



**Executive Board of the
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Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme for Mongolia

Proposed UNFPA assistance: \$8.5 million: \$6 million from regular resources and \$2.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Fourth

Category per decision 2005/13: B

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

	Regular resources	Other	Total
Reproductive health	4.2	1.5	5.7
Population and development	1.3	1.0	2.3
Programme coordination and assistance	0.5	-	0.5
Total	6.0	2.5	8.5

I. Situation analysis

1. Mongolia has a population of 2.5 million and an area of 1.5 million square kilometres. With 1.6 people per square kilometre, it is one of the least densely populated countries in the world. The mean age of the population is 21.5 years. Forty-one per cent of Mongolians are younger than 14, and 77 per cent are younger than 35. Thirty-six per cent of the population lives below the poverty line. Vulnerable groups include migrants, female-headed households, herders, the homeless, elderly single people and the disabled.

2. The demographic situation is characterized by increasing internal and international migration, intensifying urbanization, a falling fertility rate and an ageing population. The majority of migrants are unregistered; many lack health insurance and access to basic social services. Disparities between rural and urban areas are increasing. Access to services is constrained by the lack of transportation facilities and medicines. The turnover of skilled personnel is high, which hampers the delivery of health services.

3. National reproductive health and maternal health programmes and strategies led to a decrease in the maternal mortality ratio, from 169 deaths per 100,000 live births in 2001, to 93 deaths per 100,000 live births in 2005. However, the maternal mortality ratio in some western provinces remains as high as 375 per 100,000. Forty-five per cent of all women use modern contraceptives (2003). However, abortion rates are high, especially among adolescents.

4. Sexually transmitted infections account for 42 per cent of all infectious diseases, with half of all cases occurring among adolescents and youth, and are also on the rise among vulnerable groups. Since 2005, 18 new cases of HIV have been reported, representing a threefold increase from the past decade. Low condom use, increasing commercial sex work, especially along the borders with China and Russia, alcoholism and gender-based violence add to the risk of sexually transmitted infections and HIV/AIDS.

5. Mongolia has adopted a national gender equality programme and a law against domestic violence. Only 6.5 per cent of parliamentarians are women, and the capacity to implement gender equality legislation remains weak. Mongolia is, however, one of the few countries where school enrolment rates are higher for girls than for boys.

6. The Government is highly centralized and reliant on donor support. In many government institutions, planning capacities and management skills are limited. There is also limited capacity to analyse and utilize data for planning and policy purposes, especially at subnational levels. The Government, with technical assistance from United Nations experts and consultants, is developing a long-term national development strategy, based on the Millennium Development Goals. The strategy includes needs assessments and costing and financing strategies.

II. Past cooperation and lessons learned

7. UNFPA assistance to Mongolia began in the early 1970s. The first country programme, initiated in 1992, introduced family planning information and services and promoted the use of population data to support government policies on social issues. The second country programme (1997-2001) helped build the capacity of national institutions to address population and reproductive health issues. Efforts focused on family planning, quality of care, and the development of guidelines for essential reproductive health care. UNFPA provided technical and financial assistance for the 2000 national housing and population census and the 1998 reproductive health survey. It also helped to integrate a sexual and reproductive health component into the formal health education curriculum for schools.

8. The third country programme (2002-2006) strengthened support for high-quality reproductive health services, focusing on providing commodities and improving the logistics management information system. It also supported emergency obstetric care and the retraining of skilled birth attendants according to international health practices.

9. To increase community outreach and programme impact, UNFPA established a regional sub-office in western Mongolia, the first United Nations organization in the country to do so. This facilitated the delivery of technical and programme support to selected *aimags* (provinces) in the Western region, characterized by high poverty rates and high maternal mortality ratios.

10. Under the previous programme, advocacy efforts supported policy dialogue and legislation on population and development and gender issues, including the national population and development policy and the law against domestic violence. UNFPA also formalized and institutionalized its collaboration with parliament. The programme also helped to establish an intersectoral national committee on population and development.

11. The programme introduced: (a) new approaches and tools to improve the quality of reproductive health services; (b) 12 adolescent health centres providing youth-friendly health information, counselling, and clinical and referral services; and (c) behaviour change communication interventions targeting vulnerable groups and ethnic communities such as the Kazakhs. The programme introduced a national execution modality to manage projects.

12. UNFPA mobilized extrabudgetary resources to introduce and/or strengthen initiatives on: (a) male involvement in safe motherhood; (b) youth-friendly services for sexually transmitted infections; (c) HIV/AIDS and reproductive health education in the military; and (d) the introduction of reproductive tract infection care into the adolescent health services package.

III. Proposed programme

13. The proposed programme is based on: (a) an analysis of the population, gender and reproductive health situations, including sexually transmitted infections and HIV; (b) the United Nations Development Assistance Framework (UNDAF) for 2007-2011; (c) the national report and parliamentary resolution on the Millennium Development Goals;

(d) government policies and strategies on national development priorities; and (e) lessons learned. The proposed programme is linked to national priorities and UNDAF outcomes focusing on: (a) pro-poor socio-economic services for vulnerable populations; (b) strengthened democratic processes; (c) a holistic approach to environmentally sustainable development; and (d) strengthened global, regional and South-South cooperation.

Reproductive health component

14. This component contributes to the national health-sector priorities outlined in the health sector strategic master plan (2006-2015). It has two outcomes: (a) increased utilization of high-quality reproductive health services among vulnerable groups, including young people, in disadvantaged regions and areas; and (b) policy measures and legal frameworks are strengthened to address socio-economic disparities, guarantee reproductive rights and ensure protection from gender-based violence, discrimination and human trafficking.

15. Output 1: Increased availability of and accessibility to high-quality, gender-sensitive reproductive health services in selected disadvantaged areas. Key initiatives include increasing the availability of and access to high-quality reproductive health services, including those services oriented to young people, men and vulnerable groups. Strategies include: (a) providing reproductive health services through mobile clinics to reach remote areas; (b) integrating prevention and management of sexually transmitted infections and HIV into reproductive health services; (c) establishing voluntary counselling and testing centres to serve vulnerable groups, including commercial sex workers; and (d) supporting interventions to manage menopause.

16. Output 2: Behaviour change communication promoted for improved knowledge of and positive attitudes towards reproductive health and gender issues, particularly among vulnerable groups. The programme will help to develop and implement the national behaviour change communication strategy, focusing on innovative, culturally appropriate

interventions and materials on reproductive health, including family planning, HIV/AIDS and sexual health, including those targeting young people. The programme will strengthen the reproductive health knowledge and life skills of adolescents through formal as well as non-formal education, and will reach out-of-school youth through distance learning and youth-friendly health services. The programme will give special attention to efforts aimed at reducing sexually transmitted infections and abortion among young people. The programme will also help to establish specialized courses in health education for secondary school teachers.

17. Output 3: Increased capacity of government, private and civil society organizations to provide high-quality reproductive health services. The programme will support the promotion of an essential package of high-quality reproductive health services by applying international standards in reproductive health care. It will strengthen the management of reproductive health services by: (a) supporting key organizations in delivering emergency obstetric care; (b) institutionalizing monitoring mechanisms; and (c) strengthening the referral system for high-quality reproductive health services. It will also help to develop and implement a national reproductive health commodity security strategy.

18. Output 4: Increased opportunities for the participation of local government, civil society and beneficiaries in planning, implementing, monitoring, evaluating and providing services. UNFPA will support local governments and non-governmental organizations (NGOs) at subnational levels to better respond to population and reproductive health needs. It will also help to integrate reproductive health initiatives into existing community-based social security programmes and livelihood projects, and will support mechanisms to ensure that youth and civil society participate in programme planning, implementation and evaluation.

19. Output 5: Improved understanding of and commitment to addressing socio-economic disparities and gender equality issues among parliamentarians, government officials, community

leaders, civil society organizations and the media. Major areas of support include advocacy efforts aimed at strengthening legislation to promote gender equality, social equity and reproductive rights and to eliminate gender-based violence and discrimination.

20. Output 6: Improved capacity of the Government and civil society organizations, including NGOs, to address gender-based violence, discrimination, human trafficking and commercial sex work. Initiatives include building the capacity of service providers and law enforcement officials to address gender-based violence, emphasizing prevention, counselling and the establishment of service delivery points in border areas.

Population and development component

21. This component will help to implement the long-term national development strategy; the national population and development policy; regional development and poverty reduction strategies; and sectoral plans. The component will also strengthen good governance practices. There are two outcomes within this component: (a) increased use of disaggregated data and research findings in formulating Millennium Development Goal-based policies, sectoral plans and programmes at national and subnational levels; and (b) improved management and coordination of the population and reproductive health programme at national and subnational levels.

22. Output 1: Enhanced analytical capacity at national and subnational levels to utilize data and research findings on population, reproductive health and gender issues for planning and budgeting. Areas of support include building the capacity of selected planners and civil servants in relevant ministries to analyse and utilize data for policy formulation, monitoring and evaluation, especially at lower administrative levels (*aimags* and *soums*). The programme will promote policy analyses at the central level. At the subnational level, it will develop tools and methodologies to promote the utilization of data and research findings in designing subnational population, gender and reproductive health policies and programmes.

23. Output 2: An integrated statistical system linked to *DevInfo* is established, incorporating population, gender and reproductive health data, to support policy formulation and the monitoring of progress towards national Millennium Development Goals. Key initiatives include improving the availability of disaggregated data on population, gender and reproductive health issues through: (a) policy analysis; (b) civil registration and information, the 2010 population and housing census and the 2008 reproductive health survey; and (c) the establishment of an operational, integrated statistical system available to key line ministries.

24. Output 3: Strengthened mechanisms to coordinate, monitor and evaluate population, gender and reproductive health policies and programmes, with support of from central and local policymakers and civil society. UNFPA will help the Government to identify and strengthen mechanisms to: (a) coordinate, monitor and evaluate population and reproductive health programmes; (b) ensure an enabling environment; and (c) refine and apply core monitoring and evaluation indicators for population, gender, and reproductive health policies and programmes.

25. Output 4: Enhanced institutional capacity to integrate population, gender and reproductive health policies and programmes into national and subnational development planning and budgeting in selected areas. Major areas of support include: (a) developing and introducing costing methodologies and tools; (b) integrating population, gender and reproductive health concerns into national and subnational plans and budgets; and (c) strengthening the analytical capacity of policymakers and planners in these areas.

IV. Programme management, monitoring and evaluation

26. The programme will be implemented, monitored and evaluated within the context of the 2007-2011 UNDAF for Mongolia. UNFPA and the Government will undertake a baseline study on the proposed outcome and output indicators in early 2007. UNFPA will pursue partnerships with donors

and international financial institutions, such as the World Bank and the Asian Development Bank, aimed at scaling up programme initiatives.

27. UNFPA and the United Nations country team will strengthen joint programming and joint programmes, in areas such as maternal health and HIV/AIDS prevention among young people, especially in the Western provinces. UNDAF monitoring and evaluation mechanisms will utilize the *MongolInfo (DevInfo)* database to monitor the Mongolian Millennium Development Goals. UNFPA will work closely with institutions such as the National Statistics Office and training institutions to establish an integrated statistical database that will provide disaggregated data for planning and policy development.

28. The UNFPA country office consists of a representative, an assistant representative, a national programme officer and several support staff. Programme funds will be earmarked for three national programme posts and six administrative support posts, within the framework of the approved country office typology. UNFPA will recruit national project personnel as necessary. The UNFPA Country Technical Services Team in Bangkok, Thailand, along with national and international consultants, will provide technical assistance.

RESULTS AND RESOURCES FRAMEWORK FOR MONGOLIA

<p>National priority: Millennium Development Goals on poverty reduction, gender equality, universal primary education, maternal and child health and HIV/AIDS (Millennium Development Goals 1 - 6); economic growth support and poverty reduction strategy and Mongolian development goals aimed at creating an equitable environment for human development; improving the quality of all levels of education; improving the quality of, and access to, health services; reducing unemployment and poverty, improving living standards; and enhancing regional and rural development and environmentally sustainable development, with a focus on addressing rural-urban disparities in economic growth and service delivery</p> <p>UNDAF outcome 1: pro-poor socio-economic services are available to vulnerable populations in disadvantaged regions and areas</p> <p>UNDAF outcome 2: democratic processes are strengthened through institution-building, civil society empowerment, and enhanced accountability and transparency to reduce disparities and poverty</p> <p>UNDAF outcome 3: a holistic approach to environmentally sustainable development is promoted and practiced to improve the well-being of the rural and urban poor</p> <p>UNDAF outcome 4: global, regional and South-South cooperation is strengthened to address cross-border social, economic and environmental constraints</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Increased utilization of high-quality reproductive health services among vulnerable groups, including young people, in disadvantaged regions and areas</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Pregnancy and delivery complications among women in poor and vulnerable communities and remote, rural families in selected <i>aimags</i> (provinces) and districts reduced by at least 20% • Syphilis prevalence rate among pregnant women reduced from 4.5% (in 2004) to less than 2%, and congenital syphilis reduced by 30% (36 cases in 2005) • Percentage of deliveries among 15- to 19-year-olds reduced from 7.5% to 6.5% • Unmet needs for modern contraceptives reduced by 50% <p>Outcome: Policy measures and legal frameworks are strengthened to address socio-economic disparities, guarantee reproductive rights and ensure protection from gender-based violence, discrimination and human trafficking</p>	<p>Output 1: Increased availability of and accessibility to high-quality, gender-sensitive reproductive health services in selected disadvantaged areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • At least 80% of primary health care centres provide high-quality reproductive health information and services, condoms and at least two other modern contraceptive methods • At least 50% of primary health care centres integrate HIV prevention and management of reproductive tract infections and sexually transmitted infections into reproductive health services • Adolescent- and youth-friendly services standardized and scaled up in selected areas <p>Output 2: Behaviour change communication promoted for improved knowledge of and positive attitudes towards reproductive health and gender issues, particularly among vulnerable groups</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of effective, innovative, culturally appropriate and targeted behaviour change communication materials developed and interventions implemented • Non-formal reproductive health and life-skills education strengthened for out-of-school young people <p>Output 3: Increased capacity of government, private and civil society organizations to provide high-quality reproductive health services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • National standards and guidelines reflect internationally accepted practices in reproductive health • Strengthened capacity of service delivery points to provide high-quality emergency obstetric care • National reproductive health commodity security strategy developed and implemented <p>Output 4: Increased opportunities for the participation of local government, civil society and beneficiaries in planning, implementing, monitoring, evaluating and providing services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Capacity of at least 10 NGOs in selected areas strengthened to participate in population and reproductive health programmes • Reproductive health initiatives integrated into existing community-based social security programmes <p>Output 5: Improved understanding of and commitment to addressing socio-economic disparities and gender equality issues among parliamentarians, government officials, community leaders, civil society organizations and the media</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Discriminatory practices identified and eliminated in decrees and legal acts • Increased participation of policymakers and parliamentarians in policy dialogues on gender and reproductive rights at national and subnational levels 	<p>Key government ministries and national institutions at central and local levels</p> <p>United Nations organizations and agencies; selected donors</p> <p>Civil society organizations</p> <p>Parliament; National Committee on Gender Equality; Key government ministries; General Department of Police; Donors; NGOs</p>	<p>Total for reproductive health: \$5.7 million (\$4.2 million from regular resources and \$1.5 million from other resources)</p>

