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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Mongolia

Proposed indicative UNFPA assistance: \$14 million: \$10 million from regular resources and \$4 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2012-2016)

Cycle of assistance: Fifth

Category per decision 2007/42: B

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	6.0	3.0	9.0
Population and development	2.0	0.5	2.5
Gender equality	0.5	0.5	1.0
Programme coordination and assistance	1.5	-	1.5
Total	10.0	4.0	14.0

I. Situation analysis

1. Mongolia has made the economic and political transition from socialism to democracy and a market economy, which has resulted in gains in education and health. Government commitment to human rights, freedom and peace has led to the addition of a ninth national Millennium Development Goal, on democratic governance and human rights. Economic growth was 8.9 per cent in 2008. With increasing revenues from mining, economic growth will likely increase to 10 per cent per annum by 2015.

2. Mongolia is a landlocked country with a vast landmass. It is sparsely populated, with a population of 2.7 million. It has a harsh climate, a high cost of living, and poor road infrastructure, which make social and economic development challenging.

3. The 2009 global financial crisis revealed the vulnerability of Mongolia to external financial shocks. The steady, modest economic growth of the last decade did not translate into improved livelihoods for all. Studies point to inequalities and gaps between genders and among population groups and geographical locations. Thirty-nine per cent of the population lives below the poverty line, with disparities between urban areas, including the capital city, Ulaanbaatar (27 per cent), and rural areas (53 per cent). The limited capacity to use disaggregated population data in planning and budgeting constrains the development of pro-poor and social protection policies.

4. Mongolia is urbanizing rapidly. Nearly 60 per cent of the population lives in urban areas, and 40 per cent of the population lives in Ulaanbaatar. Severe winters decimate the livestock upon which the livelihoods of rural herders depend. This triggers migration from rural to urban areas, along with unemployment and poverty in peri-urban areas.

5. Mongolia has a young population. Children aged 14 years and under account for 27.6 per cent of the population, and youth aged 15-24 years account for 21.5 per cent. The dependency ratio is low (46.3 per cent), but challenges remain if the country is to benefit from the demographic dividend by investing in human capital and employment creation, especially for youth.

6. Mongolia reduced the maternal mortality ratio from 199 maternal deaths per 100,000 live births in 1990 to 81 in 2009. Mongolia is therefore on track to achieve Millennium Development Goal 5, which seeks to improve maternal health, by 2015. However, the national average masks wide geographical and ethnic disparities, with some remote provinces registering 199 maternal deaths per 100,000 live births in 2009, compared to 79 in the capital city. Seventy-five per cent of all maternal deaths occur among herdswomen, the unemployed, and unregistered migrants.

7. The contraceptive prevalence rate for modern methods among married women is 49.6 per cent. The unmet need for family planning is 14.4 per cent. The total fertility rate increased from 1.9 births per woman to 2.7 over the past five years, supported by government policies.

8. Access to reproductive health services by young people is limited, which increases their vulnerability to sexually transmitted infections, HIV and unplanned pregnancies. The steep increase of 92 per cent in the number of registered HIV/AIDS cases over the past five years is alarming. Sexually transmitted infections, which are a risk factor for the spread of HIV, account for 44 per cent of communicable diseases.

9. The country is unlikely to achieve Millennium Development Goal 3, which seeks to promote gender equality and empower women. Gender disparities are wide in terms of access to political decision-making and economic opportunities. Women occupy only

three of 76 parliamentary seats and one of 12 cabinet posts. Girls and young women perform a greater share of unpaid work than do young males, and receive lower wages. Gender-based violence is widespread, with more than 50 per cent of women having experienced physical or psychological violence during their lifetime.

II. Past cooperation and lessons learned

10. The fourth country programme, 2007-2011, consolidated partnerships with the Government and civil society institutions. The evaluation of the programme identified the following achievements: (a) an increase in the availability of modern contraceptives, from 85 per cent of service delivery points in 2005 to 93.7 per cent in 2010; (b) improved emergency obstetric and newborn care in rural health facilities in targeted areas, including 12 provincial hospitals connected through 'telemedicine' to a maternal and child research centre in the capital, to instantly address complications related to childbirth; and (c) 'one-stop' service centres for victims of gender-based violence in three major hospitals in the capital, and six voluntary counselling and testing centres for HIV/AIDS.

11. Other achievements included: (a) a successful decennial population and housing census in 2010, using state-of-the-art technology, including geographical information systems and 'e-census' initiatives to count citizens abroad; (b) the passage of the gender equality law; and (c) increased recognition by the Government of the importance of addressing the concerns of youth, which led to a commitment to create a government youth department.

12. The evaluation of the programme recommended the following strategies to improve programme effectiveness: (a) increasing the focus on disadvantaged groups; (b) addressing gaps identified in a 2008 joint assessment on emergency obstetric and essential newborn care carried out by the

United Nations Children's Fund (UNICEF), UNFPA and the World Health Organization (WHO); (c) expanding the telemedicine network for maternal and newborn care to all provincial hospitals and strengthening regional referral hubs; and (d) standardizing medical equipment and improving the management of drugs and supplies.

13. The evaluation also recommended: (a) expanding adolescent health centres country-wide; (b) increasing mobile reproductive health services and demand; (c) supporting community revolving funds for drugs, especially during emergencies; (d) providing learning opportunities for health workers; (e) fostering knowledge among decision makers on the linkages between population trends and development; (f) improving data disaggregation, analysis and the use of data for planning and budgeting; (g) mainstreaming gender in programmes; (h) involving men in gender and health programmes; and (i) increasing attention to the urban poor.

III. Proposed programme

14. The fifth country programme seeks to increase policy interventions and maximize their impact through ongoing collaboration with WHO, UNICEF and the Millennium Challenge Account in the area of health, and with UNDP, UNICEF, the Asian Development Bank and the World Bank in the area of gender equality. The programme, which focuses on vulnerable populations, is based on: (a) the 2010 common country assessment; (b) national development priorities; and (c) the evaluation of the fourth country programme.

15. The proposed programme will contribute to the following strategic priorities of the United Nations Development Assistance Framework (UNDAF), 2012-2016: (a) sustained economic development for poverty reduction; (b) increased access to and utilization of high-quality basic social services,

especially for the most disadvantaged; and (c) strengthened governance for the protection of human rights and the reduction of disparities.

16. Strategies include: (a) a human rights-based approach to reduce vulnerabilities and disparities, especially among people living in remote areas, women with disabilities, ethnic minorities, the elderly and youth; (b) gender mainstreaming; (c) the promotion of public-private partnerships, including the involvement of media and community organizations; (d) the expansion of South-South cooperation; and (e) an accountability framework with sound results-based monitoring and evaluation. The programme will base its geographical coverage on the need to address inequalities in access and the quality of services.

Reproductive health and rights component

17. The outcome of this component is: increased equitable access to and utilization of good-quality sexual and reproductive health services, with a focus on the disadvantaged. This component has three outputs.

18. Output 1: Increased availability of basic reproductive health services, including reproductive health commodity security, for disadvantaged groups in selected areas. Strategies include: (a) providing technical assistance for the review of national maternal and newborn health policies to integrate a human rights-based approach, including during emergencies; (b) addressing gaps in emergency obstetric care, with a focus on cost-effective, high-impact interventions in selected rural health facilities; (c) expanding partnerships with civil society organizations to improve community education and involvement in efforts to promote maternal health; (d) revising pre-service and postgraduate training curricula for obstetricians, family practitioners and midwives, in line with updated national guidelines; (e) strengthening the capacity of the health sector to deliver the national minimum initial services package; (f) providing technical

assistance to develop a model for multisectoral, family-oriented services; (g) advocating increased national budget allocations for life-saving reproductive health commodities; and (h) strengthening the management of the national supply system for such commodities.

19. Output 2: Improved quality of comprehensive reproductive health services at the secondary and tertiary levels of health care. Strategies include: (a) supporting distance learning and clinical decision-making through the telemedicine network on maternal and newborn care, including for cervical cancer screening and diagnosis; (b) training doctors in infertility management and endoscopic surgery; and (c) upgrading the skills of service providers in the area of family planning.

20. Output 3: Strengthened institutional capacity to deliver adolescent-friendly and youth-friendly sexual and reproductive health education and services. To reach in-school and out-of-school youth and young adults between the ages of 15-34, the programme will: (a) expand adolescent-friendly and youth-friendly health centres and support nationwide efforts to prevent HIV among high-risk groups; (b) develop and update service guidelines and standards on adolescent health and the management of sexually transmitted infections; (c) expand a peer health education network; and (d) intensify behaviour change communication efforts.

Population and development component

21. The outcome of this component is: increased capacity of central and local governments for evidence-based planning and budgeting and results-based monitoring and evaluation. This component has two outputs.

22. Output 1: 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. To achieve this output, the programme will: (a) provide technical assistance to the National Statistical Office to disseminate disaggregated, sectoral, geographical and analytical data from the 2010 population and housing census and other surveys in a user-friendly manner that is tailored to different audiences; (b) improve the data analysis component of the curriculum for the faculty of statistics of the National University; and (c) support the harmonization and standardization of social research methodologies at the National Statistical Office and research centres.

23. Output 2: 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. Strategies include: (a) increasing the ability of selected governing bodies to interpret data and establish linkages between population dynamics and poverty; (b) strengthening the government results-based monitoring and evaluation framework and its institutionalization at training institutions for civil servants; (c) supporting the ability of planning entities at central and local levels to use data to design development strategies for special population groups; and (d) advocating the establishment of a system to encourage feedback between the Government and civil society, including with the youth advisory panel.

Gender equality component

24. The outcome of this component is: strengthened capacity to implement the gender-equality law and to mainstream gender in policies and programmes. This component has one output.

25. Output 1: Strengthened capacity of politicians and key government entities to advocate and implement the legislation on gender equality and on domestic violence. The programme will seek to: (a) develop the

capacity of government entities to mainstream gender in policies, programmes and budgets; (b) expand the multisectoral response to gender-based violence through a ‘one-stop’ service centre model; and (c) engage men in gender-related programmes.

IV. Programme management, monitoring and evaluation

26. The proposed programme will be increasingly nationally executed with the assistance of civil society organizations and regional and national institutions. The Ministry of Foreign Affairs and Trade will coordinate the programme. The cabinet secretariat, the Ministry of Finance, the national development and innovation committee, the Ministry of Social Welfare and Labour, the Ministry of Health and selected local government entities will assist in planning and managing the country programme. The Health Sciences University of Mongolia; the Parliament standing committee on social policy, health, education, culture and science; and civil society organizations will also be involved. UNFPA and the Government will employ a results-based approach to monitoring and evaluation and programme management.

27. The UNFPA country office consists of a representative, an assistant representative, an operations manager, and national programme and support staff. A sub-office will support programme implementation in the remote western region. UNFPA will recruit technical advisers, consultants and project staff, as needed. The Asia and the Pacific regional office and relevant headquarters units will provide technical and programmatic assistance. They will also facilitate the identification of regional and international institutions and consultants.

RESULTS AND RESOURCES FRAMEWORK FOR MONGOLIA

National priority (National Development Strategy): (a) family development and demography; (b) education development; (c) health-care sector development; and (d) social welfare and labour policy UNDAF strategic priority: increased access to and utilization of high-quality basic social services, especially for the most disadvantaged				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: Increased equitable access to and utilization of good-quality sexual and reproductive services, with a focus on the disadvantaged</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • % of disadvantaged women who received a minimum of six antenatal care check-ups during their last pregnancy Baseline: to be determined in 2011 Target: to be determined in 2011 • Contraceptive prevalence rate for modern methods among married women Baseline: 49.6% (2008) Target: 55% (2016) • Adolescent fertility rate Baseline: 29.5 births per 1,000 women (2009) Target: 20 births per 1,000 women (2016) • Perinatal mortality rate per 1,000 deliveries at selected facilities Baseline: to be determined in 2011 Target: to be determined in 2011 	<p>Output 1: Increased availability of basic reproductive health services, including reproductive health commodity security, for disadvantaged groups in selected areas</p> <p>Output indicators:</p> <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 Baseline: 5 out of 27 (2010); Target: 11 out of 27 (2016) • Government budget for reproductive health commodities, including contraceptives Baseline: \$60,000 (2010); Target: \$250,000 (2016) • Percentage of service delivery points offering at least three modern contraceptives Baseline: 93.7% (2010); Target: 96% (2016) <p>Output 2: Improved quality of comprehensive reproductive health services at the secondary and tertiary levels of health care</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of secondary and tertiary health facilities providing comprehensive reproductive health services according to international and national standards Baseline: 8 (2009); Target: 21 (2016) • Number of cases registered and addressed annually through the telemedicine network Baseline: to be determined in 2011; Target: to be determined in 2011 <p>Output 3: Strengthened institutional capacity to deliver adolescent-friendly and youth-friendly sexual and reproductive health education and services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of service delivery point providing adolescent-friendly and youth-friendly health services Baseline: 18 (2010); Target: 24 (2016) • Percentage of youth and adolescents with accurate knowledge of modern methods that prevent unwanted pregnancy and sexually transmitted infections Baseline: to be determined in 2011; Target: to be determined in 2011 • Number of civil society organizations working with vulnerable groups employing strategic behavioural change communication interventions Baseline: 18 (2010); Target: 28 (2016) 	<p>Relevant ministries and national institutions at central and local levels</p> <p>Civil society organizations</p> <p>UNICEF; WHO</p>	<p>\$9 million (\$6 million from regular resources and \$3 million from other resources)</p>

<p>National priorities: (a) legal reform; (b) government structure and public administration; and (c) civil service reform UNDAF strategic priority: strengthened governance for the protection of human rights and the reduction of disparities</p>				
Population and development	<p>Outcome: Increased capacity of central and local governments for evidence-based planning and budgeting and results-based monitoring and evaluation</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Number of policies and programmes backed up by data <p>Baseline: to be determined in 2011 Target: to be determined in 2011</p>	<p>Output 1: 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</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Integrated data management system is functioning at national levels, with access to local users <p>Baseline: no user-friendly data management system is in place in 2010 Target: a user-friendly data management system is in place and functioning by 2016</p> <ul style="list-style-type: none"> 2010 census results are disseminated; the 2015 midterm census and the 2013 reproductive health surveys are conducted, the data analysed and disaggregated, and the results disseminated <p>Baseline: Data from the 2008 reproductive health survey were analysed and disseminated, but not fully disaggregated Target: data collected, analysed, fully disaggregated and disseminated</p> <p>Output 2: 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</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Evidence-based and results-based planning and budgeting tools are available and institutionalized <p>Baseline: the current presentation of data is difficult to interpret and use (2010) Target: a tool exists and is used by decision makers at 28 partner organizations (2016)</p> <ul style="list-style-type: none"> Percentage of national and local government institutions using evidence-based and results-based management tools <p>Baseline: to be determined in 2011; Target: to be determined in 2011</p>	<p>Cabinet secretariat; local governments; National Statistical Office; relevant ministries</p> <p>Civil society organizations</p> <p>UNDP; UNICEF</p>	<p>\$2.5 million \$2 million from regular resources and \$0.5 million from other resources)</p>
<p>National priorities: (a) legal reform; (b) government structure and public administration; and (c) civil service reform UNDAF strategic priority: strengthened governance for the protection of human rights and the reduction of disparities</p>				
Gender equality	<p>Outcome: Strengthened capacity to implement the gender-equality law and to mainstream gender in policies and programmes</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Existence of an implementation strategy, with a results and resources framework, for the gender-equality law <p>Baseline: not available Target: implementation strategy developed by 2013</p>	<p>Output 1: Strengthened capacity of politicians and key government entities to advocate and implement the legislation on gender equality and on domestic violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> A mechanism is established within the government entity responsible for gender to support gender equality and gender mainstreaming in government institutions <p>Baseline: not available; Target: by 2013</p> <ul style="list-style-type: none"> Percentage of trained decision makers, police officers, judicial system officers and health service providers with adequate knowledge of gender-based violence <p>Baseline: to be determined in 2011; Target: to be determined in 2011</p> <ul style="list-style-type: none"> Number of one-stop service centres providing services for victims of gender-based violence <p>Baseline: 3 (2010); Target: 6 (2016)</p>	<p>Civil society organizations; General Court; General Department of Police; Parliament; relevant ministries</p> <p>Asian Development Bank; World Bank; United Nations organizations</p>	<p>\$1 million (\$0.5 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.5 million from regular resources</p>