

CPE Obligatory Annexes

(Annex Part 1)

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Note: Annex Part 2 consists of Additional Information to the reader and is compiled and attached to the CPE report separately.



**UNITED NATIONS POPULATION FUND (UNFPA)
MONGOLIA COUNTRY OFFICE**

**TERMS OF REFERENCE FOR THE EVALUATION OF THE UNFPA'S
6TH COUNTRY PROGRAMME OF ASSISTANCE TO THE GOVERNMENT OF MONGOLIA
(2017-2021)**

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Abbreviations

ABR	Adolescent Birth Rate
APRO	The Asia-Pacific Regional Office
A&Y	Adolescent and Youth
AWP	Annual Work plans
ASRHR	Adolescent Sexual and Reproductive Health and Right
CO	Country Office
CP	Country Programme
CPE	Country Programme Evaluation
CPD	Country Programme Document
CSO	Civil Society Organization
CSE	Comprehensive Sexuality Education
DAC	Development Assistance Committee
DV	Domestic Violence
EO	Evaluation Office
ERG	Evaluation Reference Group
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HR	Human Rights
ICPD	International Conference of Population and Development
ISP	Integrated Support Programme
IP	Implementing Partners
LB	Live Birth
LSE	Life Skills Education
MNT	Mongolian Currency
MICS	Multi Indicator Cluster Survey
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MOH	Ministry of Health
MoPDSP	Ministry of Population Development and Social Protection
MMR	Maternal Mortality Ratio
NCGE	National Committee of Gender Equality
NSO	National Statistics Office
OSSCs	One Stop Service Centers
PoA	Programme of Action
RH	Reproductive Health
RR	Reproductive Rights
SDG	Sustainable Development Goals
SOP	Standard Operating Procedures
SIS	Strategic Information System
SP	Strategic Plan
SRH	Sexual and Reproductive Health

TERMS OF REFERENCE – MONGOLIA INDEPENDENT CPE (2017-2021)

SDV	Sustainable Development Vision
SISS	Social Indicator Sample Survey
STIs	Sexually Transmitted Infections
SRHR	Sexual and Reproductive Health and Right
TOC	Theory of Change
TFR	Total Fertility Rate
TOR	Terms of Reference
UN	United Nations
UNCT	The United Nations Country Team
UNEG	The United Nations Evaluation Group
UNDAF	United Nations Development Assistance Framework
UNFPA	The United Nations Population Fund
UNJP	United Nations Joint Programme
UNICEF	United Nations Children’s Fund
UPR	United Nations Periodic Review
VAWG	Violence Against Women and Girls
WHO	World Health Organization

INTRODUCTION

The United Nations Population Fund (UNFPA) is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity.

UNFPA is a subsidiary organ of the United Nations General Assembly and it plays a unique role within the United Nations Systems: to address population and development issues, with an emphasis on sexual and reproductive health (SRH), reproductive rights (RR) and gender equality, within the context of the International Conference of Population and Development (ICPD) Programme of Action (PoA) and the Sustainable Development Goals (SDGs), in particular SDGs 3 and 5.

An evaluation practice is essential for UNFPA as it contributes to the greater accountability and transparency of the organization. In UNFPA, the evaluation function is governed by the UNFPA evaluation policy. The independent Evaluation Office (EO), established in July 2013, is the custodian of the evaluation function and, with support from the Executive Director, is accountable for implementing the policy. It is expected that CPEs are conducted by country offices at least once in every two cycles to inform the development of subsequent programme. In the case of Mongolia, only mid-term review was conducted for the 5th Country Programme (2012-2016), resulting in the immediate need to conduct the CPE for this programme cycle.

Therefore, in line with the United Nations Evaluation Group (UNEG) Norms and Standards, code of conduct and ethical guidelines for evaluations, as well as UNEG guidance on gender-and human rights-responsive evaluations, and in line with international best practice, UNFPA Mongolia plans to conduct an independent evaluation of its 6th Country Programme (CP) of Assistance to the Government of Mongolia (2017-2021).

This evaluation will serve the following purposes: 1) Demonstrate accountability to stakeholders on the contribution of the 6th CP to agreed results, 2) generate evidence and lessons to support evidence based programming in UNFPA, and 3) provide necessary evidence to design UNFPA's 7th CP. The evaluation results will also feed into the possible assessment of the United Nations Sustainable Development Cooperation Framework (2017-2021) in Mongolia.

The primary users of CPE will be decision-makers in UNFPA CO, regional and global units, Executive Board and counterparts in the Government of Mongolia. Additionally, partners, donors, civil society, private sector, and other UN agencies (e.g. United Nations Children's Fund (UNICEF), World Health Organization (WHO) are intended audience for the evaluation results. As such, this Terms of Reference (TOR) sets out the details of the evaluation process, methodology, outputs and management arrangements, including quality assurance mechanisms.

CONTEXT

Snapshot of Mongolia



1. Capital: Ulaanbaatar (population: 1,491,737 Dec 2018)
2. Land area: 1,564,116 sq km (19th in the world). Landlocked.
3. Population: 3,238,479 (Dec 2018), growth rate 1.91%
4. Ethnic groups: Khalkh 81.9%, Kazak 3.8%, Dorvod 2.7%, Bayad 2.1%, Buryat 1.7%, other 7.8% (2010 est.)
5. Literacy rate: 98.4% (2018)
6. MMR: 27,1 per 100,000 LB (2018)
7. Unmet need FP: 22% (2018)
8. Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months- 2.6% (2017)
9. TFR: 2.9 (2018)
10. Global Gender Gap Index: 58rd/149 countries
11. Language: Mongolian
12. Currency: Mongolian tugrik (MNT)GDP: \$13.1 billion (2018)
13. GDP per capita: \$4,104 (2018)
14. GDP growth rates: 17.5% (2011), 1.37% (2016), 5.45% (2018)
15. Inflation: 7.65% (2018)
16. HDI: 0.741, 92nd (2017)
17. Poverty rate: 21.6% (2014), 29.6% (2016), 28.4% (2018)
18. Unemployment: 9.7% (2018)

Mongolia has undergone a drastic transformation from a socialist economy to a market economy since 1990. It carried out a bold reform agenda aimed at stabilizing the economy, privatizing state firms, strengthening the private sector, establishing fundamental market institutions and improving the investment environment. Mongolia was downgraded in 2016 from High Middle-Income Country to Low Middle-Income Country status. Latest studies suggested that the poverty head count slightly declined from 29.6% to 28.4% between 2016 and 2018 (NSO, 2018). However, the Gini coefficient has remained at around 33 since 2009.

The Government of Mongolia has approved the Sustainable Development Vision 2030 (SDV) based on the Global Sustainable Development Goals (SDGs) and has always been a strong supporter to advance the ICPD agenda at national, regional and international levels.

The population of Mongolia is growing at 1.9% annually alongside a national pronatalist stance embedded in state policies and programmes. The total fertility rate (TFR) increased steadily from 2.5 children per woman in 2003 to 3.2 in 2008 and has remained at the current level of 2.9 since then. The country has been successful in reducing mortality: the maternal mortality ratio has decreased from 199 per 100,000 live births in 1992 to 27.1 in 2018. The life expectancy at birth is 65 years for men and 74 years for women. Mongolia's population aged 15-34 comprises 36.2% of the total population, and the median age of the population at 27.5 years.

Overall, the population is becoming more urbanized, in 2000, 57% of the population were living in urban areas whereas this has increased to 67.8% in 2018. The population has increasingly concentrated in the capital city Ulaanbaatar, which now accounts for 46% of the population. Dispersed across the rest of the country, more than a third of the population relies on semi-nomadic livestock herding as their primary source of livelihood.

Mongolia achieved all health-related Millennium Development Goal (MDGs) targets except for Tuberculosis. However, disparities still exist particularly affecting young people. The adolescent birth rate is high, 44.4 as per 2018 Social Indicator Sample Survey (SISS). The unmet need for family planning increased from 4.6% in 2003 to 22.0% in 2018, and it is particularly high among adolescents aged 15-19 and women living in urban areas. Also notable are syphilis incidence rates of 60.4 per 10,000 persons among young people aged 15-24 as compared to 32 per 10,000 persons among those aged 25-49. While the HIV prevalence rate has been low below 0.03% among general population, the percentage of youth with comprehensive knowledge of HIV and AIDS is only 20.7% among men and 22.8% among women (NSO, SISS 2018).

Mongolia has a GII value of 0.301, ranking at 65 out of 160 countries in the 2017 index. In Mongolia, 17.1 percent of parliamentary seats are held by women, and 91.2 percent of adult women have reached at least a secondary level of education compared to 86.3 percent of their male counterparts. Female participation in the labour market is 52.7 percent compared to 66.2 for men. Although women are active in most areas of Mongolia's economy and society, gender inequalities persist in access to economic opportunities and political decision-making. Further, gender based violence is a serious problem.

Domestic violence is one of the major human rights violations in the country. It is estimated that 57.8% of Mongolia's ever-partnered women go through one or other forms of violence in their life time; 31.2% - physical and/or sexual violence; and one in 10 women experienced non-partner sexual violence. In the last 12 months, 23.6% of ever-partnered women experienced physical, emotional and sexual violence in Mongolia (NSO, 2017).

UNFPA Mongolia 6th Country Programme

UNFPA Mongolia currently implements its 6th country programme 2017-2021 in the amount of \$15.1 million (\$5.6 million from regular resources; \$9.5 million from other resources), as per the UNDAF 2017-2021.

CP6 aims at achieving the following results:

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.

CPD Output 1: Enabling policy and regulatory environment is enhanced for adolescents and youth to benefit from quality sexual and reproductive health services.

CPD Output 2: Policy environment is improved for the design and implementation of life skills education and comprehensive sexuality education programmes based on human rights and gender equality.

CPD Output 3: National platforms for youth participation are strengthened and expanded to ensure the voice of adolescents and youth, especially girls, in national laws, policies and programmes.

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.

CPD Output 4: National protection systems are strengthened to address violence against women and girls realizing their sexual and reproductive health and rights, including humanitarian settings.

CPD Output 5: Multisectoral coordination and response are enhanced to prevent and respond to violence against women and girls.

The programme is in alignment with Mongolia's Sustainable Development Vision (SDV) 2016-2030, and contributes to the two outcomes of the UNFPA Strategic Plans 2014-2017 and 2018-2021, utilizing the business model of policy and advocacy for a pink country based on evidence and international knowledge. Likewise, it contributes to the two outcomes of the UNDAF 2017-2021.

Outcome 2: Adolescents and youth

Output 1: Enabling policy and regulatory environment is enhanced for adolescents and youth to benefit from quality sexual and reproductive health services.

UNFPA has been advocating for and providing technical support to improve adolescent and youth friendly SRH services based on international best practices. As a result, the State Policy on Health, the State Policy on Youth, 5th National RH programme, National Programme on Youth Development, and National Adolescent Youth Friendly Health Services Sub-Programme were developed and approved, adequately reflecting Adolescent Sexual and Reproductive Health needs. UNFPA CO works with the Ministry of Health of Health (MoH), the Ministry of Finance and Parliament including the Parliamentary Budget Committee, to ensure sufficient state budget allocation for SRH services for adolescents and youth.

UNFPA-supported advocacy have been focused on: (a) increasing diversity and coverage of the national health insurance/financing mechanisms for adolescents and youth health services; (b) enhancing the standards of SRH and VAWG services through the revision of pre-service curricula of midwives; (c) state accountability for ensuring rights based national programmes on STI prevention and management, RH commodity security and family planning are adequately funded and implemented; and d) formulating Standard Operating Procedures (SOPs) on adolescent and youth friendly health services.

Output 2: Improved policy environment for design and implementation of the LSE/CSE programmes based on human rights and gender equality.

UNFPA's advocacy efforts is geared towards the formulation and approval of gender-responsive LSE and CSE standards for secondary and tertiary schools, technical and vocational education centres, and life-long education centres. UNFPA has been advocating for government funding of youth development including youth development centres established during the 5th country programme, specifically to reach out-of-school, marginalised adolescents and youth.

Output 3: National Platforms for youth participation are strengthened and expanded to ensure the voice of adolescents and youth, particularly girls, in national laws, policies and programmes.

In collaboration with the Ministry of Population Development and Social Protection TOC(MoPDSP), line Ministries, youth CSOs, and development partners, UNFPA has been supporting the establishment of formal mechanisms to promote youth participation in policy and decision making at national and sub-national levels

Outcome 3: Gender equality and women's empowerment

Output 4: National protection systems are strengthened to address violence against women and girls (VAWG) realizing their sexual and reproductive health and rights including humanitarian settings.

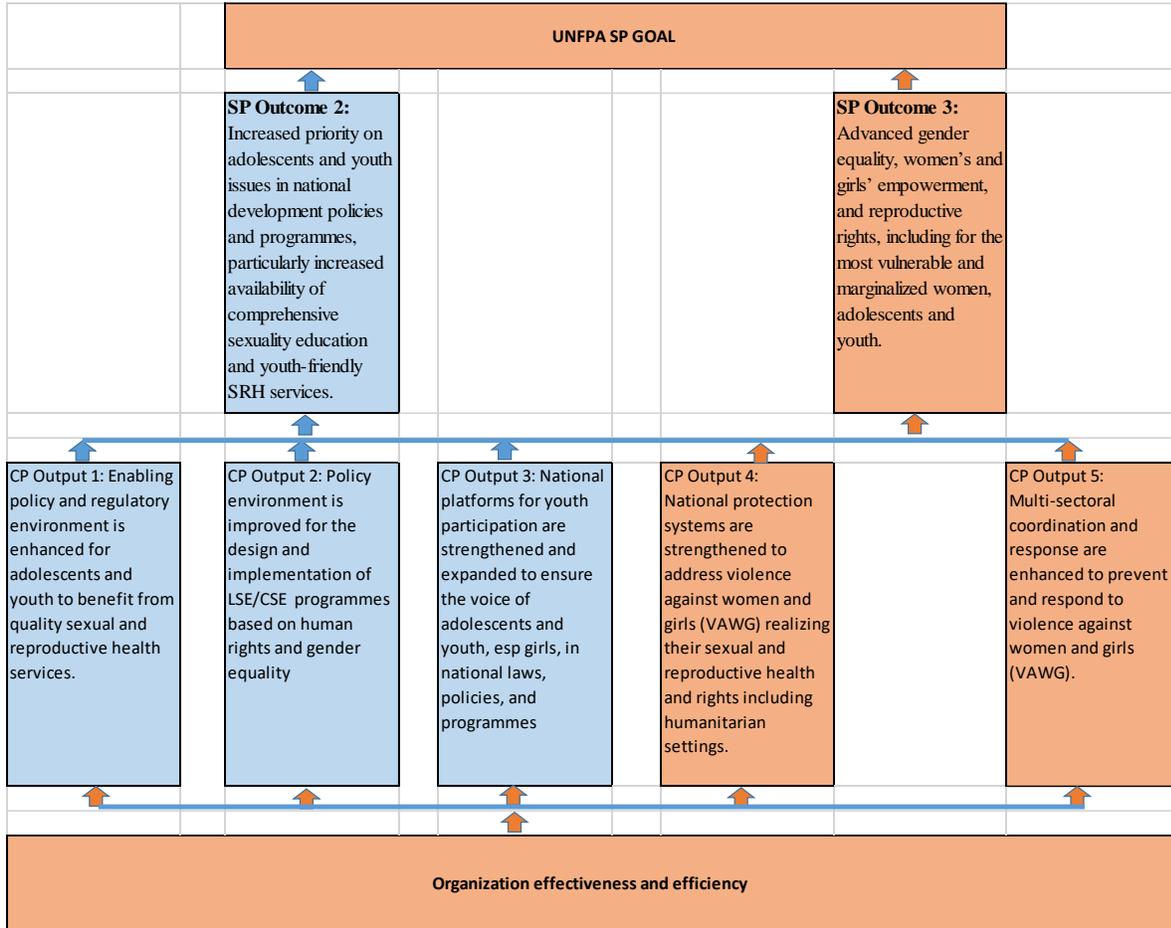
UNFPA has been working work with the National Committee on Gender Equality, MoPDSP, line Ministries, Parliament including the Parliamentary Women's Caucus and the Parliamentary Social Committee, CSOs and development partners to focus on: (a) sufficient state budget allocation and effective implementation of laws and policies including the revised law on Domestic Violence; (b) effective monitoring and accountability for the national protection systems to deliver on obligations including CEDAW and UPR to advance sexual and reproductive health and rights, and prevent and respond to violence against women and girls including emergency situations; (c) collection, analysis and dissemination of data on VAWG, and advocacy for its use for policy and decision-making.

Output 5: Multi-sectoral coordination and response are enhanced to prevent and respond to violence against women and girls (VAWG).

The CP provides technical and financial support for the establishment and effective functioning of multi-sectoral coordination mechanism at national and sub-national levels, in line with the Global Essential Service Package for Women and Girls Subject to Violence. In addition, the support has been provided to a national institution to institutionalize the existing and newly established OSSCs for victims of violence to ensure its effective function and sustainability.

TERMS OF REFERENCE – MONGOLIA INDEPENDENT CPE (2017-2021)

Below is the visual illustration of TOC of the CPD6 Mongolia. For details, please refer to Annex 4.



OBJECTIVES AND SCOPE

The overall objectives of the CPE are (i) enhancing the accountability of UNFPA for the relevance and performance of its CP and (ii) broadening the evidence base for the design of forthcoming cycle.

The specific objectives of CPE are to:

- Provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the CP,
- Provide an assessment of the role played by the UNFPA CO in the coordination mechanisms of the United Nations Country Team (UNCT), development and national partners, with a view to enhancing the United Nations collective contribution to national development results as well as its ability to respond to national priority needs, while adding value to the country needs, and
- Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations in light of SDG 2030 agenda for the next programming cycle.

The evaluation will cover the following two programmatic areas: Adolescent and Youth Sexual and Reproductive Health and Rights and Gender Equality with specific focus on Gender based violence (GBV). Moreover, the evaluation will cover all programmatic interventions planned and implemented during the period from January 2017 to April 2020. Cross-cutting areas such as partnership, resource mobilization and CP communication and advocacy interventions will be covered. The CPD6 has been implemented at the national level, however, individual projects have had specific geographic focus. For example: Telemedicine project on Maternal and Child Health covered all 21 provinces while Integrated Support Programme had specific focus in Umnugobi province. Gender based project has been implemented in 7 provinces and 2 districts of Ulaanbaatar city. The evaluation will cover the national and sub-national levels (provincial and districts). Therefore, at least 2 provinces and one district of Ulaanbaatar will be selected to measure the extent of implementation of the CPD6 at the sub-national level. Sites will be selected based on the discussion with Evaluation team members.

The evaluation will unfold in five phases, each of them including several steps, of which details are presented in Section 5.

METHODOLOGY AND APPROACH

1. Evaluation Approach

The evaluation will be guided by the following standards, among others: Integrating Human Rights and Gender Equality in Evaluation, UNEG Norms, and Standards for Evaluation in the UN System, and UNEG Ethical Guidelines for Evaluation (<http://www.unevaluation.org/document/detail/102>). The evaluation will be transparent, inclusive, and participatory, as well as gender and human rights responsive. The evaluation will follow the guidance on the integration of gender equality and human rights principles in the evaluation design, focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. Specifically, CPE will analyse how CP6 advances the rights of targeted populations, particularly women and individuals who are marginalized, and support them to claim their rights. It will also look into the extent of which the CP6 strengthens accountability mechanisms and promotes more transparent review and dialogue. The evaluation will seek and to utilize data disaggregated by age, gender, vulnerable groups, etc., to ensure findings that are gender reflective and targeted.

The evaluation will use a mixed-method approach design as appropriate. The evaluation will utilize a theory based approach taking into consideration the CP planning documents which reflect the design of the programme including its intervention logic and the results framework. The approach will be based on an analysis of the intended outcomes, outputs, activities and the contextual factors that may have had an effect on the implementation of the Programme. Using a theory-based approach will allow the evaluation team to test the theory of change, that is investigate in detail the expected pathways of change, including the assumptions that underpin the causal chains and linkages between elements of the results chain in the CP's theory of change. The analysis of the programme's theory of change will play a central role in the design of the evaluation, in the analysis of the data collected, in the reporting of findings, and in the development of conclusions and of relevant and practical recommendations.

The evaluation team will follow guidance contained in the Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (2019) on how to conduct CPEs. The evaluation team will develop the design for the evaluation including the approach, the evaluation criteria and questions contained in a matrix, and methodology for data collection and analysis. The evaluation design will be further developed during the inception phase of the exercise and presented in the design report.

2. Evaluation criteria and preliminary evaluation questions

The CPE shall systematically use the four OECD –Development Assistance Committee (DAC) criteria: relevance, effectiveness, efficiency, and sustainability, coordination as well as added value with the UNCT, a criterion specific to UNFPA.

The criterion of relevance brings into focus the correspondence between the objectives and support strategies of the CP, on the one hand, and population needs, government priorities, and UNFPA global policies and strategies on the other. In particular, it will look into the extent to which the objectives of the UNFPA CP correspond to population needs at country level and were

aligned throughout the programme period with government priorities, with strategies of UNFPA and UNDAF.

Assessing the effectiveness, the extent to which CP outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the CP outcomes, will require a comparison of the intended goals, outcomes and outputs with the actual achievement of terms of results.

The efficiency criterion-the extent to which CP outputs and outcomes have been achieved with the appropriate amount of resources and captures how resources such as funds, expertise, time and etc, have been used by the CO and converted into the results along the results chain.

The sustainability is related to the likelihood that benefits from the CP continue after UNFPA funding is terminated and the corresponding interventions are closed. Therefore, the sustainability criterion - the continuation of benefits from a UNFPA - financed intervention after its termination, will assess the overall resilience of benefits to risks that could affect their continuation.

The added value is related to the main UNFPA's added value and comparative advantage in the country context as perceived by national stakeholders will also be assessed.

Following are the preliminary evaluation questions specific to above criteria:

Relevance:

- Evaluation question 1: To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis to the most vulnerable population (ii) in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandate areas, (iii) aligned with the UNFPA strategic plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and (iv) aligned with the UN Partnership Framework?
- Evaluation question 2: To what extent the design and implementation of the country programme was human rights and gender responsive?

Effectiveness:

- Evaluation question 3: To what extent have i) the intended programme outputs been achieved, ii) did the outputs contribute to the achievement of the planned outcomes and what was the degree of achievement of the outcomes, and ii) what were the factors that facilitated or hindered the achievement of intended results?

Efficiency:

- Evaluation question 4: To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA CP?

Sustainability:

- Evaluation question 5: To what extent have the partnerships established with ministries, agencies and other representatives of the partner government and CSOs allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?
- Evaluation question 6: To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to ensure ownership and the durability of effects??

UNFPA Country programme coordination with UNCT and added value:

- Evaluation question 7: i) To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms? ii) What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

The final list of Evaluation Questions will be agreed with the CPE team in the design phase.

3. Evaluation matrix

To ensure that the collection and recording of data and information is done systematically, evaluators are required to set up and maintain an evaluation matrix. This matrix, will help evaluators to consolidate in a structured manner all collected information corresponding to each evaluation question and to identify data gaps and collect outstanding information before the end of the field phase.

The evaluation matrix will play important but slightly varying roles throughout all stages of the evaluation process and therefore will require particular attention from the evaluators:

- During the design phase, the evaluation matrix will be used to capture core aspects of the evaluation design: (a) what will be evaluated (i.e., evaluation criteria, evaluation questions and related issues to be examined – “assumptions to be assessed”); (b) how to evaluate (sources of information and methods and tools for data collection). In this way, the matrix will also help evaluators and the evaluation manager to check the feasibility of evaluation questions and the associated data collection strategies.
- During the data collection phase of the evaluation, the evaluation matrix will help evaluators to: (a) approach the collection of information in a systematic, structured way; (b) identify possible gaps in the evidence base of the evaluation; and (c) compile and organize the data to prepare and facilitate the systematic analysis of all collected information.
- During the analysis and reporting phase, the evaluation matrix will help evaluators to conduct the analysis in a systematic and transparent way, by showing clear association between the evidence collected and the findings and conclusions derived on the basis of this evidence.

4. Evaluation audience

Findings, lessons learned and recommendations of the CPE shall be used to assess the achievements of the 6th CP and to inform the development of the 7th CP. For transparency and accountability purposes, the CPE report shall be communicated to all stakeholders including

UNFPA staff and the Executive Board, national partners, government, civil society organizations and donors.

5. Sampling Strategy

The team will identify a suitable sampling strategy to select, interventions to scrutinize, field visit sites and stakeholders to interview. Sampled sites and stakeholders should reflect the full range of interventions under CP6 in terms of themes and across priority geographic areas of work as well as target groups.

6. Data Collection

Primary data will be collected at the national and sub-national levels through semi-structured interviews, focus group discussions and direct observation during field visits, as appropriate.

Secondary data will be collected through desk review of existing literature (evaluations, research and assessments conducted by CO and other partners in the country), annual reviews/progress reports, and other monitored data.

Given sporadic transmission of COVID-19 in Mongolia, all imported, and stringent measures have been put in place by the Government of Mongolia, in country movement including field data collection is possible. However, national consultants will be guided thoroughly by the International Team Leader virtually when conducting primary data collection.

7. Methods for data analysis

The evaluation matrix will provide the guiding structure for data analysis for all components of the evaluation. The evaluation questions will be used to structure data analysis. The following methods of data analysis and synthesis are encouraged to be used:

- Descriptive analysis - to identify and understand the contexts in which the programme has evolved, and to describe the types of interventions and other characteristics of the programme.
- Content analysis - to analyze documents, interviews, group discussions and focus groups notes to identify emerging common trends, themes and patterns for each key evaluation question, at all levels of analyses. Content analysis can be used to highlight diverging views and opposing trends. The emerging issues and trends provide the basis for preliminary observations and evaluation findings.
- Comparative analysis - to examine evidence on specific themes or issues across different areas of programme implementation. It can be used to identify good practices, innovative approaches and lessons learned.
- Quantitative analysis - to interpret quantitative data, in particular data emerging from programme annual reports, studies and reports, and financial data.
- Contribution analysis - to assess the extent to which the country programme contributed to expected results. The team is encouraged to gather evidence to confirm the validity of the theory of change, and to identify any logical and information gaps that it contained; examine whether and what types of alternative explanations/reasons exist for noted changes; test

assumptions, examine influencing factors, and identify alternative assumptions for each pathway of change.

8. Data triangulation

All evaluation findings should be supported with evidence. Data must be triangulated across sources and methods by cross-comparing the information obtained via each data-collection method (desk study, individual interviews, discussion groups, focus groups) and double- or triple-checking the results of the data analysis. Evaluators should also cross-compare the evidence obtained through different data sources – e.g., compare evidence obtained through interviews with government staff with those obtained from beneficiaries or from secondary data sources.

9. Validation

The findings, conclusions and recommendations of the CPE will be validated with multiple stakeholders at different stages. At the end of the field data collection phase, the evaluation team will meet with UNFPA CO staff, and with Implementing Partners to share and discuss preliminary findings/conclusions, hypotheses and evidence. Separate meetings with UNFPA staff and with Implementing Partners will be organized as the time permits.

A validation meeting with a wider group of stakeholders, not limited to Implementing Partners and ERG, will be conducted to discuss evaluation findings, conclusions and recommendations before the final report is submitted. This opportunity will allow integrating comments from stakeholders into the final evaluation report. ERG members will review draft reports and participate in validation meetings.

10. Stakeholder participation

An inclusive approach, involving a broad range of partners and stakeholders, will be taken. Communication with stakeholders with respect to its purpose, the criteria applied, and the intended use of the findings will be ensured at all stages of the evaluation. The evaluation team will perform a stakeholder mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders include representatives from the Government, civil-society organizations, the private-sector, sister UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme. Every effort will be made to include key stakeholders as part of the evaluation process either as sources of data (primary/secondary) or through their representation in the ERG.

EVALUATION PROCESS

The evaluation will unfold in five phases that are outlined below. Given international travel restrictions caused by COVID-19 pandemic, CPE will be lead remotely, full scale by Team Leader. Therefore, Evaluation team will have regular virtual meetings and review the work through setting up time table and ensuring that instructions are provided timely. As for the data collection, Team Leader would be able to lead virtual interviews to validate or to for in-depth of any issues. Online surveys could be used when triangulating the data.

1. Preparation phase

This phase will include:

- Drafting the evaluation Terms of Reference;
- Approval of the ToR by EO;
- Pre-qualification of evaluation team by EO
- Recruitment of the external evaluation team;
- Set up the Evaluation Reference Group;
- Preparation of documents and uploading them in a google drive
- Stakeholders mapping and compilation of list of projects and its key interventions.

2. Design phase

- Conduct desk review of all relevant documents available at UNFPA headquarters, regional office and country office levels regarding the country programme for the period under assessment: 2017-2020
- Develop a stakeholder map – The evaluation team will prepare a map of stakeholders relevant to the evaluation and strength of relationship to programme. The mapping exercise will include state, civil-society stakeholders and other development actors including, sister UN agencies and bilateral donors;
- Review the programme Theory of Change (TOC) – revisit the existing TOC that links planned activities to the intended results of the programme;
- Develop the evaluation matrix – finalize the evaluation questions, identify related assumptions and indicators to be assessed, and data sources (see CPE Handbook);
- Develop a data collection and analysis strategy including all data collection tools and protocols as well as a concrete work plan for the field phase, including division of labor;
- Specify limitations and challenges expected to conduct the evaluation and any mitigation efforts to be taken to overcome these.
- Share with ERG for discussion and finalization of the design report addressing all comments received.
- Clearance of the design report by the Regional M&E Advisor and CO Approval of the design report.

At this stage, the evaluators gain an in-depth understanding of both the UNFPA CP and the country context. Evaluation questions are selected and adapted and the most appropriate method of data collection and analysis are proposed. From a sampling framework of comprehensive stakeholder's map, the evaluators select a sample of stakeholders to interview during the field phase. The methodological approach to sampling will also be described.

At the end of the design phase, the evaluation team will produce a design report, that will outline the detailed evaluation methodology, criteria, timeframes and the structure of the final report. The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Evaluation Handbook “How to Design and Conduct a Country Programme Evaluation”. The design report should also present the programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The design report needs to be reviewed by the evaluation manager and approved by the Regional M&E advisor before the evaluation field phase commences. With the assistance of the evaluation manager, the evaluators perform these tasks in close cooperation with the UNFPA CO personnel, particularly with a view to: (i) refining the evaluation questions; (ii) consolidating the stakeholders mapping; and (iii) identifying additional documentation.

3. Field phase

After the design phase, the evaluation team will undertake a three-week collection and analysis of the data required in order to answer the evaluation questions final list consolidated at the design phase. **The Country Evaluation Team, national consultants only will collect primary data through individual interviews, group discussions and focus group discussions, and by way of consulting additional documentation, under the virtual guidance from the International Team Leader.** Team will also collect secondary data during the field phase. Towards the end of the field phase, the evaluators analyze and triangulate the collected data and produce a set of preliminary findings, complimented by tentative conclusions and emerging, preliminary recommendations. These provisional evaluation results are presented to the Evaluation Reference Group and the CO staff during a debriefing meeting to be scheduled at the end of the field phase.

4. Reporting phase

During this phase, the Evaluation Team will continue the analytical work initiated during the field phase, taking into account comments made by the CO staff, partners and Evaluation Reference Group under the leadership of the Evaluation Team Leader.

The evaluators submit a draft final evaluation report to the evaluation manager. The evaluation manager reviews and quality assures draft report; the criteria outlined in the “Evaluation Quality Assessment Grid” will be used to quality assure the report. Upon evaluation manager's

consideration of the draft evaluation report being of adequate quality, the report is shared with the ERG for comments while respecting the independence of the evaluation team in expressing its judgement. Based on the evaluation manager and the reference group's comments, including comments from the regional M&E adviser, the evaluators proceed with the production of the final evaluation report.

The final report will be cleared by the CO and submitted to the Regional M&E Advisor for approval. The quality of the report will be assessed based on the criteria set out in the Evaluation Quality Assessment grid of the Evaluation Handbook (Annex 6) by the Regional M&E Advisor. Once accepted, the Regional M&E Advisor will submit the final report to EO to conduct the external quality assessment of the evaluation report.

5. Facilitation of use and dissemination phase

During this phase, the evaluation manager, together with the communication and knowledge management officer in the CO, develops and rolls out a communication plan to share evaluation results with country and regional offices, relevant divisions at headquarters and external audiences. The evaluation manager ensures the final report and other evaluation knowledge products are shared with relevant stakeholders and rights-holders through the ERG and through other relevant channels and communication and knowledge management platforms.

The management of the CO will provide a management response to each evaluation recommendation. Asia and Pacific Regional Office (APRO) will quality assure the response. The final response will be uploaded in the corporate tracking system within six weeks of the finalization of EQA and communication by EO. The CO will be responsible for periodically updating the status of implementing the management response. The CO senior management will be responsible for ensuring that the lessons and evidence emerging from the CPE fully informs the design of the 5th CP. The evaluation report will be posted on the CO website and the evaluation database (together with the evaluation quality assessment document) maintained by the HQ EO.

EXPECTED OUTPUTS/ DELIVERABLES

The Country Evaluation Team will produce the following deliverables:

- an approved design report including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and the corresponding judgement criteria and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase, data collection tools and protocols;
- a debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO and ERG during the debriefing meeting foreseen at the end of the field phase;

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- a draft final evaluation report (potentially followed by a second draft, taking into account potential comments from the evaluation reference group and UNFPA);
- a power point presentation of the results of the evaluation for the in-country stakeholder workshop;
- an approved final evaluation report, with annexes, based on comments expressed during the in-country stakeholder workshop.
- an evaluation brief, a 2-3-page summary of the key evaluation findings, conclusions and recommendations.

All deliverables will be in English and Mongolian. An interpreter will translate the final English report into Mongolian.

WORK PLAN AND INDICATIVE TIME SCHEDULE OF DELIVERABLES

Phases/deliverables	Dates
1. Preparatory phase	
Drafting of the evaluation Terms of Reference by CO	December 16, 2019
Review of the TOR by APRO	January 15, 2020
Constitution of an Evaluation Reference Group (ERG)	January 22, 2020
Review of the TOR by the ERG	January 30, 2020
Approval of the ToR by EO	January 30, 2020
Selection of a team of evaluators;	February 28, 2020
Pre-selection of the team by EO	May 11, 2020
2. Design phase	
Draft design report	May 26, 2020
Final design report	June 5, 2020
3. Field phase	
June 8-26, 2020	
4. Synthesis phase	
1st draft final report	July 20, 2020
Stakeholder workshop (a half-day meeting in Ulaanbaatar), the exact day to be confirmed	September 9, 2020 (date to be confirmed)
2 nd draft report	September 11, 2020
Final review of the evaluation report by APRO M&E advisor based on an EQA and submission of the final evaluation report to EO	September 15, 2020
Final report	September 25, 2020
5. Dissemination and follow-up phase	
Dissemination of the report within the CO and finalizing	October 31, 2020

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Management response	
Integration of recommendations into the new CPD	November 30, 2020

COMPOSITION OF THE EVALUATION TEAM

The roles and responsibilities of each position are the following:

- **A team leader** (international consultant) with overall responsibility for the evaluation process including the production of the final report. S/he will lead and coordinate the work of the evaluation team and will also be responsible for the quality assurance of all evaluation deliverables. In addition, the Team Leader will be responsible for the data collection and analysis work of the Coordination component. She/he will be responsible for putting together the design report, the draft final and the final evaluation reports based on inputs from other evaluation team members.
- **Three team members** (national consultants), who will each provide expertise in: 1) AYSRH 2) CSE and youth participation and 3) Gender based violence. Each evaluator will take part in the data collection and analysis work during the design and field phases. Each evaluator will be responsible for drafting key parts of the design report and of the draft final and final evaluation reports, including (but not limited to) sections relating to her/his area of expertise.
- The team might be assisted by a translator/interpreter, according to its needs.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

Qualifications of the evaluation team members:

1. The **Evaluation Team Leader** will be an international expert in monitoring and evaluation of development programmes with:
 - Advanced degree in evaluation, development studies, public health, population and gender studies or any other social science studies
 - At least 15 years' proven experience in conducting evaluations in the field of development for UN organizations or other international organizations
 - Experience in leading complex programme and/or country level evaluations
 - Experience in the Asia region and preferably in Mongolia
 - Strong technical and analytical capacities and demonstrated knowledge of evaluation methods and techniques for data collection and analysis, an understanding of UNFPA mandate or the ICPD agenda
 - Excellent leadership, communication ability and excellent writing skills in English
 - Familiarity with UNFPA or UN
 - Ability to lead a diverse team

The Team Leader will be responsible for:

- Providing overall leadership on the independent evaluation of the UNFPA CPE based on inputs and insights from the other consultants in the evaluation team;
- Supervising and coordinating the work of evaluation team members and responsible for the quality assurance of all evaluation deliverables
- Developing the design report including the evaluation matrix and the work plan;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders;
- Compiling the first comprehensive draft of the evaluation report, addressing the comments from ERG to produce the 2nd draft and final evaluation report in line with UNFPA evaluation quality standards;
- Ensuring that all the evaluation team members selected to work under his/her supervision are fully briefed about the whole evaluation process, objectives, methodology framework, evaluation tools, ethical standards, and key milestones/deliverables.

2. Evaluator (Adolescent and Youth SRHR) will be a national consultant who fulfils the following criteria:

- Master's Degree in health sciences, including public health;
- At least 10 years of previous experience in conducting evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
- Specialization and significant experience in the area of sexual reproductive health and rights;
- Familiarity with UN and/or UNFPA mandate and activities;
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Excellent analytical, communication and writing skills;
- Fluency in English is required.

The Evaluator (SRHR) will be responsible for:

- Covering the Adolescent and Youth SRHR, component of the CPE,
- Developing the Adolescent and Youth SRHR part of the design report including the evaluation matrix;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders in the respective area;
- Draft the Adolescent and Youth SRHR part of the 1st and 2nd drafts and the final evaluation report that meets all of UNFPA's evaluation quality standards;

2. Evaluator (Comprehensive sexuality education and Youth participation) will be a national consultant who meets the following criteria:

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- Master's Degree in social sciences, including population and gender studies, public health, psychology and other relevant fields;
- At least 7 years of experience in managing complex development programmes and conducting evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
- Specialization and/or significant experience in adolescents and youth development, including life skills education/comprehensive sexuality education, sexual and reproductive health and rights);
- Significant knowledge and experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Familiarity with UN and/or UNFPA mandate and activities;
- Strong interpersonal skills and ability to work in a multi-cultural team;
- Excellent analytical, communication and writing skills;
- Fluency in English is required.

The Evaluator (CSE and Youth Participation) will be responsible for:

- Covering the A&Y component of the CPE, focusing on comprehensive sexuality education (CSE) and Youth participation, with linkages to ASRHR and GBV programmes,
- Developing the CSE and Youth Participation part of the design report including the evaluation matrix;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders in the respective area;
- Draft the A&Y part (CSE and Youth Participation) and provide inputs on related parts of the 1st and 2nd drafts and the final evaluation report that meets all of UNFPA's evaluation quality standards;

3. Evaluator (Gender equality with special focus on Gender Based Violence/Domestic Violence) will be a national consultant who meets the following criteria:

- Master's Degree in social sciences, including population and gender studies, and other relevant fields;
- At least 10 years of experience in conducting complex evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
- Specialization and/or significant experience in gender, especially in Gender-Based Violence;
- Significant knowledge and experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Familiarity with UN and/or UNFPA mandate and activities;
- Strong interpersonal skills and ability to work in a multi-cultural team;
- Excellent analytical, communication and writing skills;

- Fluency in English is required.

The Evaluator (Gender) will be responsible for

- Covering the Gender component of the CPE, focusing on gender quality and women's empowerment, with linkages to gender-based violence and domestic violence;
- Developing the Gender part of the design report including the evaluation matrix;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders in the respective area;
- Draft the Gender part (Gender equality and Gender Based Violence) part and provide inputs on GBV related parts of the 1st and 2nd drafts and the final evaluation report that meets all of UNFPA's evaluation quality standards;

4. An **Interpreter/Assistant** will be a national consultant who meets the following requirements:

- Bachelor's degree in social sciences, business administration or any other relevant areas;
- At least 4 years of experience in interpretation/translation in the development field;
- Profound knowledge of English and skills of written and oral translation to and from Mongolian language;
- Experience with results based programme management terminology in English and Mongolian languages;
- Relevant knowledge and experiences in national development context;
- Experience in administrative support.

Interpreter/Assistant will be responsible for:

- Assist the team leader with interpretation during the field phase for conducting group/individual meetings and focus group discussions with beneficiaries
- Assist with translation of written documents.
- Assist the evaluation team with general administrative/logistic work, including scheduling meetings, interviews;
- Organize evaluation team meetings as guided by the evaluation team leader when required.

Repartition of workdays among the evaluation team will be the following:

- 70 (seventy) working days for Team Leader;
- 50 (sixty) working days for Evaluator (AYSRHR);
- 50 (sixty) working days for Evaluator (CSE and Youth Participation);
- 50 (sixty) working days for Evaluator (Gender Equality and Gender Based Violence);
- 50 (sixty) working days for Interpreter/Assistant

Payment of fees will be based on the delivery of outputs, as follows:

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- Upon receipt of the approved design report: 20%
- Upon completion of the field phase 20%
- Upon receipt of the first draft evaluation report: 15%
- second draft evaluation report: 15%
- Upon receipt of the approved final evaluation report and evaluation brief: 30%

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

MANAGEMENT OF EVALUATION

A technical Reference group will provide constructive guidance and feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of this exercise. Its main tasks will be:

- Provide input to the CPE ToR;
- Provide comments on the design report, including fine-tuning of the evaluation questions;
- Facilitate access of evaluation team to information sources (documents and interviewees) to support data collection; Provide comments on the main deliverables of the evaluation including the draft and final CPE report.

The **Evaluation Reference Group** (ERG) will be composed of the following members:

- Ministry of Foreign Affairs
- Ministry of Health
- Ministry of Education, Culture and Science
- Ministry of Labour and Social Protection
- Director of the Crime Prevention Unit, Ministry of Justice
- NSO
- UNFPA Asia Pacific Regional Office Monitoring and Evaluation Advisor
- UNFPA Mongolia Head of Office
- Donors (Swiss Cooperation Office in Mongolia)
- UN RCO M&E Officer
- CSO representative

The evaluation manager and the reference group members will communicate mostly via e-mail, although face-to-face and “virtual” meetings (via tele or videoconference) may also be convened.

A **CO evaluation manager** (Assistant Representative) will manage the evaluation and interact on a day-to-day basis with the evaluation team and who, together with the Programme officers for Gender and AYSRH and the ERG, will ensure that all the necessary aspects of CP evaluation are well taken into account by the evaluation team.

The evaluation manager will manage the overall evaluation, and will carry out the following functions:

- To ensure consistency throughout the evaluation process (from ToR to dissemination of results and follow-up of recommendations) and assumes day-to-day responsibility for managing the evaluation;
- To coordinate the development of the ToR for the Country Programme Evaluation, with support from APRO;
- To correspond with the ERG members at strategic points throughout the evaluation;
- To provide/facilitate the provision of documents and other resources available in the country office;

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- To support the evaluation team in the development of the design report;
- To support all phases of the evaluation and assesses the quality of related deliverables (design report, draft and final evaluation reports)
- To be the first point of contact and bridge the communication between CO staff, senior management, APRO, EO and evaluation team throughout the evaluation.

The UNFPA APRO M&E Adviser will provide guidance and quality assurance throughout the evaluation process and will be responsible for providing substantive input and reviewing the ToR for EO's approval, clearing the evaluation team for submission to EO for pre-qualification, and reviewing and approving the design report and the final evaluation report, and undertaking an EQA for quality assuring the draft final evaluation report.

The UNFPA Evaluation Office will approve the final ToR as well as pre-qualify the evaluation team. The EO will undertake the external Evaluation Quality Assessment of the CPE report.

BIBLIOGRAPHY/Document to be provided to Evaluation Team

#	Title
1	Mongolian Government Sustainable Development Vision (SDV) 2030
2	UNDAF (2017-2021)
3	Country Programme Document (2017-2021)
4	CP operational plan (2017-2021)
5	UNDAF Annual Results Reports
6	UNDAF Joint AWP
7	Mongolia CO Annual Report and presentations 2017, 2018, and 2019
8	Mongolia CO SIS Annual Report 2017, 2018, and 2019
9	Project Documents (EXIT, ISP, GBV, UNJP, and Innovation fund)
9.1	Telemedicine EXIT project (Project proposals, Results Framework, Donor progress reports, Final Evaluation report)
9.2	Youth for Development project (Oyu 02) (Project proposals, Results Framework, Donor progress reports)
9.3	Integrated support programme for Umnugobi (Project proposals, Results Framework, Donor progress reports)
9.4	GBV (Project proposals, Results Framework, Donor progress reports, Mid term and final evaluation reports)
9.5	Innovation Project (Project proposals, Results Framework, Implementation report)
9.6	UN Joint Programme (SDG) (Project proposals, Results Framework, Donor progress reports)
10	CP baseline data
10.1	CP periodic monitoring data
11	Studies/research
11.1	FP related
11.2	HIV, STI
11.3	AYR

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11.4	CSE
11.5	VAW 2018
11.6	MICS 2018
12	Other Documents
12.1	SOP (Police)
12.2	NCGE Action Plan
12.3	MCH national programme
12.4	AYF national guideline
12.5	UPR report
12.6	HR annual report and relevant researches
12.7	AWPs (2017, 2018 and 2019)
13	Success stories
14	Budget and Expenditure Analysis 2017, 2018, 2019
15	Maps
16	Mongolia Population and Development Policy 2017
17	Mongolia Health Policy 2017

ANNEXES

1. ANNEX 1: UNEG/ UNFPA Ethical Code of Conduct for Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business

Evaluation Team /Evaluators:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. Should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and: respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover evidence of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

TERMS OF REFERENCE – MONGOLIA INDEPENDENT CPE (2017-2021)

[Please date,
sign and write “Read and approved”]

2. ANNEX 2: List of Atlas projects for the period under evaluation

	Project ID	Project ID Title
1	MNG06PAR	Parliament Standing committee
2	MNG06MOH	Ministry of Health
3	MNG06HRC	Human Rights Commission of Mongolia
4	MNG06NSO	National Statistics Office
5	MNG06MCH	National Center for Maternal and Child Health
6	MNG06UBD	Ulaanbaatar City Health Department
7	MNG06CHD	Center for Health Development
8	MNG06UMS	National University of Medical Sciences
9	MNG06MLS	Ministry of Labor and Social Protection
10	MNG06MOE	Ministry of Education, Culture, Science and Sports
11	MNG06NPA	National Police Authority
12	MNG06MOJ	Ministry of Justice and Home Affairs
13	MNG06NCG	National Center for Gender Equality
14	MNG06CAV	National Center Against Violence NGO
15	MNG06DEV	Development Solution NGO
16	MNG06MFN	Monfemnet National Network NGO
17	MNG06UGA	Governor`s Office of Umnugobi aimag
18	MNG06WHO	WHO
19	MNG06CEF	UNICEF
20	MNG06EMA	National Emergency Management Agency (2017)
21	MNG06FWA	Mongolian Family Welfare Association (2017)
22	MNG06CCE	Center for Citizenship Education (2017)

3. ANNEX 3: A list of stakeholders by areas of intervention

#	Atlas Code	IP	Implementing Partners	Programme Area
1	PGMN01		Ministry of Health	<ul style="list-style-type: none"> • Sexual and Reproductive Health • Maternal and Child Health • Gender based violence
2	PGMN13		Ministry of Education, Culture, Science and Sports	<ul style="list-style-type: none"> • Youth Development
3	PGMN14		National Statistics Office	<ul style="list-style-type: none"> • Sexual and Reproductive Health • Maternal and Child Health • Youth development • Gender based violence
4	PGMN15		Parliament Standing committee	<ul style="list-style-type: none"> • Sexual and Reproductive Health • Maternal and Child Health • Youth development • Gender based violence
5	PGMN16		National Center for Gender Equality	<ul style="list-style-type: none"> • Gender based violence
6	PGMN18		Ministry of Labor and Social Protection	<ul style="list-style-type: none"> • Youth development • Gender based violence
7	PGMN19		National Center for Maternal and Child Health	<ul style="list-style-type: none"> • Sexual and Reproductive Health • Maternal and Child Health
8	PGMN20		National University of Medical Sciences	<ul style="list-style-type: none"> • Maternal and Child Health
9	PGMN28		National Police Authority	<ul style="list-style-type: none"> • Gender based violence
10	PGMN29		Ministry of Justice and Home Affairs	<ul style="list-style-type: none"> • Gender based violence
11	PGMN30		Ulaanbaatar City Health Department	<ul style="list-style-type: none"> • Sexual and Reproductive Health/ • Maternal and Child Health
12	PGMN31		Center for Health Development	<ul style="list-style-type: none"> • Sexual and Reproductive Health/ • Maternal and Child Health
13	PGMN32		Human Rights Commission of Mongolia	<ul style="list-style-type: none"> • Sexual and Reproductive Health Rights of women and girls
14	PGMN35		Governor`s Office of Umnugobi aimag	<ul style="list-style-type: none"> • Sexual and Reproductive Health • Maternal and Child Health • Youth development

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			<ul style="list-style-type: none"> • Gender based violence
15	PN5734	Monfemnet National Network NGO	<ul style="list-style-type: none"> • Gender based violence
16	PN7089	Development Solution NGO	<ul style="list-style-type: none"> • Youth development
17	PN6715	National Center Against Violence NGO	<ul style="list-style-type: none"> • Gender based violence
18	PU0081	UNICEF	<ul style="list-style-type: none"> • Youth development
19	PU0014	WHO	<ul style="list-style-type: none"> • Youth development
20	PGMN27	National Emergency Management Agency	<ul style="list-style-type: none"> • Sexual and Reproductive Health • Maternal and Child Health • Youth development • Gender based violence
21	PN5733	Mongolian Family Welfare Association NGO	<ul style="list-style-type: none"> • Sexual and Reproductive Health • Maternal and Child Health • Youth development
22	PN6193	Center for Citizenship Education NGO	<ul style="list-style-type: none"> • Youth development

Note:

- The stakeholder map will be prepared to include other key stakeholders: UN agencies (UNICEF, UN Women, WHO, RCO, ILO), Development Partners (SDC, LUX), CSOs and beneficiaries.
- For transparency and accountability purposes, the CPE report shall be communicated to all stakeholders, including UNFPA corporate managers and the Executive Board, national and district level partners, government, civil society organizations and donors.

Note:

- The stakeholder map will be prepared to include other key stakeholders: UN agencies (UNICEF, UN Women, WHO, RCO, ILO), Development Partners (SDC, LUX), CSOs and beneficiaries.
- For transparency and accountability purposes, the CPE report shall be communicated to all stakeholders, including UNFPA corporate managers and the Executive Board, national and district level partners, government, civil society organizations and donors.

4. ANNEX 4: A short outline of the structure of both design and final evaluation reports

ANNEX 4.1: Design Report (20-30 pages total)

Cover page

Second page

Country map (half page)

Table (half page)

Evaluation Team	
Titles/position in the team	Names

Third page

Table of contents

Section	Title	Suggested length
CHAPTER 1:	Introduction	1-2 pages max
1.1	Purpose and objectives of the country programme evaluation	
1.2	Scope of the evaluation	
1.3	Purpose of the design report	
CHAPTER 2:	Country context	4-6 pages max
2.1	Development challenges and national strategies	
2.2	The role of external assistance	
CHAPTER 3:	UNFPA strategic response and country programme	5-7 pages max

- 3.1 UNFPA strategic response
- 3.2 UNFPA response through the country programme
 - 3.2.1 The country programme
 - 3.2.2 The country programme financial structure

CHAPTER 4: Methodological approach 7-10 pages max

- 4.1 Evaluation criteria and evaluation questions
- 4.2 Methods for data collection and analysis
- 4.3 Selection of the sample of stakeholders
- 4.4 Evaluability assessment, limitations and risks

CHAPTER 5: Evaluation phases, work plan, deliverables, management structure and quality assurance 3-5 pages max

- 5.1 Process overview
- 5.2 Team composition and distribution of tasks
- 5.3 Resource requirements and logistics support
- 5.4 Work plan

ANNEXES:

Annex 1 Terms of Reference

Annex 2. Evaluation Matrix

Annex 3. Templates or outlines of data-collection methods (e.g. interview protocols/ guides, logbooks or equivalent, survey questionnaires)

Annex 4. List of Atlas interventions and financial data

Annex 5. Stakeholders map and list of persons consulted

Annex 6. Bibliography/ documents consulted

Annex 7. CPE agenda

Abbreviations and Acronyms

List of tables

List of figures

The key facts table

ANNEX 4.2 : Final Evaluation Report

Cover page

Second page

Country map (half page)

Table (half page)

Evaluation Team

Third page

Acknowledgements

Fourth page

Table of contents

Fifth page

Abbreviations and acronyms

List of tables

List of figures

Sixth page

Key facts table

Section	Title	Suggested length
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EXECUTIVE SUMMARY		5 pages
CHAPTER 1: Introduction		
1.1	Purpose and objectives of the Country Programme Evaluation	5-7 pages max
1.2	Scope of the evaluation	
1.3	Methodology and process	
CHAPTER 2: Country context		
2.1	Development challenges and national strategies	5-6 pages max
2.2	The role of external assistance	
CHAPTER 3: UNFPA response and programme strategies		
3.1	UNFPA strategic response	
3.2	UNFPA response through the country programme	5-7 pages max
3.2.1	Brief description of UNFPA previous cycle strategy, goals and achievements	
3.2.2	Current UNFPA country programme	
3.2.3	The financial structure of the programme	
CHAPTER 4: Findings: answers to the evaluation questions		
4.1	Answer to evaluation question 1	25-35 pages max
4.2	Answer to evaluation question 2	
4.3	Answer to evaluation question 3	

4.4 Answer to evaluation question 4

CHAPTER 5: Conclusion

5.1 Strategic level 6 pages max

5.2 Programmatic level

CHAPTER 6: Recommendations

6.1 Recommendations 4-5 pages

(Total number of pages) 55-70 pages max

ANNEXES

Annex 1 Terms of Reference

Annex 2 List of persons/institutions met

Annex 3 List of documents consulted

Annex 4 Evaluation matrix

5. ANNEX 5: A template for the evaluation matrix

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Evaluation question 1			
Assumption 1:			
Assumption 2:			
Assumption 3:			
Evaluation question 2			
Assumption 1:			
Assumption 2:			
Assumption 3:			
Evaluation question 3			
Assumption 1:			
Assumption 2:			
Assumption 3:			

6. ANNEX 6: Evaluation Quality Assessment template and explanatory note

Evaluation Quality Assessment (EQA) Grid (Revised Template)



Organizational unit: _____ **Year of report:** _____

Title of evaluation report: _____

Overall quality of report: **Date of assessment:** _____

Overall comments: [insert text]

Assessment Levels

Very good:	strong, above average, best practice	Good:	satisfactory, respectable	Fair:	with weaknesses, acceptable	some still	Unsatisfactory:	weak, does not meet minimal quality standards
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Quality Assessment Criteria	<i>Insert <u>assessment level</u> followed by main <u>comments</u>. (use 'shading' function to give cells corresponding colour)</i>
1. Structure and Clarity of Reporting	Assessment Level:

<p><i>To ensure the report is comprehensive and user-friendly</i></p> <ul style="list-style-type: none"> • Is the report easy to read and understand (i.e. written in an accessible non-technical language appropriate for the intended audience)? • Is the report focused and to the point (e.g. not too lengthy)? • Is the report structured in a logical way? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned (where applicable)? • Do the annexes contain – at a minimum – the ToRs; a bibliography, a list of interviewees, the evaluation matrix and methodological tools used (e.g. interview guides; focus group notes, outline of surveys)? <p><i>Executive summary</i></p> <ul style="list-style-type: none"> • Is an executive summary included in the report, written as a stand-alone section and presenting the main results of the evaluation? • Is there a clear structure of the executive summary, (i.e. i) Purpose, including intended audience(s); ii) Objectives and brief description of intervention; iii) Methodology; iv) Main conclusions; v) Recommendations)? • Is the executive summary reasonably concise (e.g. with a maximum length of 5-10 pages)? 	<p>Comment:</p>	
<p>2. Design and Methodology</p>	<p>Assessment Level:</p>	

<p><i>To ensure that the evaluation is put within its context</i></p> <ul style="list-style-type: none"> • Does the evaluation describe whether the evaluation is for accountability and/or learning purposes? • Does the evaluation describe the target audience for the evaluation? • Is the development and institutional context of the evaluation clearly described? • Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change? • Does the evaluation explain any constraints and/or general limitations? <p><i>To ensure a rigorous design and methodology</i></p> <ul style="list-style-type: none"> • Is the evaluation approach and framework clearly described? Does it establish the evaluation questions, assumptions, indicators, data sources and methods for data collection? • Were the methods chosen appropriate for addressing the evaluation questions? Are the tools for data collection described and justified? • Is the methods for analysis clearly described? • Are methodological limitations acknowledged and their impact on the evaluation described? (Does it discuss how any bias has been overcome?) • Is the sampling strategy described? Does the design include validation techniques? • Is there evidence of involvement of stakeholders in the evaluation design? (Is there a comprehensive/credible stakeholder map?) • Does the methodology enable the collection and analysis of 	<p>Comment:</p>
--	-----------------

<p>disaggregated data?</p> <ul style="list-style-type: none"> • Is the design and methodology appropriate for assessing the cross-cutting issues (equity and vulnerability, gender equality and human rights)? 		
<p>3. Reliability of Data</p> <p><i>To ensure quality of data and robust data collection processes</i></p> <ul style="list-style-type: none"> • Did the evaluation triangulate all data collected? • Did the evaluation clearly identify and make use of qualitative and quantitative data sources? • Did the evaluation make explicit any possible issues (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues? I.e. did the evaluation make explicit possible limitations of the data collected? • Is there evidence that data has been collected with a sensitivity to issues of discrimination and other ethical considerations? • Is there adequate gender disaggregation of data? And if this has not been possible, is it explained? • Does the evaluation make explicit the level of involvement of different stakeholders in the different phases of the evaluation process? 	<p>Assessment Level:</p>	
	<p>Comment:</p>	

4. Analysis and Findings	Assessment Level:	
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<p><i>To ensure sound analysis</i></p> <ul style="list-style-type: none"> • Is information analysed and interpreted systematically and logically? • Are the interpretations based on carefully described assumptions? • Is the analysis presented against the evaluation questions? • Is the analysis transparent about the sources and quality of data? • Are possible cause and effect links between an intervention and its end results explained? • Where possible, is the analysis disaggregated to show different outcomes between different target groups? • Are unintended results identified? • Is the analysis presented against contextual factors? • Does the analysis include reflection of the views of different stakeholders (reflecting diverse interests)? E.g. how were possible divergent opinions treated in the analysis? • Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights? <p><i>To ensure credible findings</i></p> <ul style="list-style-type: none"> • Can evidence be traced through the analysis into findings? E.g. are the findings substantiated by evidence? • Do findings follow logically from the analysis? • Is the analysis of cross-cutting issues integrated in the findings? 	<p>Comment:</p>	
<p>5. Conclusions</p> <p><i>To assess the validity of conclusions</i></p> <ul style="list-style-type: none"> • Are conclusions credible and clearly related to the findings? • Are the conclusions demonstrating an appropriate level of analytical abstraction? • Are conclusions conveying the evaluators' unbiased judgment of 	<p>Assessment Level:</p>	
	<p>Comment:</p>	

TERMS OF REFERENCE – MONGOLIA INDEPENDENT CPE (2017-2021)

the intervention?		
<p>6. Recommendations</p> <p><i>To ensure the usefulness and clarity of recommendations</i></p> <ul style="list-style-type: none"> • Do recommendations flow logically from conclusions? • Are the recommendations sufficiently clear, targeted at the intended users and operationally-feasible? • Do recommendations reflect stakeholders’ consultations whilst remaining balanced and impartial? • Is the number of recommendations manageable? • Are the recommendations prioritized and clearly presented to facilitate appropriate management response and follow up on each specific recommendation? 	Assessment Level:	
<p>7. Gender</p> <p><i>To assess the integration of Gender Equality and Empowerment of Women (GEEW)¹</i></p> <ul style="list-style-type: none"> • Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected? • Do evaluation criteria and evaluation questions specifically address how GEEW has been integrated into design, planning, implementation of the intervention and the results achieved? • Have gender-responsive evaluation methodology, methods and tools, and data analysis techniques been selected? • Do the evaluation findings, conclusions and recommendations reflect a gender analysis? 	Assessment Level:	
	Comment:	

¹ This assessment criteria is fully based on the UN-SWAP Scoring Tool, see Annex 7. Each sub-criteria shall be equally weighted (in correlation with the calculation in the tool and totaling the scores 11-12 = very good, 8-10 = good, 4-7 = Fair, 0-3=unsatisfactory). One question is if this criteria should be included in the overall evaluation quality assessment grid, or form a separate column and be assessed on its own.

Overall Evaluation Quality Assessment

	Assessment Levels (*)			
Quality assessment criteria (scoring points*)	Very good	Good	Fair	Unsatisfactory
1. Structure and clarity of reporting, including executive summary (7)				
2. Design and methodology (13)				
3. Reliability of data (11)				
4. Analysis and findings (40)				
5. Conclusions (11)				
6. Recommendations (11)				
7. Integration of gender (7)				
Total scoring points				
Overall assessment level of evaluation report				
	Very good ➔ very confident to use	Good ➔ confident to use	Fair ➔ use with caution	Unsatisfactory ➔ not confident to use

(*) **(a)** Insert scoring points associated with criteria in corresponding column (e.g. - if ‘finding and analysis’ has been assessed as ‘good’, enter 40 into ‘Good’ column. **(b)** Assessment level with highest ‘total scoring points’ determines ‘Overall assessment level of evaluation report’. Write corresponding assessment level in cell (e.g. ‘Fair’). **(c)** Use ‘shading’ function to give cells corresponding colour.

If the overall assessment is ‘Fair’, please explain²:

- How it can be used?
- What aspects to be cautious about?

Where relevant, please explain the overall assessment Very good, Good or Unsatisfactory³:

Consideration of significant constraints⁴

The quality of this evaluation report has been hampered by exceptionally difficult circumstances:

yes

no

If yes, please explain:

² The purpose here is to clarify in what way the report can be used. This in order to assist the elaboration of a relevant Management Response and the wider use of the evaluation findings back into programming. When a report has been assessed as Fair, it is obligatory to fill this text box in.

³ The purpose is, where relevant, to clarify for example severe unbalances in the report (for example, the report is good overall but recommendations very weak). Is optional to fill in.

⁴ E.g. this should only be used in case of significant events that has severely hampering the evaluation process like natural disasters, evaluators falling sick, unexpected significant travel restrictions, etc. More ‘normal’ limitations should be mentioned under relevant section above.

7. ANNEX 7: Management response template

UNFPA Management response	Country Programme Evaluations (from-to):(name of the country)
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Note: The following management response lists the recommendations as they appear in the evaluation report. Please refer to the report for more details on each recommendation. Recommendations may be organized by clusters, e.g.: strategic recommendations, recommendations associated with the country programme, recommendations associated with cross-cutting issues. Within each cluster, recommendations should be ranked by priority levels (from 1 to 3).

Instructions for completing the management response:

1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year later.

Cluster 1: Strategic recommendations			
Recommendation #	To (e.g. Executive Director's Office)	Priority Level(from 1 to 3)	
<p>Management response - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates

TERMS OF REFERENCE – MONGOLIA INDEPENDENT CPE (2017-2021)

			Status (ongoing or completed)	Comments

Recommendation #	To(e.g. Country office)		Priority level	
<p>Management response - <i>Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:.....</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

Cluster 2: Recommendations associated with the programme		
Recommendation #	To	Priority level
<p>Management response - <i>Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where</i></p>		

TERMS OF REFERENCE – MONGOLIA INDEPENDENT CPE (2017-2021)

accepted, please indicate key actions for implementation:.....

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

Clusters 3: Recommendations associated with cross-cutting issues

Recommendation #	To	Priority level
------------------	----------	----------------------

.....

Management response - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:.....

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

8. ANNEX 8: United Nations-approved editing guidelines

Instructions for the preparation of documents

Length of reports

Reports originating in the Secretariat must not exceed 8,500 words in length (10,700 words for documents not originating in the Secretariat), including any footnotes, headings or hidden text. A waiver must be requested for reports that exceed the limit.

Format

Manuscripts should be transmitted for processing in electronic form. For technical specifications on format and media to be used in preparing documents at Headquarters, see the latest version of the DGACM guide to document submission.

For documents prepared at offices away from Headquarters, click on the links below:

United Nations Office at Geneva

United Nations Office at Nairobi

United Nations Office at Vienna

Main headings and subheadings should be in bold print. Initial capitals are used only for the first word and words normally capitalized. For more detailed instructions, see Format/Headings and subheadings and Mastheads and cover pages.

Italics and bold print are not used for emphasis, except where the General Assembly has requested the use of bold print for recommendations (see also Italics and bold print).

Revised texts

If a text is a revised version of a previously issued document (such as a draft resolution), or is the final version of a report already submitted in draft form for advance editing/translation, all changes, including deletions, must be clearly indicated by means of Microsoft Word track changes.

References and quotations

Manuscripts should not include lengthy quotations from texts previously circulated as United Nations documents, such as General Assembly resolutions and earlier reports of the Secretary-General, nor should such texts or excerpts therefrom be attached as annexes.

Internal cross-references should be carefully checked in the final draft, as the paragraph numbers may have changed from those in earlier drafts.

Necessary quotations and references should be carefully checked for accuracy. In the case of United Nations documents, paragraph numbers, not pages, should be cited.

For more detailed instructions, see Editorial guidelines/Style/Quotations.

Abbreviations and acronyms

Abbreviations and acronyms should always be explained. The full name should be spelled out the first time it occurs in the text, or a complete list should be provided.

Abbreviations and acronyms are not used for the names of Member States, most commissions, committees or other subsidiary bodies, major United Nations offices, Secretariat departments, or in document titles or internal headings.

Names of subsidiary bodies, major United Nations offices and Secretariat departments should be given in full the first time they occur in a text. Short titles (e.g. "the Council", "the Commission", "the Department") are used thereafter.

For a list of abbreviations and acronyms used in United Nations documents, see Editorial guidelines/Style/Abbreviations and acronyms.

Names

For geographical names, including countries, see UNTERM. If the location does not appear therein, the GeoNames database of the National Geospatial Intelligence Agency is a useful guide.

For individuals, corporations etc., verify correct names or most commonly used spellings or transliterations, and use consistently throughout.

When general terms such as president, representative and so on are used, it would be helpful to the translators to indicate the gender of the person.

When animal or plant species are mentioned, the scientific (Latin) designation should be included in addition to the common or vernacular name, as the latter may not provide sufficient information to allow an accurate translation.

Use of the first person

The first person may be used in reports of the Secretary-General.

Additional guidelines

For further guidelines on drafting and format, see Editorial guidelines/Basic documents and Format.

Country names and currencies

Country names and currencies are listed in the United Nations Multilingual Terminology Database (<http://untermportal.un.org>). To start your search, enter the name of the country in the "search" field. Under "subjects" on the left pane, click on "country names", then click on "view"

beside the entry. Both the short and formal country names are given. The short form is used for most purposes in the United Nations. The formal name is generally used in legal texts, such as treaties.

The country name is normally given after the name of a city, unless the city is the capital.

Except in communications from Member States, country names should not be used in the possessive form: the population of the Sudan, not the Sudan's population

In communications from Member States issued as United Nations documents, the country designations used by the author of the communication are retained in the edited text, even if they are not consistent with established United Nations terminology. For further information, see "Communications from Member States" in Editorial guidelines/Policy questions.

In reports containing information from Member States that is reproduced as received, the designations used by the Member States are not changed and the following disclaimer is inserted as a footnote on the cover page of the report:

Note: The information provided by Member States has been reproduced as received. The designations employed do not imply the expression of any opinion whatsoever on the part of the United Nations Secretariat concerning the legal status of any country, territory or area, or of its authorities.

Footnotes and other references

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Policy questions

Links on this page will connect you to policy documents that may be of interest to authors and editors, including editorial directives and documents in the series “Regulations for the control and limitation of documentation”.

Covers and title pages of publications (Editorial Manual, article H 1, pp. 467-472)

Attribution of authorship

Copyright principles, practice and procedure

1987

1992

Criteria for the selection of material to be issued as United Nations publications

Mention of names of commercial firms (Editorial Manual, article H 8, p. 502)

Newsletters and other information materials in printed or electronic format

Use of the United Nations emblem on documents and publications (Editorial Manual, article H 3, pp. 478-485)

Papers and reports of seminars and similar meetings (Editorial Manual, article H 9, pp. 503-511)

ISBN and ISSN for United Nations publications

Categories of distribution of documents and meeting records (Editorial Manual, article H 4, pp. 487-88)

Guidelines for publication of maps

References and acknowledgements

Guidelines for electronic publishing

Guidelines for publishing in an electronic format

United Nations Internet publishing

Terminology: “Persian Gulf” and “Gulf”

Nomenclature: Falkland Islands (Malvinas)

Guidelines for gender-inclusive language

Proofreading marks

Use standard proofreading marks (see model) to help speed up the editing process and make it possible for colleagues to understand the changes made to a document.

9. Annex 9: CPD6 Mongolia/Theory of change

Below, for each CP6 Output area, ToC is explained. It should be reviewed in conjunction with the attached excel sheet with annual targets per indicator for the delivery of each Output, and the Project documents approved by the Government of Mongolia.

UNFPA Strategic Plan Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all context.

CP6 Output 1: Enabling policy and regulatory environment is enhanced for adolescents and youth to benefit from quality sexual and reproductive health services.

Building on the achievements of CP5, including the establishment of 9 new adolescent and youth friendly clinics and the development of the Adolescent and Youth Health Strategy by the Ministry of Health, (to be approved as a sub-section of the National Maternal, Child and Reproductive Health Programme), Output 1 was derived to ensure upstream support for adolescent and youth sexual and reproductive health with government related policies (State Policy on Health, National Maternal, Child and RH Programme (2017-2021), National health facility standards, clinical guidelines, SOPs and Maternal and Child Health law).

Gaps to be addressed: Mongolia's young population (15-34) comprises 36.2% of the total population and faces specific, underserved SRH challenges: the adolescent birth rate is high (40.4, 2013); unmet need for family planning among women aged 15-19 is high (36.4%, 2013); the abortion ratio is increasing, to 189 per 1,000 live births (2013); syphilis incidence rates are high, 60.4 per 10,000 persons among young people (15-24) as compared to 32 per 10,000 persons among those aged 25-49 (2013).

The implementation of the fourth national SRH programme was completed in 2016, necessitating the development of the next round of the national programme, which will eventually guide the national SRH efforts for young people. Absence of the clinical guidelines on provision of service for adolescent and young people leads to poor quality of services and unsatisfactory clients. The health sector has budget line for family planning commodities; however, allocated budget is not sufficient to meet the country needs, especially youth. Health facility standards do not have specific references to youth services. Existing out-patient services exclusively oriented towards ANC neglecting the needs of young women and girls to receive SRH services including family planning. Existing AYFC are not institutionalized and are governed by different modalities-either by provincial hospital or health department-leading to fragmented services and interruption of sustainable SRH commodity supply.

Other partners and UNFPA's complementarity: There are not many development partners working in this area. Through its current CP, UNICEF supports the

Government of Mongolia in improving adolescent health with specific focus on mental wellbeing. Therefore, it is the niche of UNFPA Mongolia to provide support in this area.

Target population: Young people aged 15-34 (note: Mongolia defines “youth” for the age group 15-34).

Output indicator 1 on the % government budget for SRH service allocated for adolescent and youth services

Strategy of output delivery:

- a. UNFPA supported advocacy will focus on increasing diversity and coverage of the national health insurance for adolescents and youth through the partnership with the Parliament Standing Committee on Social affairs, the Ministry of Health and the National Health Insurance Agency. A series of parliamentary standing committee open discussions are planned to facilitate political decisions during the state budget formulation and approval processes. To facilitate evidence-based decision-making, the CP will support policy analysis, presents facts and assists the conduct of 2018 SISS with particular focus on Umnugobi province. Tools to calculate government budget allocation for SRH will be developed as a part of comprehensive advocacy programme.

A series of sub-national level advocacy events will be conducted to improve investment in the SRH services from local budget. Regular monitoring of the functioning of the AYFCs will facilitate smooth operation of the clinics and provision of province-specific supports. Pilot re-introduction of HPV and sustainable allocation of state fund to sustain national HPV vaccination programme for young girls would be the part of the advocacy programme.

Indicator 2: Number of approved SOPs and standards that include adolescent and youth-friendly SRH elements according to international standards.

Strategies of output delivery:

- b. UNFPA advocate enhancement of the standards of SRH and VAWG services through the revision of pre-service curricula of midwives, who are primarily responsible for counselling and treating adolescents at soum and aimag settings. Midwifery job descriptions and clinical guidelines are revised as per recommendations of the International Confederation of Midwives enhancing their role for family planning and adolescent SRH. The midwifery faculty of the School of Nursing will have an advanced simulation laboratory, which, along with traditional obstetric skills, also has models on family planning, menstrual hygiene, and cervical cancer and STI prevention.
- c. State accountability for ensuring rights based national programmes on STI prevention and management, RH commodity security and family planning are adequately funded and implemented, which are the part and parcel of the National Maternal, Child and Reproductive Health Programme. Evidence based interventions, based on the best practices of previous CPs, are implemented in

Umnugobi province to serve as a model integrated approach to improve women's and young people's health and well-being, which then could be multiplied at the national level.

The CP will create enabling environment for continued medical education for MCH service providers through establishment of learning facilities at national and sub-national levels, development of clinical algorithms and training modules backed up by competency based online and on the job trainings. This will support the national effort in eliminating preventable maternal deaths, in particular among young women, which is the one of the main pillar of the UNFP SP.

- d. Formulating Standard Operating Procedures (SOPs) on adolescent and youth friendly health services. These include development of and revision of the policy documents such as the State Policy on Health, Maternal and child health law, National Maternal, Child and Reproductive Health Programme, youth friendly services guideline, revision of service standards for secondary and primary levels of health care. Maternity ward service standards, inclusive of family planning services will be evaluated and revised.

The consolidation of the achievements of the award winning Telemedicine project will be also ratified by nation-wide expansion, which includes Ulaanbaatar city maternity homes and district maternity services, and approval of SOPs on teleconsultations enabling 24 hours access to formal expert advice.

Impact of output delivery:

- 5 new policies, programmes and standards that promote adolescents and youths' access to SRH services;
- Reduced adolescent birth rate and increase to 80% met need for contraceptives among 15-24 year olds;
- Reduced MMR; sustainable state budget allocation for SRH services for adolescents and youth; and
- User-friendly and rights-based SRH services with qualified human resources, appropriate supervision and monitoring and evaluation systems to ensure the reduction of unwanted pregnancies and STI prevalence for Mongolia's young people.

CP Output 2: Improved policy environment for design and implementation of the LSE/CSE programmes based on human rights and gender equality.

Through the Youth Development Program of CP5, UNFPA with GoM increased availability and quality of LSE, including piloting 32 Life Skills Education Halls within educational institutions, and the establishment of 16 YDCs providing LSE to those not reached by formal education. This output will build on the results of CP5, particularly to ensure the quality and sustainability, including financial sustainability, of LSE and CSE mechanisms within public institutions

(including secondary and tertiary educational institutions, YDCs, life-long education centres, etc.).

Gaps to be addressed: Mongolia's young population (15-34) comprises 36.2% of the total population and faces specific, underserved SRH challenges (as in output 1). The percentage of youth with comprehensive knowledge of HIV and AIDS is only 20.7% among men and 22.8% among women. At present, there are no Life Skills Education (LSE) and Comprehensive Sexuality Education (CSE) standards or adolescent and youth friendly health service parameters within national standards.

Other partners and UNFPA's complementarity: Other UN partners such as UNICEF and WHO support the Government of Mongolia in improving the quality and the coverage of general health education programme, with increasing focus on youth. However, they have not provided support for life skills education and CSE, and as such, while we join forces with UNICEF and WHO on health promotion, the UNFPA's target programme focus is clear, based on the results achieved in CP5.

Target population: School-aged young people in Mongolia, teachers, and school doctors

Output indicator 1: Level of life skills education and CSE coverage in educational standards and teaching guidelines for secondary and tertiary schools, vocational skills and life-long educational centers

Strategy of output delivery: The CP6 will be geared towards the formulation and approval of gender-responsive LSE and CSE standards in educational institutions.

UNFPA will advocate for the reinstatement of life skills based health education including CSE with the MECS and MOH. UNFPA will assist in setting up inter-sectoral working group to oversee and guide the development of health education curriculum, policy document, standard, text books, and teachers' guides. The CP will provide technical and financial support in organizing national ToT training on health education, including CSE.

To demonstrate effective model for CSE teaching at provincial and sub-provincial level, CP6 will support various interventions in Umnugobi province in collaboration with local authorities and educational institutions. Continued strengthening of capacity of national core group of expert on CSE through mobilizing international and national expertise is part of the CP6.

The CP6 will also demonstrate effective models for teaching CSE to adolescent and youth with disabilities and support improvement of health education curriculum for teacher training at national university of education, life-long and vocational education facilities.

Output indicator 2: Number of youth development centers providing life skills education and CSE fully funded by the Government

The CP6 will support and advocate for finalization and approval of the Law on supporting youth development with the MOLSP and the Parliament. In partnership with MOLSP and FCYDA, UNFPA will support the development and finalization of the National Programme on Youth Development and the national database on youth development. CP6 will demonstrate effective model for teaching LSE and CSE through YDCs in Umnugobi province with particular emphasis on reaching marginalized youth. Mobilizing resources and testing innovative intervention in partnership with the Private sector to reach out unemployed youth, herder youth,

young mothers, adolescent girls and young people living in mining areas is also part of the key intervention.

Impact of output delivery:

- 4 approved SOPs and standards that include adolescent and youth friendly SRH elements according to international standards;
- All LSE/CSE elements fully captured in the new national education standards and guidelines; and
- All 16 YDCs providing LSE are fully funded by the government.

CP Output 3: National platforms for youth participation are strengthened and expanded to ensure the voice of adolescents and youth, esp girls, in national laws, policies, and programmes

During CP5, UNFPA successfully advocated for the creation of a dedicated government youth agency, began the national-level discussion fora between government and youth representatives. Through this output, existing national platforms will be further strengthened and expanded, including at sub-national level, to ensure the voices of youth, particularly girls, are adequately reflected in public policies and decision-making.

Gaps to be addressed: Mongolia's Youth Development Index is higher than the global average, however the country scored lower in political and civil participation. Nearly 60% of youth hold disillusioned views about politics. Mongolia does not have legal document and fund allocation system to regulate various youth development activities in the country. An absence of inter-sectoral decision-making body that supports the development of youth in the country such as national council leads to fragmentation services.

Other partners and UNFPA's complementarity: Given Mongolia's MIC status, partners have shifted their assistance to trade, mining, and transparency/accountability aspects. Apart from UNFPA, there is no significant partner supporting the area of empowering youth.

Target population: Young people aged 15-34

Output indicator: % of government budget allocated for youth policies and programme

The CP6 will advocate for development and approval of the Law on youth development and the establishment of dedicated fund for youth development. Methods and tools to estimate government budget allocation for youth and youth responsive budgeting will be developed with financial and technical support from CP6. Pilot application of tools will be carried out in Umnugobi province, including its soums. Continues support and advocacy for youth led initiatives at local levels and increased fund allocation from Local Development Fund and provincial budgets will be provided to national and local partners.

Output indicator: N of participatory platforms advocating for evidence based youth policies and programmes and increased investments in young people

Strategy of output delivery: In collaboration with the relevant Ministries, youth CSOs, and development partners, the CP6 will support the establishment and operation of National Council, regular trilateral dialogue between Government, youth CSOs, development agencies and youth fora to promote youth participation in policy and decision making at national and sub-national levels. UNFPA will also support the effective functioning of the National Council on Youth Development and its local chapters.

UNFPA support will be provided to national institutions as duty bearers to create and maintain the structures necessary to empower adolescents and youth and reflect their voices, particularly marginalised youth, in evidence-based and gender-responsive policies and programmes. UNFPA will also centre its efforts on developing the appropriate life skills and competencies of adolescents and youth, as rights holders for policy analysis, negotiations, and advocacy for increased public investment.

Impact of output delivery:

- 15% increase in national budget allocation to youth policies and programmes;
- Establishment of 3 participatory platforms for youth policies, programs and increased investments

UNFPA Strategic Plan Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

CP Output 4: National protection systems are strengthened to address violence against women and girls (VAWG) realizing their sexual and reproductive health and rights including humanitarian settings.

Under CP5, UNFPA supported implementation of the Gender equality law, established gender focal points within government and successfully advocated for approval of revisions to several laws. This includes the approval of the revised Domestic Violence law by Parliament in December 2016, in which GBV officially charged as a crime in Mongolia. UNFPA played a critical coordinating role in addressing efforts to combat VAWG in Mongolia.

Gaps to be addressed: The situation of violence against women and girls (VAWG) is of serious concern. While there has yet to be a nationwide VAWG prevalence study, it is reported that nearly 88.3% of victims of domestic violence are women, and 40% of them are young women aged 15-34, who are more unlikely to report, according to the National Police Authority. Lack of the GBV prevalence survey had also hindered effective advocacy as well as state planning and budgeting to prevent and respond to GBV. The available information on the degree of GBV including DV and sexual abuse is uncoordinated, inconsistent and unreliable. While administrative statistics and some survey data exist, there is a lack of coordination and the data is rarely utilized. While according to the law, protection of GBV survivors falls under the responsibility of the Government, a lack of training, insufficient capacity, absence of adapted infrastructure, limited coordination among different public service providers, and weak public awareness makes it nearly impossible to provide suitable and appropriate protection for survivors.

Other partners and UNFPA's complementarity: UNFPA has worked closely with CSOs and development partners working in the area of VAWG through CP5 and in the preparation and launch of the new GBV project. UNFPA Mongolia is seen as a lead supporter for GBV and a key partner for the National Commission on Gender Equality, esp because UNFPA continued to be engaged in this sector even when most donors left.

Output indicator on the number of approved SOPs and national guidelines for domestic violence and related laws which are supported by evidence

Strategy of output delivery: UNFPA will work with the National Committee on Gender Equality, MoLSP, line Ministries, Parliament including the Parliamentary Women's Caucus and the Parliamentary Social Committee, CSOs and development partners to focus on:

- (a) sufficient state budget allocation and effective implementation of laws and policies including the revised law on Domestic Violence;
- (b) effective monitoring and accountability for the national protection systems to deliver on obligations including CEDAW and UPR to advance sexual and reproductive health and rights, and prevent and respond VAWG including emergency situations;
- (c) collection, analysis and dissemination of data on VAWG, and advocacy for its use for policy and decision-making.

National capacity to combat GBV will be strengthened through improved capacity to generate and use evidence on GBV/DV for policy formulation, programme interventions, budgeting and M&E. Evidence will be generated 1) through a nationally representative prevalence survey on gender based/domestic violence and 2) the existing data collection system on domestic violence run by the General Police Authority will be reviewed and improved.

Based on the available data, various SOPs and monitoring tools will be developed, inclusive of monitoring tools for NGOs, GOs and NCGE. Through policy level advocacy, the legal system for response to GBV survivors, particularly related to victim protection, will be strengthened. Public awareness will be increased through communications efforts targeted to the general public, with a focus on communities with high GBV prevalence and specific target groups as identified through the national survey.

Partnership with the Human Rights Commission of Mongolia will lead to review of the SRH and GBV related recommendations of UPR and CEDAW and will support the Government's endeavour to remove legal barriers of upholding dignity of women.

Target population: Women in Mongolia, esp young women. To address GBV, men are also to be targeted.

Impact of output delivery:

- VAWG prevalence survey is conducted for the first time in Mongolia.
- Reduced VAWG;
- Reduction in the proportion of women aged 15-49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances
- Increase to 95% actions taken by government from related UPR and CEDAW recommendations

CP Output 5: Multi-sectoral coordination and response are enhanced to prevent and respond to violence against women and girls (VAWG).

UNFPA coordinated the establishment of OSSCs across Mongolia and partnered with CSOs to lead prevention and response efforts related to VAWG throughout CP5 and previous CPs. This output seeks to ensure that a multi-sectoral coordination and response mechanism is firmly entrenched for sustainable prevention and response efforts re: VAWG in Mongolia.

Gaps to be addressed: Multi-sectoral coordination mechanisms on VAWG have been established at national level and in three provinces, but their effectiveness needs to be improved, and they need to be expanded to other provinces. Service provision for survivors of GBV, and particularly DV, currently lacks coordination and widespread institutionalization as it is currently limited to a select number of OSSCs and shelters in pilot sites.

Other partners and UNFPA's complementarity: When it comes to strengthening multi-sectoral coordination and response for VAWG, UNFPA is the only partner in Mongolia.

Target population: Women and girl survivors of violence as well as potential victims of violence; partners and members of the multi-sectoral response teams at national and sub-national levels.

Strategy of output delivery: UNFPA will provide technical and financial support for the establishment and effective functioning of multi-sectoral coordination mechanisms at national and sub-national levels, in line with the Global Essential Service Package for Women and Girls Subject to Violence. In addition, support will be provided to national institutions to institutionalize OSSCs for victims of violence to ensure their effective functioning and sustainability. The CP6 will support capacity building of CCP and its branches through different mechanisms such as the national forums, trainings, in study tours and workshops. Within the framework of CP6, 10 new OSSCs will be established and capacity mapping of existing OSSC and other forms of service provision will be identified. Capacity building for multidisciplinary teams (health, police, judicial, social welfare, and local administration) and improved coordination mechanisms will lead to comprehensive and timely service provision to survivors presenting at OSSCs or at the community (bagh, soum, khoroo) level – this will result in more effective case management and risk assessments, leading to reduction in repeat cases, minimization of negative health and social outcomes, and increased prosecution of GBV cases.

Impact of output delivery:

- Establishment of 16 national and sub-national multi-sectoral coordination mechanisms to combat VAWG
- 6 approved SOPs and national guidelines on Domestic Violence and related Laws which are supported by data and evidence.

10. Annex 10: ERG TOR



TERMS OF REFERENCE
OF THE EVALUATION REFERENCE GROUP (ERG)
for the Evaluation of the
6th Country Programme of Assistance to the Government of Mongolia
(2017-2021)

UNITED NATIONS POPULATION FUND
MONGOLIA

JANUARY 2020

1. Background

- 1.1 UNFPA Mongolia is planning to conduct the independent evaluation of the UNFPA 6th Country Programme of Assistance to the Government of Mongolia (2017-2021) as part of its 2020 annual work plan, and in accordance with the UNFPA evaluation policy 2019.
- 1.2 The evaluation serves three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute important lessons learned to the formulation of the next Country Programme in Mongolia.
- 1.3 As per the UNFPA evaluation policy, the establishment of Evaluation Reference Group (ERG) is mandatory. The ERG will guide the evaluation process during the implementation of evaluation activities. ERG will also ensure that the CPE covers the issues relevant to and important for the key stakeholders of the country programme.
- 1.4 The ERG will be composed of country office senior managers, a representative of the regional office management and representatives of national counterparts, including government and implementing partners, and representatives from academia.
- 1.5 The UNFPA Mongolia Country Office evaluation manager (Assistant Representative) will chair the evaluation reference group and manages the interaction between the team of evaluators and the reference group; serves as an interlocutor between both parties.

2. Objectives of the ERG

The objectives of the ERG are given below:

- To ensure that the evaluation is of maximum value to all stakeholders (UNFPA national counterparts including implementing partners, UN Country Team, development partners, NGOs, civil society organizations) and the beneficiaries;
- To assure the overall quality of the evaluation, including its theoretical and methodological integrity, the appropriateness of the evidence selected, the accuracy of its

interpretations, and the usefulness of its recommendations for stakeholders and beneficiaries;

- To ensure the independence, impartiality and no conflict of interest in the evaluation.

3. Functions of the ERG

The evaluation reference group shall take the following main functions:

- Provides input to the ToR of the country programme evaluation
- Provides overall comments to the design report of the CPE
- Facilitate access of the evaluation team to information sources (documents and interviewees) to support data collection
- Provides comments on the main deliverables of the evaluation, including the draft final report
- Assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

4. Composition of the ERG

Members of this reference group will be composed of the representatives from the following Organizations of government, non-government, UNFPA programme staff at country office and Asia Pacific Regional Office (APRO):

No	Agency	Role
1	UNFPA Country Office Evaluation Manager (Assistant Representative)	Coordinator
2	Officer, Ministry of Foreign Affairs (Government IP)	Member
3	Director of the Policy Implementation, Ministry of Health (Government IP)	Member
4	Director of the Policy Implementation, Ministry of Education (Government IP)	Member
5	Director of the Population Department, Ministry of Labour and Social Protection (Government IP)	Member
6	Director of the Crime Prevention Unit, Ministry of Justice (Government IP)	Member
7	Department Director for Population issues, NSO	Member
8	CSO representative (Non-government IP)	Member
9	UNFPA Head of Office (UNFPA)	Member
10	UNFPA Asia Pacific Regional Office M&E Advisor (UNFPA)	Member
11	UN RCO Coordination officer (UN)	Member

5. Working modalities: ERG meetings and activities

The evaluation team and the reference group will communicate mostly via e-mail and tele or video conferencing. Face-to-face meetings may also be convened as needed.

6. Timeline

The duration of the ERG’s mandate runs until the completion of the evaluation, which means the production of the final evaluation report. A preliminary timeline for the work of the ERG includes the following benchmarks and indicative dates:

No.	What (Deliverable)	When	Key role of ERG
1.	CPE terms of reference	January 2020	Review
2.	Evaluation design report	April 2020	Review
3.	Access of the evaluation team to information sources	April-May 2020	Facilitation
4.	Sharing of preliminary findings, conclusions & recommendations by the evaluation team	June 2020	Review
5.	Draft evaluation report	July 2020	Review

Annex 2: List of Persons Met (All national and sub-national)

Integrated Support Program (ISP) in Umnugobi province

Field work during June 28-July 3, 2020

	N	Name and title	Representing organization	M F	E-mail/Telephone	CP6 Involvement Nat./Prov./Mun./Donor/NGO
	June 29th, Monday, Umnugobi province					
GBV/DV interviewees	1	Enkhtsatsral, Director	Social Policy department	F	88282644	Provincial Government
	2	J. Enkhtuya, Doctor and Coordinator	OSSC	F		Other
	3	U. Uyanga, Psychologist	OSSC	F		Other
	4	Ts. Orolzod, Social Worker	OSSC	F		Other
	5	Sugar, Head of Citizens' Repts Meeting	CCCP, UG Government	M		Provincial Government
	6	Erdenechimeg, Director	FCYDC/member of CCCP	F		Provincial Government
	7	Unurjargal, Chair	Public Health Department /member of CCCP	F		Provincial Government
	8	Baterdene, Chair	Education & Culture Dev. Department/CCCP	M		Provincial Government
	9	Enkhjargal, Gender Specialist	YDCenter/member of CCCP	F		Other
	10	Bukhbat, Specialist	Crime Prevention Department/CCCP	M		Provincial Government
	11	B.Tuvshinjargal, Head of 4 th Bhag	Member of MDT/Head of 5 th Bhag	M		Provincial Government
	12	T.Sukhee, Social Worker	MDT/4 th Bhag	M		Other
	13	P.Dulguun, Head of 7 th Bhag	MDT/head of 7 th Bhag	M		Provincial Government
	14	G.Bayarjargal	Police Department	M		Provincial Government
	15	J.Buyankhuu, Social Worker	MDT/5 th Bhag	F		Other
	16	Kh.Mungun-Auysh, Social Worker	MDT/Child Development Agency	F		Other
	17	D.Ankhubayar, Social Worker	MDT/4 th Bhag	F		Other
	18	E.Erdenetsetseg, Social Worker	MDT/7 th Bhag	F		Other
	19	O.Oyuntsetseg, Social Worker	MDT/School #1	F		Other
	20	D.Saranchimeg, Social Worker	MDT/Health Agency	F		Other
	21	E.Tulga, Social Worker	MDT/School #4	F		Other
	22	T.Nergui, Methodologist	MDT /Kindergarten #4	F		Teacher
	23	Shur-Erdene, Child Protection Specialist	MDT/FCYDC	F		Other
	24	Urjinkhand, teen student	10 th grade, School #3, UG	F		Student
	25	Urandul, teen student	10 th grade, School #3, UG	F		Student
	26	Bolortuya, teen student	10 th grade, School #3, UG	F		Student
	27	Munkhtsetseg, Social Worker	School #3	F		Other
	28	(xxxxx), survivor	Survivor DV, OSSC	F		Other

	29	(xxxxxx), survivor	Survivor DV, OSSC	F		Other
	30	S. Erdenebat, Director	Gobi Oyu Developmend Fund, Oyu Tolgoi LLC	M		Donor
	31	B. Erdenetsetseg, Chair	FYCDC	F		Soum Government
CSE/LSE and Youth Development	32	Enkhtsatsral, Chair	Department of Social Policy, Umnugobi Government	F	88282644	Provincial Government
	33	Otgonjargal, Chair	Maternity Ward, RDTC	F		Provincial medical center
	34	Narangerel, Head of Safe Abortion Unit	Safe Abortion Unit, RDTC	F		Provincial medical center
	35	Altanzul, CSE and Health Specialist	CSE and Health, Education, Culture and Art Department	F		Provincial Government
	36	6 teen students	Adolescent Health Clinic visitors	F		Students (6)
	37	2 teen students	Adolescent Health Clinic visitors	M		Students (2)
	38	D. Oyunchuluun, Director	Model School #1 for CSE/LSE	M		Provincial Government
	39	B.Tuvshinjargal, Training manager	Model School #1 for CSE/LSE	F		Teacher
	40	Ts.Odgerel, Health instructor	Model School #1 for CSE/LSE	F		Teacher
	41	P.Nergui, Health instructor	Model School #1 for CSE/LSE	F		Teacher
	42	A.Bayarmaa, Health instructor	Model School #1 for CSE/LSE	F		Teacher
	43	Z.Munkhzul, Health instructor	Model School #1 for CSE/LSE	F		Teacher
	44	D.Sarantsetseg, Health instructor	Model School #1 for CSE/LSE	F		Teacher
	45	N. Algirmaa, Chair	Centre for Lifelong Education	F		CSO
	46	E. Amartuvshin, trainer	Centre for Lifelong Education	M		Teacher
	47	A. Gantsetseg, Senior methodologist	FCYDC	F		Provincial Government
	48	G. Enkhjargal, Coordinator	FCYDC	F		Provincial Government
	49	G. Tserenpurev, Training Methodologist	FCYDC	M		Provincial Government
	50	Visitor with disability	Youth Development Center	F		Other
	51	Erdenebat, Manager	Gobi Oyu Fund, OT LLC	M		Donor
AYSRHR and Telemedicine	52	Otgonjargal, Head of Maternity Ward	Diagnostic and Treatment Center, DZ	F	99064686	Provincial medical center
	53	Uyanga, Midwife	Diagnostic and Treatment Center, DZ	F	89981005	Provincial medical center
	54	Tserenbadam, Midwife	Diagnostic and Treatment Center, DZ	F	89208105	Provincial medical center
	55	Batzorig, IT Engineer	Diagnostic and Treatment Center, DZ	M	88898948	Provincial medical center
	56	Munkhtungalag, Midwife	Diagnostic and Treatment Center, DZ	F		Provincial medical center
	57	Amarjargal, Assistant Nurse	Diagnostic and Treatment Center, DZ	F		Provincial medical center
	58	Tuvshinzul, Deputy Director	Medical/Clinical Treatment Department	F	99073855	Provincial medical center
	59	M. Bulganchimeg, chair Specialist	Public Health Center of Health Department	F	88101027	Provincial health department

60	J. Otgonbaigal, Chair	Division of Medical Service Delivery, Health Department	F	88811189	Provincial health department
61	L. Javzandolgor, Nurse	HIV/STI cabinet, Diagnostic and Treatment Center	F	88580858	Provincial medical center
62	N. Narangerel, Midwife and Consultant Doctor/MD	Adolescent Health Cabinet, Diagn. and Treatment Center	F	88779581	Provincial medical center

June 30th, Tuesday, Khanbogd soum of Umnugobi province

YDC in Khanbogd soum	63	M. Ichinnorov, Supervisor	Psychologist and LSE consultant, YDC	F		Other
	64	B.Gansaikhan, student	Chinese club, YDC	F		Student
	65	Ts. Nerzul, beneficiary	Handcraft club, YDC	F		Other
	66	Yo. Bolortuya, Y-peer educator	Support Group, YDC	F		Other
	67	O. Mandukhai, beneficiary	Chinese club, YDC	F		Other
	68	Kh. Tserenpuntsag, student	Chinese club, YDC	F		Student
	69	B.Otgonkhuu, student	Guitar and music club, YDC	F		Student
	70	U. Enkhsaikhan, beneficiary	Support group for mothers, YDC	F		Other
	71	D. Altantsooj, student	Oyu Tolgoi Friendship group, YDC	F		Student
	72	S. Dorjderem, beneficiary	Support group for mothers, YDC	M		Other
73	A.Tankhildulam, student	Oyu Tolgoi Friendship group, YDC	F		Student	

CPE: Interventions in Dornod province

Field work during July 6-July 8, 2020

	N	Name and title	Representing organization	M F	E-mail/Tel.	CP6 Involvement Nat./Prov./Mun./Donor/NGO
July 6th, Monday, Dornod Province						
GBV/DV interventions	1	G.Naranzul, Child Psychologist	OSSC	F	99800918	Other
	2	N. Naran, beneficiary	OSSC	F		Other
	3	E.Kherlentuya, Social Worker	OSSC	F		Other
	4	N.Bolormaa, Care taker	OSSC	F		Other
	5	A.Zolzaya, Specialist	FCYDC	F		Provincial Government
	6	L. Khishigtogtokh, Head (CCCP)	CCCP, Citizens' Reps Meeting	M		Provincial Government
	7	T. Gankhuu, Specialist	CCCP, Governor Office	M		Provincial Government
	8	N. Altaikhuu, Governor	4th Bhag, MDT	M		Provincial Government
	9	S. Badamkhand, Case Worker	Bhag #4, MDT	F		Other
	10	E. Kherlentuya, Social Worker	MDT, OSSC	F		Other
	11	(xxxxx), beneficiary	Survivor of DV, OSSC	F		Other
	12	(xxxxx), beneficiary	Survivor of DV, OSSC	F		Other
	13	E.Javkhlan, Chairman	FCYDC	M		Provincial Government
July 7th, Tuesday, Herlen soum of Dornod Province						
CSE/LSE and Youth	14	E. Javkhlan, Director	FCYDC	M	91115310	Provincial Government
	15	Ts. Khandsuren, Coordinator	YDC	F	88124060	Other
	16	E. Munkhtungalag, Training Specialist	YDC	F		Other
	17	P. Gereltuya, Specialist	YDC	F		Other
	18	A.Nansalmaa, Chair	Education, Culture Department	F	99037707	Provincial Government
	19	B. Khulan, Director	Dornod University	F		Other

	20	Kh. Chuluuntsetseg, Training Manager	TVET	F		Other	
	21	B. Rentsenchoi, Trainer	TVET	M		Other	
	22	Altanzul, beneficiary	visitor with disability at TVET	F		Other	
	23	G. Budtuya, beneficiary	visitor with disability at TVET	F		Other	
AYSRRH and Telemedicine	24	Oyun, MD and Head of	Neonatal Ward, RDTC	F		Provincial Medical Center	
	25	Sarnai, MD and Head	Pediatric Ward, RDTC	F		Provincial Medical Center	
	26	Enkhtuya, OBG	RDTC	F		Provincial Medical Center	
	27	Khulan, MD and Health Advisor	Adolescent Health Division	F		Provincial Medical Center	
	28	D. Lkhagvaa	'Asralt Urs' Family Health Clinic	F		Provincial Health Department	
	29	M. Enkhmaa, PhD of Public Health	'Asralt Urs' Family Health Clinic	F		Provincial Health Department	
	30	D. Doljin, Director	Regional Diagnostic and Treatment Center	F		Provincial Medical Center	
	31	B. Bolortsetseg, Quality Manager	Quality Management Dep. of RDTC	F		Provincial Medical Center	
	32	D. Gankhurel, Head of Quality Management	Quality Management Department of RDTC	F		Provincial Medical Center	
	33	D. Sarantsetseg, Head of Maternity Ward	Maternity Ward, RDTC	F	88109927	Provincial Medical Center	
	34	B. Oyungerel, Midwife	Maternity Ward, RDTC	F	88587878	Provincial Medical Center	
	35	B. Sarantuya, Neonatal Doctor	Neonatal Care Unit, RDTC	F	88092686	Provincial Medical Center	
	36	J. Delgermaa, Neonatal Doctor	Neonatal Care Unit, RDTC	F	99038006	Provincial Medical Center	
	37	N. Altantsetseg, Gender Specialist	FCYDC, Department of Social Policy	F		Provincial Government	
	Group discussion with 25+ non-participants						
		38	S.Saranzaya	32	F		Primary Health Care
		39	S.Suuriimaa	25	F		Primary Health Care
		40	A.Ariuntogs	24	F		Primary Health Care
		41	E.Bolorerdene	25	F		Primary Health Care
		42	Z.Nandinerdene	37	F		Primary Health Care
	43	E.Solongo	29	F		Primary Health Care	
	44	B.Urantsetseg	24	F		Primary Health Care	
	45	B.Kharbaatar	24	F		Primary Health Care	
	46	E.Gantsetseg	22	F		Primary Health Care	
	47	S.Dariimaa	48	F		Primary Health Care	
	48	Kh.Uuganzaya	28	F		Primary Health Care	
	49	T.Nerguinyam	30	F		Primary Health Care	
CSE/LSE and Youth Development	July 8th, Wednesday morning, Dornod						
	50	O. Uriintuya, teen student	Shine Mongol, private school	F		Student	
	51	E. Ganzorig, teen student	Shine Mongol, private school	M		Student	
	52	Kh. Nandin-Erdene, student	School #1	F		Student	
	53	B. Khulan, teen student	School #1	F		Student	
	54	A. Otgonjargal, teen student	School #1	F		Student	
	55	B. Mungunsaran, teen student	School in Bayan-Uul soum	F		Student	
	56	B. Naranbaatar, beneficiary	Specialist at TVET	M		Other	
	57	E. Zoljargal, beneficiary	Entrepreneur	M		Other	
	58	G. Chinzorig, beneficiary	Unemployed	M		Other	
	59	Kh. Ganbat, CSE teacher	School in Bayandun soum	M		Teacher	
	60	E.Battsetseg, CSE teacher	School #8	F		Teacher	
	61	E. Enkhbumjav, CSE teacher	School #5	F		Teacher	

	62	L. Bolor-Erdene, CSE teacher	School #11	F		Teacher
	63	A. Adyanyam, CSE teacher	School #2	F		Teacher
Group discussion						
Happiness Center YDC	64	B.Bolorkhuu, student	10 th grade,school New Development	M		Student
	65	B.Anujin, student	10 th grade, School #5	F		Student
	66	I.Anungoo, student	10 th grade, Khan-Uul School	F		Student
	67	G.Misheel, student	10 th grade, Khan-Uul School	F		Student
	68	N.Ijiltsetseg, student	10 th grade, Khan-Uul School	F		Student
	69	Gantuya, teacher	Happiness Center	F		Teacher
	70	Saraa, MD and teacher	STI/CSE consultant, Happiness Center	F		Teacher

CPE: Interventions in Bayan-Ulgii province

Field work during July 23-25, 2020

	N	Name and title	Representing organization	MF	E-mail/ Tel.	CP6 Involvement Nat./Prov./Mun./Donor/NGO	
July 23rd, Thursday, Bayan-Ulgii Province							
GBV/DV interviewees	1.	K.Berjan, Head	Department of Social Policy	M		Provincial Government	
	2.	O.Khuralai, Head	CCCP, Legal Division, Aimag Government	F		Provincial Government	
	3.	B.Naranbaatar, Head	OSSC, Police Department	M		Provincial Government	
	4.	Benera, Psychologist	OSSC, Police Department	F		Provincial Government	
	5.	(xxxxx), Survivor of DV	Beneficiary of OSSC	F		Other	
	6.	Mr.Gylymkhan, Deputy Head	CCCP, Aimag Government	M		Provincial Government	
	July 24, Friday, Bayan-Ulgii Province, The multidisciplinary team members						
	7.	T.Omirjan, Social Worker	Bhag 8, MDT	F		Other	
	8.	D.Yolka, Social Worker	Bhag 1, MDT	F		Other	
	9.	N.Batima, Social Worker	Bhag 6, MDT	F		Other	
	10.	Kh.Saltanat, Social Worker	Bhag 6, MDT	F		Other	
	11.	J.Maigul, Social Worker	Bhag 3, MDT	F		Other	
	12.	B.Raushan, Social Worker	Bhag 13, MDT	F		Other	
	13.	Kh.Andariga, Social Worker	Bhag 11, MDT	F		Other	
	14.	M.Jainar, Social Worker	Bhag 10, MDT	F		Other	
	15.	Kh.Daulet, Governor	Bhag 10, MDT	M		Provincial Government	
	16.	S.Bagdat, Governor	Bhag 4, MDT	M		Provincial Government	
	17.	A.Otarbai, Governor	Bhag 2, MDT	M		Provincial Government	
	18.	D.Gethan, Physician	FHC of Bhag 4, MDT	F		Provincial Health Department	
	19.	Sh.Saken, Social Worker	MDT	M		Other	
	20.	B.Lida, Physician	FHC of Bhag 10, MDT	F		Provincial Health Department	
	21.	M.Bahitmen, Governor	Bhag 8, MDT	M		Provincial Government	
	22.	Kh.Kamerov, Governor	Bhag 5, MDT	M		Provincial Government	
	23.	K.Zos, Nurse	FHC of Bhag 6, MDT	F		Provincial Health Department	
	24.	T.Amangul, Nurse	FHC of Bhag 10, MDT	F		Provincial Health Department	
	25.	A.Birjan, Physician	FHC of Bhag 2, MDT	M		Provincial Health Department	
	26.	Kh.Amiya, Nurse	FHC of Bhag 4, MDT	F		Provincial Health Department	
	27.	K.Deputat, Detective	MDT, Police	M		Provincial Government	
	28.	M.Ainagul, Chair	MDT, FCYDC	F		Provincial Government	
29.	M.Sistemat, MD	MDT, Aimag Hospital	F		Provincial Medical Center		
July 23rd, Thursday, Bayan-Ulgii Province							
CSE/L	30.	K.Berjan, Head	Department of Social Policy,Aimag Governor	M		Provincial Government	

AYSRRH and Telemedicine informants	31.	A.Tulaiym, Social worker	TVET	F		Other	
	32.	B.Inabat, LSE teacher	TVET	F		Teacher	
	33.	B.Ergen, Senior Specialist	FCYCD Division	M		Provincial Government	
	34.	A.Garish, Staff	FCYCD, YDC	M		Provincial Government	
	35.	R.Janilgan, Staff	FCYCD, YDC	F		Provincial Government	
	36.	B.Nursultan, beneficiary	Student from Darin school, YDC	M		Student	
	37.	M.Suenish, beneficiary	YDC Visitor, NIC LLC tester	M		Other	
	38.	B.Khuralai, beneficiary	YDC Visitor, TVET staff	F		Other	
	39.	A.Khuralai, beneficiary	student from Darin school, YDC Visitor	F		Student	
	40.	S.Korkembek, MD	YDC	M		Other	
	41.	Z.Bazarbek, beneficiary	Manager of Nomin Insurance YDC Visitor	M		Other	
	42.	A.Mukhamed, student	YDC Visitor	M		Student	
	43.	D.Bagdaulet, student	YDC Visitor	M		Student	
	44.	Kh.Gulnur, student	YDC Visitor	F		Student	
	45.	B.Baiaglmaa, student	YDC Visitor	F		Student	
	46.	M.Ruljai, dormitory teacher	YDC	F		Teacher	
	47.	Kh.Aigul, beneficiary	Officer of Trade Agency, YDC	F		Other	
	July 24, Friday, Bayan-Ulgii Province						
		48.	K. Zainab, Teacher	Life Skills Education Hall & TVET	F		Teacher
		49.	Kh.Zaure, Director	Education Department	F		Provincial Government
		50.	S.Mukhtar, CSE Teacher	School # 5	M		Teacher
		51.	Kh.Bagilan, Health Teacher	School# 6	F		Teacher
		52.	A.Rizagul, beneficiary	YDC Visitor with disabilities	F		Other
		53.	M.Abdulla, student	Adolescent young man from the school Empathy	M		Student
		54.	G.Nurbolat, student	Adolescent young man from the school Empathy	M		Student
		55.	I.Khuam, student	Adolescent young man from the school Zayed	M		Student
		56.	T.Ibrakhim, student	Adolescent young man from the school Zayed	M		Student
	July 23rd, Thursday, Bayan-Ulgii province						
		57.	Mr. Imakhan, Chair	Head of Health Department	M		Provincial Health Department
		58.	Ms. Saule, Specialist	Health Department	F		Provincial Health Department
		59.	Mr. Serikjan, Director	Public Health Division	M		Provincial Health Department
		60.	T. Janbolat, Midwife	Telemedicine cabinet, Maternity ward	M		Provincial Medical Center
		61.	Manchuk, Deputy	Medical/Clinical Division of PHD	F		Provincial Medical Center
		62.	S. Oyundelger, OBG	PHD	F		Provincial Medical Center
		63.	N. Ohinoo, Veneorologist	RH/FP/STI cabinet, PHD	F		Provincial Medical Center
	July 24th, Friday, Bayan-Ulgii Province						
		64.	M. Valtinat, Midwife	AYH Clinic, FHC	F		Provincial Health Department
		65.	Kh. Seruangul, Neonatologist	AYH Clinic, FHC	F		Provincial Health Department
		66.	Ms. Laura, Gynecologist	AYH Clinic, FHC	F		Provincial Health Department
	Group discussion at Family Health Care Clinic						
		67.	M. Almagul, MD	Family Health Clinic (FHC)	F		Provincial Health Department
		68.	N. Almagul, MD	FHC	F		Provincial Health Department
		69.	Lida, MD	FHC	F		Provincial Health Department

70.	E. Akhmorov, MD	FHC	F		Provincial Health Department
71.	Ms. Lidiya, Director	Department of Health	F		Provincial Health Department
Group Discussion with Beneficiaries of Primary Health Care Services					
72.	T. Mamiirgul, beneficiary	FHC	F		Other
73.	S. Akhmiral, beneficiary	FHC	F		Other
74.	Kh. Kumisgul, beneficiary	FHC	F		Other

CPE: National level informants

Field work during July 27-31, 2020

	Name and title	Representing organization	M F	E- mail/Telephone	CP6 Involvement Nat./Prov./Mun./Donor/NGO	
GBV/DV interventions interviewees	1.	Ms. Ya.Buyanjangal, Director	Medical Services Department, MoH	F		National Government
	2.	Ms.B.Tsevelmaa, officer	Maternal and Child Health, Medical Services Dep., MoH	F		National Government
	3.	E.Bayarbayasgalan, Head	Domestic Violence Division, UNFPA CO	F		UNFPA
	4.	Ms.Nyamgerel, Head	CCCP, Ministry of Justice and Home Affairs	F		National Government
	5.	Ch.Amarbayasgalan, Officer	Coordinator for gender project, MJHA	F		National Government
	6.	Ch.Altangerel, Executive director	National Human Rights Commission	M		National Government
	7.	Amarbal, Chief	NSO	M		National Government
	8.	D.Enkhjargal, Coordinator	Monfemnet	F		NGO
	9.	D.Doljinsuren, Program manager	Monfemnet	F		NGO
	10.	Gerelmaa, General Director	Multilateral Cooperation Department, MoFA	F		National Government
	11.	Ariun, Counsellor	Multilateral Cooperation Department, MoFA	F		National Government
	12.	Bayarmaa, Director of Division	Family, Child, Youth and Elders, MLSP	F		National Government
	13.	Ms. Enkhbayar, Chief	NCGE secretariat	F		National Government
	14.	Ms. Battsetseg, Officer	NCGE secretariat	F		National Government
	15.	Ms.Arventaria, Director	NCAV	F		NGO
	16.	Ms. Baigalmaa, Officer	Adolescent, Youth SRHR and gender issues, MoH	F		National Government
	17.	Ms. Baigalmaa, Manager	Community Relations Department, OT	F		Donor
	18.	Ms. Sugar, Specialist	Community Relations Department, OT	F		Donor
	19.	Ms. Tserennadmid, Manager	Community Relations Department, OT	F		Donor
	20.	D. Enkhtuvshin, Head	Detention center of Court order implementing Agency	M		National Government
	21.	(xxxxx), survivor of DV and beneficiary	OSSC by FCYD Department, Khan-Uul district	F		Other
	22.	L.Delgermaa, Case manager, Social Worker	MDT and OSSC by FCYD Department, d.Khan-Uul	F		District Government
	23.	G.Enkhjargal, Senior Specialist	OSSC by FCYD Department, d.Khan-	F		District Government

		Uul			
	24. S.Bayarbileg, Social Worker	OSSC by FCYD Department d.Khan-Uul	F		Other
	25. O.Myagmarsuren, Head	OSSC by FCYD Department d.Khan-Uul	F		District Government
CSE/LSE and Youth Development	26. J.Chimgee, Senior advisor	Parliament Standing Committee	F		National Government
	27. Ya.Buyanjalgal, Director	MoH	F		National Government
	28. B.Tsevelmaa, Officer	MoH	F		National Government
	29. T.Nyam-Ochir, Director	Secondary Education Department, MECSS	M		National Government
	30. J.Myagmar, Director	Preschool Education Department, MECSS	F		National Government
	31. Ch.Altangerel, Director	Human Rights Commission	M		CSO
	32. Amarbal, Director	NSO	M		National Government
	33. Enkhjargal, Director	MONFEMNET	F		NGO
	34., Officer	MONFEMNET	F		NGO
	35. Gerelmaa, Director	Department of Multilateral Cooperation, MoFA	F		National Government
	36. A.Ariun, Counsellor	Department of Multilateral Cooperation, MoFA	F		National Government
	37. N.Bayarmaa, Director	Family, Children, Youth Development Department, MLSP	F		National Government
	38. B.Ariuntsetseg, Program Director	Center for Civil Education, NGO	F		NGO
	39. Sh. Galbadrakh, Program Manager	Mongolian Family Welfare Association	M		NGO
	40. L.Bolortungalag, Director	National Life Learning Education Center	F		National Government
	41. O.Delgermaa, Officer	National Life Learning Education Center	F		National Government
	42. Ch.Baigalmaa, Lecturer	Faculty of Special Needs Education, MSUE	F		National Government
	43. E.Munguntulga, Lecturer	Faculty of Biology, MSUE	F		National Government
	44. G.Darambazar, Principal	Lyseum at MNUMS	M		National Government
	45. O.Selenge, Director	FCYDA, MLSP	M		National Government
	46. N.Myagmarsukh	UNYAP	M		UN
47. B.Azjargal, Coordinator	YDC, Khan-Uul district	F		Other	
48. D.Sarantsetseg, Staff	YDC, Khan-Uul district	F		Other	
49. B.Byambatsetseg, Staff	YDC, Khan-Uul district	F		Other	
AYSRRH and Telemedicine	50. Munkhdelger, MD and Chair	Division for Medical Services, UBHD	F		District Government
	51. Oyunbileg, OBG and Manager Lab for Undergrad Midwives	School of Nursing, MNUMS	F		National Government
	52. Lkhagvasuren, MD and Manager	Stimulation Lab of Telemedicine, ICU, NCMCH	F		National Government
	53. Chinzorig, MD and Manager	Stimulation Lab of Telemedicine, Maternity Ward, NCMCH	M		National Government
	54. (name missing)	ANC/FP Cabinet, Khan-Uul district Hospital	?		District Government
	55. Ms. Baigalmaa, officer	AYSRRH, MoH	F		National Government

Key Informants: UNCT and International Dev. Partners, Donors

1	Tapan Mishra, Resident Coordinator	UNRCO	M		UNCT member
2	Elaine Conkievich, Representative	UNDP	F		UNCT
3	Kairo Ushikawa, Head of Office	UNFPA			UNCT
4	Vinod, Ahuja Representative,	FAO	M		UNCT
5	Speciose Hakizimana, Deputy Representative	UNICEF	F		UNCT (Jt prog partner)
6	Victor Lutenco, Programme officer	IOM	M		UNCT
7	Meyer-Bisch Benoît	SDC	M		Donor
8	Dugeree Zayasaikhan	SDC	F		Donor
9	Anika Bruck, Asia Desk Officer	Govt of Luxemborg	F		Donor
10	Delgermaa Vanya, Technical Officer	WHO	F		Joint programme partners
11	Altanzagas Badrakh, Tech Officer	WHO	F		
12	Sukhbaata, PUREVDAGVA,	WHO	F		
13	Anuzaya		F		

Informants: UNFPA CO

1	Kaori Ishikawa, Head of Office		F		UNFPA Staff (CP6 related)
2	Iliza Azyei, Assistant Representative		F		
3	Shinetugs B., Technical Advisor on RH		M		
4	Juyong Lee, SRHR Communications Officer		F		
5	Battuya Kh., Health and DATA Specialist		F		
6	Unuruu E, Project Assistant (Youth)		F		
7	Solongo J, National Programme Assistant.		F		
8	Oyun B. National Programme Officer on Gender		F		
9	Natasha Francesca Jimenez, Gender Based Violence Project Officer (UNV)		F		
10	Bilguun L, Project Assistant (GBV)		F		

(GBV and DV beneficiaries' and survivors' names are not indicated for privacy purpose)

ANNEX 3: STAKEHOLDER MAPPING BY INTERVENTION

Key intervention	Stakeholder	Selected stakeholder				Approach /Technique
		Policy level	UN/Development partners	IPs	Beneficiaries	
STAKEHOLDER MAPPING BY INTERVENTION – Adolescent and Youth SRHR						
ISP: 1. Client-centred, quality SRH services for women promoted	<ul style="list-style-type: none"> •MOH, UNFPA focal point, officer in charge of MCH •MOH, Director, DMS •RH coordinator, OBGYN hospital, NCMCH 	MOH, UNFPA focal point, officer in charge of MCH MOH, Director, DMS	UNFPA CO officer WHO CO TO	RH coordinator, OBGYN hospital, NCMCH GM for RDSP, OT	Beneficiaries (15-34 y/o clients)	F2F interview Focus group discussion (beneficiaries)
2. Client-centred adolescent and youth-friendly services for SRH has improved	<ul style="list-style-type: none"> •GM for RDSP, OT •Khanbogd soum Governor •Beneficiaries (15-34 y/o clients) •Medical professional working at SRH unit •UNFPA CO officer •WHO CO Tech Officer 		UNFPA CO officer	RH coordinator, OBGYN hospital, NCMCH Director of HD, Umnugobi Specialist, Institute for Teachers professional development	Beneficiaries (young boys and girls)	F2F interview Observation
3. All soums utilized health technology (mobile health) and improved monitoring of the population health		MOH, UNFPA focal point, officer in charge of MCH		RH coordinator, OBGYN hospital, NCMCH Director of HD, Umnugobi		F2F interview
4. Reproductive health commodity security (quality, supply, distribution system, follow-up) ensured				RH coordinator, OBGYN hospital, NCMCH Director of HD,		

				Umnugobi Head, Soum HC and FHC		
5. Increased budget allocation for women's, AYSRH services at aimag and national levels		Parliament MF MOLSP MOH Governor's office	WHO UNICEF UNFPA	Director of HD, Umnugobi Head, Soum HC and FHC		
Telemedicine 1. Consolidated the MnObstetrics eHealth platform into national eHealth systems 2. Mobile Health (mHealth) applications are used for project target groups, including health service providers	<ul style="list-style-type: none"> • Head of Health Policy Planning Department, MOH; • Head of Medical Care Department, MOH; • Ministry of Finance from Mongolia; • NCMCH • ICT/Telecommunication (Government Agency); • UNFPA CO staff • UB DOH • Aimag/district/ Maternal home • Luxembourg Ministry of Foreign and European Affairs. • Beneficiaries 	Head of Health Policy Planning Department, MOH; Head of Medical Care Department, MOH; Ministry of Finance from Mongolia;	UNFPA CO staff Luxembourg Ministry of Foreign and European Affairs.	NCMCH ICT/Telecommunication (Government Agency); Aimag/district/ Maternal home	Beneficiaries	F2F interview Observation Focus group discussion
3. Training programmes on emergency obstetrics skills, maternal foetal medicine, and youth SRH		Head of Medical Care Department, MOH;		Beneficiaries		
4. Enabling environment for midwifery reform agenda is established in Mongolia.		Head of Health Policy Planning Department, MOH; Head of Medical Care Department, MOH;	UNFPA CO staff	NCMCH UB DOH Aimag/district/ Maternal home		
YDC: 1. BCC activities to improve young people's knowledge and attitude on STIs/HIV/AIDS/FP				IPs: provincial service providers FCYDA/Y-peers		
2. Adolescent and youth friendly SRH services are		MoH		IPs: provincial service providers	Beneficiaries	

accessible and available.				FCYDA/Y-peers MFWA		
3. Doctors of Adolescent Cabinets followed adolescent and youth-friendly service guidelines/procedures		MoH		IPs:provincial service providers	Beneficiaries	F2F interview Check list
4. Y-peer network sustained	<ul style="list-style-type: none"> • MOH • FCYDA • MFWA • Y-peers • UNFPA CO • IPs: provincial service providers 	MoH		FCYDA MFWA Y-peers IPs:provincial service providers		F2F interview Focus group discussion

STAKEHOLDER MAPPING BY INTERCENTION- Comprehensive sexuality education and Youth participation

LSE/CSE program implementation for all educational institutions	UN agencies MECSS MOH	MECSS Education Policy Department	UNICEF education program specialist	MOH	Adolescent and youth	
Supporting interventions such as effective model for CSE at aimag and soum levels	MECSS CSE curriculum developers National trainers School teachers	MECSS Education Policy Department		MOH???	Adolescent and youth of Umnugobi	
Teacher training curriculum, and training itself	MECSS CSE curriculum developers National trainers	MECSS Education Policy Department		CSE curriculum developers National trainers	Teachers	
YDCs providing LSE and Government funding	Aimag Governor's office YDC officers	Aimag and soum Governors				
Legal environment for supporting youth development	Standing Committee MLSP UNYAP	MLSP State Secretary MLSP, Youth development department	UNYAP		Young people of Mongolia	
Effective model for teaching LSE/CSE through YDCs	CSE curriculum implementers	MLSP, Youth development department		YDCs	YDC visitors	

Resource mobilization for reaching marginalized youth	Government of Mongolia Local government offices	MLSP Financial department		Aimag and soums Governor's offices	Marginalized young people	
National platforms for youth participations	Youth organizations	MLSP	Maybe UNICEF or ILO	Youth organizations		
Ensuring voices of youth in policies and decision making	Youth delegates	Parliament GOM MLSP	UNYAP	Youth NGOs	Young people	

STAKEHOLDER MAPPING BY INTERVENTION- Gender equality with special focus on GBV/DV

Key intervention	Stakeholder	Policy level	UN/Development partners	IPs	Beneficiaries	Approach/Technique
Amendments of LCDV and relevant laws Prevention of Crime, Criminal Code, Misconducts Code, and Family Law were approved. (DV is criminalized) A total of 31 SOPs to LCDV were developed, revised and approved.	MOJIA MOJIA/CCCP MLSP GenderPO NCGE NCAV	MOJIA MOJIA/CCCP MLSP NCGE	GenderPO	NCAV		Interview
Strengthened the capacity of multi-sectoral response through establishment of the national-level Coordination Council on Crime Prevention (CCCP) headed by the Ministry of Justice and Home Affairs, as well as 30 sub-national to GBV/DV, in addition, total of 603 MDTs were established	MOJIA/CCCP DV sub council MLSP/MOHS NCGE NCAV	MOJIA/CCCP MLSP/MOHS NCGE	GenderPO	NCAV	OSSC/MDT	interview
National level GBV study and two GBV Costing Studies were conducted and published in 2018 and 2020; supported amendment of Law on statistics;	NSO NPA GenderPO	NSO	GenderPO			interview
The eGBV integrated Database system was developed and introduced at the NPA; collects data on GBV/DV cases from police	MOJIA NPA Aimag and district level OSSCs	MOJIA MLSP NPA	GenderPO	NCAV	OSSCs province and district level CSO shelter	Interview

stations in all 21 provinces and 9 districts of Mongolia, as well as from (OSSCs) and shelters for survivors of GBV.	GenderPO CSO shelter					
Enhancing OSSCenters in 7 provinces and 2 districts and institutionalized and providing services according to standards;	MOJIA/MLSP Aimag governor/ CCCP/DV sub-councils GenderPO Local and district level MDT members	MOJIA/ MLSP Aimag governorCC CP/DV /sub-councils OSSCs	GenderPO	NCAV Local and district level MDT members	Survivors of GBV/DV who received OSSC service/MDT response	Interview
GBV education was institutionalized into the pre-service curricula of law enforcement, medical, social work and journalism schools.	MOES; MOJIA, MLSP NCGE Universities/ law enforcement, medical, social work and journalism schools	MOES; MOJIA, MLSP NCGE		Press Institute Health Science University, Social work schools, Police Academy	Teachers/St udents	interview
Outreach campaigning and support initiatives to mobilize community movements to combat GBV/DV at the local level (<i>16 days campaign, white ribbon campaign, break the chain,</i>)	MLSP NCGE NPA GenderPO CSOs	MLSP NCGE NPA	GenderPO	Beautiful hearts; NCAV		Focus group discussion
The GBV-SC has also prepared response plans and relevant guidelines for GBV prevention and response in sudden onset (earthquakes) and slow onset (dzud) emergencies, as well as in the COVID-19 pandemic.	MLSP NEMA GenderPO NCAV OSSC	MLSP NEMA	GenderPO	NEMA NCAV OSSC		interview
Youth program/ Data collected and analysis carried out on youth behavior towards GBV/behavior change	Aimag Youth Development Center Aimag school authorities	Aimag Youth Developme nt Center	GenderPO		MYC; Developmen t Solution; National Youth NGO	interview

actions among youth responding to GBV/DV; Mass advocacy events	GenderPO CSOs				Coalition; Mongol media group	
Introduced a pilot " Safe school " initiative through training school staff, parents and students on creating safe environment free from violence	Umnugovi school authority GenderPO Monfemnet	Provincial governor	GenderPO	Monfemnet	School authorities; Pupils, teachers, parents,	Focus group discussion

Abbreviations:

GM General Manager
 HD Health Department
 DMS Department of Medical Services
 RDSP Regional Development Social Performance
 MCH Maternal and Child Health

Annex: 4 List of Documents Consulted

S. No.	Title
1	Mongolian Government Sustainable Development Vision (SDV) 2030
2	UNDAF (2017-2021)
3	Mongolian vision -2050 Long-term development policy , Government of Mongolia 2020
4	Country Programme Document (2017-2021)
5	CP operational plan (2017-2021)
6	UNDAF Annual Results Reports
7	UNDAF Joint AWP
8	United Nations' Development Assistance Framework 2017-2021. Issued as of 07 July 2016.
9	Mongolia CO Annual Report and presentations 2017, 2018, and 2019
10	Mongolia CO SIS Annual Report 2017, 2018, and 2019
	Project Documents (EXIT, ISP, GBV, UNJP, and Innovation fund)
11	Telemedicine EXIT project (Project proposals, Results Framework, Donor progress reports, Final Evaluation report) Final Evaluation Report "Innovation in Maternal Health Services, Mongolia: From Pilot to Institutionalization" (Telemedicine project Exit Phase, 2017-2019), 2019
12	Telemedicine EXIT Phase project document- 2017-2019. Project document on Innovation in Maternal Health Services, Mongolia. From pilot to institutionalization. EXIT phase of the telemedicine project.
13	Telemedicine Progress Report 2017. Project name: Innovation in Maternal and Newborn Health Services, Mongolia. Telemedicine project EXIT Phase 2017-2019. March, 2019.
14	Telemedicine Progress Report 2018: Innovation in Maternal and Newborn Health Services, Mongolia. Telemedicine project EXIT Phase 2017-2019. February 28, 2019.
15	Telemedicine Project End Report 2019. Innovation in Maternal and Newborn Health Services, Mongolia. Telemedicine project EXIT Phase 2017-2019. Final Report. March 27, 2020.
16	Telemedicine Exit Project Evaluation Report 2019. Evaluated by Mzia Turashvili, M.D. MscPH and Davaadorj Uranchimeg. 09 July, 2019.
17	Youth for Development project (Oyu 02) (Project proposals, Results Framework, Donor progress reports)
18	Proposal on Collaborative Project with Oyu Tolgoi. Accentuating the Positive: Youth for Development. 20 March, 2015.
19	Accentuating the positive: Youth for Development in Khanbogd. Phase two: 2018-2021. UNFPA
20	Youth Collaborative Project with Oyu Tolgoi LLC. Phase II- 2018-2020. Co-financing Agreement between UNFPA and Oyu Tolgoi LLC.
21	Youth Development Project: Annual report. UNFPA Youth Development Programme. Narrative Progress Report. Reporting Period: January 1, 2013-December 31, 2017.
22	Youth Development Project: Amendment to the Agreement between the Government of Switzerland and UNFPA.
23	Youth for Development Project. Narrative Progress Report by UNFPA. Reporting Period: 01 Jan- 31 Dec., 2017.
24	Integrated support programme for Umnugobi (Project proposals, Results Framework, Donor progress reports)
25	Integrated support programme for Women and Young People's Health in Umnugobi: 2018-2021.
26	GBV (Project proposals, Results Framework, Donor progress reports, Mid-term Review Final

	report)
27	GBV Project Document 2016-2020. Project document on combating gender-based violence in Mongolia (2017-2021)
28	GBV Project 2017. Annual Report. UNFPA Combating GBV Project. Narrative Progress Report, covering period 01 Jan.- 31 Dec., 2017.
29	GBV Project 2018. Annual Report. UNFPA Combating GBV Project. Narrative Progress Report, covering period 01 Jan.- 31 Dec., 2018. Issued in 21 May 2019.
30	CGBV Project Mid-term Review. 30 Dec. 2018.
31	Innovation Project (Project proposals, Results Framework, Implementation report)
32	Joint SDG Fund: Joint Programme Document, Mongolia
33	UN Joint Programme (SDG) (Project proposals, Results Framework, Donor progress reports)
34	CP baseline data
35	CP periodic monitoring data
	Studies/research
36	FP related "Situation analysis of family planning in Mongolia" UNFPA 2016 "Survey on availability of modern contraceptives and essential life-saving maternal/reproductive health medicines in service delivery points in Mongolia" UNFPA 2015
37	National Study on Gender Based Violence in Mongolia "Breaking the Silence for Equality" 2018
38	MICS 2018
39	Health indicator 2018 CHD MOH
40	National Health Account 2015 CHD MOH
41	Social Indicator Sample Survey – 2017. Annual Report. 2017 Annual Report, Mongolia. Programme Cycle Outputs. 02 February 2018.
42	Social Indicator Sample Survey – 2018. Annual Report. 2018 Annual Report, Mongolia. Programme Cycle Outputs. 01 March 2019.
43	Social Indicator Sample Survey – 2019. Annual Report. 2019 Annual Report, Mongolia. Programme Cycle Outputs. 20 January 2020.
	Other Documents
44	SOP (Police); SOPs for LCDV; SOPs for OSSCs
45	NCGE Action Plan
46	National program on "Mothers and child, reproductive health 2017-2021", MOH
47	MCH national programme
48	AYF national guideline
49	UPR report
50	HR annual report and relevant researches
51	WPs (2017, 2018 and 2019)
52	Inception Report for the Partnership with Press Institute of Mongolia
53	December 2017 Assessment of Social Worker Training Program
54	MLSP AWP Progress Report 2017; 2018 and 2019
55	MOH AWP Progress Report for 2017 and 2019
56	NPA AWP Progress Report 2016;2017;2018
57	The Journey to the Approval of the Revised law on Combating domestic violence report 2018 (success story)
58	Evaluation Handbook. How to Design and Conduct a Country Programme Evaluation at UNFPA,

	2019. Published by the Independent UNFPA Evaluation Office.
59	Success stories
60	Budget and Expenditure Analysis 2017, 2018, 2019
61	Maps
62	Mongolia Population and Development Policy 2017
63	Mongolia Health Policy 2017
64	“Achieving the Millennium Development Goals” Fifth national progress report, 2013
65	Gender Equality Strategy UNFPA 2018-2021
66	Final report Preventing domestic and gender based violence and improving accessibility of services to victims within sub-districts 1, 2, 3, 22 and 26 of the Songinokhairkhan district, Ulaanbaatar Mongolian Gender Equality Center 2018
67	Inception report Press Institute Mongolia 2018
68	Final report School based men care project 2018
69	Final narrative report Break the chain national campaign 2018
70	Report Measuring violence against women in Mongolia: From data to action
71	Report New OSSC sites updates 2018
72	CEDAW Report MONFEMNET 2015
73	Baseline Survey Report “Life expectancy gap between men and women in Mongolia and influencing factors” NCGE and NSO2020
74	Law on Combating Domestic Violence 2016
75	Human Development Index NSO 2018
76	Mid-term Review Report, Fifth Country Programme 2012-2016, UNFPA CO.
77	2018 Highlights and 2019 Strategic Directions. Annual Review Meeting of UNFPA CO, Mongolia. 12 Dec. 2018.
78	2019 Results and 2019 Directions. CPD6: Annual Review Meeting of UNFPA CO, Mongolia. 03 Dec. 2019.
79	Mongolia Commitment, 2019. ICPD25
80	Supplementary Information on Justification for Non-cost Extension of Youth Development Project.
81	Content Development Report. Powered by UNFPA: Virtual FP Coach for Nomadic Gen Z in Mongolia.
82	Design Sprint Report. Ensuring Rights and Choices 2019. UNFPA Innovation Pipeline. UNFPA Innovation.
83	Design Sprint Transition Phase. 2020 Support. UNFPA Mongolia Country Office.
84	Media reports
85	Documents on relevant laws, ministerial orders and SOPs

Annex 5: Evaluation Matrix

Evaluation Matrix for AYSRH, CSE/Youth Participation and GE & GBV

Relevance (Some assumptions under this criteria are common to AYSRH, CSE/Youth Participation and GE & GBV-hence may not be repeated)

AYSRH (outcome 2 and output 1)

Relevance:

EQ 1. To what extent is the UNFPA support

i) adapted to the needs of the population with emphasis to the most vulnerable population

(ii) in line with the priorities set by ICPD Programme of Action and national policy frameworks related to UNFPA mandate areas,

(iii) aligned with the UNFPA Strategic Plan in particular Strategic Plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and

(iv) aligned with the UN Partnership Framework?

EQ2: To what extent the design and implementation of the country programme was human rights and gender responsive?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<ul style="list-style-type: none"> The needs of most vulnerable population¹ are identified when planning CP6. These needs of the marginalized groups² were taken into account in both the design and implementation of CP6 UNFPA support is aligned with the UNFPA SP and SDG core principles (LNB and reaching the furthest behind) 	<p>Presence of a Needs Assessment/ or study/analysis for design of CP6 (Indicator to show that the needs of the population assessed as part of the design process of CP6, including the identification of vulnerable groups and their SRHR, Youth and other needs)</p> <p>Documentation of Consultation Process when developing CP6 and annual plans (</p>	<p>Secondary Data</p> <ul style="list-style-type: none"> Situation analysis /vulnerability assessment/MTR/CCA conducted as part of the design of the programme Concept note /an original project document/ MOU CP6 Annual Reports (for disaggregated reporting of results) Evaluation reports Proceedings of the consultation process of CPD and Action Plans 	<ul style="list-style-type: none"> Document Review Face to face Interviews Group discussion (with vulnerable group representatives)

¹ Vulnerable groups include: the poor, women, children, unemployed youth, elderly, herders, landless or land poor, migrant workers, ethnic minorities, people living with HIV, victims of GBV, LG BTI and people with disabilities (UNDAF 2017-2021);

² marginalized groups: youth with disabilities, unemployed youth, and young mothers (UNDAF 2017-2021)

<p>first), transformative goals, and business model</p> <ul style="list-style-type: none"> • UNFPA CP6 is aligned with key priorities set by ICPD Programme of Action (gender responsiveness) • UNFPA support is aligned with the UN Partnership Framework • UNFPA support and its specific projects: are aligned with National programs³/ health, education and justice sector priorities including legal framework • CP6 Design and Implementation have taken human rights approach • CP6 Design and Implementation are gender responsive 	<p>(this is an indicator that consultation process took place in developing CP6, priorities and workplans; documentation or evidence of identified vulnerable groups were participated in the developing process)</p> <p>Follow up actions of the Nairobi Summit (2019) by Mongolian Government;</p> <p>Gender analysis (indicator to show that gender analysis has been conducted and results included in the design of CP6; documentation of how GEEW and GR integrated in the implementation)</p> <p>Presence of UNFPA CP6 priorities or strategies in the United Nations Partnership Framework</p> <p>Presence of UNFPA CP6 priorities or strategies in the national programmes/in sectoral priorities or other way around (As above) needs assessments covering targeted groups, consultation reports, specific mention in alignment to rights of people, Budgeting documents. Programme design documents, and implementation plans.</p>	<ul style="list-style-type: none"> - MSDV-2030, MSDV progress report; SDG-2030 - UNDAF 2017-2021 - Mongolian Development Vision-2050. - ICPD AP - Human Rights Reports <p>Primary Data (interview data)</p> <ul style="list-style-type: none"> • MOFA • Parliament SCSPECS • MOH • MOJHA • MECSS • UNFPA • NCMCH • Director of the provincial sectoral departments (health, education and justice) • Beneficiaries 	
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³ UNFPA/TOC: State Policy on Health, National Maternal, Child and RH Programme, National health facility standards, clinical guidelines, SOPs and Maternal and Child Health Law; In addition: State Policy on Youth, National program on child development and protection, State policy on population development and National Adolescent Youth Friendly Health Services Sub-Programme ? (sub-section of the National Maternal, Child and RH Programme)

<p>3. MCH Telemedicine services integrated into the national health system.</p>	<p>from YDCs to Adolescent Cabinets</p> <ul style="list-style-type: none"> • The number of trained health care providers for AYFSRH services • Reduced adolescent birth rate and increase to 80% met need for contraceptive among 15-24 year olds <p>Baseline: 25.9 per 100,000 live births Target: 15 per 100,000 live births</p> <ul style="list-style-type: none"> • Modern contraceptive prevalence rate (monitored with disaggregation by age, marital status) Baseline: 45.1 in 2013, Target: 60 in 2021; • Number of health facilities participating in the MCH telemedicine • Number of service providers and clients used Health (mHealth) applications Number of real time counseling by experts • MMR /NMR 	<p>Primary</p> <ul style="list-style-type: none"> - MOH - UNFPA - NCMCH: AYFC doctors/nurses - MNUMS/Midwifery school - Beneficiaries - Selected provincial and district health departments 	
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EQ 4. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA CP?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
CP6 has sufficient resources to implement activities	<ul style="list-style-type: none"> • Budget allocated and spent (by each year) by core and non-core resources 	<ul style="list-style-type: none"> • Budget and Expenditure Analysis 	Desk work Interviews with KIIs and IPs
CP6 is adequately staffed with appropriate skills to implement activities	<ul style="list-style-type: none"> • Program operated with optimal staffing • Vacancies filled in a prompt manner • Programme is fully delivered (SIS annual results are fully achieved) 	<ul style="list-style-type: none"> • Quarterly status reports • SIS Annual reports 	Desk Work Interviews with CO , Clusters, Implementing partners
CP6 has used appropriate combination	<ul style="list-style-type: none"> • Annual plans, detailed quarterly 	<ul style="list-style-type: none"> • Results Framework 	Desk Work

of tools to achieve outcomes in a timely manner	budget breakdowns / calendar has been observed	<ul style="list-style-type: none"> Progress of CP Indicators towards Targets (M&E and RM frameworks) Annual plan/Quarterly plans 	Interviews with CO , Clusters, Implementing partners
CP6 demonstrated accountability to achieve its outcome	<ul style="list-style-type: none"> Periodic reporting to Government of Mongolia, Partners, Donors Observed Periodic reporting to Steering Committees of specific/major projects observed 	<ul style="list-style-type: none"> Partner communication, reports of coordination/reporting meetings, Steering committee meetings 	Desk Work Interviews with CO, Clusters, Implementing partners

Sustainability

EQ 5. To what extent have the partnerships established with ministries, agencies and other representatives of the partner government and CSOs allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

EQ6. To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to ensure ownership and the durability of effects??

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
Partnerships established with ministries, agencies and other representatives of the partner government and CSOs UNFPA had been supportive to implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to ensure	<ul style="list-style-type: none"> Presence of Resource Mobilization and Partnership plans Project proposals and co-financing agreement Joint/work plans MOU /Handing over protocols Facing out plan OR Exit strategies Funding mechanism <ul style="list-style-type: none"> Number of capacity building trainings Number of curriculum Evidence of institutionalization of the capacity building 	Secondary data: <ul style="list-style-type: none"> UNFPA Donor coordination/ DARTS/mechanisms Copies of MoUs; financing agreements MOH annual reports; National Health Accounts (2015); UNFPA midterm review (2014); Evaluation reports: Youth development project 2013-2017 the report on end evaluation; UNDAF Results Report 2017-2018; Report on comprehensive project in Umnugobi province; 	Document review Face to face Interview

ownership and the durability of effects		Primary data: Parliament SCSPECS, MOFA, MOH, UNFPA, IPs And Beneficiaries	
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CSE & Youth Participation

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.

[CP6 Output 2: Improved policy environment for design and implementation of the LSE/CSE programmes based on human rights and gender equality,,](#)

[CP6 Output 3: National platforms for youth participation are strengthened and expanded to ensure the voice of adolescents and youth, especially girls, in national laws, policies and programmes.](#)

Relevance criteria assumptions can be common to all three (AYSRH, CSE and GE & GBV), unless there are specific assumptions

Relevance:

EQ 1. To what extent

- (i) has UNFPA support adapted to the needs of the population with emphasis to the most vulnerable population
- (ii) Is UNFPA support in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandate areas,
- (iii) Is UNFPA support aligned with the UNFPA strategic plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and
- (iv) Is UNFPA support aligned with the UN Partnership Framework?

EQ2: 2: To what extent the design and implementation of the country programme was human rights and gender responsive?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<p>“CP6 is considered on the implementation of activities towards the needs of the most vulnerable and marginalized groups”</p> <p>The needs of most vulnerable population (who are the most vulnerable) are identified and taken into account in the design and implementation of CP6</p>	<p>Presence of a Needs Assessment/ or study/analysis for design of CP6 (Indicator to show that the needs of the population assessed as part of the design process of CP6, including the identification of vulnerable groups and their SRHR, Youth and other needs)</p> <p>Documentation of Consultation Process when developing CP6 and annual plans (this is an indicator that consultation process took</p>	<p>Secondary Data</p> <ul style="list-style-type: none"> ○ Situation analysis / vulnerability assessment conducted as part of the design of the programme ○ CP6 Annual Reports (for disaggregated reporting of results) ○ Proceedings of the consultation process of CPD and Action Plans <p>Primary Data (interview data)</p> <ul style="list-style-type: none"> ○ MLSP ○ MECS 	<p>-Documentary Review and analysis</p> <p>-face to face Interviews (with sources mentioned) and content analysis</p> <p>Online survey and analysis</p> <p>-Focus group discussions and content analysis</p> <p>Secondary data (if appropriate) analysis –</p>

<p>UNFPA support is aligned with the UNFPA strategic plan, in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model</p> <p>UNFPA support is aligned with the UN Partnership Framework</p>	<p>place in developing CP6, priorities and workplans)</p> <p>Gender analysis (indicator to show that gender analysis has been conducted and results included in the design of CP6)</p>	<ul style="list-style-type: none"> ○ Government implementing partners ○ Non-Governmental implementing partners ○ Development partners (donors) ○ UNFPA Country office staff ○ Programme beneficiaries <p>(Add any relevant ones to the list under Primary and Secondary Data sources)</p>	<p>descriptive analysis (mention any other you think are appropriate)</p>
<p>UNFPA has facilitated participation of civil society and youth organizations to consult the Government's commitments for the Nairobi summit.</p>	<p>Presence of CSE and LSE issues, as proposed by civil society in the Nairobi commitments</p> <p>Budget allocated to support the Government to achieve the commitment</p>	<p>Primary data UNFPA CO, MLSP, MECSS, Parliament SCSPECS</p> <p>Secondary data Participants of Nairobi Summit</p>	<p>Document review Face to face interview</p>

Effectiveness CSE, Youth Participation (For Effectiveness, each consultant will have custom made statements to suit the specific programme-AYSRH, CSE, DE and GBV)

EQ 3. To what extent:

i) have the intended programme outputs been achieved?

ii) did the outputs contribute to the achievement of the planned outcomes and what was the degree of achievement of the outcomes? and

iii) what were the factors that facilitated or hindered the achievement of intended results?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<p>Policy environment for the design and implementation of life-skills education and comprehensive sexuality education (CSE) programmes is improved.</p> <p>Life-skills based health education and comprehensive sexuality education (CSE) programmes are</p>	<p>Approved curriculum or modules and allocated hours for life skills-based health education, including CSE for:</p> <ul style="list-style-type: none"> • secondary schools, • tertiary institutions, • vocational schools, and • life-long education centers. 	<p>2.1 Primary data</p> <ul style="list-style-type: none"> • Ministry of Education, Culture, Science and Sports (MECSS) • National core group experts on CSE; <p>2.2 Secondary data</p> <ul style="list-style-type: none"> • Approved health education curriculum, newly developed textbooks, methodological guides 	<ul style="list-style-type: none"> • Document review (all available curricular documents, namely the syllabuses, Teacher's Guides and student

<p>based on human rights and gender equality.</p>	<p>-Presence of key evidences on human rights and gender issues are reflected in health education curriculum/guide/ textbooks' content -Institutionalization of health education; -Presence of model province initiative on Health Education;</p>	<ul style="list-style-type: none"> • Life-long learning centers' reports • ToT and teacher training reports 	<p>textbooks for primary and lower and upper secondary schools)</p> <ul style="list-style-type: none"> • Focus group discussion •
<p>Political commitment/support towards youth development issues increased significantly</p> <p>New Law on youth development has introduced to the country</p> <p>Youth participation in public policies and decision making is provided at the national, sub-national levels</p> <p>The effective model for teaching LSE and CSE through YDCs is demonstrated in Umnugobi province</p>	<ul style="list-style-type: none"> • Presence of newly developed legal frameworks • Presence of SOP/Ministerial orders that governs operationalization of YDC at the province and soum levels • Presence of interventions/strategies in YDCs which provide LSE/CSE fully funded by the Government to ensure <ul style="list-style-type: none"> ○ Sustainability ○ Sufficient allocation of human resources ○ Sufficient stock of Resource materials • Presence of and effective functioning of National Council on Youth Development or various participation mechanisms • Presence of SOPs/Training program and materials • Working schedule/types and resource person duties 	<ul style="list-style-type: none"> • Ministry of Labour and Social Protection (Family, Children, and Youth Development Agency) • Working personalities, budget, service schedule • Related organizations in Umnugobi province, including province and soum Governors' offices • Marginalized youth • YDC work plans and reports 	<ul style="list-style-type: none"> • Document review (law, National program, Action plans) • Focus group discussion • Stakeholders interviews, and • Observations

Efficiency (common to all three areas)

EQ 4. Has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA CP?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
CP6 has sufficient resources to implement activities	Budget allocated;	Budget and Expenditure Analysis	Document review Interviews with KIIs and IPs;
CP6 is adequately staffed with appropriate skills to implement activities	<ul style="list-style-type: none"> - Program operated with optimal staffing; • Vacancies filled in a prompt manner; 	Quarterly status reports SIS Annual reports;	Document review Interviews with CO, Clusters, Implementing partners;
CP6 has used appropriate combination of tools to achieve outcomes in a timely manner	<ul style="list-style-type: none"> - Annual project calendar has been observed; 	Results Framework Progress of CP Indicators towards Targets (M&E and RM frameworks);	Document review Interviews with CO, Clusters, Implementing partners;
CP6 demonstrated accountability to achieve its outcome	Periodic reporting to Partners, Donors Observed; Routine monitoring	Partner communication, reports of coordination meetings;	Document review Interviews with CO, Clusters, Implementing partners;

Sustainability

EQ 5. To what extent have the partnerships established with ministries, agencies and other representatives of the partner government and CSOs allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

EQ6. To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to ensure ownership and the durability of effects??

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
Sexuality education curriculum is comprehensive and is in line with requirements/minimum standards of international technical guidance and meets needs of population LSBHE is developed and	Level of comprehensive sexuality education coverage in the life skills-based health education curriculum and teaching guidelines for secondary schools, TVETs, LLECs and YDCs <ul style="list-style-type: none"> • Presence of Teachers' capacity to teach LSE 	<i>Documents (eg Health education textbooks for students, teachers' guide curriculum...reports. etc);</i> <i>2.1 Secondary data</i> <ul style="list-style-type: none"> • Youth Development Program of CP5 • International Technical Guidance on sexuality education -An evidence- 	Document review Face to face interview Observation

institutionalized in secondary education schools, TTIs, LLE centers, TVETs and YDCs in targeted areas.	<ul style="list-style-type: none"> Teaching resource materials for LSE/CSE; Presence of Instructional Plans	informed approach	
Sustained government commitments and financial supports to provide youth development, youth participation and implementation of youth development programs and activities.	<ul style="list-style-type: none"> -Presence of tools/mechanisms to measure financial contribution of the Government on youth development -Presence of annual calculation budget spent for youth development sectors -Youth perception on youth development programmes (will apply only if FGDs or informal group discussions can be arranged in the field) 	MLSP, Financial department Government Action Plan Local Development Fund under Governors' duties YDCs actions and financial plans	<ul style="list-style-type: none"> Document review (Action plans, Approved budget) Focus group discussion Stakeholders interviews
Gender Equality and Gender Based Violence			
CP Outcome (3), Output 4 & 5			
Relevance:			
EQ1			
i) How has UNFPA support adapted to the needs of the population with emphasis to the most vulnerable population			
ii) Is UNFPA support in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandate areas,			
iii) Is UNFPA support aligned with the UNFPA strategic plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and			
iv) Is UNFPA support aligned with the UN Partnership Framework?			
EQ2: How the design and implementation of the country programme align with human rights and gender responsive?			
Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
The needs of most vulnerable population (who are the most vulnerable) are identified when planning CP6.	Presence of a Needs Assessment or an equivalent study for design of CP6 Documentation of Consultation Process when developing Workplans or CP6 Gender analysis	Secondary Data <ul style="list-style-type: none"> Situation analysis / vulnerability assessment conducted as part of the design of the programme CP6 CPD 	-Documentary Review and analysis -face to face Interviews (with sources mentioned) and content analysis

<p>These marginalized groups and the needs identified were taken into account in the design and implementation of CP6</p> <p>UNFPA support is aligned with the UNFPA strategic plan, in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model;</p> <p>UNFPA support is aligned with the UN Partnership Framework;</p>	<p>(indicator to show that gender analysis has been conducted and results included in the design of CP6)</p> <p>Presence of UNFPA CP6 priorities or strategies in the United Nations Partnership Framework</p> <p>Presence of UNFPA CP6 priorities or strategies in the national programmes/in sectoral priorities or other way around</p>	<ul style="list-style-type: none"> ○ CP6 Annual Reports (for disaggregated reporting of results) ○ Proceedings of the consultation process of CPD and Action Plans <p>Primary Data (interview data)</p> <ul style="list-style-type: none"> ○ Ministry of Population and Social Protection, (whatever the related ones) ○ Government implementing partners ○ Non-Governmental implementing partners (CSOs) ○ Development partners (donors) ○ UNFPA Country office staff ○ Programme beneficiaries 	<p>Online survey and analysis</p> <p>-Focus group discussions and content analysis</p> <p>Secondary data (if appropriate) analysis – descriptive analysis)</p>
<p>Effectiveness: GE & GBV (For Effectiveness, each consultant will have custom made statements to suit the specific programme)</p>			
<p>EQ3- To what extent have i) the intended programme outputs been achieved, ii) did the outputs contribute to the achievement of the planned outcomes and what was the degree of achievement of the outcomes, and ii) what were the factors that facilitated or hindered the achievement of intended results?</p>			
Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<p>Evidence on GBV/DV is generated and sustained for improved policy</p>	<p>-Official comprehensive survey conducted and database on GBV are in place with legal framework;</p> <p>Nationwide survey on GBV/DV prevalence, root causes and contributing factors is conducted and disseminated</p>	<p>GBV report;</p> <p>NSO report;</p> <p>Integrated database on GBV; Amendment of the Law on Statistics (Parliament law book)</p> <p>Survey data, report; Dissemination plan;</p> <p>NSO, UNFPA, MOJHA, CSO</p>	<p>Document review</p> <p>Interviews with KIIs and IPs; CO</p>
<p>CP6 supported improvement of the national comprehensive legislation system multisectoral response to DV;</p>	<p>-Amendments to LCDV and related laws are approved and implementation plan (including SOP) created;</p> <p>-Percentage of GBV/DV cases reported is</p>	<p>Parliament law book;</p> <p>National plan on implementation for LCDV and SOPs;</p> <p>Police statistics and National Survey;</p>	<p>Document review</p> <p>Interviews with KIIs and IPs; CO</p>

	increased -Number of training/workshop on LCDV	MOH, MOJHA, NSO, General Police Authority, UNFPA	
Proportion of actions taken on all of the UPR and CEDAW Committee accepted recommendations on reproductive rights and VAWG from the previous reporting cycle	-Action plan for implementing of UPR/CEDAW recommendation is developed; -Working group is established/developed action plan	-UPR/CEDAW recommendation; -working group work plan/report -NCGE report -NHRC report	Document review Interviews with KIIs and IPs; CO
UNFPA supported development of tools using the evidence generated by the nationwide service database	-Reliable and updated database on GBV/DV is in place - Two GBV cost studies were conducted and disseminated; - eGBV data system in place	-MOJ decision; -General Police Authority and relevant line Ministries report; -eGBV data analysis and report and manual; -Publication of the GBV cost studies;	Document review Interviews with KIIs and IPs; CO
Multi-sectoral coordination and response to VAW, GBV/DV cases are a) Enhanced and b) Strengthened.	-Percentage of GBV cases reported is increased; -Number of published services providing handbook/manual; - Number of cases handled by MDTs; -Number of decisions taken at the national level to institutionalize survivor protection and rehabilitation service (MDT)	-MOH/MOJ decision/reports; -MDT/OSSC Case supervision note; -Beneficiaries satisfaction form; - NCGE report; - MDT annual work plan; - Recommendation from annual MDT forum	Document review Interviews with KIIs and IPs
	-Number of laws and policies approved; -Number of trainings and workshop strengthening relevant stakeholders responding to GBV/DV; -Percentage of cases handled by the MDT is increased; -Number of GBV/DV cases successfully handled; -Percentage of repeated cases reduced	-Parliament published law book release of the adopted new laws and policies; -Parliament resolution on adoption of laws; -Job descriptions for MDT members, work plan; -Report from Council on Crime Prevention; DV sub-councils report;	Document review Interviews with KIIs and IPs

<p>CP6 demonstrated establishing national protection mechanism system to protect victims of GBV;</p>	<ul style="list-style-type: none"> -Number of OSSCs initialized and providing services according to the standard; - Number of published and introduced service providing standard; -Local budget allocation approval by the local government; -Funding for GBV prevention and response is increased; -10 new OSSCs (7 provinces and 3 districts) were established, 1 out of 10 center is for mandatory rehabilitation for perpetrators 	<ul style="list-style-type: none"> -Initial assessment and end line survey OSSCs -Annual state and local budgets; -MOH/MOJ decisions, report GBV/DV data base; -OSSC statistics; - Report from Council on Crime Prevention; -NCAV NGO service report; -OSSC service standard, -SOPs, service reports; -Sight visit men’s center/OSSC - Beneficiaries satisfaction; - Budget, Planning documents - MOJ NCGE MOHS, NCAV 	<p>Document review Interviews with KIIs and IPs</p>
<p>GBV education was institutionalized into the pre-service curricula of law enforcement, medical, social work and journalism schools.</p>	<ul style="list-style-type: none"> -Number of training curricula with concept of GBV -Number of teachers were prepared; -Number of students trained; 	<ul style="list-style-type: none"> -MOES/MOJ decision/reports; -training curricula/module -Press Institute report; -Teachers and students; 	<p>Document review Interviews with KIIs and IPs;</p>
<p>CP6 ensured awareness raising on GBV, particularly on domestic violence prevention among general public</p>	<ul style="list-style-type: none"> -Number of outreach public campaign -Different types of public events raising awareness on GBV/DV -Number of IEC materials 	<ul style="list-style-type: none"> -16days, white ribbon campaign press releases, reports; -Number of general public engagement during the events; -OSSC/NPA report; -Helpline report 	<p>Document review Interview with IPs</p>
<p>UNFPA contributed or/has led the Gender working group, GBV Sub-Cluster (GBV-the Humanitarian Country Team (National emergency response on GBV is noteworthy.</p>	<ul style="list-style-type: none"> -Number of members of the sub-cluster build network responding to GBV during Humanitarian and Emergency situation - A rapid assessment on the impacts of COVID-19 on GBV/DV, as well as service delivery to survivors was conducted to guide 	<ul style="list-style-type: none"> -Work plan/report, -Member organizations - Produced documents SOPs -Actions taken during COVID19 quarantine -NEMA report; 	<p>Document review Interviews with KIIs and IPs;</p>

	the response planning and implementation for the short- to mid-term.		
CP6 supported youth development and built capacity among young men/women on gender, rights and gender inequalities	<ul style="list-style-type: none"> -Number of awareness raising mass advocacy events, and campaign -Number of Youth forum and initiatives; -New initiative Safe School program module; -Number of policy and programs supporting youth initiatives; -Number of case released/reported from youth community during an after the mass advocacy events <p>Institutionalized GBV prevention model</p>	<ul style="list-style-type: none"> -Local governor/CCCP/Gender focal point -Local governor decisions/orders -Local youth development centers reports -Local school teachers, parents, students -Local youth community -Training curricula/module; -BCC strategy; -YDP End Evaluation Report, -YDP Mid-Term Review; -A rapid assessment on the "Safe Schools" GBV prevention model -Local OSSC/MDT report; 	Document review Interviews with KIIs and IPs;
Education sector capacity is built to prevent and response to GBV/DV/"Safe school" module	<ul style="list-style-type: none"> -Number of training module; -Number of trained teachers, local community; - Number of students attended at the training; 	<ul style="list-style-type: none"> -Project progress report -The project document -Implementing partners -"Safe school" module documents - Trained teachers, beneficiaries 	Document review Interviews with KIIs and IPs; partners for the joint project
Community awareness on GBV/DV is raised by establishing local level OSSC and MDT in Umnugobi joint project	<ul style="list-style-type: none"> -Number of trainings and workshop strengthening relevant stakeholders; responding to GBV/DV; -Number of GBV/DV cases successfully handled; -Percentage of repeated cases reduced -Increase number of GBV/DV case reporting 	<ul style="list-style-type: none"> -Local governor/CCCP/Gender focal point -Local governor decisions/orders -OSSC service statistics; service providers -MDT/OSSC report/members -Monfemnet and NCAV report -Beneficiaries 	Document review Interviews with KIIs and IPs; partners for the joint project
Efficiency (This also can be more or less common to all three areas)			
EQ 4. Has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA CP?			

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
CP6 has sufficient resources to implement activities	- Budget allocated;	Budget and Expenditure Analysis	Document review Interviews with KIIs and IPs;
CP6 is adequately staffed with appropriate skills to implement activities	- Program operated with optimal staffing; - Vacancies filled in a prompt manner;	Quarterly status reports SIS Annual reports;	Document review Interviews with CO, Clusters, Implementing partners;
CP6 has used appropriate combination of tools to achieve outcomes in a timely manner	- Annual project calendar has been observed;	Results Framework Progress of CP Indicators towards Targets (M&E and RM frameworks);	Document review Interviews with CO, Clusters, Implementing partners;
CP6 demonstrated accountability to achieve its outcome	- Periodic reporting to Partners, Donors Observed;	Partner communication, reports of coordination meetings;	Document review Interviews with CO, Clusters, Implementing partners;

Sustainability (GE/GBV) EQ5 and 6 are same as under AYSRH (output 1) and not repeated here

Coordination and Added Value

EQ7: i) To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?
 ii) What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?
 iii) How has UNFPA coordinated with other partners working towards similar goals?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
UNFPA CO has actively contributed to UNCT working groups and joint initiatives.	-Evidence of <u>active participation</u> in UN working groups -Evidence of <u>leading role</u> by UNFPA in the working groups/joint initiatives corresponding to its mandated areas - Evidence that UNFPA is an active contributor to UN joint initiatives	Secondary Data Programme Documents, Minutes of UNCT meetings, Minutes of UNDAF outcome groups meetings, Joint Program documents, M&E reports, COAR, UNDAF Annual Reports and reviews, MOUs Primary Data - UNDAF Outcome working groups, UNCT members, CO staff, UNCT Coordinator, UNRC	-Document review -News media review KI Interviews (Semi-structured interviews) (All these interviews will be held remotely)

<p>UNFPA has positioned itself well to enhance the UNCT's preparedness and response to emerging issues in the country</p>	<p>-Evidence that UNFPA is an active contributor to UNCT coordination mechanisms and joint initiatives in the area of preparedness and response to emerging issues (eg. Situation during hard winters, Summer drought, COVID-19)</p>	<p>Secondary Data Programme Documents, Minutes of UNCT meetings, M&E reports, UN Agency representatives, financial documents, Primary Data UNCT members, CO staff, UNCT Coordinator, UNFPA CO</p>	<p>-Document review -News media review KI Interviews (Semi-structured interviews) (All these interviews will be held remotely)</p>
<p>There is a clear division of tasks amongst the UN agencies at the national level and sub-national levels.</p>	<p>Evidence of a common understanding amongst UN agencies on the division of tasks in terms of the UNFPA mandate and outcome areas of CP6</p>	<p>Secondary Data Programme Documents, Minutes of UNCT meetings, M&E reports, UN Agency representatives, financial documents, Primary Data UNCT members, CO staff, UNCT Coordinator, UNFPA CO, Field Observation)</p>	<p>-Document review -News media review KI Interviews (Semi-structured interviews) (All these interviews will be held remotely Observation (field)</p>
<p>UNFPA offers unique service to UNDAF : Compared to other UN agencies (such as i.e. UNICEF, UNDP as well as WHO) working in similar programmatic areas; UNFPA has demonstrated specific technical contribution to the country's development agenda</p>	<p>UNFPA role/contribution to national priorities Specific technical skills in CO Status of exiting national capacities to contribute to the issues/areas that UNFPA is contributing to. Reference made to UNFPA planning documents, UNCT meetings and discussions minutes.</p>	<p>Secondary Data: Reports, SDG, UNDAF reviews, Documents including Media News-Reports (monitoring, progress reports, meeting minutes) Primary Data UN Agency representatives -key informants from implementing agencies -Relevant UN agency for relief and rehabilitation -UNFPA CO staff, IP representatives (relevant ones), -Representatives of other development partners (including relevant NGOs)</p>	<p>-Document review -News media review KI Interviews (Semi-structured interviews) (All these interviews will be held remotely)</p>

<p>UNFPA technical services not available in any other similar agency: National counterparts and other development actors perceive, recognize and recall UNFPA's performance in the country as a contribution that is unique, or inherent to UNFPA.</p> <p>UNFPA is perceived as a champion in responding to emerging issues in the country.</p> <p>UNFPA has established partnerships with other development partners (external to UNCT) working towards similar goals.</p> <p>Coordination mechanisms existing beyond the UNCT with other relevant development partners</p>	<p>-Specific examples by other development partners about UNFPA contributions that is unique to CO's ability.</p> <p>-Reference to UNFPA contribution in interventions that were not available with other partners</p> <p>-Reference to UNFPA contribution that enhanced the other partners' contribution to the development results</p> <p>-timeliness of UNFPA contribution and quality of response (subjective)</p> <p>-Evidence of active participation in interventions with other development partners contributing to the country assistance in the UNFPA mandated areas</p> <p>Coordination achieved in the outcome areas of UNFPA beyond the UNCT</p>	<p>Secondary Data</p> <p>-Media reports</p> <p>-Beneficiaries (at institutional level)</p> <p>-Donor community, Desk review of the results of any joint cooperation, progress reports, meeting minutes)</p> <p>Primary data</p> <p>UN staff , key IPs, Donors, Implementing agency staff, Strategic partners (donors and policy makers), Interviews within the Government Institutions, UNFPA CO staff</p>	<p>-Document review</p> <p>-News media review</p> <p>KI Interviews (Semi-structured interviews)</p> <p>(most of these interviews will be held remotely)</p>
<p>UNFPA has established, maintained and leveraged different types of partnerships to utilize UNFPA's comparative strengths</p>	<p>-Partnerships of UNFPA with government agencies as implementing partners and otherwise</p> <p>-Partnerships of UNFPA with civil society agencies as implementing partners and otherwise</p> <p>-Partnerships of UNFPA with universities as implementing partners and otherwise</p>	<p>Secondary Data</p> <p>-WPs, COAR, SIS Report,</p> <p>-Reports on joint monitoring</p> <p>Primary Data</p> <p>-Government implementing partners</p> <p>-Other Implementing partners</p> <p>-Development partners</p> <p>-UNFPA staff members</p> <p>-Donor</p>	<p>-Document review</p> <p>-News media review</p> <p>KI Interviews (-Semi-structured interviews)</p> <p>(most of these interviews will be held remotely)</p>

Annex 6: Data collection tools: Semi-structured interview questions (Adolescent and Youth SRH, GBV/DV, Coordination and Added value)

Criteria/Evaluation questions	Key stakeholders/data collection mode
<p>A: RELEVANCE Criteria: The degree to which the outputs/ outcomes are in line with national needs/priorities, UNFPA priorities, and relevant to stakeholders?</p>	
<p>National partners/policy level</p> <ol style="list-style-type: none"> 1) What prioritized needs of most vulnerable population¹ including marginalized groups were addressed in the national programs?(consistent with CP6 period) 2) How CP6 aligned well with National policy documents including program², UNFPA SP & principles³? 3) What actions are taken to implement ICPD in Mongolia? What are mandate areas? 4) How well design and implementation of the country programme considered human rights and gender responsive? <p>UNFPA CO</p> <ol style="list-style-type: none"> 1) What prioritized needs of most vulnerable population including marginalized groups were addressed when planning CP6? 2) In what extent UNFPA CO incorporated in developing national policies and programs namely <i>State Policy on Health, 5th National Maternal, Child and RH Programme, SOPs including National health facility standards, clinical guidelines etc., Maternal and Child Health Law, State Policy on Population Development, National Programme on Youth Development</i> ? What was CO's role? How CP6 aligned with those programs? 3) How CP6 is aligned with the UN Partnership Framework? Does CO have a Partnership Framework Document? Who worked and how partnership works? Who provides TA to? 4) How CP6 aligned with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandate areas; 5) How well design and implementation of the country programme considered human rights and gender responsive? 6) What are lessons learnt? Success and challenges to reflect to next CP7? <p>Implementing partners</p> <ol style="list-style-type: none"> 1) How well CP6 project integrated with national policies and programs? 	<p>KII: Parliament Standing Committee on Social Policy, Education, Culture and Science; MOH Department of Medical Services; Department of Multilateral Cooperation, MOFA UNFPA staffs IPs:NCMCH; Health Center Umnugobi aimag</p> <p>Document review : UNFPA CP document, UNFPA SP, AWP, Annual reports, MSDV-2030, MSDV progress report, UNDAF 2017-2021, Mongolian Development Vision-2050; SDG</p>

¹ Vulnerable groups include: the poor, women, children, unemployed youth, elderly, herders, landless or land poor, migrant workers, ethnic minorities, people living with HIV, victims of GBV, LG BTI and people with disabilities (UNDAF 2017-2021);

² **State Policy on Health**, State Policy on Youth, **5th National RH programme**, National Programme on Youth Development (National program on child development and protection), State policy on population development and **National Adolescent Youth Friendly Health Services Sub-Programme**

³ (LNB and reaching the furthest behind), transformative goals, and business model

<p>2) How well CP6 projects considered human rights and gender responsive? What are lessons learnt? Success and challenges to reflect to next CP7?</p>	
<p>B: EFFECTIVENESS: Criteria 1) Verification of whether planned outputs and ideally, outcomes were achieved. It is about measuring performance against targets and baseline values. 2) Their quality together with facilitating and constraining factors so that we know why they succeeded or not.</p>	
<p>National partners/policy level</p> <ol style="list-style-type: none"> 1) What capacities of the service providers were improved and how it affected the quality of AYRHS and maternal health services? 2) How CP6 projects contributed to reaching national targets in AYSRH and Maternal health? What was the degree of achievement? 3) How the supply chain commodity secured? Is the mechanism set up? Tendering process for example 4) What were main supporting and hindering factors? 5) How sustained the results and what were ministerial actions taken? (telemedicine, YDC, nursing curriculum, ME)? Governance? 6) What are lessons learnt? 7) How COVID19 pandemic affected the continuity of the donor funded projects? <p>UNFPA CO</p> <ol style="list-style-type: none"> 1) Are the intended programme outputs been achieved? How monitored? How ensured quality? 2) What contributed to the achievement of the planned outcomes and what was the degree of achievement of the outcomes? 3) What were UNFPA's policy and advocacy level roles in reaching the planned outcome? 4) How COVID19 pandemic affected to continuity of the projects? <p>IPs</p> <ol style="list-style-type: none"> 1) What were the changes made in AYSRHS and maternal health as a result of UNFPA projects/programmes? How is it monitored? Was it systematic? 2) How capacity of the providers including midwives had changed? How is it documented? 3) What early impact/s observed in their service delivery? 4) How defined CSRH services? How operational is the CSRH service unit with safe abortion elements? 5) How the practice of using MCM (modern contraceptive methods) has changed? 6) Do you see any changes in the procurement chain? And if yes, how has it changed?? How do you ensure continuity of supply? 7) How STI surveillance system was improved and integrated to existing system? Challenges and achievement? 8) Is there an action plan (approved or drafted) on comprehensive 	<p>KII: TO/WHO CO; UNFPA focal point, officer in charge of MCH, MOH; Officer in charge of ObGyn MOH; UNFPA staffs (M&E, gender; SRH/RR, finance, procurement); Medical professionals at spot and AYFC; Officer in charge of procurement ; School of Nursing and Midwifery; international affairs, NCMCH; MFWA; YDC in Khanbogd, Umnugobi;</p> <p>Observation on spot and documentation</p> <p>Beneficiaries: FGD (8-10 persons)</p> <p>Document review: CP6 Annual Reports (for disaggregated reporting of results); Health indicators CHD/aimag health indicators; Recording formats at local level; Ministerial order on Maternity ward standards, revision of standards, needs assessment on HR; Report on STI surveillance system /SISS 2017; Evaluation reports: Youth development project 2013-2017 the report on end evaluation; UNDAF Results Report 2017-2018; Health Indicators, CHD 2018; Report on comprehensive project in Umnugobi aimag</p>

<p>action plan on cervical cancer? What is progress?</p> <p>9) How COVID19 pandemic affected to continuity of the projects?</p> <p>Beneficiaries</p> <p>Young people</p> <p>1) How often visit CSRH unit? Do they know it was funded by UNFPA?</p> <p>2) What services were they able to receive? What services they like and didn't like? Did the services meet their needs? Are contraceptive available??Are their confidentiality protected? Are they respected while receiving services?</p> <p>3) What suggestions you have to improve the services?</p> <p>Adolescents</p> <p>1) What services are available at YDC and AYSRH Clinics? What services they like and don't like? Did the services meet their needs?</p> <p>2) Are their confidentiality protected? Are they respected while receiving services?</p> <p>3) What suggestions to improve the services?</p>	
<p>C. EFFICIENCY 1) Linking outputs to expenditures/resources and assessing whether this occurred as economically as possible, as well as within the time limits of the programme. 2) The strengths and weaknesses in the programme management in achieving the expected results</p>	
<p>National/policy level</p> <p>1) Does CP6 have sufficient resources to implement activities? How is it essential to the implementation of the national program/policy?</p> <p>2) How do you evaluate UNFPA CO's adequacy of the staff with appropriate skills to implement activities?</p> <p>3) How well UNFPA CO demonstrated accountability to achieve its outcome? What are evidence?</p> <p>UNFPA CO</p> <p>1) Does CP6 have sufficient resources to implement activities?</p> <p>2) How well UNFPA CO demonstrated accountability to achieve its outcome? What are evidence?</p> <p>3) Procurement: Is UNFPA CO adequately staffed with appropriate skills to implement activities?</p> <p>4) How did this country programme ensure appropriate combination of tools to achieve outcomes in a timely manner? What kind of evidence can you give? Any examples, documentation?</p> <p>5) What are evidence of CP6' s accountability to achieve its outcome?</p> <p>IPs</p> <p>1) Does CP6 have sufficient resources to implement planned activities? How important these activities are to the implementation of the national program/policy?</p> <p>2) How do you evaluate UNFPA CO's adequacy of the staff with appropriate skills to implement activities?</p>	<p>KII: MOH; UNFPA staffs (M&E, gender; SRH/RR, finance, procurement) ; NCMCH; Health Center Umnugobi aimag; Governors/Director of Health Center of Bayan-Ulgii, Dornod aimags</p> <p>Document review: MOH annual reports; National Health Accounts (2015); UNFPA midterm review (2014); Evaluation reports: Youth development project 2013-2017 the report on end evaluation; UNDAF Results Report 2017-2018;Health Indicators, CHD 2018; Report on comprehensive project in Umnugobi aimag; End-evaluation review: telemedicine;</p>

3) How well UNFPA CO demonstrated accountability to achieve its outcome? What are evidence? Examples.	
D: SUSTAINABILITY 1) Sustainability-the extent to which programme/project results are likely to continue or remain after termination of external assistance. 2) <i>Strategic partnerships, budgetary allocations, human resource allocations</i> will be assessed to determine the sustainability and the ownership. 3)Exit strategies, if established, will also be assessed for determining sustainability - depending on applicability.	
<p>National/policy</p> <ol style="list-style-type: none"> 1) How effective is partnership in areas of collaboration (UNFPA mandate areas? Advocacy and policy?) 2) How UNFPA had supported IPs to strengthen ownership and the durability of the project effects? 3) Was there structure (TWG?) to maintain sustainability of the CP6 results? <p>UNFPA CO</p> <ol style="list-style-type: none"> 1) How effective is partnership in areas of collaboration (UNFPA mandate areas? Advocacy and policy?) 2) How UNFPA had supported IPs to strengthen ownership and the durability of the project effects? 3) Was there structure (TWG?) to maintain sustainability of the CP6 results? <p>IPs</p> <ol style="list-style-type: none"> 1) How maintained sustainability of the UNFPA supported projects? Extended plan/budget allocation/human resource/ 2) What were achievements observed? 3) What were supporting and hindering factors to strengthen sustainability? 4) What are suggestions to next CP7 (priority areas)? 	<p>KII: MOFA; Parliament Standing Committee on Social Policy, Education, Culture and Science; MOH; UNFPA staffs (M&E, gender; SRH/RR, finance, procurement) Umnugovi aimag; Health Center Umnugobi aimag; Governors/Director of Health Center of Bayan-Ulgii, Dornod aimags and Khan-Uul district</p>
<p>E. Discussion Points for interview (on UNCT Coordination and Added Value)</p> <p><u>Coordination</u> measures the extent to which UNFPA country office contributed to the functioning and consolidation of United Nations Country Team (UNCT) coordination mechanisms. UNFPA added value/comparative advantage in the country context as perceived by UNCT and national stakeholders.</p> <p>(Key stakeholders are UNCT members – RC, and representatives from UNICEF, UNDP, IOM, FAO, WHO), documents: UNCT meeting minutes, UNDAF reports, CP6 review and evaluation reports.</p>	
<ol style="list-style-type: none"> 1) What is the current coordinating mechanism within UNCT? 2) What differences do you see in the coordination mechanism now, if any, compared to before (before the reform)? 3) How is UNFPA contributing to the coordination mechanism? (eg. UNFPA's contribution to the UN Partnership Framework (UNDAF/UNPAF) - your views on- technical contribution, division of tasks and coordination. Any examples of evidence that UNFPA has actively contributed to the coordination mechanism of UNCT (eg. leadership, initiatives taken, etc.)? 4) What does UNFPA offer to UNDAF (if any, that is unique) -compared to other UN agencies (such as UNICEF, UNDP, as well as WHO) working in similar programmatic areas? 5) What is your view on UNFPA's participation in UNCT working groups and joint initiatives? Any examples of such collaborations? 6) Is there a clear division of tasks amongst the UN agencies? 7) Has UNFPA demonstrated specific technical contribution to the country's development agenda? 8) In your opinion, what is UNFPA's comparative advantage (in Mongolian context)? 	

- 9) Do you think the Agency uses it optimally? Any examples?
- 10) What do you think about UNFPA on establishing, maintaining and leveraging partnerships with other UN agencies and other development partners to utilize UNFPA's comparative strengths?
- 11) Are human rights and gender issues considered/ reflected in these partnerships?
- 12) **About emerging issues:** What is your opinion/understanding or observation about UNFPA's preparedness in and response to emerging issues in the country (eg. COVID19), joint initiatives and leadership role (if any)?
- 13) What is **the key Added Value** that UNFPA brings to the table compared to other development partners (outside the corporate mandate)?
- 14) Any other issues you would like to mention, related to what I mentioned before?
- 15) In relation to what we discussed, what recommendations would you like to offer UNFPA for CP7 (and/or for the remaining period of CP6)?

E. Coordination with development partners and Added value

<p>National/policy</p> <p>1) What is UNFPA's added value (will explain what added value means) in the country context? Please provide some examples. (Evidence)</p> <p>Donor</p> <p>1) What is UNFPA's added value in the country context? (Evidence)</p> <p>2) What are main responsibilities? What and it affects to strengthen value of the UNFPA CO?</p> <p>3) What is UNFPA's added value in the country context?</p> <p>IPs</p> <p>1) What is UNFPA's added value in the country context? (Evidence)</p>	<p>KII: MOH; MOFA; Parliament Standing Committee on Social Policy, Education, Culture and Science; Ministry of Finance; Oyu Tolgoi DSF; Luxembourg Govt; UNFPA staffs (M&E, gender; SRH/RR, finance, procurement); NCMCH; Health Center Umnugobi aimag; Division for Medical Services, UB DOH; MFWA.</p> <p>Document review: Government development reports, UNDAF progress report; UNFPA SP, Annual reports (UNFPA)</p>
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Strategy of output delivery /Theory of change/	DETAILED QUESTIONS TO BE ASKED	Whom to ask
CP Output 4: Strengthened national protection systems to address violence against women and girls (VAWG) with improved evidence generation and enhanced multi-sectoral coordination and response, including in humanitarian settings;		
CGBV Project Outcome 1: Evidence on GBV/DV is generated and sustained for improved policy.		
<p>GBV data collection is in place and institutionalized;</p> <p>National GBV Survey (2017) and eGBV database (2018);</p> <p>GBV data hub (2020); + GBV</p>	<ul style="list-style-type: none"> • Could you please evaluate the significance of the first national GBV survey? Give me an example, • Is there any action plan to follow recommendation from the national GBV survey? • Is eGBV data evaluation recommendations being implemented? • Are the human resources needed to 	<p>UNFPA, NSO, NPA, NCGE, MoJHA, MoH, MLSP, CCCP</p>

<p>costing studies (2019; 2020)</p> <p>Amendment of the Law on Statistics; Data collection included in Crime Prevention Law and Family Law;</p>	<p>sustain eGBV data?</p> <ul style="list-style-type: none"> • How is the financial allocation going on? What value have you seen having eGBV data system? • Did the National data system NSO and police eGBV integrate into between? Has eGBV data contribute to NSO data? • To whom GBV data hub will be hand over after completion of the project? • Did human resource and relevant capacity build on? • Has both GBV costing studies shared with relevant stakeholders? • What is the dissemination plan for further effective use of the data before validation? • What do you expect from amendment of the Law on Statistics? • if the Law on statistics is amended, what kind of effectiveness do you see in the system of responding to GBV? • Does national statistical data system combine all existing data for instance; service data from OSSC, shelters, helplines 108, 107, and CSO hotline, eGBV data, etc 	
<p>CGBV Project Outcome 2: Rights-holders & duty-bearers have a better understanding and higher readiness to address GBV.</p>		

<p>Number of key policy documents using the evidence generated by the nationwide survey and/or database;</p> <p>LCDV approved in December 2016 and implemented since February 2017</p> <p>31 SOPs are developed and implemented</p>	<ul style="list-style-type: none"> • Has the UNFPA program provided technical and methodological support for the creation of a comprehensive legal environment for combating GBV/DV at the national level? • According to the legislation, the national action plan implementation of LCDV supposed to be approved under the amendment of the LCDV law (2016). Is there any plan or action taken? If yes please share, • Related to the national action plan LCDV, how is allocation of required budget ongoing? • Has result and findings of the LCDV monitoring 2019, introduced to relevant stakeholders? Is there any action plan or action taken in order to improve implementation of the LCDV? • Whether the Government allocated budget for implementation of the SOPs? Are relevant stakeholders aware of SOPs and use in daily operations? • What was the program's support for the working group on the amendment of LCDV? What was the level involved in UNFPA? • Has the increased number of new OSSCs affected in the reduction of the workload at NCAV? • Has assessment report "OSSCs service assessment" and "implementation of men's behavior change program" findings and recommendation shared to relevant stakeholders? Is there any action plan? • Has monitoring report "Implementing of police duties under the LCDV" findings and recommendation with relevant stakeholders? Is there any follow up actions taken and considered in the planning etc 	<p>MOJHA; MoH, MLSP; NCAV; CCCP; DV council; OSSCs, MDT</p>
<p>Public information and communication campaigns were rolled out through engaging the public against GBV and to educate them on healthier and</p>	<ul style="list-style-type: none"> • Have you measured increase of helpline call during and after the campaign? • Has media products and resources available for any stakeholders who interest in run campaigns? 	<p>MOJHA; MLSP; NPA; NCGE; NCAV; CSO</p>

more equitable beliefs about gender equality	<ul style="list-style-type: none"> • Has percentage of GBV cases reported from general public increased? • How is the content analysis report findings shared with relevant stakeholders? • Is there any stakeholder monitor the media content in order to ensure dissemination of rights messages or content to the public? 	
GBV education was institutionalized into the pre-service curricula of law enforcement, medical, social work and journalism schools;	<ul style="list-style-type: none"> • Has the content of gender and gender-based violence included in university curricula been approved by the relevant Ministry, and is it included in training curricula at Pedagogy Universities? • How is level of sustainability to deliver pre-service curricula? Have teachers trained? 	NCGE, MOJHA; MOESCS;MLPS, MoH, Press Institute, Universities
Integrated program Umnugobi		
Pilot initiatives to build education sector capacity preventing and responding to GBV/DV “Safe school” module/approach	<ul style="list-style-type: none"> • How do you measure effectiveness of the safe school module? • Why do you think this module is significant for community and school level capacity building on preventing and responding to GBV/DV? Please give any case or example • Has percentage of GBV cases reported from general public increased? 	Monfemnet, OT fund, Schools stakeholders, community, beneficiaries,
Strengthened the capacity of multisectoral response to GBV/DV; Train and sensitize coordination committee members on GBV/DV;	<ul style="list-style-type: none"> • Can you please define UNFPA contribution to the progresses made at the level of multi-sectoral cooperation to enhance gender equality? • Has the capacity to provide OSSCs / MDTs and Youth Development Centers been strengthened? • What results have been achieved? 	CCCP, DV sub councils, MDTs, OSSCs, DV sub-council,
Establishment of OSSC in Umnugobi province, implement UN Essential Services Package for service delivery	<ul style="list-style-type: none"> • How do DV survivors approach to OSSC? • How does MTD, OSSCs ensure confidentiality of survivors at local level? • Have required tools and resources sufficient? • How OSSCs/MDTs, Youth Centers services consider “no one leaves 	CCCP, DV sub councils, Police, local hospital, MDTs, OSSCs, beneficiaries

	behind” (consider LGBTI and people with disabilities)	
Youth development project 2013-2018		
<p>Youth development on built capacity among young men/women of gender, rights and gender inequalities through institutionalize GBV prevention model and capacity of educational staff built; delivered mass advocacy events;</p>	<ul style="list-style-type: none"> • What extend, youth capacity built on gender, human rights and gender equality? • How is sustainability of the project intervention? • Do youth center specialists aware of OSSC/MDT service, referral service? • Do they provide referral services? • Is there any collaboration between youth center, OSSC,MDT and education sectors at the local level for responding to GBV/DV • Has the implementation of human rights, gender, and gender-based violence awareness content in secondary school curricula been evaluated, is it sustainable, and is it consistent with teacher training programs? 	<p>Local YDCs, MDT, OSSC, local DV-sun councils,</p>
<p>Data collected and analysis carried out on youth behavior towards GBV</p> <p>The level of implementation of the BCC strategy (youth)</p>	<ul style="list-style-type: none"> • Have the findings and data shared and disseminate to relevant stakeholders? • How has findings used for the advocacy actions? • Are there any challenges for CSOs to work together UNFPA? Has it contributed to the strengthening of the organization's capacity? • Has percentage of GBV cases reported from youth increased? 	<p>Monfemnet, NCAV, NPA, MDT,</p>
<p>Awareness increased amongst young men and women of gender, rights and gender inequalities</p>	<ul style="list-style-type: none"> • do you think that the capacity of the organization has been strengthened while conducting the public campaigns? • Do you think general public reporting GBV/DV has increased during and post public awareness raising campaign? 	<p>CSOs, media companies;</p>
CP Output 5: Multi-sectoral coordination and response are enhanced to prevent and respond to violence against women and girls.		

CGBV Project Outcome 2: Rights-holders & duty-bearers have a better understanding and higher readiness to address GBV		
CGBV Project Outcome 3: Multidisciplinary response to GBV/DV in pilot areas strengthened.		
Decision taken at the national level to institutionalize survivor protection and rehabilitation services (11 OSSCs and 1 Men's Center launched; 6 OSSCs supported)	<ul style="list-style-type: none"> • Has multi sectoral response clearly institutionalized in the system? For instance, MoH, MoJHA, MOLSP and MOESCS? • Has the capacity to provide OSSCs / MDTs and Youth Development Centers been strengthened and what results have been achieved? • Has quality of services improved since multi sectoral response mechanism set up/legislated by the law? 	MoF, MoJHA, MOLSP, MoH; CCCP; DV sub council; local governments;
Funding for GBV prevention and response is increased	<ul style="list-style-type: none"> • What was influencing factor to increase of funding amount for GBV prevention and response? Please give example • What do you see further availability of cost allocation in the state budget according to these services? • Did it use data tools for increase of budget and approval of budget allocation? 	MoF, MoJHA, MOLSP, MoH; CCCP; DV sub council; MoF, MoJHA, MOLSP; local government;
The national and sub-national multi-sectoral coordination mechanisms to address GBV/DV was put into place and strengthened throughout the course of the project. (CCCP; DV sub council)	<ul style="list-style-type: none"> • Is human resource sufficient to coordinate multi sectoral response to GBV at the local level? • Is the coordination mechanism clear enough? • How do you see the effectiveness of the existing documents, SOPs, and guideline? • Do you think all relevant stakeholders are working within collaborative approach to respond to GBV/DV cases? 	MoJHA, MOLSP, MoH CCCP; DV sub council; local government;
Multidisciplinary teams were established at the primary administrative units (khoroo, bag, and soum levels). Capacity building trainings (MDTs) + OSSC staff	OSSC staff, MDT members; <ul style="list-style-type: none"> • How do survivors find out about OSSC and to what extent do they trust when they arrive? • Are the templates, handbook, guideline for case management clear and do you have enough supply/tools of them? • Is the training for service delivery and collaboration being helpful for working with survivors and with other professionals on a daily basis? • How do OSSC and MDT work together? 	MoJHA, MOLSP, MoH; CCCP, DV council, OSSCs, MDT

	<p>In what case is it challenging to manage different stakeholders in order to case proceedings?</p> <ul style="list-style-type: none"> • Is OSSC available to provide services/help when survivor with disability come? <p>Survivors GBV/DV:</p> <ul style="list-style-type: none"> • Where, how did you find out about OSSC? • Who helped you to come here? For how long have you received services? • Are you satisfied with OSSC services? • Which of your problems did you have resolved by coming here? • What kind services did you receive while staying and left the OSSC? • If you did not come to OSSC, what would your situation be like? • What would have happened to you? • Was OSSC service clear to you? 	
<p>Coordination of the GBV Sub-Cluster (GBV-the Humanitarian Country Team</p>	<ul style="list-style-type: none"> • In the context of emergencies, how flexible your programme can adapt to the changing needs and priorities? • Do you have suggestions and recommendations for developing the next country programme? • Is there any plan or capacity build one of implementing partner lead the sub cluster? • Is there any other similar coordination mechanism UNFPA lead? If so, please share, • In case of emergency, are the cluster members aware of how to respond and what extend of institutional capacity built? 	<p>NEMA, UNFPA; CSOs,</p>
<p>Proportion of actions taken on all of the UPR and CEDAW Committee accepted recommendations on reproductive rights and VAWG from the previous reporting cycle.</p>	<ul style="list-style-type: none"> • What support did UNFPA provide for moving the Gender Committee, which was affiliated to the Ministry of Labor and Social Protection back to the previous structure under the Prime Minister? • What kind of support does UNFPA provide for the Government to implement or perform its duties and 	<p>NHRC; NCGE; CSO;</p>

	<p>obligations under the international conventions? Please provide examples.</p> <ul style="list-style-type: none"> • Can you please define UNFPA contribution to the progresses made at the level of multi-sectoral cooperation to enhance gender equality? • How do you see future cooperation of the NCGE/NHRC and UNFPA? • To what extent the Gender Committee strengthen given the cooperation with UNFPA? Can you give us examples in terms of technical, methodological and HR support? • What kind of support does UNFPA provide for the Government to implement or perform its duties and obligations under the international conventions? Please provide examples. • What areas of your organization have been strengthened since the cooperation with UNFPA started? Has UNFPA provide the needed support to improve the capacity? Can you provide examples? • Do you think that the relevant organizations can co-organize the implementation of CEDAW and UPR recommendations and write the next report? 	
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Common questions from all stakeholders depending on area and level

- On what directions and how have you cooperated with UNFPA CO within the scope of implementation of Sustainable Development Vision 2030 of Mongolia and UNDAF 2017-2021 documents?
- How does the structure and implementation of the UNFPA country program cover human rights and gender issues?
- How many thematic working groups do you have or have you set up within the scope of cooperation with UNFPA CO? To what extent are you involved?
- How often do the working groups work together?
- According to the Operation Manual of CP6, Annual Review Meeting is to be held at the end of every year. Do you participate in the meeting? If yes, is the meeting conducted productively and efficiently?
- What was UNFPA contribution/added value within the scope of its mandate on Mongolia's commitment?
- Where did UNFPA cooperate with your organization within the CP6 scope? How will you define

their most significant support?

- what were the factors that facilitated or hindered the achievement of intended results? Was there any challenge or barrier or issues while working with UNFPA?
- As opposed to other agencies of UN, what was different about UNFPA support?
- How is the UNFPA program different from other similar GBV projects and programs in the country?
- What areas of your organization have been strengthened since the cooperation with UNFPA started? Has UNFPA provide the needed support to improve the capacity? Can you provide examples?
- Has any activity been delayed related to the Covid19 situation, and what support has the program provided to overcome the problem and mitigate?
- Was there any challenge or barrier or issues while working with UNFPA? How did you address or resolve them? Can you tell us an example?
- What are the good practices that should be continued and/or replicated elsewhere?
- How do you see the future cooperation of your organization with UNFPA?

Do you have suggestions and recommendations for developing the next country programme?