 (2012 – mid 2014): Strengthened capacity of key governmental and civil society organizations to prevent GBV and to provide quality comprehensive services for survivors of GBV.</i></p> <p><i>Revised GE Output 2 (mid 2014 – 2016): Innovation for gender equality and prevention of, and response to, gender-based violence promoted.</i></p>			
Indicators	Baseline	Target	End-line data
CPAP 2012 – mid 2014			
• Percentage of trained decision makers, police officers, judicial system officers and health service providers with adequate knowledge on	10% (2011)	40%	60%

gender-based violence			
• Number of One-Stop Service Centres (OSSCs) providing services for victims of gender-based violence	3 (2010)	6	6 (2015): 3 in UB and 3 in provinces (Bayankhongor, Gobi-Altai and Zavhan)
CPAP 2012 – mid 2014 (revised)			
• Number of OSSCs functioning	3 (2012)	6	6 (2015): 3 in UB and 3 in provinces (Bayankhongor, Gobi-Altai and Zavhan)
• Number of new partnerships for gender equality and prevention/response to GBV	2 under discussion in 2013	4	4 (2015): National Human Rights Commission, Academy of Management, Ministry of Finance, and Ministry of Justice

Key Achievements (input also from the last CP evaluation)

During CP5, advocacy and sensitization work, including the annual 16 Days of Activism against Gender Violence campaign, resulted in the President making a public statement decrying domestic violence (DV), signing the UN ‘COMMIT’ card, and increasing commitment to work with policymakers to create a new legal system to provide services and safeguards for DV survivors. Following the President’s initiatives, the education sector conducted its sectoral advocacy meeting and committed 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 Women’s Caucus, the mobilization of two MPs to serve as champions for gender equality, and extensive advocacy conducted with CSOs have contributed to the achievement of the output.

Three new OSSCs were established in three provinces (Zavkhan, Gobi-Altai and Bayankhongor) and the OSSC service guideline was developed with technical and financial support from UNFPA. These were the first state-funded OSSCs in rural provinces, and the government has committed to expand services nationally. An OSSC was established at a provincial police department, and lessons learned from this experience inspired the Ministry of Justice to work towards expand these services to all provincial police departments.

UNFPA has provided substantial support to build the capacity of key government officers on gender issues and to promote gender awareness and capacity-building among CSOs working to prevent GBV. Key achievements include the introduction of Start Awareness Support Action (SASA) training, the adaptation and publication of a masculinity training manual, and the establishment of a pool of trainers. Men and boys are increasingly engaged in GBV prevention efforts and the capacity of multi-disciplinary teams who provide services to survivors has been increased. These efforts contributed to increased reporting of GBV cases to the police in 2014 and 2015.

Through CP5 support, gender awareness and GBV prevention campaigns have been conducted to change attitudes and behaviours among the general public. Moreover, the annual 16 Day Campaign against Gender Violence, the Men’s Participation forum, “*Through Women’s Eyes*” forum, the Young Women’s Voices forum, and other subnational level campaigns seek to raise public awareness of gender equality and the need to prevent and eliminate GBV.

In 2015, a total of four new partnerships were established in the area of gender and GBV, including partnerships with: 1) National Human Rights Commission (NHRC) to improve the quality of the content of the NHRC annual report with specific information on gender equality; 2) Academy of Management (AoM) to integrate gender sensitive budgeting into the AoM curricula for civil servants; 3) Ministry of Finance for the development of the sectoral gender sub-programme; and 4) Ministry of Justice to conduct a gender audit and create a gender sub-programme (the sub-programme will be developed in 2016 based on the results of the gender audit conducted in 2015).

Youth Development

YD Output 1 (mid 2014 – 2016): Youth policy and strategy approved.

*Youth Development components including the above output were added in 2014 CPAP revision following the MTR recommendations.

Indicators	Baseline	Target	End-line data
CPAP mid 2014 – 2016 (revised)			
• Progress of developing the youth policy	Discussions underway	The approved youth policy implemented	State Policy on Youth developed, pending submission and approval to the Cabinet in 2016

Key Achievements *(input also from the last CP evaluation)*

With UNFPA's technical and financial support, the Mongolian Government developed the State Policy on Youth which is pending submission to the Cabinet for approval. UNFPA country office worked closely with the Ministry to guide the policy development process, and provided technical assistance through national and international consultants as well as support to provincial, regional and national level stakeholder consultations. UNFPA's technical paper on the impact of demographic trends in Mongolia, including the demographic bonus, was much appreciated as a reference document during the youth policy development process. Simultaneously, the Ministry has undertaken the development of a National Programme on Youth with an action plan, which has required extensive engagement and support from all youth partners including UNFPA. The approval and implementation of the policy and the effective functioning of the national coordination mechanism, the National Committee on Youth Development, is expected to create a more effective policy environment and better coordination to further improve the quality of interventions and coverage of the Youth Development Programme. It is composed of several Ministries that have youth programmes, youth CSOs, as well as UN agencies and helps to improve coordination and to ensure that youth programmes are focused on the needs of young people. The initial focus of the forum was information sharing, and since 2014 some substantive issues such as teen pregnancy, the national human development report on youth and the discussion on the youth development policy among others have been included in the agenda for discussion. This platform created the conditions for improved coordination of CSOs.

With continued advocacy and support from UNFPA, a National Committee on Youth Development was established by decree of the Prime Minister as an inter-sectoral coordination mechanism composed of State Secretaries of all line Ministries, and key youth NGOs. As head of the National Committee, the Minister for Population Development and Social Protection has issued orders to all provinces to establish local branch committees on youth development to ensure inter-sectoral coordination at sub-national levels.

YD Output 2 (mid 2014 – 2016): Increased availability of life skills education for youth in target areas/institutions.

*Youth Development components including the above output were added in 2014 CPAP revision following the MTR recommendations.

Indicators	Baseline	Target	End-line data
CPAP mid 2014 – 2016 (revised)			
• Level of expansion of YDCs in target areas	2 (2013)	15	15 (2015)
• Reported cases of youth GBV in target areas	50 (2014)	20% reduction	The end-line data is not available as it requires a specific study.
• Level of satisfaction of youth in life skills	TBD	40%	The end-line data is not available as it requires a specific study.

Key Achievements *(input also from the last CP evaluation)*

UNFPA's advocacy towards the MPDSP created a more conducive environment to formalize the establishment of Youth Development Centres (YDCs). YDCs are designed to meet a variety of youth needs, while providing focal points for youth activities. The lack of life skills amongst young people, particularly skills valued by employers such as communication, team work, planning and decision-making, is highlighted as a common challenge for employers hiring youth. YDCs are designed to address this issue as a focal point for the delivery of life skills education, and other needed services. 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 including the Youth Peer Education Network (Y-PEER) which provides outreach to youth and linkages to youth-friendly health services (9 such clinics were during CP5). At the sub-national level, YDCs also raise awareness of youth issues among local decision-makers, particularly through the work of the YDC youth panels. Youth panels are created with inclusive representation of local youth to make decisions and participate in the activities of the centers. YDCs served 33,436 young people between 2013 and 2015.

Y-PEER has been expanded across the country since the commencement of CP5 implementation in 2012. Currently, 16 Y-PEER clubs are operating in 11 provinces and 3 districts of Ulaanbaatar with a total of 494 active Y-PEER volunteers or peer educators. In 2015, peer educators reached out to a total of 28,395 young people. Y-PEER works closely with local youth friendly health centres and conducts peer-to-peer SRH education, including family planning, STI/HIV prevention and the promotion of sexual and reproductive rights.

To facilitate further cooperation and coordination, UNFPA supported a tripartite policy dialogue mechanism among Government, youth CSOs and UN agencies through regular monthly meetings. The establishment of this mechanism has created synergy among partners working on youth development. The forum is designed mainly as a policy dialogue mechanism to ensure active youth participation in policy-making. It is composed of several Ministries that have youth programmes, youth CSOs, as well as UN agencies and helps to improve coordination and to ensure that youth programmes are focused on the needs of young people. The initial focus of the forum was information sharing, and since 2014 some substantive issues such as teen pregnancy, the national human development report on youth and the discussion on the youth development policy among others have been included in the agenda for discussion. This platform created the conditions for improved coordination of CSOs.

With UNFPA support, a number of interventions to prevent and reduce GBV have been extensively implemented, including the annual Young Women's Voices Forum at the national level, SASA! and Masculinities workshops in all 11 selected provinces and Ulaanbaatar city on preventing violence against women and transforming the masculine identity for gender justice. This also included the "safe school" initiatives for school-wide mobilization for violence-free schools that will change the society, as part of which a national NGO network on gender justice and human rights developed a model for preventing GBV in educational settings, and piloted it in 4 schools with 4,049 students and their teachers, managers and other school personnel.

UNFPA has provided financial and technical support in the development of a set of 12 life skills training modules, which includes a module on sexuality and STI/HIV prevention and another on GBV prevention. As part of the ongoing educational reform led by the Ministry of Education, Culture, and Science, life skills education has been institutionalized at secondary education level for grades 6 through 9 in all general education schools starting in the 2015 academic year. Moreover, all other classes are required to build life skills through their revised student-centered methodologies. In collaboration with Ministry of Labour, all technical and vocational education school curricula have been updated to further incorporate life skills education into "Health" and "Communication" classes, which now benefit 65% of all technical and vocational school students (over 27,000). Life skills education has been institutionalized at the pre-service level for teachers at the Mongolian State University of Education through the optional subject "Health and Life Skills Education" which is valued at 1 credit and is available to all students (over 3,000 in all subject majors) in their second year of studies. Mandatory "Life Skills" classes have been institutionalized for students in Biology and Health subject teaching majors in their second year of studies (2 credits), and for Physical Education and Health subject teaching majors in their fourth year of studies (2 credits). With support from UNFPA, the National Center for Lifelong Education has updated and further improved the existing curriculum

for life skills education that is taught throughout the country at lifelong education centers. This curriculum revision was supplemented by the establishment of 32 Life Skills Education Halls (LSEH) in educational institutions, which are designed to provide a safe, positive environment for youth development and to offer an important space for student-led activities and initiatives, including for school-based Y-PEER.

C. National Progress on Strategic Plan Outcomes¹	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage of service delivery points in the country which have seven life-saving maternal/reproductive health medicines from the WHO priority list (Target: at least 95%)	82.3	2012	88.3	2015	
Contraceptive prevalence rate (total)	54.9	2010	54.6	2013	
Proportion of demand for contraception satisfied (total)	79.3	2008	77.3	2013	
Percentage of service delivery points in the country have no stock-out of contraceptives in the last six months (Target: at least 60%)	64.4	2012	6.9	2015	
Percentage of live births in the country that are attended by skilled health personnel (Target: at least 80%)	100	2012	100	2015	
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	2	2012	4	2015	
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	53.9 (women) 75.4 (men)	2010	46.1 (women) 69.0 (men)	2013	
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	210 million MNT	2014	300 million MNT	2016	Yes

¹The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Summary of National Progress

Mongolia is one of only nine countries worldwide that achieved the MDG target on health except for Tuberculosis. This achievement was the result of concerted efforts at all levels of maternal health services, including progressive changes in rules and regulation, capacity development of health service providers, improvements in equipment and supplies and increased awareness of communities. Also it is noteworthy that maternal mortality has been reduced substantially, although contraceptive prevalence has declined, and due mainly to the current financial downturn which has put pressure on the state budget particularly in the social sector, the stock-out rate of contraceptives has increased. Of increasing concern is adolescent and youth health, as their birth rates are on the rise, and their need for sexual and reproductive health services including the provision of comprehensive information and knowledge is not being sufficiently met.

The Mongolian Government fully covers the procurement costs of life-saving maternal/reproductive health medicines and has allocated a dedicated budget for RHCS starting from 2013. While the government's funding for contraceptives has increased in some years since 2012, as a result of recent financial difficulties, budget increases have not met the targets set for CP5.

The number of SDPs offering at least 3 modern contraceptive methods was 97-98% in 2012 and 2013. However, the situation has deteriorated since then as the government was not able to fully cover the procurement of contraceptives starting from 2014, and also UNFPA's global fund for RH commodity phased out of its support to Mongolia. To increase accessibility of contraceptives, especially among disadvantaged women, the Health Insurance Department made a very important decision in July 2013 to include 5 additional contraceptive methods into the national health insurance scheme. This has enabled the reduction of market costs for these new contraceptives by 57-83%, which will improve access to modern contraceptives, including among vulnerable groups.

UNFPA's Contributions

The above-mentioned progress was made through UNFPA's advocacy and technical support for RHCS through capacity development in logistics management, awareness-raising on the importance of family planning among key decision makers, and the provision of limited funding for contraceptive procurement in the first two years of the country programme.

UNFPA's technical and financial assistance resulted in the establishment of the telemedicine network in all provincial hospitals, connecting them to the National Center for Maternal and Child Health (NCMCH) – the tertiary level reference center located in the capital city of Ulaanbaatar. In addition to establishing the network to improve case management of obstetric and neonatal complications through access to NCMCH experts, UNFPA supported the capacity development of staff in local hospitals and supplied essential equipment for emergency obstetric and newborn care.

UNFPA's technical support in developing/revising key service guidelines, such as the Guideline on Infection Management and Blood Transfusion for maternal and child services, the Guideline on Prenatal Diagnostics, the Guideline on Antenatal Care and the Guideline of STI Case Management, were important contributions to improve the policy environment for quality care and accountability.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	31.6 (women) 29.3 (men)	2010	22.8 (women) 20.7 (men)	2013	
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	yes	2012	Yes	2015	

Summary of National Progress

The National Committee on Youth Development was established by decree of the Prime Minister as a government inter-sectoral coordination mechanism, composed of State Secretaries of all line Ministries, and key youth NGOs. This coordination mechanism is led by the Ministry of Population Development and Social Protection to facilitate coordination on the implementation of the youth-related goals of the government action plan among the key government Ministries, and non-government organizations. The government developed the State Policy on Youth, which is awaiting approval in 2016.

The MOHS developed the Adolescent and Youth Health Strategy, which is expected to be approved as a sub-programme of the Fifth National Reproductive Health Programme in 2016. This is an important step to improve the policy environment for addressing health, particularly the sexual and reproductive health issues of young people, as it focuses on improving the quality and access of SRH services for adolescents and youth and the integration of youth-friendly services to all levels of health care.

UNFPA's Contributions

The above-mentioned coordination mechanisms were established with concerted advocacy efforts by UNFPA. Technical support was provided for policy and strategy development. In addition, UNFPA provided financial support to pilot and expand effective interventions for youth development, including the establishment of Youth Development Centers and Adolescent and Youth Friendly Health Clinics, and the development of modules for life skills education through these established channels.

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth					
Does the country have gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	no	2012	yes	2015	
Proportion of actions taken by the country on all of the accepted recommendations of the Universal Periodical Review (UPR) on reproductive rights from the previous reporting cycle	N/A		27.7	2015	
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	10%	2008	N/A		2016 GBV study will set the value of this indicator

Summary of National Progress

The Government of Mongolia has made significant progress towards achieving gender equality. The Mid-Term Strategy and Action Plan for 2012-2016 to implement the Gender Equality Law was approved in 2011 and endorsed by the Government with a dedicated budget for implementation.

The revised draft of the Law to Combat Domestic Violence has been submitted to Parliament for approval. Parliament approved revisions to the Law on Protection of Witnesses and Victims, the Crime Law and the Law on Misconduct wherein domestic violence is, for the first time, charged as a crime. OSSCs to provide services to GBV survivors were piloted in provinces and multi-disciplinary teams to provide services to victims were institutionalized nationally.

UNFPA's Contributions

UNFPA's advocacy and technical support, in partnership with CSOs, facilitated the development and approval of the above-mentioned GEL strategy and revisions to important legal frameworks. These steps provide a foundation for addressing GBV in the country. UNFPA's strong relationship with and support for the Women's Caucus to advance gender issues in Parliament were important factors contributing to support among MPs and decision-makers.

UNFPA provided technical and financial support to the government for the establishment of OSSCs and multi-disciplinary teams to ensure effective service provision to GBV survivors with a human rights-based approach.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	yes	2012	yes	2015	
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	yes	2008	yes	2013	
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	yes	2014	yes	2015	
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	0	2012	100%	2015	Population Policy, Youth Devt Policy, National Migration Programme, Law on the rights of the Elderly, revised Law to Combat Domestic Violence

Summary of National Progress

NRSO conducted a mid-term census in 2015 using an integrated population data management system for the first time.

In 2013, NRSO conducted the Social Indicator Sample Survey (SISS), which combined three major surveys (Demographic Health Survey, Reproductive Health Survey and Multiple Indicator Cluster Survey) using an innovative technology – tablets - which have been proven to be very effective and efficient in conducting large-scale surveys. The results of this study were widely disseminated through the main report and in-depth studies on key reproductive health issues.

Evaluations of major programmes and strategies have been completed or are ongoing in the areas of SRHR, including the evaluation of the National Reproductive Health Programme (2012-2016), the National Strategy on HIV/AIDS/STI (2010-2015), the National Strategy on Reproductive Health Commodity Security (2011-2015), the survey on the availability of modern contraceptives and lifesaving maternal/reproductive health essential medicines, the Family Planning Situation Analysis, and the Situation Analysis on Youth Development. The results of all of these evaluations/analyses provided an evidence base for key policies, such as the new National Reproductive Health Programme and its sub-programmes, the Population Policy and the State Policy on Youth.

UNFPA's Contributions

UNFPA has provided technical support to NSO to conduct the mid-term census and, jointly with UNICEF, the SISS. UNFPA's technical and financial support was given to key partners, such as MoHS and the MPDSP, to carry out evaluations of programmes and strategies and situation analyses in SRH and adolescents and youth.

D. Country Programme Resources						
SP Outcome Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Increased availability and use of integrated sexual and reproductive health services	2,762,203	2,666,499	3,847,903	3,370,535	6,610,106	6,037,034
Youth policies and programmes, and increased availability of comprehensive sexuality education	1,150,828	1,066,911	4,409,362	3,713,970	5,560,190	4,780,881
Advanced gender equality, women's and girls' empowerment, and reproductive rights	1,082,384	1,011,399	14,089	12,910	1,096,473	1,024,309
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	2,508,609	2,315,228	77,225	78,665	2,585,834	2,393,894
Programme coordination and assistance	1,326,884	1,212,513	5,301	3,973	1,332,185	1,216,486
Total	8,830,908	8,272,550	8,353,879	7,180,055	17,184,787	15,452,604

*Figures are as of December 2015, not yet capturing 2016 figures.