



**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 28 September 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 development a 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 rapid pace, 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 per cent 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 Uvsaimag registering 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 of 2005-2009 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 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
- (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.

Part IV. Proposed Programme

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, monitoring and 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 of a 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 health will 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, namely Zavkhan, 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 poorer local 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, strengthened 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 3 will 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 and to integrate the guidelines into pre- 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 to the 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 in improving 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 Luxembourg);
- 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 Luxembourg).

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 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 repositioning 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 foster multisectoral 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 of 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 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 reproductive health and rights; linking population dynamics and data to policies, programmes and budgeting; and gender equality. UNFPA will encourage and 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 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. 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 AWP's 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 AWP, 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, aiming 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 January..., 2012 in Ulaanbaatar, Mongolia.

For the Government of Mongolia:

For the United Nations Population Fund:

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

Ms. Argentina P. MatavelPiccin
UNFPA Representative