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

Country Programme Action Plan (CPAP) 2012-2016

Revision made in July 2014 for the period 2014-2016

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
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
MoPDSP	Ministry of Population Development and Social Protection
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

Table of Contents

		Page
List of Acronyms		1
Framework		4
Part I.	Basis of Relationship	4
Part II.	Situation Analysis	5
Part III.	Past Cooperation and Lessons Learned	6
Part IV.	Proposed Programme	8
Part V.	Partnership Strategy	17
Part VI.	Programme Management	17
Part VII.	Monitoring and Evaluation	19
Part VIII.	Commitments of UNFPA	21
Part IX.	Commitments of the Government	22
Part X.	Other Provisions	23

Annex 1. Results and Resources Framework
Annex 2. Monitoring and Evaluation Framework
Annex 3. Planning Matrix for Monitoring and Evaluation

Framework

In mutual agreement to the content of this document and their responsibilities in the implementation of the country programme, the Government of Mongolia (hereinafter referred to as the Government) and the United Nations Population Fund (hereinafter referred to as UNFPA).

Furthering their mutual agreement and cooperation for the fulfilment of the International Conference on Population and Development Programme of Action;

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) concluded between the Government of Mongolia and the United Nations Development Programme (UNDP) dated 28 September 1976 (the "Basic Agreement") *mutatis mutandis* and the exchange of the letters between the Government of Mongolia and UNFPA in 1992 apply to the activities and personnel of UNFPA in Mongolia. This CPAP together with nay work plan concluded hereunder, which shall form part of this CPAP and is incorporated herein by reference, constitutes the project document as referred to in the Basic Agreement. References in the Basic Agreement to "Executing Agency" shall be deemed to refer to "Implementing Partner" as such term is defined in the Financial Regulations of UNFPA and used in this CPAP and any work plans concluded hereunder.

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.

3. Mongolia is a landlocked country, most distant from the sea and most sparsely populated, with a population of 2.9 million. It suffers from harsh climate with winter emergencies, high cost of living, and a vast land mass with poor road infrastructure, all of which make social and economic development a daunting task.

4. From 2011 onwards the economic situation in the country vastly improved and according to the World Bank, the country's growth rate was 12.5% in 2012 and maintained a double digit growth (11.7 %) in 2013. Despite economic reforms and strong GDP growth in the last few years, 30 percent of the population still lives below the poverty line. Mongolian economy is facing a significant challenge from growing balance of payment pressure as the foreign direct investment inflow declines, and the mineral export remains weak. Magnolia may also face a downside risk from an uncertain global economic environment and further dampening of mineral market. Macro-economic and financial vulnerabilities are growing due to continuous expansionary fiscal and monetary policies reflected in significant off-budget spending and rapid credit growth. The government took a series of positive measures recently to address the challenges including adoption of the new investment law, announcement of a fiscal consolidation plan, and subsequent amendment of the 2013 budget to tighten budget spending. Yet, further efforts are needed to shift the growth-oriented economic policies toward economic stability and rebuilding macro-economic policy buffers, in light of uncertain prospects in the external environment and the balance of payment situation.

5. Mongolia is urbanizing at a fairly rapid pace. In 2013, 68.1 percent of the population was living in urban areas and 46.8 percent in Ulaanbaatar alone. 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 in 2010 and 27.4 percent in 2013, and youth 15-24 years 18 percent and 19 percent of the total population respectively. 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 per 100,000 live births in 1990 to 46 per 100,000 live births in 2010 and 42.6 per 100,000 live births in 2013. This sets Mongolia on the right track to achieve the Millennium Development Goal 5 by 2015. However, regional disparities still exist in the country, as well as a trend of increasing maternal mortality in Ulaanbaatar city. The contraceptive prevalence rate for modern methods among married women is 54.5 per cent in 2013 (2013 SISS), but the unmet need for family planning is estimated at 16 per cent (2013 SISS). The total fertility rate has increased from 1.9 to 2.3 over the past six years,

reaching its peak of 3.0 in 2013, as an effect of recent national policies and social welfare programmes encouraging fertility (Health Indicators 2013, 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. According to 2013 SISS, the adolescent birth rate has increased to 40.4%. Also, only less than 22% of youth aged 15-24 correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission (2013 SISS). Since the identification of the first HIV case in 1992, Mongolia has continued with a low HIV prevalence. However, in the past two years, there has been an increase in the HIV cases. Syphilis remains to be a persistent problem in Mongolia, increased from 17.8 to 22.2 per 10,000 between 2012 and 2013 (2013 Health Indicators, Ministry of Health).

9. Despite rapid GDP growth reaching 16% in 2012, unemployment is the primary issue for youth in Mongolia. The national unemployment rate for youth aged 15-19 is 31% and 23.8% for 20-24 year olds. Even for employed youth, 62.6% of young employees lack sufficient income to cover their daily needs, and 50% require the support of others to survive. A connected issue for youth is low quality education that fails to equip them with appropriate skills for the workforce. At the decision-making level, there is a lack of proper youth feedback mechanisms, thus hampering the development of youth-friendly services. Despite the lack of participation, 86.3% of youth consider their participation in government decision-making processes important, and 74.8% of youth indicated a youth policy is necessary. In addition, all youth issues are exacerbated for youth with disabilities, who make up 2.6% of Mongolia's youth, as movement, access to information/education, job opportunities and many other areas are severely limited without proper support mechanisms.

10. Gender disparities are wide in terms of access to political decision-making and economic opportunities, despite Mongolia's progress in reducing gender gaps in education. Currently, women occupy only 11 out of 76 parliamentary seats and three Cabinet positions. 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 one third of women considered to have 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. the 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 to the 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
f. 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.

12. The Mid-Term Review of the CPAP was conducted from April to June in 2014 by the three person independent team, and the following key recommendations were made to better respond to the country's current needs and to be fully in line with the UNFPA's new corporate strategic plan 2014-2017 through upstream interventions.

    a. promote evidence-based policy and decision making further;
    b. strengthen upstream, policy and advocacy support in all thematic areas, particularly in sexual and reproductive health moving away from service delivery;
    c. ensure the provision of quality sexual and reproductive health services through upstream support and new innovations, fully addressing adolescent and youth issues, and catering for the needs of the Ulaanbaatar city;
    d. increase programmatic attention to adolescent and youth concerns as one of the key outcomes of the CPAP;
    e. support the strengthening of the national gender coordination mechanism for the implementation of the Gender Equality Law, and reduce the level of gender-based violence through innovative approaches;
    f. ensure ongoing efforts for new partnerships with the private sector, UN agencies, and other development partners; and

g. re-adjust outputs, indicators, and targets of the results and resources framework of the CPAP for relevance and correctness.

Part IV. Proposed Programme

Linkage with National Development Plans, Processes and UNDAF

13. The fifth country programme intends to increase upstream policy interventions and maximize impact through synergies from ongoing collaboration with WHO and UNICEF 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; (c) recommendations from the fourth UNFPA country programme evaluation; and (d) 2014 CPAP MTR. 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.

14. Interventions related to prevention of sexually transmitted infections (STIs) and HIV as well as emergency preparedness and humanitarian crisis response are cross-cutting issues that are address 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 and other UNDAF/UNCT working groups as appropriate.

15. 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), and UB migrant population, 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.

Detailed description of the programme and linkage with the strategic plan

16. The Fifth Country Programme (CP5) aims to contribute to four outcomes of the UNFPA Strategic Plan 2014-2017:

SP Outcome 1: Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access.
SP Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.
SP Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.
SP Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

17. Emphasis will be given to develop strategic partnerships with non-government organizations, media and the private sector to ensure sustainability of efforts.

18. Three central and western provinces, namely Zavkhan, Bayankhongor and Gobi-Altai 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 poorer local development. The ongoing support for the geographical focus locations will continue within the existing framework of telemedicine, OSSCs and youth projects, but the transition will be made more towards upstream, policy and advocacy interventions at national level for the period 2014-2016. In addition, more attention will be made to sexual and reproductive health needs of the Ulaanbaatar city, given the worsening conditions in the area of sexual and reproductive health, gender and youth development.

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

19. ***<u>CPAP Outcome 1</u>*** 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).

20. CPAP Outcome 1 will contribute to ***UNFPA SP Outcome 4:*** *Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality;* and ***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.

21. Building on UNFPA's comparative advantages, the government's priorities expressed in its Action Plan 2008-2012, lessons learned from the last Country Programme, and the 2014 MTR, UNFPA will support one output under CPAP Outcome 1: ***Output 1*** - *Up-to-date and disaggregated data on population, including data on population dynamics, youth, SRH and gender, are analysed, available, and used for policy making.* The expected output 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.

22. Efforts under this output will be focused on support for the National Statistical Office, the Ministry of Population Development and Social Protection, the Parliament, and other government agencies working in areas of population and development, reproductive health and gender to ensure that evidence generated is accessible and used for key policy and decision making process.

23. To achieve this output, the following key interventions are proposed:
    a. in collaboration with the NSO, MoPDSP, Parliament, and other government agencies, improving the utilization of available data and evidence for planning and monitoring purposes;
    b. NSO's preparation of the Population and Housing by-census 2015;
    c. further analysis by NSO on available data and collecting evidence for emerging population issues;
    d. further system strengthening including sub-national statistical system in the area of population and development;
    e. eliminating data discrepancies in vital statistics collected by NSO and different Government entities such as the Ministry of Health and General Authority of State Registration (GASR) by improving quality of data collection, storage and analysis, including the maternal and newborn health surveillance system which was launched in 2014;
    f. advocacy support to Parliament Standing Committees on Social Policy, Budget, Legal and Women Caucus by increasing awareness and knowledge level among parliamentarians on population and development issues for their oversight functions and approval of relevant laws and policies;
    g. revision of the population policy and development of the youth policy by the Ministry of Population Development and Social Protection, fully integrating population factors and dynamics into the sectoral development plans;
    h. increasing technical standards of the newly created MoPDSP based on the current joint needs assessment; and
    i. Promoting South-South learning opportunities as well as exposure to international technical discussions and intellectual debate for target institutions.

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

24. 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 and Health Education Strategic Plan (2010-2015). This outcome is designed 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.

25. CPAP Outcome 2 contributes to the ***UNFPA SP Outcome 1:*** *Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access;* and ***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, as well as lessons learned from the last Country Programme and the 2014 CPAP MTR, UNFPA will support the following three outputs under CPAP Outcome 2:

    Output 2.1 – Policies, strategies, and protocols developed and implemented for sexual and reproductive health, with particular attention to Ulaanbaatar city;
    Output 2.2 – Improved quality of comprehensive sexual and reproductive health services through innovation; and
    Output 2.3 – Improved and extended provision of youth friendly sexual and reproductive health services in target areas.

27. 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 3 will be implemented in coordination with CPAP Outcome 2.

28. To achieve ***Output 2.1,*** the programme will support primarily the Ministry of Health for the following key initiatives and strategies:

    a. technical assistance for government and partners to support planning, budgeting, financing and implementation of integrated SRH programmes;

b. advocacy for the development and implementation of an “exit strategy” for reproductive health commodity security, including expansion of the Channel System to Ulaanbaatar and a total market approach;
c. integration of the Minimum Initial Service Package (MISP) into the health sector emergency preparedness and response plan and supply of delivery kits during disaster; and
d. technical support for policy, strategy and protocol development in ensuring quality sexual and reproductive health services, with particular attention to gender equality and youth development.

29. Under ***Output 2.2,*** the following interventions will be considered:
   a. continued work for the telemedecine project with the National Center for Maternal and Child Health and provincial departments of health as approved in partnership with the Government of Luxembourgincluding the introduction of innovative services on prenatal diagnostics, assisted reproductive technology and minimal invasive surgery into the routine services;
   b. upgrading existing pre-service curricula of obstetrics, gynecology and midwifey and its by the Health Science University of Mongolia and National School for Technology and its integration to the new national guidelines.
   c. evidence-generation for advocacy, in collaboration with the Ministry of Health, Mongolia Red Cross Society and Mongolia Family Welfare Association, to improve demand for, access to and utilization of health and education services on STI/HIV prevention among mobile population, female sex workers and their clients in border and mining areas, in partnership with selected NGOs;
   d. advocacy for the revision of the national STI/HIV prevention and STI management guidelines and integration of STI/HIV services into the services provided at the secondary and primary level health care in partnership with the Ministry of Health, MRCS and MFWA; and
   e. development and implementation of an “exit strategy” to ensure sustainability of REDS and model soum initiatives in the selected provinces through evidence generation, advocacy, supportive supervision.

30. To achieve ***Output 2.3***, the programme will support partner institutions in the following key strategies:

   a. finalizing and implementing the national adolescent health strategy in partnership with the Ministry of Health;
   b. developing/updating service guidelines and standards on adolescent and youth friendly health services with the Ministry of Health, in line with international standards and national strategy, and promoting integration of adolescent and youth-friendly health concepts in the curricula of undergraduate, graduate and postgraduate training programmes according to new/updated guidelines and standards (assessment, and discussion with IP, advocacy needed, include GBV issues);
   c. advocating and supporting for the full implementation of the youth friendly health strategy, by providing technical and financial assistance to MoH, and local health departments and CSOs to serve underserved young people; and
   d. institutionalizing, with youth participation, adolescent and youth friendly health services for quality prevention, diagnostics and counseling services in sexual and

reproductive health, reaching out the most vulnerable young people and Most at Risk Yung Population (MARYP) with comprehensive services.

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

31. 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 3:*** *Advanced gender equality, women's empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth, 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.

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

33. Two outputs are proposed to achieve CPAP Outcome 3:

Output 3.1: National gender machinery strengthened; and

Output 3.2: Innovation for gender equality and prevention of, and response to, gender-based violence promoted.

34. Under ***Output 3.1,*** 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. Strengthening effective functioning of NCGE, line ministries, local governments and CSOs to promote, implement and monitor the implementation of GEL;
    b. gender mainstreaming and gender responsive budgeting in key policies and programs, namely the new Government Plan of Action, sectoral policies and programs related to RH, PD, youth and gender;
    c. facilitating a discussion platform between government and civil society organizations to support the implementation and monitoring of GEL;
    d. advocating for introducing a course on gender equality and youth development in educational institutions to provide fundamental knowledge on gender equality;
    e. creating an enabling environment through support to CSOs for gender equality, increased male sensitization and participation, and prevention of and response to gender-based violence;

f. advocacy efforts for anti-domestic violence legislations and joint actions by government and CSOs, including the promotion of male and female champions for gender equality and equity issues; and
g. supporting 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 closely collaborate with other UN agencies, namely UNDP and UNICEF, through the UN Gender Theme Group.

35. For ***Output 3.2.*** UNFPA will support, in partnership with NCGE, CSOs, MoH, MoPDSP, and other related government agencies and local governor's offices in focus aimags and district, the following:

a. advocacy through support to 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;
b. innovation to pilot the institutionalization of GBV prevention mechanism at schools, especially through engaging youth;
c. promoting a stronger multi-stakeholder coordination and partnership of one-stop service centers (OSSCs) with quality assurance of existing OSSC services, scaling up and establishing OSSCs for GBV victims in selected districts/provinces, and a national ownership to expand the services;
d. promoting multi-stakeholder partnerships (health, police, judicial, social welfare, and local administration) through OSSCs and multi-disciplinary teams to offer comprehensive services to clients;
e. strengthening capacity of stakeholders at national and local levels, namely MoPDSP – the lead agency of Protection Cluster, and National Center Against Violence (NCAV) – the lead agency of GBV Subcluster and other members of GBV subcluster, for GBV prevention, protection and response in emergencies in line with international policies and guidelines.

CPAP outcome 4:
Youth with strengthened life skills for positive, responsible and self-reliant behavior

36. ***CPAP Outcome 4*** contributes to ***UNFPA SP Outcome 2:*** *Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.* It also contributes to ***UNDAF Outcome 6:*** Social protection is strengthened and expanded with a specific focus on the vulnerable.

37. In order to make significant contributions to this outcome, two outputs will be achieved.

Output 4.1: youth policy and strategy approved; and

Output 4.2: increased availability of life skills education for youth in target areas/institutions.

It should be noted that these outputs will be closely linked with Output 2.3 as well as Output 3.2 as above, so that UNFPA support for youth development will be carried out in a comprehensive manner, and also in line with the new SP.

38. *For **<u>Output 4.1</u>**, support will be provided*, in partnerships with the Ministry of Population Development and Social Protection and CCE *for:*

   a. review of existing policies, programmes and national spending on youth development;
   b. development and implementation of National youth policy, programme and implementation plan, and strengthening of national coordination and M&E mechanisms;
   c. advocacy for increased priority on adolescents and national and local budget allocations, particularly aiming at increased availability of CSE and SRH services (ie National strategy on Health education, National programme on Youth Employment etc.) with clear results frameworks;
   d. institutionalization of youth advisory, peer education, and advocacy activities for youth participation in development processes and youth leadership through UN Youth Advisory Panel (YAP), Y-PEER, YouthLEAD, Mongolian Youth Council, Youth Development Centers and youth community based organizations; and
   e. advocacy of youth leaders for sexual and reproductive health, gender, reproductive rights and gender based violence prevention at national and local levels, including empowerment of marginalized youth.

This output will be achieved in partnership with the Ministry of Population Development and Social Protection, Ministry of Labour, Ministry of Education, Ministry of Health, selected aimags, and selected NGOs.

39. Under ***<u>Output 4.2</u>***, the following interventions areas will be supported:

   a. Improving and institutionalising, in collaboration with the Ministry of Education and the Ministry of Labour, the quality life-skills based health education in schools, colleges, TVETs, life-long education centres, and YDCs;
   b. advocacy for enhanced skills of teachers and improved educational environment for youth, in partnership with the Ministry of Education, the Ministry of Labour, and MFWA;
   c. establishing youth development centers in collaboration with the Ministry of Population Development and Social Protection in target areas to create an enabling environment for youth development including provision of life skills based health education through peer groups;
   d. increasing awareness amongst youth of gender rights and gender inequalities, and for educators through relevant data collection and analysis; and
   e. introducing a GBV prevention and education model to target institutions and groups.

Cross-cutting issue: Humanitarian Assistance

40. UNFPA will actively support the Initiative of the Humanitarian Country Team (HCT) 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 (MoPDSP) and non-government (National Center against Violence) organizations.

41. 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. improving the technical skills 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; and
    f. integrating sector-specific protection issues into the sector-specific emergency preparedness and response plans, particularly in the health sector.

42. The key interventions are linked to other programme outcomes, 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 and communication

43. With increased UNFPA's support for upstream work, the areas of advocacy and communication become critical to ensure the programmatic impact. 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 support enhanced technical knowledge and skills of journalists to further research and report on key issues relevant to UNFPA's supported programme.

44. To strengthen its media outreach component, UNFPA will partner with professional and training institutions and media in building local media representatives' skills in developing quality information products on relevant subjects, implementing large-scale media and advocacy campaigns and fostering health-seeking behaviours.

Capacity Development

45. As per UNFPA's new Strategic Plan 2014-2017, capacity development as a mode of engagement will be phased out for the period 2014-2016, and more emphasis will be placed for upstream, policy and advocacy. The 2014 CPAP MTR made a set of recommendations to facilitate this transition, while highlighting the remaining areas

of capacity gaps which need to be addressed. These include the efforts to ensure the institutional capacity of the newly created Ministry of Population Development and Social Protection as well as the provision of quality sexual and reproductive health services. Special attention will be made to these two areas, as a transitional measure for the period 2014-2016.

Part V. Partnership Strategy

46. As per MTR recommendations and UNFPA's new strategic plan, much more emphasis will be made on partnerships development. UNFPA will cooperate with a wide range of governmental agencies, including education and research institutions, civil society organizations, 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 between the Government and CSOs, especially encourage the establishment of a Government-CSO feedback mechanism to promote accountability, efficiency, effectiveness and sustainability of programmes in areas of sexual and reproductive health and rights; linking population dynamics and data to policies, programmes and budgeting; gender equality; and youth development. UNFPA will encourage and facilitate regional partnerships and local, horizontal partnerships.
47. Particular attention will be made in exploring and strengthening innovative partnerships with private sector. It will be based on the current discussions with key firms in the mining sector, financial institutions, IT and supply-related firms, and media houses, within the scope of UNFPA's mandate and intervention areas. The UNFPA's established due diligence procedures will be followed, and the communication strategy will cover the private sector partnerships within the framework of the risk management.

Part VI. Programme Management

48. 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.

49. The Ministry of Population Development and Social Protection will coordinate CPAP Outcome 1, acting as programme component manager (PCM) for this outcome. With regard to CPAP Outcome 2, the Ministry of Health will serve as PCM. The National Committee on Gender Equality (NCGE) will coordinate activities under CPAP Outcome 3. The Ministry of Population Development and Social Protection will coordinate CPAP Outcome 4, also in coordination with the existing youth development project Steering Committee structure. Other institutions and Implementing Partners will be involved and consulted as necessary.

50. 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.

51. 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.

52. The UNFPA country office in Mongolia is scheduled to undergo the human resource (HR) adjustment exercise in 2014 to be in line with the corporate Strategic Plan business model. The profile, size, and structure of the country office will be defined, and supported through financial contributions as indicated in the CPAP RRF. 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.

53. To support program implementation, additional technical and managerial human resources will be charged to programme and project funds as per the 2014 HR alignment exercise and when necessary. Emphasis will be made on the need to strengthen upstream policy work, partnerships development particularly with the private sector, and advocacy and communication capabilities. 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.

54. 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.

55. 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.

56. 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. UNFPA encourages Implementing Partners to maintain a separate bank account with a reputable bank of their choosing, where feasible and appropriate.

57. 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.

58. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of the Government Implementing Partner, and of an assessment of the financial management capacity of the non-United Nations Implementing Partner. A qualified consultant, such as a public accounting firm, selected jointly by the UN in Mongolia will conduct such an assessment, in which the Implementing Partner shall participate. 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.

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

60. 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.

61. 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

62. 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.

63. 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 revised CPAP Planning Matrix is attached to the revised CPAP. It depicts 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.

64. Implementing partners will develop Annual work plans in close collaboration with UNFPA, and will report progress and expenditure on a quarterly basis using Quarterly Reporting 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.

65. Based on the review meetings as well as Quarterly Reports submitted by implementing partners, programme managers will prepare an Annual Standard Progress Report (SPR) for their respective programme output 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 annual CPAP review meeting, engaging relevant Ministries and other Implementing Partners in the presentation of the status of each programme outcome. IPs will report on the key indicators of the process, showing the objectives planned and achieved for that period.

66. 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.

67. The current programme benefited from recommendations of the previous programme evaluation, which have been incorporated into its design. A mid-term review was conducted in 2014, which led to the revision of the CPAP. The overall programme evaluation will be performed at the end of Year Four of the programme cycle in the second half of 2015 as per UNFPA Evaluation Policy. 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.

68. The implementing partners 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.

69. 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.

70. Implementing partners agree to 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:

   - Periodic review of their financial records by UNFPA or its representative, following UNFPA's standards and guidance.
   - Periodic review and monitoring of their programmatic activities following UNFPA's standards and guidance.
   - 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.

To facilitate assurance activities, Implementing Partners and UNFPA may agree to use a programme monitoring and financial control tool allowing data sharing and analysis. The audits shall be conducted by auditors designated by UNFPA.

71. 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

72. 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.

73. As of June 2011, $10,225,000 has been spent, out of which $5,667,000 is from regular resources and $4,558,000 from other resources. From July 2014 to December 2016, the total budget of $10,919,000 is considered for the CPAP, out of which $4,900,000 is from regular resources, and $7,992,000 is from other resources. UNFPA Mongolia will collaborate with Implementing Partners to continue to mobilise additional resources, particularly with the objective of materialising pipeline initiatives with development partners and private sector institutions.

74. 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.

75. 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 as per the CPAP results and resource framework, as well as approved annual workplans.

76. 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 3 days. 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 3 days. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

Part IX. Commitments of the Government of Mongolia

77. 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.

78. 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. During the period 2014-2016, new cost-sharing modalities will be explored with the UNFPA Implementing partners.

79. A standard Fund Authorisation and Certificate of Expenditure (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilisation of cash received. The Implementing Partner shall identify the designated official(s) authorised to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

80. Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWPs only.

81. Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilisation of all received cash are submitted to UNFPA within six months after receipt of the funds.

Where any of the national regulations, policies and procedures are not consistent with international standards, the UNFPA regulations, policies and procedures will apply.

82. 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 utilisation of all received cash are submitted to UNFPA within six months after receipt of the funds.

83. To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UNFPA with timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNFPA.
- All relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.
- The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash.
- Undertake timely actions to address the accepted audit recommendations/
- Report on the actions taken to implement accepted recommendations to UNFPA on a quarterly basis.

Part X. Other Provisions

84. 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. This revised CPAP shall supersede the original CPAP approved in 2012.

85. The Country Programme Action Plan and its annexes may be modified by mutual consent of the Government and UNFPA.

86. 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 in July 2014 in Ulaanbaatar, Mongolia.

For the Government of Mongolia: For the United Nations Population Fund:

H.E. Mr. Luvsanvandan Bold	Ms. Naomi Kitahara
Minister for Foreign Affairs and Trade	UNFPA Representative