Programme of Cooperation
Between
The Government of Mongolia
and
The United Nations Population Fund

Country Programme Action Plan
(CPAP) 2012-2016

List of Acronyms

APRO	Asia and the Pacific Regional Office
ART	Assisted Reproductive Technology
CCM	Country Coordination Mechanism
CO	Country Office
COAR	Country Office Annual Report
CP5	Country Programme 5
CPAP	Country Programme Action Plan
CSO	Civil Society Organization
CS	Cabinet Secretariat
DHS	Demographic and Health Survey
DoH	Department of Health
EmOC	Emergency obstetric care
ENC	Essential neonatal care
FACE	Funding authorization & certificate of expenditure
GASR	General Authority of State Registration
GBV	Gender based violence
GEL	Gender Equality Law
HACT	Harmonized Approach to Cash Transfer
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HSUM	Health Sciences University of Mongolia
ICPD	International Conference on Population and Development
IGO	Inter-Governmental Organization
M&E	Monitoring and Evaluation
MARYP	Most at risk young population
MDG	Millennium Development Goal
MIC	Middle income country
MICS	Multiple Indicator Cluster Survey
MISP	Minimum initial service package
MOECS	Ministry of Education, Science and Culture
MoH	Ministry of Health
MoSWL	Ministry of Social Welfare and Labor
NCAV	National Center Against Violence
NCGE	National Committee on Gender Equality
NCMCH	National Center for Maternal and Child Health
NDIC	National Development and Innovation Committee
NGO	Non-governmental organization
NSO	National Statistics Office
NUM	National University of Mongolia
OSSC	One Stop Service Center
PCM	Programme Component Manager
PD	Population and Development
PHS	Population and Housing Census
PSCSPECS	Parliament Standing Committee on Social Policy, Education, Culture and Science

RED	Reaching every district
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RHS	Reproductive Health Survey
RR	Regular Resources
SBAA	Standard Basic Assistance Agreement
SP	Strategic Plan
SPR	Standard Progress Report
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TVET	Technical Vocational Education Training
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Science and Culture Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNSG	United Nations Secretary-General
UNYAP	United Nations Youth Advisory Panel
WHO	World Health Organization
Y-PEER	Youth Peer

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Framework

The Government of Mongolia, hereinafter referred to as "the Government", and the United Nations Population Fund, hereinafter referred to as "UNFPA", are in mutual agreement to the content of this Country Programme Action Plan (CPAP) document and on their respective roles and responsibilities in the implementation of the country programme.

Reaffirming the Principles agreed upon in the Standard Basic Assistance Agreement;

Furthering their mutual agreement and cooperation for the fulfilment of ICPD 1994 Programme of Action and Millennium Declaration (2000);

Building upon the experience gained and progress made during the implementation of previous Projects and Programmes of Assistance (1972-2011);

Entering into a new period of cooperation as described in the United Nations Development Assistance Framework for Mongolia 2012-2016 and UNFPA Country Programme Document for 2012-2016 approved by the UNFPA Executive Board of Directors in its September 2011 regular session;

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

Part I. Basis of Relationship

1. The Standard Basic Assistance Agreement (SBAA) between the Government of Mongolia and the United Nations Development Programme (UNDP) dated 28September 1976 and the exchange of the letters between the Government of Mongolia and UNFPA in 1992, constitute the legal basis for the relationship between the Government of Mongolia and UNFPA. The programme of assistance described herein has been agreed upon jointly by the Government and UNFPA. This Country Programme Action Plan consists of ten parts and 3 annexes wherein the general priorities, objectives, strategies, management responsibilities and commitments of the Government and UNFPA are described.

Part II. Situation Analysis

2. Mongolia has managed an economic and political transition from socialism to democracy and market economy, with noticeable gains in education and health. The Government commitment to the principles of human rights, freedom and peace has led to the addition of the local ninth national Millennium Development Goal on democratic governance and human rights. With increasing revenues from mining, it is expected that economic growth will accelerate from 8.9 per cent in 2008 to 20 per cent per annum in 2013-2016.

3. Mongolia is a landlocked country, most distant from the sea and most sparsely populated, with a population of 2.7 million. It suffers from harsh climate with winter emergencies, high cost of living, a vast land mass with poor road infrastructure, all of which make social and economic developmenta daunting task.

4. The 2009 global financial crisis revealed Mongolia's vulnerability to external financial shocks. The steady, however modest, economic growth of the last decade did not translate into improved livelihoods for all. Studies point to persistent inequalities and gaps across gender, specific population groups and geographic locations. Thirty-nine per cent of the population lives below the poverty line, with notable urban-rural differentials: 27 per cent in Ulaanbaatar, and 53 per cent in rural areas. The weak capacity to use disaggregated population data in planning and budgeting is constraining the development of pro-poor and social protection policies.

5. Mongolia is urbanizing at a fairly rapidpace, and currently close to 68 per cent of the population live in urban areas and 45 per cent in Ulaanbaatar alone (2010 PHC, NSO). Severe winters wipe out millions of livestock that is the very core of rural herders' livelihoods, and trigger rural-urban migration, rising unemployment and poverty concentration in peri-urban areas.

6. Mongolia's population is young with children 0-14 years accounting for 27.3 percent and youth 15-24 years 18 per cent of the total population (2010 PHC, NSO). The dependency ratio is low at 43.6 per cent, but challenges remain to benefit from the demographic dividend by making appropriate investments in human capital and employment creation, especially for youth.

7. Mongolia has made impressive progress in reducing maternal mortality from 199 deaths per 100,000 live births in 1990 to 46 deaths per 100,000 live births in 2010 (Health Indicators 2010, Ministry of Health). This sets Mongolia on the right track to achieve the Millennium Development Goal 5 by 2015. The national average, however, masks wide geographic and ethnic disparities with some remote provinces such as Uvsaimagregistering as high as 206 maternal deaths per 100,000 live births compared to 46 deaths per 100,000 live births in the capital city. Seventy-five per cent of all maternal deaths occur among herdswomen, the unemployed and unregistered migrants. The contraceptive prevalence rate for modern methods among married women is 49.6 per cent (2008 RHS, NSO), but the unmet need for family planning is estimated at 14.4 per cent. The total fertility rate has increased from 1.9 to 2.3 over the past six years, reaching its peak of 2.7 in 2009, as an effect of recent national policies and social welfare programmes encouraging fertility (Health Indicators 2010, Ministry of Health).

8. Access to reproductive health services by young people is limited, adding to their vulnerability to sexually transmitted infections, HIV and unplanned pregnancy. The 2008 Reproductive Health Survey (RHS) which measured adolescents risk behavior indicated a low level of knowledge about STIs, revealing that only 38 percent responded that they knew the symptoms associated with STIs. The survey identified a high unmet contraceptive need for young married women aged between 15-19 years. Less than 4.1 percent of women 19 years or below were using a modern contraceptive method. A four-fold steep increase in the number of registered HIV/AIDS cases over the period of2005-2009 is alarming (UNGASS 2010 Country Progress Report, Ministry of Health). Sexually transmitted infections account for 44 per cent of the communicable disease burden, which is a risk factor for the spread of HIV.

9. Millennium Development Goal 3 is one of the least likely to be achieved in Mongolia. Gender disparities are wide in terms of access to political decision-making and

economic opportunities. Currently, women occupy only three out of 76 parliamentary seats and one out of 12 cabinet posts. Girls and young women still perform a greater share of unpaid work and receive lower wages compared to young males. Gender-based violence is widespread with more than 50 per cent of women having experienced physical or psychological violence in their life time.

Part III. Past Cooperation and Lessons Learned

10. The fourth country programme (2007-2011) consolidated partnerships with the Government and civil society institutions. The end of programme in-depth evaluation found that the programme made contributions to many achievements, including:

(a) an increase in the uninterrupted availability of at least three modern contraceptives from 85 per cent of service delivery points in 2005 to 93.7 per cent in 2010;
(b) improved delivery of emergency obstetric and newborn care in target rural health facilities, including 12 provincial hospitals connected through telemedicine tothe National Center of Maternal and Child Health (NCMCH) in the capital to instantly address complications of maternal and newborn cases;
(c) comprehensive services to victims of GBV through one-stop service centres in three major hospitals of the capital city and an increased number of people being tested for HIV through six voluntary counseling and testing centres;
(d) improved capability to collect data using state of the art technology by the 2010 Population and Housing Census, including geographical and information system and e-census to count citizens abroad;
(e) passing of the Gender Equality Law; and
(g) recognition by the Government top leaders of the importance of youth, resulting in a commitment to create a dedicated Government department.

11. The evaluation recommended that UNFPA consider the following points in the new programme to improve its effectiveness:

(a) place more focus on disadvantaged groups;
(b) address gaps coming out of the 2008 joint UNFPA/UNICEF/WHO Emergency Obstetric and Essential Newborn Care Assessment;
(c) scale up the existing telemedicine network for maternal and newborn care to all provincial hospitals and strengthen regional referral hubs;
(d) standardize medical equipment and improve drug/supplies management;
(e) scale up youth health centres country-wide;
(f) increase mobile reproductive health services and demand creation;
(g) support community revolving funds for drugs especially to address emergencies;
(h) promote more horizontal learning for health workers;
(i) foster knowledge among decision makers on linkages between population trends and development;
(j) improve data disaggregation, analysis and use of data for planning and budgeting;
(k) mainstream gender in programmes;
(l) increased mobilization of men in gender and health programmes; and
(m) increase attention to the urban poor.

Linkage with National Development Plans, Processes and UNDAF

12. The fifth country programme intends to increase upstream policy interventions and maximize impact through synergies from ongoing collaboration with WHO, UNICEF, UNESCO and the Millennium Challenge Account in health and with UNDP, UNICEF, Asian Development Bank and the World Bank in population development and gender equality. The programme will focus on vulnerable populations, based on: (a) findings of the 2010 common country assessment; (b) national development priorities; and (c) recommendations from the fourth UNFPA country programme evaluation. The proposed programme will contribute to the 2012-2016 United Nations Development Assistance Framework outcomes of: (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.

13. The fifth country programme will employ the human rights based approach by employing the following strategies:

(a) accelerating reduction of vulnerabilities and disparities, especially among people living in remote areas, women with disabilities, ethnic minorities, the elderly, youth and the most at risk population (female sex workers, mobile populations),reaching out the most disadvantaged groups using culturally-sensitive approaches,
(b) advocating and promoting for reproductive health as an inherent right to the dignity of every individual,the same as social, cultural, civil, economic and political rights, particularly the right to be free from violence, to access dual-protection contraceptive methods, and affordable, comprehensive and good quality maternal and child health and other reproductive health services,
(c) providing technical assistance to government partners in gender mainstreaming in planning programmes and budgets, advocating for genderized policies at both national and local levels,
(d) strengthening partnerships between government and civil society, including the involvement of media and community based organizations,
(e) expansion of South-South cooperation,
(f) ensuring local ownership by using participatory approaches to programme development, implementation, monitoringand evaluation at national and local levels, promotion and inclusion of target population groups in all stages of the development process,
(g) supporting the Government in the establishment ofa clear accountability framework with sound results-based monitoring and evaluation and reporting mechanisms, and
(h) advocating for and providing technical assistance to the Government in establishing a Government-Civil Society Organization (CSO) feedback mechanism.

14. The Fifth Country Programme (CP5)aims to contribute to five outcomes of the UNFPA Strategic Plan:

2) Increased access to and utilization of quality maternal and newborn health services,
3) Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions,

5) Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy,
6) Improved access to SRH services and sexuality education for young people, including adolescents, and
7) Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, Sexual Reproductive Health (SRH) programmes including family planning, and gender equality.

15. Increasing access to quality sexual and reproductive health services, promoting reproductive rights, reducing maternal and newborn mortality, and accelerating progress on MDG 5 - A: Reduce by three quarters the maternal mortality ratio and B: Achieve, by 2015, universal access to reproductive healthwill be the main goal of the programme. To contribute to the achievement of this goal, the programme will focus on promoting and enabling gender equality, protecting rights of the most vulnerable population groups, particularly of women and young people, increasing availability and use of good quality disaggregated population data for development, implementation, monitoring and evaluation of national development strategies and sectoral plans.

16. Interventions related to prevention of sexually transmitted infections (STI) and HIV among young people, and other vulnerable, marginalized and hard to reach populations, emergency preparedness and humanitarian crisis response for such natural calamities as earthquake and dzud (winter disaster due to extremely cold temperature and/or heavy snow fall) are cross-cutting issues that are addressed throughout the programme. UNFPA will continue to be actively engaged in the UN initiative to assist the Government of Mongolia in disaster preparedness by co-leading the Protection Cluster and leading the Sub-Cluster on Gender-Based Violence prevention.

17. Emphasis will be given to strengthen the capacity of research and academic institutions and to build strategic partnerships with non-government organizations, media and the private sector to ensure sustainability of efforts.

18. Three central and western provinces, namelyZavkhan, Bayankhongor and Gobi-Altai, and Chingeltei district in Ulaanbaatar, were selected as UNFPA CP5 focus areas due to poor reproductive health indicators, including maternal and newborn health, remoteness from good quality health services and poorerlocal development. A limited number of smaller administrative units within the target province or district will be selected based on the local government priorities, population density, health indicators and local context for a full-scale intervention in five UNFPA Strategic Plan outcomes. In addition to national level initiatives in the above mentioned areas, UNFPA will work at the local level to support building of capacity and creating synergies between national and local level development initiatives.

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

19. ***CPAP Outcome 1*** contributes to national priorities outlined in the MDG-based Comprehensive National Development Strategy of Mongolia, specifically those related to population, family and youth development (4.1.1, 4.1.2 and 4.1.6).

CPAP Outcome 1 will contribute to ***UNFPA SP Outcome 7***: *Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, SRH (including family planning), and gender equality;* ***UNDAF Outcome 10***: *Increased capacity of central and local governments for evidence based planning and budgeting, results based monitoring and evaluation* under Strategic Priority 4: Strengthened governance for protection of human rights and reduction of disparities.

20. Building on UNFPA's comparative advantage, the government's current priorities expressed in its Action Plan 2008-2012, lessons learned from the last Country Programme, UNFPA will support two outputs under CPAP Outcome 1: ***Output 1*** - *Up-to-date and disaggregated data on population, including data on population dynamics, youth, RH and gender, are available, accessible and presented in a user friendly format for decision makers, planners and other development partners, including during emergencies*; and ***Output 2*** - *Improved capacity of decision makers and planners at national and selected provincial and district levels to apply evidence and results-based planning tools for decision making, especially for budget allocation.* The expected outputs contribute to other outcomes of the country programme by promoting evidence and results based policy planning and monitoring, and decision making to promote universal access to sexual and reproductive health, reproductive rights, gender equality and progress towards ICPD agenda and MDG 5.

21. Efforts under ***Output 1***, will be focused on strengthening capacity of the National Statistical Office and other government agencies working in areas of population and development, reproductive health and gender to produce and disseminate good quality disaggregated population and household data, particularly those related to population dynamics, youth, RH and gender, to inform policy and programme development, monitoring and decision making, and on strengthening institutional capacity of training and research institutions for a longer term impact in improving availability, accessibility, acceptability and quality of data.

22. To achieve ***Output 1,*** the following key interventions are proposed:

a) support to the National Statistics Office and other government agencies in improving utilization of integrated data management system (DevInfo) for planning and monitoring purposes in collaboration with UNICEF;
b) strengthening NSO capacity in coordination, analyses and dissemination of Population and Housing Census (2010 PHC and 2015 mid-term PHC) data at national and sub-national levels and in streamlining existing surveys into fewer or one comprehensive study such as the Demographic and Health Survey (DHS) or a combined RHS/MICS;
c) improving quality of research design/statistics courses of undergraduate and graduate programmes in demography, statistics, public administration, economics and public health at the School of Economic Studies of the National University of Mongolia (NUM) and at the School of Public Health at the Health Sciences University of Mongolia, to promote and conduct trainings on use of disaggregated data on population dynamics, youth, RH and gender for policy formulation, planning, budgeting, and monitoring; and
d) reduce discrepancies in vital statistics collected by NSO and different Government entities such as Department of Health (DOH) and General Authority of State Registration (GASR) by improving quality of data collection, storage and analysis.

23. Under ***Output 2***, the country programme contributes to an improved government monitoring and evaluation mechanism, strenghtened government-CSO feedback mechanism in monitoring and evaluation and use of population data, including data on population dynamics, youth, RH and gender, in development policies and programmes.

24. The following key interventions are expected to contribute to ***Output 2***:

a) strengthening capacity of the Cabinet Secretariat (CS) of the Government on evidence and results-based monitoring and evaluation of policies and programmes and supporting development of the Public Administration Monitoring and Evaluation Law in partnership with other UN agencies;
b) promoting government-CSO feedback mechanism in monitoring and evaluation of government policies and programmes in partnership with Cabinet Secretariat (CS) and CSOs,
c) building capacity of undergraduate and graduate students majoring in public administration at the Academy of Management, National University of Mongolia and University of Science and Technology in using population data, including data on population dynamics, youth, RH and gender, for programming, monitoring and evaluation purposes;
d) strengthening capacity of the government planning agency, currently the National Development and Innovation Committee, and the National Population Council (NPC) chaired by the Ministry of Social Welfare and Labour (MoSWL) to integrate population trends and issues into national development strategies/plans;
e) providing assistance to CS, MoSWL and the government planning agency in improving capacity of local governments to use population data related to population dynamics, youth, RH and gender for policy development, programming, implementation and monitoring/evaluation of national and local development strategies/plans; and
f) supporting Parliament Standing Committee on Social Policy, Education, Culture and Science (PSCSPECS)and Parliament Standing Committee on Budget in increasing awareness and knowledge level among parliamentarians on human development and human rights issues with a particular focus on maternal and newborn health, sexual reproductive health, youth, gender and emerging population issues.

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

25. CPAP Outcome 2 contributes to the national health-sector priorities outlined in the MDG based National Development Comprehensive Policy of Mongolia (4.1.2 and 4.1.3) and the Health Sector Strategic Master Plan (2006-2015),and to the implementation of the Fourth National Reproductive Health Programme currently under development and Health Education Strategic Plan (2010-2015). This outcome hopes to contribute to on-going efforts to strengthen aid coordination mechanisms in the health sector and to monitor progress in "universal access to reproductive health" as well as implementation of the UNSG's Global Strategy for Women's and Children's Health (2010) at country level. The outcome will specifically contribute to ***UNDAF Outcome 5***: *Increased access to and utilization of quality basic social services, with a special focus on the vulnerable* under Strategic Priority 2: Equitable access to and utilization of quality basic social services and sustainable social protection.

26. Building on UNFPA's comparative advantage, the government's current priorities expressed in the Health Sector Strategic Master Plan and the Fourth National Reproductive Health Programme being developed, lessons learned from the last Country Programme, UNFPA will support the following three outputs under CPAP Outcome 2:***Output 3*** - Improved quality of comprehensive reproductive health services at the secondary and tertiary levels of health care; ***Output 4*** -Increased availability and accessibility of reproductive health services and commodities for the disadvantaged groups in selected areas, and ***Output 5*** - Strengthened institutional capacity in delivering adolescent and youth friendly sexual health education and services. It should be noted that outputs and key interventions under CPAP Outcome 1 are closely linked to CPAP Outcome 2 in terms of improving availability, access, acceptability and quality of disaggregated data to inform reproductive health policy/programme planning, implementation, monitoring and evaluation. An output and strategic interventions on prevention from GBV and provision of services to victims of GBV under CPAP Outcome 3will be implemented in coordination with CPAP Outcome 2.

27. ***Output 3*** contributes to ***UNFPA SP Outcome 2*** – *Increased access to and utilization of quality maternal and newborn health services*. This output focuses on improving capacity of the secondary and tertiary level health facilities to expand access of women and newborns living in remote areas to quality maternal and newborn health services via telemedicine network and other innovative strategies, and on strengthening institutional capacity of the National Centre for Maternal and Child Health (NCMCH) and the Health Sciences University of Mongolia (HSUM) to ensure sustainability of capacity building efforts in reproductive health.

28. To achieve ***Output 3,*** the programme will support the following key initiatives and strategies:

a) technical input to assess and update national guidelines/guidance on maternal health, including prevention and management of pregnancy and childbirth complications and post-abortion complications, in line with the latest WHO guidelines, and to integrate new guidelines into pre- and in-service and postgraduate training curricula of obstetrics and gynecology/midwifery and neonatology at the HSUM and NCMCH;
b) capacity building of provincial and sub-provincial general hospitals and Regional Diagnostic and Treatment Centers (RDTC) to deliver quality comprehensive reproductive health services to rural populations, including quality maternal and newborn care, post abortion care and STI/RTI management, through competency-based clinical attachment trainings and continuous supportive supervision;
c) integration of the Minimum Initial Service Package (MISP) into the health sector emergency preparedness and response plan;
d) improving clinical decision making and teleconsultations and facilitating distance learning programme for health care providers in maternal and newborn health at a national scale via the telemedicine network to ensure better access of people living in rural and remote areas to specialized health care;
e) building capacity of NCMCH, based on an initial capacity assessment and a long-term institutional development plan developed as a result of the capacity assessment, in operational research, programme implementation, technical expertise and networking with international centers in an area of reproductive health;

f) improving quality of infertility diagnostics and management and other women's reproductive health issues by providing technical and other support in setting up an Assisted Reproductive Technology (ART) service and in introducing endoscopic surgeries at NCMCH and RDTCs (to be funded by the Government of Luxemburg);
g) contributing to the implementation of the National Cervical Cancer Prevention and Control Programme supported by the US Government Millennium Challenge Account (MCA) until 2014 by advocating for an increased access of disadvantaged girls and young women to the HPV vaccine and by facilitating refresher trainings in cervical pathology screening and management for service providers to ensure continuity of the programme between 2014 and 2016.

29. ***Output 4***specifically contributes to ***UNFPA SP Outcome 3-*** *Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions,* namely to mainstreaming sexual and reproductive health (SRH) and rights in laws, policies, plans and budgets, to enhancing reproductive health commodity security (RHCS) and improving capacity of the public health, midwifery and nursing schools as well as School of Pharmacy to ensure better integration of basic SRH services particularly family planning and logistics management into primary health care. The focused programme support will strengthen the capacity to expand access to essential SRH services among disadvantaged groups such as the poor, people residing in remote and underserved peri-urban areas, ethnic minorities, women and young people with disabilities and vulnerable young people such as those who are unemployed, out of a school and homeless. It should be noted that outputs and key interventions under Output 1 and 2 are closely linked to Output 3 in terms of improving availability, access, acceptability and quality of disaggregated data to inform reproductive health policy/programme planning, implementation, monitoring and evaluation.

30. UNFPA will support the Ministry of Health (MoH) and local governments of focus provinces to deliver the following key interventions under ***Output 4***:

a) policy research, technical support in policy development, costing and programme based-budgeting, and sensitization of policy makers to ensure that the government gives high priority to social policies that protect reproductive rights, reduce inequities and disparities, and to incorporate these issues into national policies, programmes, plans and budgets;
b) implementation of an "exit strategy" to enhance reproductive health commodity security through advocacy to increase government budget allocation for RH commodities, continued training on the health supply chain management and supervision, promotion of a total market approach including expansion of contraceptive social marketing, and provision of essential RH commodities in the first three years of the programme to address the gap;
c) technical assistance to update the national guideline on family planning andto integrate the guidelines intopre- and in-service and postgraduate training curricula of family practitioners, nurses and midwives based on preliminary assessment findings;
d) competency-based in-service trainings of primary health care providers, supervisors and volunteers on the integration of SRH into the RED (Reaching Every Districts) strategy (UNICEF) to enhance access to family planning, antenatal and postnatal care and STI/RTI prevention and management among the disadvantaged communities in focus provinces and selected peri-urban micro districts; and

e) expansion of the ongoing "*Model RH Soum*" initiative in focus areas in accordance with the guidelines endorsed by the MoH to improve access of remote populations to basic SRH services including family planning.

31. ***Output 5***contributes to***UNFPA SP Outcome 6:****Improved access to SRH services and sexuality education for young people, including adolescents,* specifically tothe improvement of quality of sexual reproductive health education and services for adolescents and youth, to strengthening participation and inclusion of young people into development processes, and to reaching out to the most vulnerable young people, such as those with disabilities, from poor families, living in remote areas, engaged in informal mining, homeless, school drop-outs including young people studying in non-formal education centers, students residing in dorms, students of vocational training centers, and most at risk population groups such as female sex workers and their clients, and mobile people with sexual reproductive health education and services.

32. To achieve ***Output 5***, the programme will support partner institutions in the following key strategies:

a) developing/updating national service guidelines and standards on adolescent and youth friendly health services in line with international standards and requirements and upgrading adolescent health curricula in undergraduate, graduate and postgraduate training programmes according to new/updated guidelines and standards;
b) providing technical assistance to MoH, NCMCH and local health departments in expanding adolescent and youth friendly health services to big cities, mining towns and rural towns with a large number of underserved young people residing;
c) building capacity of providers of adolescent and youth friendly health services to deliver quality prevention, diagnostics and counseling services in sexual and reproductive health, with particular attention to family planning, including post-abortion family planning, and STI/HIV prevention and STI management, and on reaching out the most vulnerable young people and Most at Risk Yung Population (MARYP) with services;
d) strengthening the capacity of local governments, NGOs including faith based and youth organizations , media and communities in focus areas to reach out the adolescents and youth including MARYP and vulnerable groups with innovative, age-appropriate and effective behavior change communication on reproductive rights, sexual and reproductive health including family planning, STI/HIV prevention and prevention from gender based violence;
e) support to MoECS inimproving quality of pre- and in-service health education teacher training at the University of Education and pedagogical colleges;
f) improving quality of comprehensive sexuality education in Technical Vocational Education Training (TVET) and non-formal education centers in focus areas through capacity building of health educators and improving training infrastructures;
g) establishing youth development centers in focus areas to create an enabling environment for youth development including provision of life skills based health education through peer groups;
h) encouraging youth participation in development processes and youth leadership through UN Youth Advisory Panel (YAP), Y-PEER, Youth Development Centers and youth community based organizations in focus areas and strengthen capacity of youth leaders in

advocating for sexual and reproductive health, gender, reproductive rights and gender based violence prevention at national and local levels;

i) Strengthening capacity of organizations working with female sex workers (FSW) and providing services to address HIV and SRH needs of FSWs in selected border areas and big cities (funded by the Government of Luxemburg);
j) Increasing access to and utilization of STI/HIV prevention and STI management services by youth, FSW and mobile population groups in border and mining areas (funded by the Government of Luxemburg).

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

33. CPAP Outcome 3 contributes to national priorities outlined in the MDG-based Comprehensive National Development Strategy of Mongolia, particularly those related to the implementation of the Law against Domestic Violence and the Gender Equality Law (4.1.1). The CPAP Outcome 3 will contribute to ***UNFPA SP Outcome 5****: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy* and***UNDAF Outcome 13***: *Capacities to implement the Gender Equality Law and to mainstream gender in policies and programmes improved*under Strategic Priority 4:Strengthened Governance for Protection of Human Rights and Reduction of Disparities.

34. Under CPAP Outcome 3, UNFPA tailors its support to the implementation of the newly approved Gender Equality Law, which provides a legal ground for gender mainstreaming, prevention from GBV and comprehensive services to victims of GBV and fostering public-private partnership in ensuring gender equality, and empowerment of women especially at a decision-making level. UNFPA will continue to lead the GBV subcluster in emergency preparedness and response to strengthen the government and CSO capacity in GBV prevention and service delivery to the affected should an emergency strike.

35. Two outputs are proposed to achieve CPAP Outcome 3: ***Output 6***: Strengthened capacity of politicians and key governing bodies to advocate for and implement the legal framework on gender equality and domestic violence legislation; and ***Output 7***: Strengthened capacity of key governmental and civil society organizations to prevent GBV and to provide quality comprehensive services for survivors of GBV.

36. Under ***Output 6,*** support will be provided to the National Committee on Gender Equality (NCGE) - the key body responsible for promoting, formulating, implementing, and monitoring gender equality policies and for mainstreaming gender into government policies and programmes; and to CSOs in the following strategic areas:

a) improving capacity of NCGE, line ministries, Human Rights Commission, local governments and CSOs to promote, implement and monitor the implementation of GEL, including use of gender-sensitive data in policy planning and monitoring;
b) gender mainstreaming and gender responsive budgeting in key policies and programs, namely the 2012-2016 Government Plan of Action, yearly Economic and Social Development Guidelines, sectoral policies and programs related to RH, PD and gender;

c) facilitating a discussion platform between government and civil society organizations to support the implementation and monitoring of GEL;
d) introducing a mandatory course on gender equality in partner academic institutions to provide fundamental knowledge on gender equality;
e) building capacity of CSOs in working with communities to create an enabling environment for gender equality and increased male sensitization and participation;
f) advocacy efforts through male and female champions promoting women's representation in Parliament and Cabinet; and
g) capacity building of women leaders from government, NGOs and the private sector to play more active role in decision-making process and in advocacy for reproductive rights.

UNFPA will collaborate with other UN agencies, namely UNDP and UNICEF through the UN Gender Theme Group.

37. The following key interventions are planned to achieve ***Output 7*** in partnership with NCGE, CSOs, MoH, MoSWL, local health departments, other related government agencies and local governor's offices in focus aimags and district:

a) intensive advocacy for an anti-domestic violence legislation reform and for strengthened partnership of government and civil society organizations to combat GBV (NCGE);
b) community mobilization through CSOs, including CSOs working with men and boys, for GBV prevention to effectively foster behavior change for violence-free households and communities and for utilization of available services (NCGE);
c) promoting a stronger multi-stakeholder coordination and partnership of one-stop service centers (OSSCs) currently integrated to the secondary level of health care with primary health care providers, standardization and quality assurance of OSSC services, scaling up and establishing OSSCs for GBV victims in selected districts/provinces, and a national ownership to expand the services (MoH);
d) training the staff in OSSCs and promoting multi-stakeholder partnership (health, police, judicial, social welfare) to offer comprehensive services to clients (MoH);
e) supporting MoH, other relevant ministries and government agencies, OSSCs and CSOs in collecting reliable evidence on GBV and establishment of a reliable GBV database to inform future policies and programmes;
f) strengthening capacity of stakeholders at national and local levels, namely MoSWL – the lead agency of Protection Cluster, National Center Against Violence (NCAV) – the lead agency of GBV Subcluster and other members of GBV subcluster, for good quality service delivery to GBV victims and for GBV prevention, protection and response in emergencies in line with international policies and guidelines.

The interventions planned to be delivered in partnership with CSOs under Output 5 are closely linked with advocacy and community outreach work under Output 3.

All three programme outcomes will make contributions to ***UNFPA SP Outcome 1:*** *Population dynamics and its interlinkages with the needs of young people including adolescents, sexual and reproductive health including family planning, gender equality and poverty reduction addressed in national and sectoral development plans and strategies* by fostering use of population data and dynamics in national development plans and poverty reduction strategies, emphasizing a need to address issues faced by adolescents and youth, and supporting policies and programmes that integrate SRH and mainstream gender.

Cross-cutting issue: Humanitarian Assistance

38. UNFPA will actively support the UN Initiative to assist the Government of Mongolia in disaster preparedness and management. In this role, UNFPA CO leads the Protection Cluster and GBV Subcluster, co-chaired with government (MoSWL) and non-government (National Center against Violence) organizations.

39. The Fifth Country Programme will support the country's emergency preparedness and response by providing support in the following key interventions:

a) development, translation and application of guidelines and minimum standards on protection in humanitarian response by government and civil society organizations – members of the Protection cluster;
b) capacity building of the cluster members in dealing with protection issues during emergencies;
c) strengthening capacity of the GBV subcluster in developing an emergency preparedness plan to prevent GBV and respond to GBV cases during emergencies;
d) coordination of the Protection cluster and GBV subcluster efforts with other clusters and subclusters;
e) assisting other 11 clusters in integrating protection issues into cluster-specific contingency plans;
f) integrating sector-specific protection issues into the sector-specific emergency preparedness and response plans, particularly in the health sector.

40. The key interventions are linked to other programmeoutcomes, namely to CPAP Outcome 1 – on availability and accessibility of data to prepare and respond to emergencies, CPAP Outcome 2 - development of the health sector emergency preparedness and response plan, procurement and prepositioning of MISPs and to CPAP Outcome 3 – on GBV prevention and services.

Advocacy, media relations and behavior change communication

41. At the beginning of the programme cycle UNFPA will work closely with its partners to develop comprehensive communication strategies to support the new country programme and will adhere to this unified and integrated strategic document through the programme life cycle. UNFPA will work with Media professional associations and clubs, training institutions, individual media representatives to improve technical knowledge and skills of journalists to further research and report on key issues relevant to UNFPA's supported programme. Along with the communication strategy, UNFPA will support partner institutions, including CSOs, in designing and implementing behaviour change communication interventions in RH, PD issues and gender equality among target communities.

42. The programme will be supported by interventions aimed at fostering behaviour change among target audiences on the Country Programme outcomes. To strengthen its media outreach component, UNFPA will partner with professional and training institutions and media in building local media representatives' capacity in developing quality information products on relevant subjects, implementing large-scale media and advocacy campaigns and fostering health-seeking behaviours.

Capacity Development

43. The advocacy strategy will guide UNFPA senior management in raising awareness, building alliances and partnerships, and negotiation efforts at all levels of governing bodies. The proposed programme focuses on strengthening local capacities, devolving the leadership role to the Government by adjusting UNFPA's role against the new reality of Mongolia as a middle-income country (MIC), in line with UNFPA's Strategy for MICs, Midterm Review of the UNFPA Strategic Plan 2012-2013, and the Paris, Accra and Busan declarations. The proposed outcomes are geared towards acceleration of the MDGs before the 2015 reporting year.

44. Knowledge Transfer: Policy Advice and Technical Assistance. UNFPA Mongolia new country programme is making an effort to shift from direct service delivery to upstream policy advice and technical assistance. Lessons learnt and best practices from local initiatives during the past country programmes will guide UNFPA programme for strengthened advocacy towards national ownership and establishing effective mechanisms for partnership between the Government and CSOs. Scaling up of effective pilot initiatives is planned during the new programme with increased government involvement and leadership. UNFPA will target interventions to strengthen the Government's system of monitoring and evaluation policies and programmes, and encourage Government to establish a mechanism and offer space for effective feedback from and to CSOs. Encouraging relevant knowledge transfer from other countries will complement efforts at both national and local levels.

45. Strengthening National Capacity. UNFPA will support national capacity to design and implement evidence-based policies and programmes addressing local needs on reproductive and maternal health, gender equality and population and development linkages with particular attention given to the vulnerable population groups. It will assist national partners to generate and use knowledge relevant to the goals set in the national development plans. Working with national partners, UNFPA will promote capacity for documenting lessons learned, knowledge transfer and scaling up effective models and approaches. Through the revival of the National Population Council, UNFPA will fostermultisectoral partnerships on population issues among Government, parliamentarians, research institutions and universities, civil society organizations, donors, the media and the private sector. Capacity building of academic institutions is given a due attention during the Fifth Country Programme as one of the efforts to ensure long-term sustainability of results. UNFPA will make available for national partners technical resources and expertise from both sub-regional, regional and global levels.

46. Consensus Building, Brokerage and Advocacy. UNFPA will continue working on increasing awareness on population and reproductive health issues among policy and decision-makers. Through communication and advocacy efforts the programme will foster an environment conducive to integrating reproductive rights, gender equality and population issues into relevant national policies and programmes. Innovative and replicable models based on international experiences will be adapted to the local situation, through dialogue with policy and decision-makers. Continue to raise awareness of Government, civil society and other partners to ICPD agenda. The

programme will work on strengthening linkages between national institutions and international bodies working in the area or reproductive health, Gender and population and development.

47. Co-facilitating Development of an UN-wide Policy Framework for MICs. Together with other UN agencies, UNFPA will work to promote the ICPD agenda and its integration into national development policies and programmes. UNFPA's country programme makes direct contributions to three UNDAF outcomes. UNFPA will continue its contribution to UN-wide initiatives through joint programmes/projects and lead in areas of its comparative strengths.

Part V. Partnership Strategy

48. UNFPA will cooperate with a wide range of governmental agencies, including education and research institutions, civil society organizations, including the private sector, other UN agencies, and multi and bilateral international organizations in the implementation of the programme for 2012-2016. It will build strategic alliances with key national development partners and international donors present in the country to better address ICPD agenda in the national development plans and strategies. UNFPA will seek to broker and broaden partnerships among parliament standing committees, government agencies, CSOs, UN agencies, private sector and international institutions. A strong emphasis will be given to fostering partnerships betweenthe Government and CSOs, especially encourage the establishment of aGovernment-CSO feedback mechanism to promote accountability, efficiency, effectiveness and sustainability of programmes in areas of reproductive health and rights; linking population dynamics and data to policies, programmes and budgeting; and gender equality.UNFPA will encourageand facilitate regional partnerships and local, horizontal partnerships.

Part VI. Programme Management

49. The Government and UNFPA country office in Mongolia will have the primary responsibility for management of the programme. The Ministry of Foreign Affairs and Trade has been appointed as the Government Coordinating Authority. The programme will be implemented on a day-to-day basis in close collaboration with other relevant Government ministries and institutions, Parliament, selected CSO institutions and other United Nations agencies within the context of the UNDAF. At the end of each year the Government, under the leadership of the Ministry of Foreign Affairs, will host a joint UNDAF / Programme review meeting, engaging relevant Ministries in the presentation of the status of programme implementation. Ministries will report on the key indicators of the process, showing the targets planned and achieved for that period.

50. The Cabinet Secretariat (CS) will coordinateCPAP Outcome 1, acting as programme component manager (PCM) for this outcome. With regard toCPAP Outcome 2, the Ministry of Health will serve as PCM. The National Committee on Gender Equality (NCGE) will coordinate activities under CPAP Outcome 3. Other institutions such as NSO, NDIC, PSCSPECS, MoSWL, MoECS, academic institutions, CSOs and local governments will be involved and consulted as necessary.

51. UNFPA will work with the Country Coordination Mechanism (CCM) on HIV/AIDS under the Ministry of Health to coordinate HIV/AIDS-related activities.

The United Nations Theme Group on HIV/AIDS will assist in coordinating donor assistance related to HIV/AIDS.

52. Through the UNDAF monitoring and evaluation framework and UN Theme Groups, UNFPA will coordinate its programme with other UN agencies to create synergies and maximize programme effectiveness.

53. The UNFPA country office in Mongolia consists of a representative, an assistant representative, national operations support manager, national programme officers and administrative and finance support staff. The UNFPA Asia and Pacific Regional Office(APRO) will provide programme and technical support as necessary. UNFPA headquarters will provide direct support for all financial, human resources, procurement and administrative processes, as well as setting the global strategic directions for the Organization.

54. To support program implementation, additional technical and managerial human resources will be recruited against programme and project funds as and when necessary. Provisions for short and medium term international and national expertise will be made to accomplish a variety of technical tasks specified in annual work plans. Local coordinators in three focus areas will be recruited to support local governments in the full implementation of the programme in localities with guidance from the Country Office.

55. Government partner ministries and agencies will designate a senior officer to coordinate the assistance, preferably at State Secretary, Vice Minister or senior director levels with decision making authority.

56. All cash transfers to an Implementing Partner are based on Annual Work Plans agreed between the Implementing Partner and UNFPA. Cash transfers for activities detailed in AWPs will be made by UNFPA using the following modalities, depending on results of external audits and/or assessments of partner financial management capacities:

1. Cash transferred directly to the Implementing Partner:
    a. Prior to the start of activities (direct cash transfer), or
    b. After activities have been completed (reimbursement);
2. Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
3. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners.

57. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.

58. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or returned to UNFPA.

59. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

60. In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within the term agreed with the Implementing Partner.

61. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within the term agreed with Implementing Partner.

62. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

63. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

64. In the case of international NGO and IGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

Part VII. Monitoring and Evaluation

65. The UNDAF Monitoring and Evaluation Framework will serve as the reference document for tracking programme's progress towards achieving the Millennium Development Goals. Monitoring and evaluation of the programme will be undertaken in accordance with UNDAF/UNFPA procedures and guidelines and will be based on the principles of result-based management.

66. The Results and Resources Framework of the Country Programme Action Plan (CPAP) and the Annual work plans provide a crucial guide for the implementation of the Country Programme. These documents detail the annual targets to be achieved, activities to be carried out, the responsible implementing institutions, expected timeframes and planned inputs. The CPAP Planning and Tracking Tool depict five-year indicators and baseline values and document on annual targets and their achievements to facilitate monitoring and ensure that the programme is on track. The CPAP M&E Calendar will be developed and used to ensure consistency of follow-up. Country Office Annual Report (COAR) will synthesize programme progress and monitoring indicators at various levels and will highlight annual implementation process.

67. Implementing partners will develop Annual work plans in close collaboration with UNFPA, and will report progress and expenditure on a quarterly basis using the Annual Workplan Monitoring Tool and the Funding Authorization and Certificate of Expenditure (FACE), in the context of efforts towards the Harmonized Approach to Cash Transfer (HACT). A Quarterly Project Meeting will be conducted in order to

assess progress made and lessons learned and agree on the main activities for the next quarter with due participation of CO programme and finance staff.

68. Programme Component Managers (PCMs) facilitate component review meetings twice a year by involving respective implementing partners and UNFPA. Based on the review meetings as well as Annual Workplan Monitoring Tools submitted by implementing partners, PCMs will prepare an Annual Standard Progress Report (SPR) for their respective programme outcome in the last quarter of each year. UNFPA will then compile SPRs into a Country Programme Annual Report for wider dissemination. At the end of each year the Government, under the leadership of the Ministry of Foreign Affairs, will host a joint UNDAF / Programme review meeting, engaging relevant Ministries in the presentation of the status of each programme outcome. Ministries will report on the key indicators of the process, showing the objectives planned and achieved for that period.

69. Where needed, baseline studies will be conducted at the beginning of the programme cycle in close cooperation with national partners in order to establish baseline indicators. The programme monitoring will strive to utilize as much as possible routinely collected data generated by government agencies and national management information systems. UNFPA's efforts to harmonize data across main statistics and civil registration agencies are expected to improve quality and availability of data used for programme monitoring. At the same time, since availability of reliable data is crucial to assess programme performance and outcomes, special surveys will be conducted periodically.

70. The current programme benefited from recommendations of the previous programme evaluation, which have been incorporated into its design. A mid-term review will feed-back into implementation process and allow for its improvement. Mid-term evaluation of the programme will be conducted in 2013. The overall programme evaluation will be performed at the end of Year Four of the programme cycle in the second half of 2015 per the guidelines of the UNFPA Headquarters Division of Oversight Services. All new pilot initiatives and demonstrative projects will be evaluated separately prior to further expansion. It will be the responsibility of the UNFPA office to identify appropriate sources of national and international expertise.

71. The implementing partners, PCMs and UNFPA staff will ensure regular field visits to the programme sites. A Monitoring Field Visit Plan primarily for country office staff will be prepared in consultation with implementing partners at the start of the year. The UNFPA country office will conduct field visits to programme sites several times a year, aimags for quarterly field visits, weather permitting.

72. To ensure consistent monitoring and evaluation of programme activities, UNFPA will designate programme personnel to ensure daily follow-up on these issues. A tracking system will be put in place to ensure follow-ups to prior recommendations. Budget provisions will be made to support baseline data collection, monitor progress of implementation, and evaluate results achieved.

73. Implementing partners will cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing partners agree to the following:

a) Provide UNFPA or its representative with timely access to all financial records which establish the transactional record of the cash transfers provided by UNFPA and all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed,

b) Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,

c) Special or scheduled audits. UNFPA, in collaboration with other UN agencies will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity need strengthening.

The audits will be commissioned by UNFPA and undertaken by private audit services.

74. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

Part VIII. Commitments of UNFPA

75. UNFPA's funding commitment, approved by Executive Board, in support of the Mongolia Country Programme Action Plan for the period of 1 January 2012 - 31 December 2016 is equal to US$10.0 million from Regular Sources (RR), subject to the availability of funds. UNFPA has been also authorized by the Executive Board to seek additional funding (Other Resources) amounting to US$4.0 million to support the implementation of the CPAP. Total financial resources approved by the Executive Board for the UNFPA Mongolia CPAP 2012-2016 amounts to US$14.0 million.

76. The availability of other resources will be subject to donor interest in supporting Mongolia and their awareness of important issues related to population and development, reproductive health and gender in the country. UNFPA will advocate with the donor community to secure these financial means. Country programme resource mobilization plan will be prepared in 2011. This plan will serve as the main reference document for activities related to mobilization of additional financial resources.

77. UNFPA's regular and other resources are exclusive of funding received in response to emergency appeals. The release of UNFPA funds will be performed in accordance with guidelines and financial procedures as provided by UNFPA. The funds will be used to finance capacity building of the national partners including various types of training, procurement of relevant equipment, provision of services, advocacy, and policy formulation and implementation. The funds will be also used for national research in population and development, reproductive health and gender.

Part IX. Commitments of the Government of Mongolia

78. The GoM will honour its commitments in accordance with the provisions of the Standard Basic Assistance Agreement of 28th September 1976 which, mutatis mutandis, was also accepted as a basis of cooperation between the Government and UNFPA.

79. The Government will be responsible for in-kind contributions, namely personnel, rent-free office spaces, premises and supplies to achieve the Fifth Country Programme outcomes and outputs. The Government will provide support for resource mobilization efforts, coordination of reviews, audits and financial spot checks, importation of goods, supplies and equipment, and exemption from customs charges. In addition, international officers residing within the country will be granted duty-free import of personal effects and vehicles. Concerted discussions have also been initiated with MoFAT and being considered for a Government annual cash contribution for the implementation of the present CPAP in line with the new status of Mongolia as a middle-income country.

Part X. Other Provisions

80. This Country Programme Action Plan and its annexes shall supersede any previously signed Country Programme Action Plan and previously signed project documents, and become effective upon signature, but will be understood to cover programme activities to be implemented during the period of 1 January 2012 until 31 December 2016.

81. The Country Programme Action Plan and its annexes may be modified by mutual consent of the Government and UNFPA, based on the outcome of the mid-term review or compelling circumstances.

82. Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the government is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on January10, 2012 in Ulaanbaatar, Mongolia.

For the Government of Mongolia:

H.E. Mr. G. Zandanshatar
Minister for Foreign Affairs and Trade

For the United Nations Population Fund:

Ms. Argentina P. MatavelPiccin
UNFPA Representative

Annex I

CPAP Mongolia 2012-2016

Results and Resources Framework

UNFPA Strategic Plan outcome	UNFPA Country Programme outcomes, including outcome indicators, baseline and targets	UNFPA Country Programme outputs	Output targets and indicators	Implementing Partners	Indicative Resources by output (per annum US$)				
					2012	2013	2014	2015	2016
National priority: Section 7.1:Legal Reform; 7.2: State structure and public administration; 7.3: Civil service reform UNDAF Strategic Priority 4: Strengthened governance for protection of human rights and reduction of disparities									
					Total CP Outcome 1 resources from regular resources: US$ 2.0 million, and $0.5 million from other resources				
SP Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality	**CP Outcome 1:** Increased capacity of central and local governments for evidence-based planning and budgeting and results-based monitoring and evaluation **Outcome indicators:** • Number of policies and programmes backed up by data **Baseline:** 10 (or 19.3% of key documents in RH, PD and Gender) **Target:** 25 (or 50% of key documents in RH, PD and Gender based on the current number of documents)	**Output 1:** Up-to-date and disaggregated data on population, including data on population dynamics, youth, RH and gender, are available, accessible and presented in a user-friendly format for decision makers, planners and other development partners, including during emergencies	Output 1 indicators: • Integrated data management system is functioning at a national level, with access to local users **Baseline:** DevInfo is used by 13.9% of government employees (add % of local users), no other integrated data management system is in place (2011) **Target:** a user-friendly data management system is in place and used by all IPs (2016) • 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 **Baseline:** Data from the 2008 reproductive health survey were analysed and disseminated, but not fully disaggregated (2011) **Target:** data collected, analysed, fully disaggregated and disseminated	National Statistical Office, School of Economic Studies at the National University of Mongolia, School of Public Health at the Health Sciences University of Mongolia, Governor's Offices in focus areas	From regular sources:				
					60,000	400,000*	150,000	250,000	140,000
					From other sources:				
					0	500,000*	0	0	0
					Total regular resources for output $1.0 million $0.5 million from other resources (*DHS or mixed RHS/MICS will be conducted in 2013)				
		Output 2: Improved capacity of decision makers and	Output 2 indicators:	Cabinet Secretariat of the Government, National	From regular sources:				

		planners at national and selected provincial and district levels to apply evidence-based and results-based planning and monitoring tools for decision-making, especially for budget allocations	• Evidence-based and results-based M&E tool is available and institutionalized **Baseline:** the tool is available and institutionlized in 16.7% of partner institutions (2011) **Target:** the tool is instituionalized in 50% of partner institutions (2016) • Percentage of national and local government institutions using evidence-based and results-based management **Baseline:** 14.2% (2011); **Target:** 25% (2016)	Development and Innovation Committee, Ministry of Social Welfare and Labour, Parliament Standing Committee on Social Policy, Education, Culture and Science, MonFemNet NGO, Governor's Offices in focus areas	

100,000	200,000	250,000	250,000	200,000		
From other sources:						
0	0	0	0	0		
Total regular resources for output $1.0 million $0 million from other resources						

National priority or goals: National Development Strategy Section 4.3 Family development and demography, 4.4 Education development, 4.5 Health care sector development, 4.8 Social welfare and labour policy

UNDAF Strategic Priority 2: Equitable access to and utilization of quality basic social services and sustainable social protection

					Total CP Outcome 2 resources from regular resources: US$ 6.0 million, and $3.0 million from other resources
SP Outcome 2: Increased access to and utilization of quality maternal and newborn health services	**CP Outcome 2:** Increased equitable access to and utilization of good-quality sexual and reproductive services, with a focus on the disadvantaged **Outcome indicators:** • % of disadvantaged women who received a minimum of six antenatal care check-ups during their last pregnancy **Baseline:** 42.5% **Target:** 80.0% • Contraceptive prevalence rate for modern methods among married women **Baseline:** 49.6% (2008)	**Output 3:** Improved quality of comprehensive reproductive health services at the secondary and tertiary levels of health care	Output 3 indicators: • Average compliance of sub-provincial, provincial and regional hospitals with international and national C-EmOC and ENC standards **Baseline:** 60% (2011); **Target:** 85% (2016) • Number of cases registered and addressed annually through the telemedicine network **Baseline:** 196 (2011) **Target:** 300 (2016)	Ministry of Health, Health Sciences University, National Center for Maternal and Child Health, selected aimags for telemedicine project	From regular sources:
490,000	380,000	240,000	200,000	170,000		
From other sources:						
1,100,000	405,000	150,000	135,000	121,000		
Total regular resources for output $1.48 million $1.911 million from other resources						
SP Outcome 3: Increased access to and utilization of quality family planning services for		**Output 4:** Increased availability of basic reproductive health services, including reproductive health commodity security, for	Output 4 indicators: • Government budget for reproductive health commodities, including contraceptives **Baseline:** $150,000 (2011)	Ministry of Health, Governor's Offices in focus areas, Marie Stopes international, local CSOs	From regular sources:
460,000	660,000	800,000	660,000	640,000		

individuals and couples according to reproductive intentions	**Target:** 55% (2016) • Adolescent fertility rate **Baseline:** 28.3 births per 1,000 women (2010) **Target:** 20 births per 1,000 women (2016) • Perinatal mortality rate per 1,000 deliveries at aimag general hospitals in focus areas **Baseline:** 22.6 (BKH 2011) 21.6 (GA 2011) 27.6 (ZA 2011) **Target:** 16.0 (BKH 2016) 16.0 (GA 2016) 16.0 (ZA 2016)	disadvantaged groups in selected areas	**Target:** $400,000 (2016) • Percentage of service delivery points offering at least three modern contraceptives **Baseline:** 97% (2011) **Target:** 98% (2016) • Unmet need for FP among married disadvantaged women in focus provinces **Baseline:** 25.6% (2011) **Target:** 15.0% (2016)		
					From other sources:
					0 | 150,000 | 150,000 | 0 | 0
					Total regular resources for output $3.22 million $0.3 million from other resources
SP Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)		**Output 5:** Strengthened institutional capacity to deliver adolescent and youth-friendly sexual and reproductive health education and services	Output 5 indicators: • Number of service delivery points 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 on preventing from unwanted pregnancy **Baseline:** 4.7 % of respondents aged between 15-19 years 14.0 % of all respondents aged between 20-24 years **Target:** 15-19 years – 50% 20-24 years – 70% • Percentage of youth and adolescents with accurate knowledge on modern methods of preventing from STIs **Baseline:** 3.4% of respondents aged between 15-19 years 28.9 % of respondents aged between 20-24 years **Target:** 15-19 years – 50% 20-24 years – 70% • Number of civil society organizations working with vulnerable groups employing strategic behavioural change communication interventions **Baseline:** 12 (2011); **Target:** 28 (2016)	Ministry of Health, Ministry of Education, Culture and Science, Government Implementing Agency Department of Health, CSOs, and Governor's Offices of focus areas	From regular sources:
					350,000 | 300,000 | 300,000 | 200,000 | 150,000
					From other sources:
					200,000 | 200,000 | 150,000 | 120,000 | 119,000
					Total regular resources for output $1.3 million $0.789 million from other resources

National priority: Section 7.1 Legal Reform, 7.2 State structure and public administration, 7.3 Civil service reform UNDAF Strategic Priority 4: Strengthened governance for protection of human rights and reduction of disparities					
					Total CP Outcome 3 resources from regular resources: US$ 0.5 million and $0.5 million from other resources
SP Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy	**CP Outcome 3:** Capacities to implement Gender Equality Law and to mainstream gender in policies and programmes improved Outcome indicators: • Existence of an implementation strategy, with a results and resources framework, for the Gender Equality Law **Baseline:** the strategy is not available **Target:** the implementation strategy is developed by the end of 2012	**Output 6:** Strengthened capacity of politicians and key governing bodies to advocate for and implement the legal framework on gender equality and domestic violence legislation	Output 6 indicators: • A mechanism is established within the Government entity responsible for gender to support gender equality and gender mainstreaming in government institutions **Baseline:** the mechanism is not established (2011); **Target:** the mechanism is established at a national level and at a local level in focus areas (2016)	National Committee on Gender Equality, CSOs, Governor's Offices in focus areas	From regular sources: 50,000 / 70,000 / 70,000 / 70,000 / 40,000 From other sources: 20,000 / 20,000 / 20,000 / 35,000 / 25,000 Total regular resources for output $0.3 million $0.12 million from other resources
		Output 7: Strengthened capacity of key governmental and civil society organizations to prevent GBV and to provide quality comprehensive services for survivors of GBV	Output 7 indicators: • Percentage of trained decision makers, police officers, judicial system officers and health service providers with adequate knowledge on gender-based violence **Baseline:** 10% (2011); **Target:** 40% (2016) • Number of one stop service centers providing services for victims of gender-based violence **Baseline:** 3 (2010); **Target:** 6 (2016)	Ministry of Health, One Stop Services centers, Governor's Offices in focus areas	From regular sources: 100,000 / 25,000 / 25,000 / 25,000 / 25,000 From other sources: 0 / 100,000 / 100,000 / 100,000 / 80,000 Total regular resources for output $0.2 million $0.38 million from other resources
Programme Coordination and Assistance					330,000 / 260,000 / 280,000 / 310,000 / 320,000
					Total Programme Coordination and Assistance (only from regular resources): US$ 1.5 millions

Annex 2: CP Outcome 1

CPAP Planning and Tracking Tool

Country: **Mongolia**

CP Cycle: **Fifth**

RESULTS	Indicator	MOV	Responsible party	Baseline	2016	
					Target	Achievement
UNDAF Strategic Priority 4: Strengthened governance for protection of human rights and reduction of disparities **Outcome 10:** Increased capacity of central and local governments for evidence based planning and budgeting, results based monitoring and evaluation	Key policies and budgets backed by data	Medium-term fiscal framework Annual socio-economic guidelines Public investment programme, Annual budgets World Bank Public Expenditure and Financial Management Review NSO Statistical Yearbook	MOF NSO NDIC Cabinet Secretariat Line ministries	Currently almost none	Key policies and budgets are increasingly and fully backed by data by 2016	
UNFPA Strategic Plan Outcome 7: Improved data availability and analysis resulting an evidence-based decision-making and policy formulation around population dynamics (including family planning) and gender equality						

	Indicator	MOV	Responsible party	Baseline	2012		2013		2014		2015		2016	
					Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 1: Increased capacity of central and local governments for evidence-based planning and budgeting, results-based monitoring and evaluation	Number of policies and programmes backed up by data	Policy and programme documents	Cabinet Secretariat, NDIC, MoSWL, NSO, PSCSPECS, CSOs, Selected academic institutions, Governor's Offices in focus areas	10 (or 19.3% of key documents in RH, PD and Gender)	12		15		18		21		25 (or 50% of key documents in RH, PD and Gender based on the current number of documents)	
Output 1: Up-to-date and disaggregated data on population, including data on population dynamics, youth, RH and gender, available, accessible and presented in a user-friendly format for decision makers, planners and	1.1 Integrated data management system is functioning at a national level, with access to local users	Policy and programme documents (sources of data used)	NSO Other government partner agencies	DevInfo is used by 13.9% of government employees (add % of local users), no other integrated data management system is in place (2011)			The data management system is in place (if DevInfo – ensure access to government users)		30% of IPs use the system		60% of IPs use the system		A user-friendly data management system is in place and used by all IPs	
	1.2 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	Census and survey reports	NSO	Data from the 2008 reproductive health survey were analyzed and disseminated, but not fully disaggregated	Data of 2010 Census are analyzed in a disaggregated manner and disseminated		DHS or RHS/MICS data collection is conducted;		DHS or RHS/MICS analyzed, fully disaggregated and disseminated		2015 mid-term census data collection is conducted;		2015 mid-term census data analyzed, fully disaggregated and disseminated;	

other development partners, including during emergencies	results disseminated			(2011) Base line study: 30.6% of respondents used the RHS 2008 results	Dissemination strategy of 2010 Census results is developed and implemented;								
	Process indicators:												
	1.1.1 Establish integrated data management system in the focus areas linked with NSO main database and DevInfo	AWP Monitoring tool, Data system	NSO, Governor's Offices in focus areas	Local statistical offices collect and transfer data to NSO; however, they do not have data management system at a local level	Capacity assessment to set up the data management system is conducted		Data management system setp up in 3 focus areas		Data management system setp up in 3 focus areas		Data management system setp up in 3 focus areas		Data management system is functional
	1.1.2 Number of local government agencies (Statistics Department) doing basic analyses of local data, including 2010 Census data	AWP Monitoring tool, Local statistical reports	NSO, Governor's offices in focus areas	Local statistical offices are limited to data collection only	Training for all statisticians of Statistics Department in focus areas		Disaggregated data is available at the aimag level in focus 3 areas						
	1.1.3 Harmonized and standardized methodology for population data collection and analysis	AWP Monitoring tool, Vital statistics database	NSO, DoH and GASR	Vital statistics produced by 3 agencies have discrepancies			Revision of the methodology and suggestions for harmonization is made		Adoption of the harmonized methodology, trainings of all staff responsible for population data is completed		All three agencies produce reports according to the harmonized methodology		
	1.2.1 Web-based, user-friendly, secure census database is in place	AWP Monitoring tool Census database	NSO	The database is under construction, is not available to end users yet	The database will be completed and piloted		The database is functional and accessible						
	1.2.2 Mid-term Census is conducted	AWP Monitoring tool	NSO	The decision is made to conduct the survey; however, the preparations are not started yet			A methodology to integrate MDG indicators in the mid-term census is developed		Preparatory activities for mid-term census		Mid-term census data collection is completed		Data disaggregation, analysis and dissemination of the results
	1.2.3 DHS or combined RHS/MICS conducted	AWP Monitoring tool	NSO, MOH	Decision is not made whether to conduct DHS or combined RHS and MICS. The baseline survey results show that thematic studies are of limited coverage and do not serve wider interest groups in spite of the efforts and funds they involve	Advocacy to come up with the decision on which type of survey to conduct		Preparations for the survey		Survey data collection is completed		Data disaggregated, analyzed and disseminated		
	1.2.4 Research design and statistics courses incorporate collection, analysis and use of population data	AWP Monitoring tool Course syllabus	School of Economic Studies at National University of Mongolia, School of Public Health at Health Sciences University	Current research design and statistics courses do not provide skills to use population data in programming	Assessment of current courses is conducted		Revision to the current courses or development of new courses is completed		All statistics and research design instructors are trained to teach the revised/ new courses		The revised/new courses are introduced in the curriculum		

	Indicator	MOV	Responsible party	Baseline	2012		2013		2014		2015		2016	
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 and monitoring tools for decision-making, especially for budget allocations	**2.1** Evidence-based and results-based M&E tool is available and institutionalized	M&E reports, monitoring visit reports	Cabinet Secretariat	The tool is available and institutionlized in 16.7% of partner institutions	**Target**	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**
							25% of partner institutions		30% of partner institutions		40% of partner institutions		The tool is instituionalized in 50% of partner institutions	
	2.2 Percentage of national and local government institutions using evidence-based and results-based management	Programme documents, M&E reports, monitoring visit reports	Cabinet Secretariat, NDIC, MoSWL, PSCSPECS, CSOs	14.2% (2011);									25%	
	Process indicators													
	2.1.1 Number of M&E officers of key ministries, government agencies and local governments trained in M&E	AWP Monitoring tool,	Cabinet secretariat	0	100		100		100		100		100	
	2.1.2 Technical assistance on development of the Law on Public Adminsitration Monitoring and Evaluation is provided	AWP Monitoring tool, Law draft	Cabinet secretariat	The law is in the development process	Study tour of the working group members drafting the law and MPs; technical assistance is provided to the development of the law				The law is drafted		The Cabinet makes a decision on the draft law		The draft law is discussed at the Parliament	
	2.1.3 M&E information database is established	AWP Monitoring tool	Cabinet secretariat	No database to date			Database is established		Database is introduced to government agencies					
	2.1.4 Number of CSOs trained in M&E	AWP Monitoring tool	MonFemNet	0	2		2		2		2		2	
	2.1.5 # of capacity building activities for the faculty teaching M&E courses	AWP Monitoring tool	Academy of Management, SES at NUM, University of Science and Technology	The universities introduced the curriculum	1		1		1		1		1	
	2.2.1 Number of National Council on Population and Development members sensitized to use population data into national policies and programmes	AWP Monitoring tool	MoSWL, NDIC	NCPD is not functioning (2011)	2		5		3		3		3	
	2.2.2 Number of new MPs sensitized to population issues	AWP Monitoring tool	PSCSPECS	New MPs will be elected in June 2012	0		3		3		3		3	

Annex 2: CP Outcome 2

CPAP Planning and Tracking Tool

Country: **Mongolia**

CP Cycle: **Fifth**

RESULTS	Indicator	MOV	Responsible party	Baseline	2016	
					Target	Achievement
UNDAF Strategic Priority 2: Equitable access to and utilization of quality basic social services and sustainable social protection **Outcome 5:** Increased equitable access to and utilization of quality basic social services, with a special focus on the vulnerable	Under-five Mortality Rate IMR MM Ratio	MICS, MoH Health Indicators	NSO, MoH	24.6 (2010) 19.4 (2010) 45.5 (2010)	21.0 15.0 50.0	
UNFPA Strategic Plan Outcome 2: Increased access to and utilization of quality maternal and newborn health services						
UNFPA Strategic Plan Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions						
UNFPA Strategic Plan Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)						

	Indicator	MOV	Responsible party	Baseline	2012		2013		2014		2015		2016	
					Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 2: Increased equitable access to and utilization of good-quality sexual and reproductive health services with a focus on the disadvantaged.	**2.1.** Percentage of disadvantaged women who received a minimum of 6 antenatal care check-ups during their last pregnancy	Baseline study, MTR, CP5 evaluation Annual project report	Health Dept of BKH, GA, ZA aimag	42.5% (2011)	45,0%		60.0%		75.0%		80.0%		80.0%	
	2.2. Contraceptive prevalence rate for modern methods among married women	RHS 2008, 2013	MoH	49.6% (RHS 2008)	-		52.0% (RHS 2013)		-		-		55%	
	2.3. Adolescent fertility rate (per 1000 women)	Annual Health Statistics, MoH	MoH, Department of Health	28.3 (2010)	27.0		25.0		23.0		20.0		20.0	
	2.4. Perinatal mortality rate per 1,000 deliveries at aimag general hospitals (AGH) in focus areas	Baseline study, MTR and CP5 evaluation Hospital statistics	MoH, Health Depts of BKH, GA, ZA provinces UNFPA CO	BKH AGH: 22.6 GA AGH: 21.6 ZA AGH: 27.6 (Baseline study)	BKH AGH: 20.0 GA AGH: 20.0 ZA AGH: 20.0		BKH AGH: 20.0 GA AGH: 20.0 ZA AGH: 20.0		BKH AGH: 19.0 GAAGH: 19.0 ZA AGH: 19.0		BKH AGH: 17.0 GA AGH: 17.0 ZA AGH: 17.0		BKH AGH: 16.0 GA AGH: 16.0 ZA AGH: 16.0	

	Indicator	MOV	Responsible party	Baseline	2012		2013		2014		2015		2016	
					Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	
Output 3: Improved quality of comprehensive reproductive health services at the secondary and tertiary levels of health care	**Output indicators:** **3.1.** Average compliance of sub-provincial, provincial and regional hospitals with international and national C-EmOC and ENC standards *	EmOC/ENC needs assessment and supervision findings (check list)	MoH, NCMCH	60% (2011)	60%		70%		75%		80%		85%	
	3.2. Number of cases registered and addressed annually through the telemedicine network	AWP Monitoring tool UNFPA COAR	NCMCH	196 (2011)	200		250		300		300		300	
	Process indicators:													
	3.1.1 Number of updated/developed national guidelines on maternal/women's RH health and the pre-service, in-service and postgraduate training curricula that integrate RH in line with updated national guidelines and protocols	AWP Monitoring tool Date and No of the Minister's order or decision from HSUM	MoH HSUM NCMCH	4 guidelines (RH component annual review meeting report)	A guideline on management of pregnancy and child birth complications;		A guideline on post abortion care		Two guidelines: one on infertility and the second on prenatal diagnostics; and revised curricula in obstetrics, gynecology and neonatology				6 new or revised guidelines or curricula are implemented	
	3.1.2. Introducing a practical quality control and monitoring system	Monitoring reports	NCMCH, HSUM, MOH	One checklist developed and piloted	Two new checklists will be developed and piloted		3 checklists will be applied to practice		Review of an introduced monitoring system with improvements		Fully functional monitoring system on EMOC/ENC and Reproductive Health		Fully functional monitoring system on EMOC/ENC and Reproductive Health	
	3.1.3. Number of service providers trained through competency based trainings on quality maternal and newborn care guides	AWP Monitoring tool	NCMCH	72	46		71		120		30		30	
	3.1.4 MISP manual adapted and used for training	AWP Monitoring tool	MoH	No adaptation of MISP manual	The manual is adapted and used in MISP training		-		-		-		-	
	3.1.5. Number of personnel trained on MISP	AWP Monitoring tool UNFPA COAR	MoH UNFPA	50 (2011)	80		150		150		150		150	
	3.2.1 Proportion of antenatal cases screened for congenital abnormalities ** at hospitals participating in the telemedicine project	AWP Monitoring tool Hospital records	NCMCH	5.0%	8.0%		12.0%		15.0%		30.0%		**30.0%**	

	3.2.2 Establish the public / reproductive health data management and training systems at NCMCH.	AWP Monitoring too Training reports	NCMCH/ MOH	No systems available, except for the verification of causes of maternal deaths at national level	Establish the RH management infrastructure		Training of main staff and researchers/ trainers		Continued previous years trainings and national RH data collection and management		New operational research team is established at NCMCH		Fully functional PH/program management and training system at NCMCH	
	3.2.3. Number of operational research conducted and disseminated	AWP Monitoring tool Research reports	NCMCH	0	1 research will be conducted		Report dissemination and application of findings		Second research will be conducted		Report dissemination and application of findings		-	
	3.2.4. Number of trained/re-trained local trainers in cervical pathology screening and management	AWP Monitoring tool	NCMCH, NCC	0	0		0		30		30		-	
	3.2.5. Number of in vitro fertilization cycles performed at the NCMCH	AWP Monitoring tool	NCMCH	0	Procurement		Set up the unit and tranings		200		300		300	
Output 4: Increased availability and accessibility of reproductive health services and commodities for the disadvantaged groups in selected areas	**Output indicators:** **4.1.** Government budget for RH commodities including contraceptives	Annual budget of MoH	MoH	US$150,000 (2011)	US$200,000		US$250,000		US$300,000		US$350,000		US$400,000	
	4.2. Percentage of service delivery points offering at least three modern contraceptives	Survey on availability of contraceptives (GPRHCS)	MoH	97.0% (2011)	97.0%		98.0%		98.0%		98.0%		98.0%	
	4.3. Unmet need for FP among married disadvantaged women in focus provinces	Baseline study, MTR, CP5 evaluation Annual project report	MoH, Health Depts of BKH, GA, ZA provinces UNFPA CO	25.6% (2011)	25.0%		20.0%		18.0%		16.0%		15.0%	
	Process indicators:													
	4.1.1 Technical assistance to the development of policy documents to incorporate SRH and STI/HIV into public policies and plans	AWP Monitoring tool Endorsed policy documents	MoH	0	3 documents: The 4th National RH programme and Action plan for 2012-2014 and Revision of HSSMP		3 decree by local governments on establishing the Maternal Health Fund in 3 focus aimags.		An action Plan of National RH Programme for 2015-2016		A Minister's order related with sustainability of UNFPA supported initiatives in SRH		2 documents: The 5th National RH Programme and Action plan for 2017-2018)	
	4.1.2 Number of policy research, review, policy briefs, fact sheets developed and produced to provide evidence on SRH policy and programmes	AWP Monitoring tool Reports and publications	MoH NCMCH UNFPA	0	A policy review report of RR in Mongolia and inequity in access to SRH		2 documents: a study on social and cultural determinants of SRH in Mongolia and a fact sheet		1: TBD		1: TBD		1: TBD	
	4.2.1 Percentage of SDPs that have stock of 5 essential RH medicines	Survey on availability of maternal health medicines (GPRHCS)	MoH	85.0% (2011)	87.0%		90.0%		95.0%		95.0%		95.0%	

	4.2.2 Proportion of oral pills distributed through the social marketing programme in a total number of oral pills distributed	Commodity report, AWP TT of IP	MoH MSIM	TBD	20.0%		25.0%		28.0%		30.0%		35.0%	
	4.2.3 Percentage of trained, re-trained logisticians, RH coordinators and PHC workers on RHCS areas	AWP TT of IP	MoH School of Pharmacy HSUM	30.0%	35.0%		50.0%		65.0%		70.0%		80.0%	
	4.3.1. Technical assistance to the development/update of the guidelines and curricula on basic SRH services	AWP Monitoring tool Date and No of the Minister's order or decision from HSUM	MoH HSUM	0	Five documents: a new/updated guideline on reaching the disadvantaged, a guideline on FP, and three curricula on RHCS		Two curricula: a midwifery traning curriculum and a FGP traning curriculum		0		0			
	4.3.2 Percentage of trained PHC providers, supervisors and volunteers on RH component of RED	AWP TT of IPs UNFPA COAR	Health Depts of BKH, GA, ZA aimags	0	15.0%		50.0%		80.0%		80.0%		80.0%	
	4.3.3. Number of the disadvantaged women reached and received basic SRH services	AWP TT of IPs UNFPA COAR	Health Depts of BKH, GA, ZA aimags	0	1,500		4,500		10,000		12,000		15,000	
	4.3.4 Number of soum hospitals that meet criteria of a Model RH soum hospital in the selected aimags	AWP TT of IPs UNFPA COAR	Health Depts of BKH, GA, ZA aimags	0 out of 15 selected soum hospitals	0		3		8		12		15	
	Indicator	**MOV**	**Responsible party**	**Baseline**	**2012**		**2013**		**2014**		**2015**		**2016**	
Output 5: Strengthened institutional capacity in delivering adolescent and youth friendly sexual reproductive health education and services	**5.1** Number of service delivery points providing adolescent and youth friendly health services	AWP Monitoring tool COAR	MOH	18(2010);	**Target**	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**
					18		24		24		24		24	
	5.2. Percentage of youth and adolescents with correct knowledge on modern methods of preventing unwanted pregnancy	Study reports	MOH, HR, RH and Rights NGO Network and selected CSOs	15-19 years of age - 4.7 %; 20-24 years of age - 14 %			Knowledge level: 15-19 – 20% 20-24 – 30%		Knowledge level: 15-19 – 30% 20-24 – 40%		Knowledge level: 15-19 – 40% 20-24 – 50%		Knowledge level: 15-19 – 50% 20-24 -70%	
	5.3 Percentage of youth and adolescents with correct knowledge for preventing of sexually transmitted infections	Study reports	MoH, HR, RH and Rights NGO Network and selected CSOs	13.4% of adolescents aged 15-19 knew all (4) methods to prevent from STIs 28,9 % of youth aged 20-24 knew all (4) methods to prevent from STIs			Knowledge level: 15-19 – 20% 20-24 – 40%		Knowledge level: 15-19 -30% 20-24 – 50%		Knowledge level: 15-19 – 40% 20-24 – 60%		Knowledge level: 15-24 – 50% 20-24 – 70%	
	5.4 Number of civil society organizations working with vulnerable groups	Programme documents, M&E reports, monitoring	HR, RH and Rights NGO Network and selected	12 (2011)	12		24		28		28		28	

employing strategic behavioral change communication interventions	visit reports	CSOs											
Process indicators													
5.1.1. Technical assistance to set up a coordination mechanism on adolescent and youth health services	AWP Monitoring tool, MTR report	MOH UNFPA	There is a lack of a coordination mechanism on adolescent and youth friendly health services			The coordination mechanism is set up by the end of 2013				The coordination responsibility will be fully institutionalized to the National Center for Maternal and Child Health			
5.1.2. The guideline/standard is updated and distributed to all counterparts	AWP Monitoring tool Ministerial Order of Minister of Health	MOH UNFPA	The previously adapted guideline and standards are outdated and need revision	Setting up a task force and assessment of the guideline and standards		The updated, guideline and standards approved by Ministerial Order and distributed							
5.1.3. Number of service providers including family doctors, STI doctors, soum doctors, quality assurance specialists trained on Adolescent Job Aid and Orientation package	AWP Monitoring tool	MOH	Quality assurance specialist are not trained on supportive supervision "0" Only limited number of family doctors soum doctors are trained			115		-		-			
5.1.4. Number of new or upgraded adolescent and youth friendly health services	AWP Monitoring tool Ministerial Order of Minister of Health	MoH, IPPF, Aimag/distric health depts	0 in 2011	TBD		TBD		TBD		TBD		6 (cumulative number)	
5.2.1. Capacity building activities for the institution selected as coordinator of Y-PEER network	AWP Monitoring tool Contract document	Y-PEER Network UNFPA	There is no institution and UNFPA CO is managing Y-PEER network activities	Setting up Network coordination committee and capacity building of member organizations		Selection of the capable NGO to institutionalize Y-PEER Network		The capacity building of the selected NGO and provision of technical facilities					
5.2.2. Number of youth advocates	AWP Monitoring tool	UNFPA	TBD	TBD		TBD		TBD		TBD		TBD	
5.2.3 Youth Development Centers (YDCs) are equipped, staffed and open to the public by the end of 2013	AWP Monitoring tool Ministerial Order of the Minister of Education Culture and Science	Local governments	Establishment of YDC is a pilot initiative There is any YDCs in 2011	Advocate for MOECS and local government on establishment of YDCs in the selected sites		6 YDCs are equipped, staffed and opened							
5.2.4. Technical assistance to update the	AWP Monitoring	MOECS, Mongolian	The current curricula needs	Advocacy activities		Health education		All health education					

	Health education curricula of the teacher training university and colleges and improve quality of health education in TVET and non-formal education centers in focus areas	tool Approved curricula	State University of Education	update	targeted to decision makers of MOECS and MSUE Draft curricula is developed		curricula of the teacher training university and colleges is updated		trainers in TVET and non-formal education centers in focus areas are trained to the updated curriculum					
	5.3.1. Number of CSO staff, health care providers, and community health workers trained on BCC on the RH and STI and HIV Prevention	AWP Monitoring tool Training report	HD, RH and Right NGO Network, CSOs of focus aimag and district	18	40		50							
	5.3.2. Number of trained CSO staff, health care providers, and community health workers working with FSWs on STI/HIV prevention	AWP Monitoring tool Training report	National Committee on AIDS, IPPF, HD, RH and Right NGO Network, CSOs of focus aimag and district	TBD	TBD		TBD		TBD		TBD		TBD	
	5.3.3. Number of small grants received by CSOs on BCC on the RH and STI and HIV Prevention	Grant proposals, reports	HD, RH and Right NGO Network, IPPF, CSOs of focus aimags and district	5 (2011)	6		6		6		6			

* sub-provincial hospitals include 6 rural general hospitals, provincial hospitals include 17 aimag general hospitals, in addition, regional hospitals are 4 RDTCs, 3 maternity hospitals in capital city and NCMCH that provide comprehensive EmOC and ENC. A special checklist developed by the baseline assessment team will be used to track this indicator.

** the screening is basically ultrasound screening before 12 weeks of pregnancy

***eligibility is based on clear indication that the couple will benefit from only advanced treatment such as in-vitro fertilization or endoscopic surgical intervention

Annex 2: CP Outcome 3

CPAP Planning and Tracking Tool

Country: **Mongolia**

CP Cycle: **Fifth**

RESULTS	Indicator	MOV	Responsible party	Baseline	2016	
					Target	Achievement
UNDAF Strategic Priority 4: Strengthened governance for protection of human rights and reduction of disparities **Outcome 13:** Capacities to implement the Gender Equality Law and to mainstream gender in policies and programmes improved	Implementation strategy for GEL with results and resource framework. Gender-mainstreamed sectoral policies	Annual budgets	NCGE, line ministries, local governments	29 mln Tg in 2009; 45 mln Tg in 2010 state budget National Gender Equality Strategy 2002-2015 NCGE has no direct links with line ministries and access to cabinet	Agency responsible for gender with more direct link with line ministries and access to cabinet in place by 2015 Gender-mainstreamed sectoral policies in place by 2016	
UNFPA Strategic Plan Outcome 5: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy						

	Indicator	MOV	Responsible party	Baseline	2012		2013		2014		2015		2016	
					Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 3: Capacities to implement Gender Equality Law and to mainstream gender in policies and programmes improved	Existence of an implementation strategy, with a results and resources framework, for the Gender Equality Law	Implementation strategy document		No strategy	The implementation strategy is developed and approved by the Government by the end of 2012								TBD	
Output 6: Strengthened capacity of politicians and key government bodies to advocate for and implement the legal framework on gender equality and domestic violence legislation	**6.1** A mechanism is established within the government entity responsible for gender to support gender equality and gender mainstreaming in government institutions	NCGE report	NCGE	No mechanism			Mechanism is established by the end of 2013							
	Process indicators:													
	6.1.1 Technical assistance on the development of GEL implementation strategy	AWP Monitoring tool	NCGE	Implementation strategy is not developed yet (2011)	Strategy is developed by the end of 2012									
	6.1.2 Number of CSOs advocating for GEL implementation	Media coverage, CSO reports	MonFemNet	15	20		20		25		25		30	

	6.1.3 Sector-specific trainings in areas of GEL, including gender mainstreaming and gender-responsive budgeting, are conducted	Training modules, Training evaluation report, AWP monitoring tool	NCGE	No	Training modules are developed, A pool of trainers are prepared, Training piloted		Sector-specific trainings of government employees (both central and local), CSOs, private sector on GEL		Sector-specific trainings of government employees (both central and local), CSOs, private sector on GEL		Sector-specific trainings of government employees (both central and local), CSOs, private sector on GEL		Sector-specific trainings of government employees (both central and local), CSOs, private sector on GEL	
	6.1.4 Information sharing network is established among Gender Focal Points of government organizations	Network database, AWP monitoring tool	NCGE	No			Yes							
	6.1.5 GEL implementation monitoring tool is developed	Monitoring tool, AWP monitoring tool	NCGE	No monitoring tool	Monitoring tool is developed									
	6.1.6 Establishment of a discussion platform on GEL implementation among multiple stakeholders	Discussion minutes, AWP monitoring tool	NCGE	No discussion platform			A discussion platform is in place		A discussion platform is regularly held		A discussion platform is regularly held		A discussion platform is regularly held	
	6.1.7 A gender course in included in a mandatory curricula of selected universities	Curriculum, AWP monitoring tool	NCGE	No	A curriculum is developed		Faculty members are trained		A curriculum is piloted				A curriculum is approved by the Minister	
	6.1.8 Number of CSOs, including CSOs working with men and boys, conducting community-based interventions on gender equality, GEL and GBV prevention	CSO reports	MonFemNet	5	10		10		10		10		10	
	6.1.9 Number of champions advocating for increased representation of women in policy and decision making roles	Event reports, media coverage, meeting minutes	NCGE	20	30								50	
	6.1.10 Number of capacity building activities for women leaders	NCGE reports, AWP monitoring tool	NCGE	5	10		10		10		15		15	
Output 7 Strengthened capacity of key governmental and civil society organizations to prevent GBV and to provide quality comprehensive services for survivors of GBV	**Indicator**	**MOV**	**Responsible party**	**Baseline**	**2012**		**2013**		**2014**		**2015**		**2016**	
					Target	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**
	7.1 Percentage of trained decision makers, police officers, judicial system officers, social workers and health care providers with adequate knowledge on gender-based violence	Activity reports, AWP monitoring tool	NCGE, MoH	10%	15%		20%		30%		40%			
	7.2 Number of one-stop service centres providing services for victims of gender-based violence	Programme yearly report, OSSC reports	MoH District/province health departments	3	3		3		3		6 (cumulative number)		6 (cumulative number)	

Process indicator													
7.1.1 Technical assistance on the development of the amendments to the LaDV	AWP	NCGE	Amendments are not developed yet (2011)			Developed by end of 2013							
7.1.2 Number of training activities for police, judicial system officers, social workers and health care providers	Activity reports, AWP monitoring tool	MoH, district/province governor's offices	3	1		1		1		1		1	
7.1.3 Number of Gender Working Groups functioning	Reports of Gender Working Groups, activity reports	District/province governor's offices	2	2		2		4 (cumulative number)		4 (cumulative number)		4 (cumulative number)	
7.1.4 Number of CSOs working in GBV, including CSOs working with men and boys	CSO activity reports	NCAV	5 (all CSOs) 2 (CSOs working with men and boys)	7 (all CSOs) 2 (CSOs working with men and boys)		9(all CSOs) 4(CSOs working with men and boys)		10 (all CSOs) 5 (CSOs working with men and boys)		12 (all CSOs) 6 (CSOs working with men and boys)		12(all CSOs) 6 (CSOs working with men and boys)	
7.2.1 Establishment of a multi-stakeholder coordination group	Meeting minutes, AWP monitoring tool	MoH	No			Yes							
7.2.2 Number of capacity building activities for OSSC service providers	OSSC activity reports, AWP monitoring tool	MoH, district/province health departments	1	1		1		1		1		1	
7.2.3 Integration of GBV data into DHS/RHS	DHS/RHS survey report, AWP monitoring tool	NSO	GBV data integrated but gap exists in data			DHS/RHS survey conducted with integration of GBV data							
7.2.4 Number of access to GBV database by service providers	Database access monitoring, AWP monitoring tool	MoH, OSSCs.	No comprehensive database (1 at police office, but not shared)	TBD		TBD		TBD		TBD		TBD	
7.2.5 Number of capacity building activities on GBV issues in emergencies	# of PC quarterly, biannual and annual reports; GBV sub cluster reports	MoSWL NCAV	50% of cluster members are trained (out of 20 members) in 2011 1 out of 4 main guidelines are introduced in 2011	85% 2guidelines are introduced		90% 1 guideline is introduced		95% 80% of cluster and subcluster members apply the guidelines into operation		100% 90% cluster and subcluster members apply the guidelines into operation		100% 100% application of guidelines into operation	

Annex 3:

The CPAP Monitoring and Evaluation Calendar

Country: **Mongolia**
Cycle: **Fifth**

		2012	2013	2014	2015	2016
M&E activities	Surveys/Studies*	Study on impact of demographic changes on development	DHS or combined RHS/MICS		Mid-term census	Baseline study for the new CP
	Monitoring systems	Field visits, AWP Monitoring Tool, CPAP PT Tool, CPAP M&E Calendar, Standard Progress report	Field visits, AWP Monitoring Tool, CPAP PT Tool, CPAP M&E Calendar, Standard Progress report	Field visits, AWP Monitoring Tool, CPAP PT Tool, CPAP M&E Calendar, Standard Progress report	Field visits, AWP Monitoring Tool, CPAP PT Tool, CPAP M&E Calendar, Standard Progress report	Field visits, AWP Monitoring Tool, CPAP PT Tool, CPAP M&E Calendar, Standard Progress report
	Evaluation	Human Security project evaluation	CP5 Mid-term review	- Telemedicine project mid-term review - Evaluation of Future Threshold centers	Final CP evaluation	Telemedicine project end-line evaluation
	Reviews	NEX Audits Semi-annual component review COAR OMP reviews UNDAF annual review	NEX Audits Semi-annual component review COAR OMP reviews - UNDAF annual review	NEX Audits Semi-annual component review COAR OMP reviews - UNDAF annual review	NEX Audits Semi-annual component review COAR OMP reviews - UNDAF annual review	NEX Audits Semi-annual component review COAR OMP reviews - UNDAF annual review
	Support activities	Technical assistance to the development of UNFPA communication strategy				
	UNDAF final evaluation milestones	Under discussion at UNCT				
	M&E capacity building	Training of CO staff on M&E Training of government and non-government partners in M&E				
	Use of information				CCA/UNDAF process	CP development
Planning references	Partner activities	HSSMP review (started in 2011), Annual Statistical yearbook, Annual Health Indicators, HIES/LSMS, HIV Second Generation Sentinel Surveillance	Annual Statistical yearbook, Annual Health Indicators, HIES/LSMS, HIV Second Generation Sentinel Surveillance	Annual Statistical yearbook, Annual Health Indicators, HIES/LSMS, HIV Second Generation Sentinel Surveillance	Annual Statistical yearbook, Annual Health Indicators, HIES/LSMS, HIV Second Generation Sentinel Surveillance	Annual Statistical yearbook, Annual Health Indicators, HIES/LSMS, HIV Second Generation Sentinel Surveillance

*Additional sector-specific studies/reviews will be conducted during the programme cycle as needed