



Analysis of the Situation of Children in Mongolia 2014

Government of Mongolia
National Authority for Children
United Nations Children's Fund

Analysis of the Situation of Children in Mongolia 2014

**© United Nations Children's Fund (UNICEF)
2014
Printed in Mongolia**

The opinions expressed are those of the author and do not necessarily reflect positions of the United Nations Children's Fund.

Photo credits:

Cover photo and Chapters 1, 3, 7, 9 © UNICEF Mongolia/Brian Sokol/2012
Chapters 2, 4, 5 © UNICEF Mongolia/Azbaatar/2014
Chapters 6, 8 © UNICEF Mongolia/Odgerel M./2013

UNICEF Office for Mongolia
UN House, UN Street - 14
Ulaanbaatar 14201
Mongolia
Tel: (976-11) 312185, 312217
Fax: (976-11) 327313
www.unicef.mn

Table of Contents

Abbreviations	4
Executive Summary	5
CHAPTER 1. Introduction	10
1.1 Conceptualising Child Poverty in Mongolia	10
1.2 National Context	10
1.3 The SitAn Process	11
1.4 SitAn Conceptual Framework	12
1.5 SitAn Report Structure	15
CHAPTER 2. Household Income Poverty	18
CHAPTER 3. Ensuring Adequate Child Nutrition.....	22
CHAPTER 4. Improving Children’s and Women’s Health	28
CHAPTER 5. Planning for the Future: Safe Water and Environmental Sanitation	36
CHAPTER 6. A Focus on Quality Education	44
CHAPTER 7. Protecting Mongolian Children	54
CHAPTER 8. Key Social Policy Challenges for Child Wellbeing and Rights in Mongolia	64
8.1 Policy, Governance, Accountability, Institutional Capacity and Civic Participation	64
8.2 Specific Concerns in Relations to the Situation of Children, Adolescents and Young People.....	68
CHAPTER 9. Conclusions and Recommendations	80

Abbreviations

ADB	Asian Development Bank	HSMP	Health Sector Master Plan
ANC	Antenatal Care	IMR	Infant Mortality Rate
CCA	Common Country Assessment (United Nations)	LDF	Local Development Fund
CEDAW	Convention on the Elimination of all forms of Discrimination against Women	MCUD	Ministry of Construction and Urban Development
CMP	Child Money Programme	MDG	Millennium Development Goal(s)
CNDS	Comprehensive National Development Strategy	MECS	Ministry of Education and Culture
CPD	Country Programme Document (UNICEF)	MEGD	Ministry of Environment and Green Development
CRC	Convention on the Rights of the Child	MOH	Ministry of Health
CSR	Corporate Social Responsibility	MICS	Multiple Indicator Cluster Survey
EDCM	Education Donor Consultative Mechanism	MMR	Maternal Mortality Ratio
ECD	Early Childhood Development	MPDSP	Ministry of Population Development and Social Protection
ECDI	Early Childhood Development Index	NSO	National Statistics Office (Government of Mongolia)
EmOC	Emergency Obstetric Care	NEMA	National Emergency Management Authority
EMIS	Education Management Information System	SitAn	Situation Analysis (UNICEF)
ENC	Emergency Neonatal Care	TVET	Technical and Vocational Education and Training
ESMP	Education Sector Master Plan	U5MR	Under-five Mortality Rate
FGD	Focus Group Discussion	UNDP	United Nations Development Programme
GFC	Global Financial Crisis	UNEP	United Nations Environment Programme
GFTAM	Global Fund for Tuberculosis, HIV/ AIDS and Malaria	UNESCO	United Nations Scientific and Cultural Organisation
GoM	Government of Mongolia	UNFPA	United Nations Population Fund
GTZ	German Technical Cooperation Agency	UNGASS	United Nations General Assembly Special Session (on HIV/AIDS)
HDF	Human Development Fund	UNICEF	United Nations Children's Fund
HMIS	Health Management Information System	WB	World Bank
IMCI	Integrated Management of Childhood illnesses	WHO	World Health Organisation

FOREWORD

It is with great pleasure that UNICEF Mongolia and the National Authority for Children present the current situation analysis of children in Mongolia. On behalf of our organizations, we would like to highlight the outstanding performance the country has achieved in the advancement of the rights of Mongolian children. Mongolia is a great example of adherence to the CRC principles and MDGs commitments.

In order to stay relevant and improve efficiency of development and programmatic interventions, as well as outcomes for children, UNICEF in close cooperation with the National Authority for Children and the Ministry of Population Development and Social Protection developed the 2014 Situation Analysis of Children. This document aims to capture the status of the realization of rights of Mongolian children, presenting also factors that contribute to a better understanding of the barriers and gaps hindering further progress, as well as possibilities to address these. The fast changing political, economic and environmental contexts of Mongolia raises a strong need for the timely update of the analysis of the situation of children, as well as the ways in which these development trends affect children and their families. Programmatically, the year 2014 marks the mid-cycle of the Government of Mongolia and UNICEF Country Programme of Cooperation 2012-2016. At this juncture it is critical to reflect on the current situation of children in Mongolia in order to adjust, if necessary, the focus of the Programme and its strategies. In addition to the country's fast and vibrant growth, global development trends also affect the country's context. These include the Post 2015 or MDGs Agenda, the UNICEF Strategic Plan, changing priorities of major donors, among many other changes. Furthermore, emerging concerns such as mining, unplanned urbanization, emergencies and other trends can have a tremendous impact in the long-term development perspectives.

The present report can provide all duty bearers as well as general public with current and important information to advance their knowledge and stimulate analytical thinking and discussion about the situation of women and children in order to translate these ideas and discussions into the actions and social investments that will meet the needs of Mongolian children.

UNICEF in close partnership with the National Authority for Children will continue to support the Government, people and children of Mongolia to place children at the core of its development – a critical condition to achieve sustainable and inclusive growth.



Mohamed Malick Fall
Representative
UNICEF Mongolia



I. Narantuya
Chairperson
National Authority for Children

Executive Summary

Mongolia today is a peaceful liberal democracy with a constitution that enshrines the rule of law, political freedom and human rights – since transition to market economy in 1990 many important reforms have been undertaken and independent institutions – including the National Human Rights Commission, the Civil Service Council, the General Election Commission, the Independent Authority against Corruption and the National Authority for Children – continue to strengthen. However, enduring politicization within the civil service, a pattern of ex ante policy analysis and consultation in relation to legislative drafting, sub-optimal policy and programme implementation, the inadequate enforcement of existing and promulgated laws, and the insufficient attention paid to evidence and results based planning continue to undermine institutional capacity, and the effectiveness of social sector interventions.

Most child deprivation and – since 2000 – Millennium Development Goals indicators show overall and sustained improvements in child wellbeing since 1992, but the situation for many children¹ remains uncertain, particularly in rural areas and per-urban locations – stunting and food insecurity continue to compromise early childhood development; health services don't always reach the most vulnerable; access to safe water and sanitation remains restricted for many communities, often acutely; the quality and relevance of education needs improvement at all levels; investments are urgently required to establish an effective child protection

system; opportunities for participation, including future prospects for economic and civic participation, are limited for some children; and, emerging environmental and social challenges have potential to undermine progress to date, and threaten social stability.

Parliamentary elections in 2012 resulted in a new Government of Mongolia – the current majority coalition government remains committed to the 2007-2021 National Development Strategy; based on the Millennium Development Goals and the Millennium Declaration. Accordingly, the Government is focused on developing human and institutional capacity; creating a knowledge-based economy; ensuring environmentally friendly production; and promoting democratic governance. However, ongoing legislative and policy reviews initiated by the Government since 2012, and the reorganization and redistribution of personnel and responsibilities across - and within - line ministries and departments, has slowed progress towards some sectoral reform processes and has, in some cases, diluted institutional knowledge and the effectiveness of service delivery programmes. Moving forward, however, opportunities present for the new Government to learn from past experience, to evaluate what has worked and what hasn't, and to press ahead with efforts to improve efficiency, accountability and transparency. Ensuring a robust democratic system that fundamentally recognizes and acknowledges the key importance and contribution of children to Mongolian society should underpin these efforts.

¹ In accordance with the Convention on the Rights of the Child the word children in this SitAn refers to all people under the age of 18 years.

Mongolia is now at a crossroads – long-term political stability, economic prosperity and equitable social development will depend on how well the country can manage revenues from resource extraction while also ensuring economic diversification, skills development and appropriate and targeted investments in social and economic infrastructure. Many resource-abundant countries have experienced volatile economic growth, high levels of corruption, and low development outcomes.² On the other hand, Mongolia is currently presented with a unique and historic opportunity to learn from international experience and to invest in a sustainable future for its citizens. Ensuring environmental protection and managing risk will be critical challenges.

Mongolia has experienced outstanding economic growth in recent years but poverty levels remain high and inequities are increasing – alongside Mongolia’s mineral resource boom, Gross National Income per capita increased from USD 1,300 in 2006 to about USD 3,035 by the end of 2012 (NSO 2013). In 2011 the economy expanded by a massive 17.5% and while growth has since slowed, the World Bank is still forecasting double digit growth in the vicinity of 12.5% for 2013. Yet despite significant and sustained growth over recent years (Mongolia is now classified as a lower-middle income country) the poverty rate remains acute in some rural and peri-urban areas, and income inequality within and between regions is widening. According to 2012 World Bank data, up to 30% of the population is living below the national poverty line and rural poverty has reached up to 33%. Income

inequality has also increased with the Gini coefficient rising from 0.34 in 2010 to 0.37 in 2012. Moreover, NSO data show that the share of the poorest quintile in national consumption has actually fallen from 7.9% in 2010 to 7.7 in 2012.

Inequities are rooted in a complex mix of political, social and economic factors

– discrimination against women, ethno-linguistic minorities and people with disabilities, structural poverty, geographic isolation, inadequate governance and context specific social and cultural norms conspire to exacerbate inequity. Mongolia’s Gini coefficient of 0.37 (NSO, 2010) represents one of the highest rates of inequality among the post-transition countries. If left unchecked, persisting inequities will undermine progress towards achieving the Millennium Development Goals, and undermine longer-term and sustainable social and economic development.

Both the Committee on the Rights of the Child, and the Committee on the Elimination of Discrimination against Women emphasised inequity as a key challenge for Mongolia – in particular, the respective committees noted inequities in relation to access to, and the quality of, social services for children, women, ethnic minorities and people with disabilities; and, how increased internal migration is placing a huge burden on already overstretched services, further highlighting concerns in relation to child labour, gender-based violence and child abuse and neglect. A 2009 UNICEF study found that one third of children from the lowest wealth quintile suffered from malnutrition and other micronutrient deficiencies such as rickets; one third were deprived of health and shelter; and

2 Risks inherent in the relationship between increased natural resources extraction and decreased manufacturing and/or agricultural production – or what economists refer to as ‘Dutch Disease’ – are also relevant for Mongolia.

half did not have access to education³. Although strong gains have been made in the number of children accessing early childhood education, quality and relevance remain major challenges.

In 2013, total budget expenditure represented 42.2% of Gross Domestic Product of which 14.1% was allocated to Education, 6.9% to health and 8.5% to social protection – social sector budget expenditure is relatively high but harsh weather, a small population, low population density, distance and a large public sector workforce drive up operational costs. A range of interlinked structural inefficiencies within the social sectors – and within the public administration and the bureaucracy more generally – also increase budgetary pressure, and undermine a more effective allocation and utilization of resources.

3 UNICEF Country Programme Document 2012-2016

The Action Plan of the Government of Mongolia presents opportunities to further enhance collaborations for improved child wellbeing and the increasing realization of child rights – stressing fundamental values such as respect for human rights, an open civil society and gender equality the Action Plan also identifies the need for economic security, a fair democratic system and a more equitable allocation of resources and wealth. In this context, efforts to further reform the public administration and to promote open and transparent government must be applauded. But there is still an urgent need to translate political rhetoric into concrete actions and to engage and consult with stakeholders at all levels. Doing so will enable the development of appropriate public policy, lead to improvements in the targeting of public expenditure, and foster an evidence-based and equitable approach to social and economic development. For Mongolian children, and for Mongolia's future success, these steps remain vital.

CHAPTER 1 INTRODUCTION



CHAPTER 1. Introduction

1.1 Conceptualising Child Poverty in Mongolia

“Poverty Reduction begins with children, and therefore must begin with the protection and realization of the human rights of children. Investments in children are the best guarantee for achieving equitable and sustainable human development”
(UNICEF, 2000)

Childhood is a time of rapid physical, emotional and intellectual development. Throughout childhood and into young adulthood individuals develop the capabilities needed to be productive members of their society. However, childhood is also one of the most vulnerable times in the life cycle. By the time we are ten, our capacity for basic learning has been determined and by the time we are 15, our body size, reproductive potential and general health has been profoundly influenced. In this light, due consideration must be paid to ensuring respect for children as individuals, and as citizens whose wellbeing is inextricably linked to the wellbeing of society at large. For these reasons, it is only through investing in children that Mongolia can end the inter-generational poverty cycle, and ensure future economic and social prosperity.

Coming to terms with child poverty and inequality in Mongolia requires a multidimensional approach. An approach that takes into consideration both monetary and non-monetary indicators, including indicators that reveal key child rights deprivations. Such an approach to understanding child poverty and inequality accords with the Convention on the Rights of the Child (CRC) and its

determination that children have the right to a core minimum level of wellbeing, including the right to grow up in a family free from violence, as well as rights to nutrition; education; survival; protection; information and participation. Viewed in this light, the CRC necessitates a multidimensional approach to child poverty. As such, this updated Situation Analysis considers a holistic combination of child poverty measures where rights enshrined in the CRC, such as rights to education and health, are treated as dimensions of child poverty and the denial of those rights represent deprivations.

1.2 National Context

Mongolia – the 19th largest country in the world – is a landlocked country in Central Asia bordered by China to the south, east and west and Russia to the north. According to UNICEF State of the World’s Children⁴, the total population of Mongolia was 2.796 million in 2012 with children representing almost a third of the population at 907,000 (under 5 population: 306,000; Total Fertility Rate: 2.4). According to the same UNICEF source, 69% of the population live in urban areas, primarily as a consequence of increasing levels of rural to urban migration since 1990 which is currently presenting significant environmental and developmental challenges.⁵ Rural populations are very sparsely dispersed across the country, driving up the cost

4 <http://www.unicef.org/sowc/>

5 NSO data cited in the 2013 5th MDG Progress Report the total population at 2.9 million of which 1.2 million reside in the capital Ulaanbaatar.

of service delivery and also presenting significant logistical and policy challenges.

In 1990, Mongolia like other former Soviet states underwent a rapid transition to a free market economy. Mongolia rapidly moved to replace the authoritarian socialist system with a parliamentary democracy and established legislative frameworks which enshrined political freedom, human rights, civil liberties and freedom of the press. Trade and prices were liberalised, opening the door to private sector investment and enabling a degree of economic diversification.

Since 1990 significant progress has been made in relation to key child rights indicators, and since 2000 in relation to Millennium Development Goal (MDG) indicators. Currently in 2014, however, inequities persist and in some cases have widened, and many children are still being denied fundamental rights to survival, development, protection and participation. The situation faced by many adolescents is also of particular concern; environmental degradation threatens to undermine progress towards social development targets and exacerbate existing poverty; institutional instability and a lack of focus on the extraction and use of evidence undermine results for children; and, global and regional economic volatility and Mongolia's dependence on imports (particularly food imports) and the export of mineral resources threatens the longer-term sustainability of both social, and economic development.

1.3 The SitAn Process

Undertaking a Situation Analysis (SitAn) is an integral part of the UNICEF programme and planning cycle. The SitAn consolidates and presents new and existing information on the situation of children. It is realized through a process that builds consensus among stakeholders on key priorities, and in relation to themes and issues of critical importance to children, policy makers and development programmers. UNICEF global guidance for the development of a SitAn states:

A rights-based, equity-focused Situation Analysis (SitAn) includes: a disaggregated assessment of the status of, and trends in, the realization of children's and women's rights; an analysis of the immediate, underlying and structural causes of shortfalls and disparities across various groups; and policy and programmatic recommendations to address the shortfalls and disparities and accelerate progress towards development goals and the fulfilment of human rights conventions.

By focusing on the key knowledge gaps related to inequities and child deprivations and promoting the broad engagement of all stakeholders, the SitAn can make a contribution to discussions shaping national development, and towards the achievement of child-related goals – with equity. UNICEF guidance also emphasizes the need for a SitAn process that maximizes opportunities at the country level. Processes agreed for the development of the SitAn should be appropriate and relevant to the operational, policy and programming context; address any potential opportunities and limitations; and, facilitate agreement amongst stakeholders on key advocacy positions.

In this context, and following a series of consultations in December 2013 and January 2014, the Government of

Mongolia National Authority for Children (NAC) and UNICEF discussed and agreed on the overall conceptual framework for the SitAn, including its scope, key objectives and purpose, its guiding principles, a methodology and a process for review and finalization.

1.4 SitAn Conceptual Framework

Scope of the SitAn – in some country contexts the SitAn is undertaken over several months and designed as a comprehensive technical planning tool often conducted by a research institute, university or government agency. However, in countries where significant analysis has already been undertaken SitAn processes are often best adapted and employed as a means to take stock of broader issues, delineate key challenges and present key advocacy messages.

Despite some data/information gaps⁶, there are in Mongolia much recent and readily available technical data – and analysis – relating to poverty, child rights, economic and social development, environmental concerns and key sectoral challenges. As such, it was agreed that there was a need for a technically ‘light’ and updated SitAn that consolidates, interprets and highlights key data trends and issues relating to child rights and child poverty, referring the reader to more comprehensive data sets and analysis as appropriate. Moreover, the current policy environment – characterized by a stock-taking of past experience, emerging new directions and priorities, and the review of legal and policy mechanisms – also requires a SitAn focused on the most salient

issues affecting children, rather than an overly complex technical or programme orientated review. In Mongolia, as elsewhere, there are problems with data quality and data systems, but available data from a variety of sources consistently illustrate clear trends, including in relation to the situation of children. Some – usually minor – statistical variations and discrepancies do exist between different data sources but all relevant and generally accepted sources confirm key trends in relation child wellbeing and deprivation. Therefore, this updated SitAn focuses on highlighting these trends, assessing their causes and considering their implications in policy and practice.

Purpose of the SitAn – in the context of the above discussion, four key purposes were agreed for the SitAn. These were for the SitAn: 1) to serve as an advocacy tool for the NAC and for UNICEF in Mongolia; 2) backstop strategic communications with the Government, line ministries, donors and development partners; 3) inform and guide sectoral and thematic discussions in light of having reached the mid-point of the CP 2012-2016 and, 4) capture the most salient emerging and key issues impacting on children’s rights and wellbeing in Mongolia today.

6 Gaps primarily include the absence of qualitative research in relation to, for example, socio-cultural norms; and, in relation to policy and programme evaluation.

Guiding principles – a number of formative guiding principles underscore the SitAn. These are: 1) an analysis where applicable of inequities, deprivations and gender issues;⁷ 2) a multidimensional approach to poverty analysis; 3) a human and child rights perspective that considers the situation of rights holders, state obligations, and the role of other duty bearers; 4) an analysis, where appropriate and applicable guided by the 10 determinants used to assess barriers and bottlenecks to more equitable outcomes for children;⁸ 5) the need to frame the analysis in relation to the strategic intent of the UNICEF 2012-2016

Country Programme Document (CPD);⁹ 6) a consideration of the challenges and emerging issues faced by adolescents and young people; and, 7) an overall focus on advocacy for investments in the wellbeing of children and young people, and in relation to the benefits that such investments yield.

Methodology employed – following the development and dissemination of a Terms of Reference for the SitAn in November 2013, two experienced consultants – one international and one Mongolian national – were recruited to develop the SitAn in consultation with the NAC and UNICEF Mongolia. Working collaboratively, these consultants undertook a desk review of available data and an analysis of other relevant sources (e.g. policy and sectoral reviews, working papers, project briefs and meta-analysis). To verify key issues and seek qualitative inputs, consultations were held with a range of Government of Mongolia partners in Ulaanbaatar, Khövsgöl Aimag and Nalaikh District, and with representatives from major development partner agencies.

7 While some UNICEF Country Offices embark on a SitAn process that aims to fully incorporate the situation of women, the NAC and UNICEF Mongolia determined – in accordance with the SitAn’s advocacy objectives – that the SitAn should focus primarily on the situation of children. However, recognising the importance of women and gender issues within social development processes it was agreed (in lieu of a parallel analysis of the situation of women and a comprehensive gender analysis) that the SitAn should address and highlight key women’s rights and gender issues where they are most relevant, for e.g. in regard to education, maternal health, and economic and civic participation.

8 These determinants are grouped into four categories: **Enabling Environments** (legislation/policy, budget expenditure, management/coordination, social norms); **Supply** (availability of essential commodities and inputs, access to adequately staffed services, facilities and information); **Demand** (financial and physical access, social and cultural practices and beliefs, continuity of use); and, **Quality** which refers to adherence to standards and guidelines, but also to the general quality of services and service provision and how it can impact on access and demand. Notably, each of these determinants has varying levels of applicability in different sectors and contexts.

9 Key CPD strategies include promoting: strengthened policy and programme implementation; pro-poor budgetary allocations sensitive to children’s and women’s rights and fostering social inclusion; data and disparity analysis and policy review and evaluation; partnerships, especially at the sub-national level; and, the innate value of investing in children.

To ensure that the views of children were incorporated, consultations with representatives from youth organizations were also undertaken.¹⁰ The consultants then developed a conceptual framework and a SitAn outline which were presented to the NAC and the UNICEF Mongolia Country Management Team and endorsed in December 2013.

Data sources and data usage – key and most up-to-date quantitative data has been extracted from a variety of sources, including from the GoM National Statistics Office (NSO) database¹¹, existing and endorsed United Nations and Government publications, particularly the 2010 United Nations (UN) Common Country Assessment (CCA), the 2013 5th – and most recent – MDG Progress Report¹², and, from the 2010 NSO/ UNICEF Mongolia Multi-Indicator Cluster Survey (MICS)¹³.

As noted above, the SitAn is not intended as a technical or programme review, but rather as a planning and advocacy tool focused on a consolidation and highlighting of key trends and issues. As such, the approach adopted is interpretive, and does not represent an attempt to quantify, validate or rationalize existing data. Moreover – and despite data gaps and issues of data quality and reliability – the

sheer quantity and diversity of relevant quantitative and qualitative data sources necessitates that a selective approach to data usage is employed; both to keep the scope of the SitAn manageable and to keep the narrative squarely focused on the salient challenges at hand. In this context, the use and interpretation of data in the SitAn is guided by the identified need to illustrate key issues of inequity, poverty and deprivation, as they relate to children.

In this light, the SitAn can be viewed as complimentary to the 2010 MICS, the 2010 CCA and the 2013 5th MDG progress report and the reader is encouraged to review these publications as appropriate to their interest and needs. In particular, the 2010 MICS contains comprehensive and disaggregated data providing more specific details in relation to child mortality, nutrition, child health, water and sanitation, reproductive health, child development, literacy and education, child protection, HIV/AIDS and sexual behaviour, access to mass media and information technology, tobacco and alcohol usage and subjective wellbeing. All data presented in the MICS are disaggregated by sex, age, rural or urban location, the education level of caregivers, wealth quintile and region.

Relevant qualitative data and analysis has been extracted from a wide range of recent United Nations, development partner and GoM sources and similarly, where appropriate and needed, the reader can refer to more comprehensive and sector/issue specific analysis cited in this report.

10 The 2012–2016 UNICEF-Government of Mongolia Country Programme has a geographic focus on the Nalaikh district (peri-urban area) and Khövsgöl province (rural area). These areas were selected using the following criteria: (a) A composite index indicating multiple deprivations and a study of the drivers of inequity in those locations; (b) Locations at which UNICEF can add most value and be operationally efficient; and (c) The province and district that the government has assessed to be the most disadvantaged.

11 <http://www.nso.mn/>

12 <http://www.mn.undp.org/content/mongolia/en/home/library/National-MDG-reports/TheFirthNationalMDGReport/>

13 www.childinfo.org/files/MICS4_Mongolia_SummaryReport_Eng.pdf

1.5 SitAn Report Structure

Sections 3 to 7 of the SitAn delve into the multi-dimensional nature of child deprivation in Mongolia (or, components of child poverty) from a rights-based perspective, taking into account, where possible, how deprivations overlap; and, how household income poverty correlates with key sectoral data. **Section 8** of the SitAn focuses on key risks and challenges to child wellbeing and child rights including issues relating to the social policy and legislative enabling environment, institutional capacity, decentralization, economic volatility, budgetary issues, environmental sustainability, and the situation of adolescents. **Section 9** offers conclusions and recommendations.

A priori – given that income poverty often has a causal relationship with other dimensions of poverty and that it is often in itself indicative of the risk of other child rights deprivations and/or vulnerabilities,

the following section first considers levels of household income poverty in Mongolia, its distribution and key causes.

CHAPTER 2 HOUSEHOLD INCOME POVERTY



CHAPTER 2. Household Income Poverty

Although child poverty and deprivations must be considered from a multi-dimensional perspective, income poverty does matter and often profoundly impacts on child wellbeing and rights; even if, the exact nature of the relationship between income poverty and child wellbeing, child deprivation and child rights is not always clear. Generally speaking, however, there is much international and Mongolia specific evidence to show that children from lower income households are disadvantaged in relation to a wide range of different outcomes. For example, children from income poor households tend to have worse health outcomes; do less well in school; are more likely to report low self-esteem; and, may be more likely to come in contact with the law, or get involved in risky behaviour. Yet it is not always clear in what contexts and circumstances low income itself is the lone – or even principle – cause of worse outcomes; nor, to what extent other factors frequently correlated with low income, such as lower levels of parental education, or limited access to quality services, are more or less influential. Nevertheless, what is clear is that income poverty has a cause and effect relationship with other poverty factors and deprivations.¹⁴

14 For example, informal health service user fees (or the purchase of medications) can exacerbate household income poverty, act as disincentive to seeking essential health services, and/or limit household funds available for other child related expenses.

Situation Assessment¹⁵

The accuracy of poverty analysis, including analysis of income poverty, has been compromised by difficulties in comparing estimates, and the uses of different methodologies and protocols within survey designs – however, inconsistencies aside, the poverty headcount has declined from 36.3% in 1990 to 27.4% in 2012 peaking at 38.7% in 2010 following the Global Financial Crisis. However, the trends in disparities pattern remain the same in the past 20+ years.

In real terms, economic growth in Mongolia is yet to deliver sustained improvements in living standards and reductions in income poverty, and levels of inequity remain unchanged – since 2000 the share of the poorest fifth of the population in total national consumption has changed little over the last twelve years (2000: 7.5% and 2012: 7.7%).

Poverty in Rural areas persists – NSO data show that the Khangai and Western regions contain the aimag's with highest poverty headcount. Uvurkhangai aimag has the highest poverty headcount rate (45.1%), followed by Gobi-Altai (44%), Arkhangai (43.5%), Khövsgöl (43.1%) and Khovd (40.2%) aimag. The lowest poverty headcount rates are found in the aimags of Umnugovi, (11.8%), Dornogovi (16.9%), Uvs (17.7%), and Bayan-Ulgii (19.7%). In Ulaanbaatar city the poverty rate at 19.7% is lower than in rural areas but masks acute poverty in many peri-urban or Ger communities. 19.7 percent).

15 Data in this section are extracted from the 2012 5th National MDG Report, are the most up-to-date available and have been officially sanctioned by the GoM NSO.

In terms of other characteristics of poverty – 2011 NSO data show that 60% of households with more than eight members and about 45% of households with an uneducated head live below the poverty line. Given also that children constitute some 35% of the total population they are dominant in household composition and often endure multiple deprivations as a result of regular and/or unexpected household income deficits.

The most significant decline in the poverty headcount occurred between 2010 and 2012 with the poverty headcount rate declining nationally from 38.7% to 27.4%, and in rural areas from 49% to 35.5% - these declines are largely attributed to post Global Financial Crisis (GFC) economic expansion, subsequent increases in company profits and employment generation, and, in particular, the increasing dispersion of revenues from resource extraction in 2011 and 2012 through social protection payments.¹⁶

Enabling Environment

Social protection payments have been the key means by which the government has attempted to directly address income poverty, and have increased significantly since 2001 – between 2008 and 2012 there was 14.1% increase the number of people recorded as eligible for welfare payments (including maternity payments), and social welfare and pension allowances doubled. Conditional cash transfers from the social welfare fund increased by 28% in February 2012 and again by a further 20% in May of the same year. Moreover, between August 2010 and June 2012,

16 Social protection payments in Mongolia include payments made through the universal Child Money Programme (99.6% coverage of children); maternity payments, social welfare allowances for single mothers, for parents with adopted children and for children with disabilities; as well as a range of working age transfers.

mining revenues pooled through the Human Development Fund (HDF) were dispersed universally to all citizens as a one-time cash payment of 120,000MNT, as well as through monthly transfers of 10,000MNT, increasing to 21,000MNT by 2012.¹⁷

Social protection payments have undoubtedly reduced the burden of income poverty in Mongolia, and well-targeted social protection mechanisms do reduce vulnerability at the household level – however, widespread income poverty persists for a number of reasons and continues to undermine child wellbeing, particularly in rural and peri-urban locations. Subsequently, the underlying causes of household income poverty, and of the child deprivations they exacerbate, require a broader consideration within current and future GoM policy consultations, debates and forums.

Key Barriers and Bottlenecks

Broader cross-sectoral issues and challenges relating to government capacity to address child poverty and deprivation, including through national policies, and in relation to the effectiveness of social protection mechanisms, will be discussed in section 8. Measures to reduce poverty and deprivations in the health, water and sanitation, and education sectors will be discussed in sections 3 to 7, and emerging environmental risks, the impact of mining, macro-economic threats and their potential impact(s) on child wellbeing and poverty are also addressed in section 8. However, to set the scene for the analysis that follows, some of the key drivers of income poverty – and by proxy, child rights deprivations – are summarised below:

17 Social Protection Sector Assessment by the Asian Development Bank 2012 (not published)

Food insecurity – often both a consequence and cause of household shortages, food insecurity has been heightened by the erosion of rural livelihoods and rural urban migration; environmental shocks and disasters including droughts and Dzud¹⁸ in 2000/01 and 2009/10 impacting on agricultural output; a dependence on food imports; and, inflationary pressures (see section 3).

Persistent unemployment / under-employment – (especially in locations where income poverty is high) resulting from: a lack of economic diversification and a dependence on resource extraction (see section 10); the impact of mining and social and economic change on traditional livelihoods; inadequate technical and vocational training (see section 8), and inversely the inability of the economy to adequately absorb university graduates and/or retain skilled workers; and, economically motivated migration to urban areas which has exacerbated unemployment – especially youth unemployment – in peri-urban areas (see section 8).

The absence of inclusive economic growth – high levels of income inequality and socio-economic disparities indicate that economic growth has not been inclusive in Mongolia. Economic growth, based primarily on resource extraction has benefited the few rather than the many and the vast majority of Mongolian workers do not participate in the most productive parts of the economy. Mongolian products are produced at a relatively high cost and domestic and foreign demand for Mongolian goods is low, constraining the growth and

diversification of business, Mongolia's international competitiveness, shifts towards a more entrepreneurial business environment, and the evolution of more equitable and sustainable economic growth.

Vulnerability to external markets – as the effects of the GFC clearly demonstrated, Mongolia – being economically dependent on the export of commodities – is particularly vulnerable to downturns in commodity prices and global economic shocks.

Out of pocket payments for services – in the health and education sector – alongside rising household expenses – out of pocket expenses exacerbate household income poverty among the already poor, further perpetuating the poverty cycle. In the case of, for example, severe illness in the family or the loss of agricultural assets as a result of environmental shock, household expenses can be catastrophic (see section 3, 4 and 5).

Poor outcomes for children – taking a longer-term view, income poverty and household vulnerability exacerbate child deprivations. Similarly, deprivations themselves and caregiver efforts to meet obligations to children can further exacerbate household income poverty. Only through policy and resource investments that ensure rights to nutrition, health care, safe water, education, protection, participation a healthy social and physical environment can longer-term and inter-generational poverty be addressed.

18 A Dzud is a complex, long-lasting natural disaster where summer drought is followed by heavy snowfalls and unusually low temperatures in winter. During the 2010 Dzud in Mongolia more than 8 million head of livestock – or some 20% of total livestock – perished.

CHAPTER 3 ENSURING ADEQUATE CHILD NUTRITION



CHAPTER 3. Ensuring Adequate Child Nutrition

Undernutrition increases children's vulnerability to infections and jeopardizes their development and cognitive function, especially when it occurs during pregnancy and the first two years of life. For these reasons, undernutrition is associated with reduced adult productivity and the intergenerational transmission of poverty. Undernutrition results from inadequate access to the amount or quality of food needed for growth and development. It is also caused by illness, particularly diarrhoea, which drains children's bodies of vital nutrients. This destructive cycle of undernutrition and illness results in chronic health problems and child mortality. For many children, nutritional deprivation begins before birth as a result of having an undernourished mother. In infancy, this is exacerbated if the child is not breastfed and especially if not exclusively breastfed during the first 6 months of life. Proper nutrition is thus an essential pillar of child wellbeing, one that must be adequately reflected by comprehensive national policies and programs.

Situation Assessment

Overall, key child nutrition indicators are improving – NSO data shows that between 2000 and 2010 the prevalence of underweight children fell from 11.6% to 3.3%, the prevalence of stunting (height for age) has declined from 29.9% to 15.3%, and the prevalence of wasting (weight for height) from 7.1% to 1.6%. Progress has been made in both urban and rural locations and the gaps in gender, income and educational levels have narrowed. However, the prevalence of children 0 to 6 months who

are underweight increased from 6.9% in 2005 to 8.4% in 2010.

Stunting – 2010 MICS data concurs and shows that 3% of children under 5 are moderately or severely underweight and 15% are moderately or severely stunted or short for their age. Despite overall progress, stunting remains more common in rural areas than urban (20% and 12%, respectively) and particularly in the Western and Khangai regions.

Under 5 nutritional status correlates to levels of education and income poverty - Children whose mothers/ caretakers have vocational or higher education have less risks of being underweight or stunted compared to the children of mothers/ caretakers with no education or primary education (28% of children with non-educated mothers/ caretakers are stunted compared to 9% of children whose mothers/ caretakers obtained college, university education). Moreover, 25%, of children under-5 in the poorest quintile are stunted, while only 7% of children under-5 in the richest quintile are stunted.

Low birth weight – MICS 2010 found that nationally 4.7% of children were of low birth weight (less than 2.5 kilograms and associated with a range of health risks in childhood). Like other indicators of under 5 nutritional status, low birth weight is more common in rural areas (particularly Western Region at 6.6%) than in urban (Ulaanbaatar 3.8%).

Breastfeeding and complementary feeding – according to MICS, 92% of newborns are breastfed within one day and 71%

within one hour. Data do not differ significantly across regions, urban or rural locations, or in regard to the education level of mothers/ caretakers, or household wealth index quintiles. Nationally, 66% of children are exclusively breastfed ranging from Khangai region and Ulaanbaatar at 61% and 62% respectively to 74 % in the western region. 82% of all breastfed children are still being breastfed at 12-25 months. Some 70% of all children aged 6-23 months are appropriately fed (breastfed + solid and semi-solid foods) with little variation across regions. Notably, the introduction of complimentary foods before six months is more common in households in the richest quintile.

Bottle feeding – carry’s a hygiene risk, especially if family lacks access to safe water and sanitation, and remains a common problem in Mongolia with MICS reporting that 21% of children 0-23 months and 34% of children 6-11 months are bottle fed. Bottle feeding is reportedly twice as common in urban areas, and – reflecting international trends – is more than three times more likely to be practiced by wealthier and better educated women.

Salt Iodization – salt iodization helps to prevent iodine deficiency disorders which are the world’s leading cause of impaired cognitive development in children. According to MICS 2010, 70% of households can be assessed as consuming adequately iodized salt, ranging from 81% in Ulaanbaatar to 48% in Western Region. Iodized salt consumption is more common in urban areas (77%) than rural (59%) and amongst households in the fourth and wealthiest quintile (76% and 79%) than the poorest quintile (53%).

Vitamin A supplementation – MICS 2010 records that 61% of children aged 6-59 months received vitamin A

supplementation which reduces the risks vitamin A deficiency (including blindness) and anaemia. No significant differences in the vitamin A supplementations were observed in relation to wealth index quintiles of their households (poorest 10.4% and richest 9.5%), or in relation to caregiver education levels (no education 9.5% and college education 9.3) although vitamin A supplementation by region varies from 49% coverage in the Western Region to 74.1% in the Eastern Region (Ulaanbaatar 61.2%).

Enabling Environment

The Ministry of Health has overall responsibility for nutrition but there is no specific policy that addresses nutritional disparities and vulnerability – a National Food Security Program for 2009-2016 has been approved by the GoM, and the Ministry of Health (MoH) has current plans to develop a national nutrition programme and a strategy for infant and young child feeding. However, there remains an urgent need to develop a comprehensive national nutrition policy. **The 2006-2015 Health Sector Master Plan (HSMP) does** define an essential and complementary package of nutrition services to be provided at different levels of the health system but the current status of the HSMP is uncertain as the MoH revisits priorities in relation to the GoM Action Plan. There is also a Nutrition Research Centre within the National Centre for Public Health (former Institute of Public Health) which focuses on undertaking nutrition surveys every five years to inform nutrition interventions, and is a technical – rather than policy making – institution.

The GoM has partly addressed food insecurity through a food stamp programme – with technical and financial support from the Asian Development Bank (ADB), the Ministry of Social Welfare and Labour

created a Food Stamp Operating Unit in charge of identifying households eligible for food stamps, managing the distribution of food stamps, and providing public information. The overall annual budget available for Food Stamps is currently 10 billion MNT and the programme has been independently evaluated by the ADB as having been reasonably successful at reaching those in need. However, a range of challenges relating to the targeting and administration of social welfare payments still need to be addressed.¹⁹

Key Barriers and Bottlenecks

All of these indicators suggest that although children's nutritional status has improved across much of the country since 2000, national averages continue to mask intra and inter-regional disparities. Much still remains to be done to improve the nutritional status of children and to reach those whose needs are most severe. Key challenges currently faced in the nutrition sector are described below:

Income poverty – MICS data show a clear correlation between poor nutritional status and income poverty. This is most clearly demonstrated when comparing levels of household income poverty with nutritional status in the Khangai and Western regions of Mongolia where people are most poor, and children are most nutritionally deprived. However, income poverty impacts on the nutritional status of children in a variety of disparate urban, peri-urban and rural locations by limiting the household resources available for purchasing nutritious food, and for accessing services where nutritional supplements are available for children and mothers.

Inflation – linked to a range of economic challenges in Mongolia, inflation has been high for some years (peaking after the GFC in 2008 at 22.1%). Inflation continues to constrain household capacity to ensure adequate nutritional intake for children, especially for those who are already income poor. World Bank data show that in 2013 food price inflation roughly doubled from around 5% to around 10% with the price of milk, cheese and eggs increasing from 6.7% to 18.5% between July and September alone. Unfortunately, these trends are expected to continue, alongside rapidly rising costs for fuel, accommodation and other core household expenses which further exacerbate existing household vulnerability.

Food insecurity – wheat production has increased since 2007, and the production of meat and dairy products in Mongolia has generally remained stable. Consequently, widespread shortages have not occurred. However, food consumption per capita is much higher than domestic production, increasing dependence on imported food and vulnerability to price fluctuations. Other significant threats to food security include climate change and Dzud which caused widespread livestock losses in 2000/01 and 2009/10.

Lack of dietary diversity – analysis of food consumption patterns reveals that urban residents generally consume more flour, sugar, eggs, fruits, potato and other vegetable, while rural people survive mostly on meat and dairy products, resulting in micronutrient and vitamin deficiencies among women, children and new-borns. Evidence suggests that the low levels of consumption of vegetables, eggs and fruit in rural areas is not usually a consequence of ignorance of the benefits of such food, but more a result of having limited resources for the purchase of such goods, the absence of refrigerators (in

19 ADB, August 2012: Food Stamp Programme Briefing Note

summer), and/or limited physical access to markets. While malnutrition and stunting continue to impact on children in rural areas in particular, the increased consumption of sugar and flour based foods in urban areas is leading to rising levels of child obesity within wealthier quintiles.

Information and communication gaps – while ensuring access and utilisation of nutritious food for children and access to appropriate health services is key to ensuring improved nutritional outcomes for children, ensuring access to appropriate nutritional information and counselling is also needed. However, both institutional and health worker capacity for health promotion, counselling and the delivery of health information, including in relation to appropriate nutrition and IYCF practices, is limited. Much remains to be done to build health systems and health worker capacity for appropriate health promotion and behaviour change (see next section).

Institutional capacity for improved child nutrition is inadequate and nutrition governance requires more direction and accountability – the Department of Public Health within the MoH has only one nutrition officer, and while at the aimag and district level there are nutrition ‘focal points’ there are very few public health sector staff or health workers with adequate training on nutrition related issues, particularly as they relate to children. Moreover, nutritional priorities are not clearly defined with the MoH or within other sectors, capacity for the coherent and coordinated implementation of nutrition interventions is limited, and there is a pressing need for an inter-sectoral monitoring framework that can aid in the assessment of nutrition outcomes.

Appropriate nutrition training is needed – until recently medical students have had

no access to specialized nutrition training but now nutrition is at least optional within the undergraduate curricula at the Mongolian University of Science and Technology. However, there are limited opportunities for postgraduate nutrition training in Mongolia and graduates who travel overseas for postgraduate training in nutrition are usually recruited into well-paid jobs with international organisations, rather than absorbed into the public health sector. In regard to front line health workers, the limited in-service and nutrition related trainings that have been conducted over recent years have all been supported by international development partners. Currently, no strategy exists to systematically address nutrition related training needs at facilities level.

Growth monitoring and micronutrient supplementation are implemented nationally although coverage is inconsistent – moreover, supplementation is generally not accompanied by appropriate counselling representing a lost opportunity to strengthen implementation and improve outcomes. The quality of data and of data collection systems at the Aimag and District level is sometimes an issue and central level capacity to analyse and utilise data for planning purposes has proven limited. Generally, resources for carrying out an effective growth monitoring programmes are insufficient, and the availability of functional equipment (for example, scales and height boards), and/or adequately trained personnel is limited within public health facilities. Supplementation is undertaken through health facilities with limited outreach or home visits, and the coverage of Vitamin D and of iron supplementation has been affected by supply chain disruptions resulting, for example, from lengthy tendering processes. Multiple micronutrients supplementation has been supported

by the ADB, UNICEF and World Vision but evidence suggests that compliance rates are low further reinforcing the need for improved counselling and health information services. Finally, supplementation remains dependent on external support and until there is a serious policy commitment to child nutrition there will be no government resolution for the inclusion of micronutrient supplementation within the state budget.

Some nutrition related laws are in place but compliance is weak – laws and programs that support salt iodization have been in place since 2001 and the utilization of iodized salt has steadily increased. However, as the MICS data revealed, rural and poor households are not sufficiently using iodized salt and there is a need to ensure that food fortification becomes an essential component of any future

national nutrition policy. In relation to the Law on Breast Milk Substitutes, capacity for enforcement is limited and loopholes are frequently exploited, particularly by importers, promoters and sellers of breast milk substitutes in urban areas.



CHAPTER 4
IMPROVING CHILDREN'S
AND WOMEN'S HEALTH

CHAPTER 4. Improving Children's and Women's Health

The Mongolian government is committed to providing accessible and equitable quality health care to all citizens, and as a result of prioritized and targeted efforts over recent years; health outcomes and indicators have improved in some locations.

Maternal and childhood mortality levels are considered important indicators of a country's development, and of health system capacity. Per thousand live births, NSO data show that the infant and under 5 mortality rate (IMR / U5MR) has decreased from 65.4 and 97.2 in 1992 to 15.5 and 21, respectively, in 2012. Much of this progress can be attributed to widespread health insurance coverage, the success and resilience of Mongolia's National Immunization Program and the implementation of preventive strategies, including through the Integrated Management of Childhood Illnesses (IMCI) approach, and the promotion of exclusive breastfeeding. However, inequities persist and critical health sector challenges in relation to health sector governance, and the quality of, and access to, health services continue to undermine children's and women's health.

Situation Assessment

Despite significant progress in reducing infant and under 5 mortality rates (IMR/ U5MR), 2010 MICS data suggest that IMR and U5MR may be higher than official statistics indicate – MICS 2010 data show IMR at 36 per 1,000 and the U5MR at 45 per 1000, whereas NSO data from 2010 report an IMR of 20.2 and U5MR of 25.6 per thousand live births. Moreover,

despite significant progress since 1990, NSO data indicate only a small decline in IMR and U5MR since 2005 with IMR decreasing from 20.7 in 2005 to 18.9 in 2012, and U5MR decreasing from 26 to 23.6 per thousand live births. NSO data also shows that U5MR increased in two aimags (Uvurkhangai, Tuv) over the past decade, and that if the current trend continues seven aimags (Bayan-Ulgii, Gobi-Altai, Zavkhan, Uvurkhangai, Sukhbaatar, Tuv and Khövsgöl) will be at risk of failing to reduce U5MR to 21 per 1000 live births by 2015 (MDG target).

IMR and U5MR data highlight the impact of income poverty and rural disadvantage – MICS 2010 data show IMR and U5MR in the poorest 20% of households was 2.5 times greater than in the richest 20%. Additionally, MICS data show that IMR and U5MR increase the further households are from the capital. For example, IMR in Ulaanbaatar is 18 per thousand, in aimag centres it is 31, in soum centres 37 and in rural areas 54. Similarly, the U5MR for Ulaanbaatar is 21, in aimag centre 38, in soum centres 46, and in rural areas it is 72.

IMR and U5MR also correlate with the level of a mother's education – MICS data show that the children of mothers/ caretakers with low education are more likely to die compared to the children of better educated mothers/ caretakers. For example, U5MR for the children of mothers/ caretakers with no education is 95, primary – 77, lower secondary – 41, upper secondary – 38, vocational – 54, and college / university – 26.

Maternal mortality has been reduced significantly since 2000 – the Maternal Mortality Ratio (MMR) peaked in 2000 at 121.6 but has since fallen significantly to 51.5 per 100,000 live births in 2012 (NSO).²⁰ However, despite a functional Health Management Information System (HMIS) and routine data collection, monitoring progress towards reduced maternal mortality is at times compromised by complex civil registration issues, rural/urban migration, the remoteness of some populations and subsequent under-reporting.

MMR data indicates mixed progress – maternal mortality is not covered by the MICS and is not available for eight aimags in the 2013 5th MDG progress report. However, available data show that Sukhbaatar, Tuv, Khentii, Bayan-Ulgii, Bayankhongor and Zavkhan aimags have higher MMRs than the national average, and that while reductions have been achieved in some aimag's, others have witnessed increasing MMR. Available MMR data also indicate less of a correlation with a rural location, with Ulaanbaatar recording a higher MMR than both the country and aimag average. However, evidence suggests that MMR is also high among some rural populations, including among herder women.

Limited up-to-date analysis on the determinants of maternal mortality is available – pregnancy complications and issues relating to the provision of maternal care and access are not adequately captured within data collection systems. However, a reported near 100% coverage of skilled birth attendance and the relatively equitable coverage of antenatal care suggest that higher maternal mortality occurring both

in urban and rural areas may be indicative of health sector quality issues, as well as location specific influences.

Most infant and under 5 mortality relates to neonatal causes – MoH data indicates that 60% of all infant mortality and 45% of all under 5 mortality is in fact neonatal mortality clearly pointing to the need to strengthen the quality of antenatal and maternal care, as well as maternal nutrition. Key causes of neonatal mortality are low birth weights and/or premature or complicated births. Other major causes of all under-5 and infant mortality include congenital complications, respiratory diseases (including pneumonia), diarrhoea, child injuries and/or the inability to access critical services when needed. However, aimag and district specific environmental, economic and social conditions also influence health outcomes for children.

HIV prevalence is low but risk factors are present – MoH data indicates that the prevalence of HIV among the general population is lower than 0.1% with 150 total cases recorded, and HIV prevalence among men who have sex with men is 7.5%. Significant risk factors persist including Sexually Transmitted Infections (STI) which according to UNAIDS accounted for 43.8%, 34.6% and 31.4% of total reported communicable diseases in 2009, 2010 and 2011, respectively. In 2011, 13,427 cases of common STIs including syphilis and gonorrhoea were reported and of concern is that by far the largest number of infections occurred among 20-24 year olds (4348 - 1065 infections were recorded within the 15-19 age bracket), and among them more among young women than men.²¹

20 Despite the NSO recording the MMR for 2012 at 51.5, the MoH record the 2012 MMR at 45.5 per 100,000 live births.

21 UNAIDS estimate there to be 674 total cases and prevalence among MSM (men having sex with men) at between 6 – 10%.

Levels of immunization and antenatal care coverage suggest that access to services is available, but that barrier to access remain for some households – MICS 2010 reports that immunization coverage does not differ significantly by sex, education of mothers / caretakers, and household wealth index quintiles. However, despite immunization services being nominally free, children are less likely to be immunized in the Western and Central regions where the percentage of fully immunized children is lowest (67-68% where? as opposed to 84.5% in Khangai and 80.2% in Ulaanbaatar). Similarly, antenatal care (ANC) coverage is generally high ranging from 79.1% of pregnant women who received ANC four or more times in the Western Region to 91.8% of pregnant women in the eastern region who received ANC four or more times.

Enabling Environment

Services are provided at three types of facilities (primary, secondary and tertiary) and over two administrative divisions (the capital and the aimags) – efforts have been made to strengthen the management of the MoH and health departments at aimag level, and a number of new primary health-care facilities have been established. The Health Act of 2011 further laid out the structure and functions of these various health-care facilities at different levels and established a governing board of the state central hospitals, specialized centres, and regional diagnostic and treatment centres that aim to provide organizational autonomy in decision-making.

Frequent changes in government and in programmes and policies, accompanied by poor accountability systems have slowed health care reform in Mongolia – inconsistent and often contradictory reform processes continue to undermine

health sector capacity to comprehensively and sustainably address efficiency, access and quality.

Planning processes for the MOH have been based on the government’s Health Sector Strategic Master Plan for 2006-2015 – however, the current status of the HSMP is uncertain. Past efforts have been made to strengthen inter-sectoral approaches and to promote a sector wide approach that supports coordination and collaborative planning and implementation but the Government’s current emphasis on the review of health sector priorities, policies and programmes necessitates that partners reassess their support and look for new opportunities for collaboration.

Key Barriers and Bottlenecks

The multiple challenges to improving the efficiency of the Mongolian health system, and to improving access, utilization and quality are complex. Below is a summary of the most salient barriers and bottlenecks to improved child and maternal health outcomes.

Coverage of health services is relatively high, but effective service delivery remains plagued by structural inefficiencies and high operational costs – since the 1990s, Mongolia has been undergoing wide-ranging reforms to expand the coverage of health services to its population. In 1996 social health insurance was established to address declines in resources available for the health sector and in 2005 amendments to the health law resulted in an increase in state financing for primary health care. Currently, the health system is based in a two-tier model that provides health services at the primary level (family health centres, soum health centres and inter-soum hospitals), at the secondary level (district and aimag general hospitals, rural general hospitals and private clinics)

and at the tertiary level (via multi-specialty central hospitals and specialized centres in Ulaanbaatar). However, like other health systems which have evolved from the Soviet Semashko model, the Mongolian health system has been overly reliant on hospital-based curative care with a very high hospital bed supply and attendant costs. Over recent years though, advances in health technologies and rising budget pressures have resulted in an increasing focus on outpatient diagnosis and – by 2010 – a halving of the rate of hospitalization. Nevertheless, resources remain concentrated at the hospital level to the detriment of improved and more equitable primary care.

Since 1990, the number of doctors per 1000 population has remained steady but the supply of nurses and other allied health sector staff has significantly decreased – the health system could be more cost effective and prevention focused if the overdependence on doctors decreased, and the number, quality and responsibilities of nurses and other allied staff, including feldshers, improved. Moreover, many primary care doctors in rural areas are recent graduates obligated to complete a rural posting to obtain their licence, whereas in Ulaanbaatar (where all tertiary facilities are located) there is an oversupply of specialists and an undersupply of doctors willing to work in primary care. The MoH has taken measures to provide incentives for doctors and health workers in remote areas but most graduate doctors still aspire to medical specialisation and move to the capital upon receiving their licence. Additionally, many essential allied health sector staff – especially experienced and well qualified staff – are motivated to seek better remuneration and living standards in the aimag capitals or in Ulaanbaatar, where better paid private

sector or health sector administrative jobs are available. Unfortunately, the MoH has limited influence on human resource supply as medical schools are funded by the Ministry of Education and Culture (MECS), and as medical schools depend on revenue from tuition fees, they tend to maximise enrolments which has led to an oversupply of doctors, relative to allied health workers.

Primary health care is largely state funded but inequities in coverage remain

– Mongolia's significant land mass combined with low population density, extreme weather and nomadic traditions create real geographical barriers to health care coverage and access. These are compounded by the often poor quality of rural and remote health-care services and facilities, and the costs of transport which can be prohibitive for many families. Primary care facilities are frequently under staffed, under resourced and unable to adequately respond to evolving population health challenges, including in urban areas where PHC services are being increasingly challenged by rising migration.

Increasing out-of-pocket payments impact on the capacity of the poor to access services

– while maternal and child healthcare is provided free of charge and there are supposed to be only small user charges and some co-payments for other services, WHO data show a substantial increase in out-of-pocket payments from 15.8% in 2005 to 41.4% in 2010. Some of this increase may be related to changes in the methodologies used to calculate out-of-pocket payments but anecdotal and qualitative evidence indicate that out-of-pocket payments are increasingly a disincentive to care seeking for the poor, particularly among the rural income poor and unregistered per-urban populations. Informal and out-of-pocket payments will

continue to pose a challenge to equitable health service delivery as the wages of medical staff continue to fall in real terms, and as more opportunities open up for the point-of-service sale and marketing of pharmaceuticals. Catastrophic household medical expenses also exacerbate poverty with MoH and WHO data indicating that while only 1.59% of the wealthiest quintile experience catastrophic health expenditures, this rises to 7.54% amongst the poorest quintile.²²

The cost of medicines is prohibitive for many – according to the WHO, in 2009 almost 80% of out-of-pocket payments were related to the purchase of pharmaceuticals, up from around 60% in 2003. The private sector presides over an expanding pharmaceutical market and drug prices and quality are poorly controlled and monitored. Consequently, the cost of essential drugs and medicines has increased, impacting particularly on the poor who are estimated to allocate 94% of all health related out-of-pocket payments towards their purchase. Over prescription and unnecessary prescription, especially of antibiotics, also drain household resources (and render antibiotics less effective when they are needed). However, whether appropriately prescribed or not, qualitative research shows that caregivers frequently report not being able to afford medicines to treat children.

Migrants to rural areas are acutely disadvantaged by difficulties with civil registration, and health insurance – over the last ten years the coverage of social health insurance has declined from 90% to 70% largely as a consequence of largely economically motivated migration from rural to urban areas. While access to primary care is nominally universal, 20%

of the population are left without access to insurance coverage for severe or catastrophic medical expenses, often as a result of difficulties faced with registration for migrants. Some actions have been taken to improve the civil registration system including through targeted social welfare initiatives but many families are still not accessing primary care.²³

Overall, children and women’s from poor and migrant households have the least access to primary care services – 2010 ADB survey data shows that only 46% of the rural poor access primary services at soum level with 62% accessing any health services. For unregistered populations the situation is worse with just 25% accessing health services. Out of all respondents to the ADB survey who did not access services when they needed, 77.5% reported a lack of money as the cause, 55.9% reported having no health insurance, and 31.8% reported facilities being too far away. In relation to maternal health specifically, WHO data indicate that most delays to seeking maternal care are caused by poor financial status, inadequate ANC coverage and/or relative unawareness of the danger signs of pregnancy.²⁴

Inadequate access to, or the unavailability of, certain key health services for some populations negatively impacts on children’s and women’s health – the absence of appropriate or quality neonatal care, of accessible adolescent reproductive health and HIV and STI counselling and testing services, and of counselling and health promotion services that support, for example, improved infant and young child feeding, all negatively impact on children’s and women’s health

22 www.wpro.who.int/asia_pacific.../Mongolia_Health_Systems_Review.pdf

23, 24 Registration here refers to registration in relation to government services and benefits; not to be confused with birth registration which in Mongolia is almost universal.

outcomes.

Supply side issues are also a concern and impact on public perceptions of quality

– not all health facilities have stable electricity and water supplies, ambulances and/or fuel are not always available and medical equipment is not always up-to-date or adequately maintained. Moreover, shortages of allied health staff compromise the quality of services and stock-outs of essential drugs, although decreasing, act as a disincentive to accessing care. For example, a recent assessment of health sector capacity for emergency obstetric care (EmOC) and emergency neonatal care (ENC) found that the supply of necessary medicine and equipment for EmOC and ENC is often insufficient, and that preparedness for delivering care in hospitals is not always adequate. As noted in the previous section, the provision of micronutrient supplements is supported entirely by development partners undermining longer-term sustainability and coverage. In addition, demand often outstrips supply for essential drugs, including life-saving commodities such as oral rehydration salts, zinc and antibiotics. MoH supply chain management and procurement practices need strengthening and the state budget for health care must increasingly prioritize preventive approaches and primary health care. Other factors inhibiting supply include overly bureaucratic procedures and problems with logistical capacity, particularly in the colder months when many facilities report delays in receiving essential supplies and equipment.

Limited health communication capacity and availability of maternal and child health counselling services undermine sustainable health outcomes for children and women – allied health workers and doctors are often too overburdened by curative responsibilities to devote time

and energy to ensuring the availability of health information, health education and/or counselling. For example, the recent assessment of health sector capacity for EmOC and ENC found that users had limited access to counselling and felt that doctors and health workers lacked inter-personal communication skills. The assessment also found that approaches to maternal and child health education were in general ad-hoc and lacking in consistency and coverage. While externally supported interventions aimed at improving health promotion and counselling services have been implemented, there have been limited efforts to develop institutional and or health worker capacity for health promotion and education within the sector. Currently the Department of Health Promotion in the MoH is acutely under-resourced, has almost no operational capacity, and has very limited influence within the MoH and within health sector strategic planning.

Caregiver knowledge and practice needs to be better understood and contextualised to inform more sustainable and effective health communication – some findings on caregiver knowledge are contradictory with, for example, 2010 MICS data suggesting that most primary caregivers could not identify two symptoms of childhood pneumonia, whereas recent qualitative research in Khövsgöl aimag and Nalaikh district found the opposite to be true. The same research also found that knowledge of prevention was more limited and that therefore communication interventions should focus on prevention, including a focus on such issues as reducing the burning of solid fuel inside dwellings – a key cause of childhood pneumonia in Mongolia.²⁵ The qualitative research in Khövsgöl found that caregiver knowledge about the benefits of exclusive breastfeeding was relatively high and,

²⁵ See next section for more details on solid fuel use and air pollution.

– similar to findings in other countries where food insecurity is a problem, – that mothers supplemented or withdrew breast milk because they were concerned about their low levels of milk production, rather than as a consequence of inadequate knowledge. The research concluded that behaviour change communication and the distribution and display of information and education materials must be accompanied by improved health worker interpersonal communication, and measures to improve the availability and integration of counselling services at the primary care level, and at secondary and tertiary facilities.

Negative public perceptions of health sector quality act as a disincentive to health seeking behaviour – the 2012 MoH Health Sector review notes that public trust in the health sector is eroding, that this is related to complex issue around accessibility and quality, and that it is negatively impacting on health care utilisation. Long waiting times for services, drug stock-outs, out-of-pocket payments, poor customer service, the proliferation of ineffective counterfeit medicines, barriers to civil registration and perceptions of health sector corruption have all worked to reduce public trust in health service providers over recent years. Moreover, as has been evident in other post-Soviet countries, petty corruption in the health sector (rather than grand corruption) has become an easy target for the media, often serving to distract public attention away from more serious public sector accountability issues. Ensuring that future health sector reform efforts not only address quality, but also incorporate strategic communications planning and public relations objectives, will help to redress deteriorating public trust and increase demand for services.

Institutional capacity for health systems needs strengthening – capacity within the health sector to utilise evaluation, research and evidence for strategic planning, policy development and health sector programming has proven limited to date. The recent MoH health sector review notes a lack of routine practices by which to assess the effectiveness and efficiency of prevention, diagnosis and treatment strategies, and on which to base decisions regarding the introduction or discontinuation of approaches employed. Other issues requiring urgent attention within the health sector reform agenda include the need to: address social determinants of poor child and women health outcomes; sharpen the focus on prevention and primary care; improve the skills and capacity of allied health workers; rationalise the health insurance system and ensure the removal of barriers to civil registration for migrant populations; strengthen the regulation of private sector providers and the pharmaceutical market; further explore public /private partnership service delivery models including for family group practices; improve inter-departmental, vertical and horizontal communication and coordination within the MoH and the sector; strengthen procurement and supply chain management; work towards a sector wide approach with development partners; and, take measures to improve budgetary accountability, transparency and responsiveness to locally identified needs.

CHAPTER 5 PLANNING FOR THE FUTURE: SAFE WATER AND ENVIRONMENTAL SANITATION



CHAPTER 5. Planning for the Future: Safe Water and Environmental Sanitation

Ensuring access to safe water, adequate sanitation and a healthy environment – like adequate nutrition – underpins population health, child development and longer-term economic and social progress. In Mongolia, access to safe water has increased nationally but access in rural, peri-urban and income poor locations remains restricted. Moreover, climate change, limited and declining freshwater sources, deforestation and pollution are all pressing concerns. Efforts to protect and improve water sources and promote environmental sanitation have been undertaken, but more investments and multi-sectoral efforts will be required to ensure environmental protection and equitable access to safe water and improved sanitation. Stronger and more inclusive partnerships, increased coordination between government agencies and development partners, and better engagement with the private sector and local communities are all critical steps.

Situation Assessment

Ministry of Construction and Urban Development (MCUD) data show progress nationally in terms of access to safe water but also that access has decreased in some regions – according to MCUD data access to safe water has increased nationally from 66.2% in 2000 to 72.6% in 2010. However, over the same period access to safe water has declined in the central region from 82.5% to 66.7%, and in the western region from 37.2% to 35.2%. In the eastern and Khangai regions, and in Ulaanbaatar, access has improved slightly.

Access to improved sanitation is limited across the country and has not changed significantly since 2000 – NSO statistics show that in 2000 only 33% of the population had access to improved sanitation and that by 2010 this figure had only increased to 34.2%. In the western region only 14.5% have access to improved sanitation (up from 13.5% in 2000); in the Khangai region access has deteriorated with only 8.9% access (down from 10.3%); in the central and eastern regions access has remained consistently limited at around 14% and 20% respectively; and, in Ulaanbaatar access has decreased from 48.8% in 2000 to 37.8% in 2010 – largely as a result of migration from rural areas.

MICS 2010 data (based on country-specific definitions) shows the same general trend in regional disparities but differing levels of access to safe water across the country – 2010 MICS data show higher national levels of access at 77.9% (comparable with NSO: 72.6%); higher levels of access in the western region 62.7% (NSO: 35.2%), Khangai 57.1%, (NSO: 51.8%) central 85.4% (NSO: 66.7%), eastern 78.1% (NSO: 65.2%); and lower levels in Ulaanbaatar 91.2% (NSO: 96.6%).

2010 MICS data also show a much higher level of access to improved sanitation than government statistics – according to MICS, and based also on country-specific definitions, 54% of the population have access to improved sanitation. However, 2010 MICS data concur that rural populations have less access than urban (36% and 66% respectively), and

that populations in western, Khangai and eastern regions uses improved sanitation at lower rates than in other regions. Notably, limited access to improved water sources and improved sanitation facilities correlates with levels of income poverty, as well as with higher U5MR and IMR, and other deprivation indicators.

2010 MICS data also show – predictably – that households in rural areas spend more time in collecting water compared to those in urban areas – for the majority of households, an adult male is usually the person collecting the water, when the source of drinking water is not on the premises. However, 31% women and 11% of children under 15 also collect water. In terms of the time required to collect water, MICS data show that for 53% of households it takes less than 30 minutes to collect drinking water, and that for 23% of households (mostly in rural areas) it takes more than 30 minutes, with the highest percentage of households spending more than 30 minutes to collect water in the Eastern Region (35%). Data on water quality is not routinely available but evidence suggests that poor water quality is a major problem for Mongolia and a threat to children’s and women’s health – data show that diarrhoea was the second leading cause of all under-five mortality in Mongolia, and that hepatitis A – also caused by unsafe water – is becoming endemic in Mongolia, accounting for 22% of communicable disease in 2008 (MOH 2009). Also concerning are the results of a 2007 UNICEF assessment which found that just 27.7% of district schools and 16.1% of districts overall had an institutional drinking water supply and of those, only 50% met appropriate quality standards. Additionally, 2005/06 UNICEF data showed that just 25% of soum schools and hospitals have seen any

improvement in sanitation, and that 46% of the 74% of soum schools that source their drinking water from outside water distribution points had sub-standard water quality. Across Mongolia, data from the 2012 MDG report show that 115 soum centres in 17 aimags have sub-standard water, often with excess or insufficient mineral content. Peri-urban Ger districts and rural areas affected by mining and industry are particularly at risk from unsafe water.

Climate change is contributing to reductions in the supply of fresh water – 2007 NSO data shows that approximately 17% of rivers, 24% of streams and 32% of lakes and ponds in Mongolia were dry from 2003-2007. Water depletion and degradation adversely affects human health, limits the use of pastureland and crop fields, threatens biodiversity and aggravates desertification.

Hand washing with water and soap reduces the incidence of diarrhoea and pneumonia in children under five but MICS 2010 reports that just 67% of households have a specific place for washing hands – rural and urban disparities also persist with only 43% of rural households having specific designated place for hand washing as opposed to 82% for urban households. The presence of a designated place for hand washing is 47.6% in Khangai region and 53.2% in the western region, again correlating with high levels of under-5 child mortality and morbidity in these regions. Moreover, only 13% of the households in poorest quintile had a designated place for hand washing place as opposed to 97% of households in the richest quintile.

The indoor use of solid fuels for cooking is very high in Mongolia and contributes to the risk of acute respiratory illness, pneumonia, chronic obstructive lung

disease, cancer, possibly tuberculosis, low birth weight, cataracts, and asthma – MICS 2010 shows that 68% of all households in Mongolia use solid fuels for cooking (54% of urban households and 90% of rural households). Predictably, the use of solid fuels differs by household wealth index quintiles and education of household head. MICS data show that use of solid fuels for cooking is very uncommon among households in richest quintile (2%), but almost all of households in poorest quintile use solid fuels for cooking (99%).

Air pollution – a major cause of respiratory illness amongst children, negatively impacting on childhood immunity, physical growth and general development – has increased dramatically in urban areas – government data from 2010 shows that the average daily concentration of nitrogen in the air in Ulaanbaatar has more than doubled since 2007 and that the average daily concentration of sulphur dioxide has almost trebled. Air pollution has also become a serious issue in aimag centres and large settlements including Bayankhongor, Darkhan Uul, Dornod, Orkhon, Uvurkhangai, Khovsgol, Sukhbaatar and Khovd aimags, where air pollution now exceeds the maximum acceptable level.

Land degradation is increasing, threatening livelihood and food security – more than 80% of Mongolia's land mass is hyper-arid, arid or semi-arid and is relatively unproductive and ecologically fragile. Top soil is thin, with an average depth of 20 centimetres, rendering it vulnerable to wind and water erosion. In 2006, data indicated that 78% of pastureland in Mongolia was degraded and that another 20% was at immediate risk of degradation. According to satellite data, Mongolia saw an 46% increase in barren areas between 1992 and 2006.

Enabling Environment

Public investment in the water and sanitation increased significantly after 2009 but much remains to be done to improve access for the poor, and to promote participatory resource management – Water supply and sanitation are largely the responsibility of the MCUD. Currently the Ministry is working with the ADB to develop a master plan for the water and sanitation sector, and sector related legislation is under review including the Water Supply Law. The upgrading and construction of centralised water systems, increasing the supply of piped water and heating, and improving access in Ger districts have been identified as key priorities for Ulaanbaatar and at the aimag level.

Guidelines for water and sanitation in schools have been developed – currently, the Ministry of Education and Culture (MECS) is attempting to redress chronic under-investment in water and sanitation in schools through investments aimed at improving the quality of, and access to, water supply, and increasing the availability of appropriate hand washing facilities in schools (and soap). A costing exercise for the upgrading of primary and kindergarten facilities is currently underway.

In 2012 the new government established the Ministry of Environment and Green Development (MEGD), responsible for implementing and monitoring progress for sustainable development – in September 2012, the government showed its commitment to the water, sanitation and hygiene sectors by signing the Bali Declaration on Sanitation and Hygiene at the 3rd East Asian Sanitation Conference. Also encouraging, the Government Action Plan for 2012-16, states: "Apart from ensuring economic growth, economic

and social development policy will be incorporated into the green development policy". Hopefully, these commitments will enable a much more sustained level of investment in research, policy development and legislative reform for the water and environment sectors than has been witnessed over recent years.

Key Barriers and Bottlenecks

Mongolia continues to face dire water shortages – in a 2011 report the United Nations Environment Programme (UNEP) noted that "climate change and rapid urbanization are threatening fragile water resources in Mongolia, where more than half of the inhabitants have no access to clean water".²⁶ Excessive irrigation, mining, agriculture and deforestation have all contributed to the depletion of water resources; undermining access for the poor. Annual water consumption in Mongolia is around 550 million cubic meters, of which only 20% is used domestically. Consumption levels are currently around 30% lower than those of the 1990s. Mining and industry are thought to account for around 55% of total water consumption; and, when agriculture is included this figure rises to around 80%. In Ulaanbaatar, UNEP also report that water is being withdrawn faster than the rate of discharge and that groundwater tables have shown a marked decline in the past 50 years. Overall, limited progress has been made toward reaching targets on water conservation with, for example, data from the 2009 MDG report showing that the number of protected river headwaters increased by only 3% in 2006, and the number of protected/rehabilitated water sources decreased from 229 to 163. Introducing water-saving technologies, employing

integrated water resources management strategies, ensuring effective regulation, and improving harvesting and storage practices all remain critical challenges.

Water quality is also compromised by ageing infrastructure, industry and mining – around 50% of the country's wastewater treatment plants (mostly designed for household wastewater), malfunction. Moreover, untreated industrial wastewater from factories, tanneries and mining sites heavily pollute Mongolia's rivers. Some studies have shown ground water near mining sites to contain heavy metal elements. Mining companies have so far taken limited action to improve their environmental protection measures, or to rehabilitate areas that have been affected by mining activities. Artisanal mining and associated illegal use of mercury and cyanide has also caused significant damage to the environment and resulted in the pollution of water sources.

Waste management is inadequate posing a further risk to water safety – water is often contaminated by human waste, for example, when flash floods in peri-urban areas cause pit latrines to overflow, posing threats to children's health. Solid waste in Ulaanbaatar is not adequately managed, and waste management is also generally inadequate at the aimag and soum level where there are very few appropriate and safe landfills.

There has been little progress in reducing air pollution – despite legal and regulatory measures such as the Law on Air Pollution Payment, various governmental actions including the establishment of 'air quality zones', and the support of development partners. Reducing air pollution in urban centres in Mongolia will continue to prove extremely challenging and will require short-term measures,

²⁶ <http://www.unep.org/Documents.Multilingual/Default.asp?DocumentID=664&ArticleID=8668&I=en>

including, improvements to housing insulation, reductions in the use of solid fuel for cooking in rural and Ger areas, and the phasing out of the importation of petroleum products containing lead which is known to damage children's cognitive development. In the longer term, it will be essential to ensure improvements in regulation and enforcement; reductions in the country's reliance on burning coal for electricity; the gradual introduction of new technologies; and, efforts to reduce other harmful emissions.

Public awareness and knowledge of environmental challenges, protection mechanisms and environmental rights is still low – the quality and diversity of environmental education and of information and communication around laws and policy needs strengthening. Measures are also needed to ensure that professional groups including, for example, teachers and journalists, are better informed and aware of environmental rights and challenges, and in relation to the importance of rationalising water supply usage in Mongolia.

Inequities in water usage and costs incurred between population groups persist – routine disaggregated data on water consumption are generally not available but anecdotal data from the 2013 MDG report show that while apartment dwellers in Ulaanbaatar use roughly 270-340 litre of water per day whereas peri-urban Ger dwellers (roughly half of Ulaanbaatar's population) use only about 5 to 10 litres a day, and, pay 5 to 10 times as much.

Public expenditure data for water and sanitation provision are generally not available but a pattern of low levels of investment since Soviet times is reflected in restricted access, poor water quality, and poor environmental regulation and

enforcement – Although the Government has increased resource allocations to the water and sanitation sector and implemented several programs over recent years, the total allocation is still considered relatively low, relative to need. Progress towards improving rural sanitation has been particularly limited since 2000, while in urban and peri-urban areas migration is placing mounting pressure on capacity to adequately provide safe water and improved sanitation.

Low public and private participation in service delivery is also an issue – the engagement of civil society in natural resource management has been promoted in Mongolia with some success but inspection and control mechanisms, for example, remain vulnerable to corruption. In relation to government supported water and sanitation interventions, capacity development and engagement strategies for communities and local public and private service providers have not been prioritized, often resulting in maintenance and sustainability problems, as well as a lack of local level buy-in, and missed opportunities for improved partnership. Responsibility for capacity building and maintenance are mostly delegated to the aimag and district level where authorities claim there is no state budget allocation for such activities. Engineers and appropriately qualified maintenance staff are also often in short supply. However, recent agreements between the United Nations Development Programme (UNDP) and the MCUD to integrate capacity building strategies within infrastructure provision (alongside complimentary approaches supported by development partners at the national, aimag and district levels) can and should be closely observed for evidence of best practice; and, for scale up potential.

Ensuring access to safe water and sanitation, and protecting the environment, require cross-sectoral collaboration and coordination – at present, responsibilities for water management are dispersed across several government agencies and levels with coordination undermined by the lack of verifiable data and research, inadequate enforcement of existing laws and the absence of a clear policy vision. The development of a sector wide approach, improved technical collaboration, strategies to build public and private awareness around standards and regulations, and increased political commitment for environmental sustainability and improved water supply and sanitation remain as critical steps. The legal and institutional framework for natural resources management also needs significant strengthening through a focus on: increasing the capacity of the courts to prosecute violations; human resource needs for enforcement and incentives for environmental protection; and, enabling greater horizontal engagement with the private sector, public institutions and communities. In addition, ensuring adequate safe water and sanitation, sustainable economic development and environmental protection have broad cross sectoral implications which

require that both government agencies and development partners work collaboratively in support of key stated national development objectives. In this context, the recent establishment of a cross-sectoral coordination committee for water and sanitation under the Ministry of Economic Development is a step in the right direction, as are clear commitments to environmental sustainability within the Government's Action Plan.



CHAPTER 6 A FOCUS ON QUALITY EDUCATION

CHAPTER 6. A Focus on Quality Education

State provided education services in Mongolia include pre-school education, compulsory basic education, and secondary education. Students that graduate from primary school and do not attend upper secondary school have the option to attend technical and vocational education and training (TVET) schools which offer combined occupational and general upper secondary education. Pre-school education is not compulsory but participation rates are increasing as a result of the increased government attention that requires implementation of policies for higher enrollment.

Generally speaking, Mongolia has made good progress in delivering education services for children in Mongolia. Infrastructure has been upgraded, schools are becoming more 'child friendly' and there have been sustained shifts towards a competency based curriculum. However, access for some children is still constrained and quality and relevance need sustained attention.

Situation Assessment

Literacy rates among 15-24 year olds (considered a proxy indicator for educational access and quality) are generally high but lower in the Khangai and Western Regions suggesting a correlation with income poverty and other child deprivations – official statistics from 2011 show that 99% of 15-24 year olds are literate with illiteracy rates being marginally higher among boys and young men than girls and young women. Data from the 2010 MICS concurs but shows a slightly lower national average of 97% literacy (girls and young women

98% and boys and young men 96%). MICS data also show that in urban areas almost 100% literacy amongst all 15-24 year olds, but also that levels of literacy are lower amongst the poorest quintile (female 90% and male 80%) and among those living in the Western and Khangai regions.

Pre-schools attendance (essential for early child development and indicative of school readiness) has also increased but disparities in coverage persist – official data from the 2010 CCA show that the number of children attending pre-school education (kindergarten or alternative forms of pre-school education) increased nationally from 142,065 in 2009/10 to 180,969 in 2012/13, with all regions in Mongolia showing increases in pre-school attendance. 2010 MICS data show that nationally 91% of first grade primary school students attended pre-school education in the year previous to primary enrolment but that only 58% of children aged 36-59 months were currently attending pre-school when the survey was undertaken, MICS data also show that attendance at pre-school is lower in rural areas than urban, in the Western Region and amongst the poorest quintile.²⁷

27 A study undertaken by the Teachers College of Columbia University and Mongolian Education Alliance found that just 15% of the most disadvantaged and hard to reach children have ever been enrolled in pre-school education. Herders' children, migrant children, children in poor families and children with disabilities have particularly limited access to early childhood education services.

The 2010 MICS, for the first time in Mongolia, assessed early childhood development using the Early Childhood Development Index (ECDI)²⁸ – nationally, the 2010 MICS found that 85% of children are developmentally on track; 81% boys and 90% girls who were found to be ahead of boys in literacy/numeracy and in regard to socio/emotional development. Although no significant differences in the overall ECDI were observed in relation to household wealth, the percentage of children developmentally on track in regard to literacy/numeracy is higher among children in households from the wealthiest quintiles.

2009/10 MECS and 2010 MICS data also show high levels of net attendance at secondary schools (91.2% and 93% respectively) – net attendance at secondary school is higher by 5% among girls than among boys, among urban children than rural (97% and 89% respectively) and among the wealthiest quintile as opposed to the poorest (99.2% and 75.5% respectively). Predictably, the Khangai and Western regions have the lowest rates of net secondary school attendance (84% and 89.4% respectively).

2010 MICS data also show that the rate of primary school completion and transition to secondary school is high at 99% - completion is higher among boys and urban children (respectively 104 and 101 per cent) compared to girls and rural children (respectively 94 and 96 per

cent). Moreover, significant differences in primary education completion rates can be seen between regions with the Western region showing the lowest completion rate (87.5%), and in relation to household wealth where completion rates are 146.7% amongst the richest quintiles and 96.4% among the poorest.

The 2010 MICS did not survey secondary school completion rates but MECS data from 2009 show that nationally just 55% of children complete upper-secondary school (grades 11 and 12) – also concerning is that only 45% of rural children complete upper-secondary education reflecting on difficulties with remote and rural access.

Low secondary school completion rates reflect transitions to TVET – after grade 9 students have the option of pursuing TVET programmes which allow students to continue secondary education while undertaking vocation training. According to MECS data, the number of graduates from TVET programmes increased from 14,836 in 2009/10 to 23,120 in 2011/12. However, only 12,855 of the 2011/12 TVET graduates are thought to be currently employed indicating a mismatch between TVET, available employment opportunities, and labour force technical and skills requirements.

According to the MECS, private school enrolment at the primary and secondary level accounts for 5.3% of total enrolment – nationwide, there are 22 private primary schools, six private lower secondary schools, and 122 private secondary schools (offering both upper and lower secondary education). All private primary and secondary schools are subsidized by the state but draw criticism for charging high school fees, especially in Ulaanbaatar. Private schools utilize a national curriculum and standards approved by the MECS but

28 The ECDI index is based on indicators that measure certain benchmarks for appropriate early childhood development. These indicators assess literacy/numeracy (capacity of children aged 3-4 to identify/ name at least ten letters of the alphabet, read four simple popular words, and recognise symbols from 1-10); physical capacity (capacity to pick up a small object with two fingers); socio/emotional development (gets along with others/can concentrate/does not attack other children); and, learning (capacity to follow simple directions)

have the option of altering up to 30% of the national curriculum by adding their own content.

Enabling Environment

Education has always been valued in Mongolian society and remains a key priority for the current Government - the 2012-2016 Government Action plan reaffirms the importance of education for Mongolia's future and sets out a programme for "raising upright children" which aims to promote children's personal development, and to encourage teachers to work with every child on an individual basis. In addition, the MECS intends to continue to work towards improving the education sector in accordance with the 2006-2015 Education Sector Master Plan (ESMP), developed with support from the ADB. Past collaborations with Cambridge University to improve educational quality and relevance will also be continued. Transparency in sector planning has been identified as key priority for the MECS.

Much progress has been made although the 2006-2015 Education Sector Master Plan has set a number of targets that will require renewed efforts – these include increasing access to dormitory accommodation for children from herder families, decreasing student to teacher ratios, and increasing to 100% the supply of certified and specialised teachers. A 2011 School Environment study that surveyed 60 schools indicated that targets are not being met. For example, the study found that within the 60 schools surveyed, 10.6% of soum school teachers and 15.1% of urban teachers were uncertified. In addition, the survey found that 43.3% of school social workers had no specialised training in social work.²⁹

Government spending on the education sector is significant but there is limited flexibility for off-budget spending– MECS data show that 14.6% of the state budget was directed towards the education sector in 2012 an increase from 2011 (13.5%) but representing an overall decrease since 2000 when the allocation was 18.4%. As for other sectors, much education expenditure is directed towards ongoing operational costs with little flexibility in terms of the allocation of funds for operational research or the evaluation of interventions. The above mentioned School Environment Study found that 87% of the surveyed schools have no additional funding sources beyond the state budget, and that just 12% were able to access additional funding in the range of 1–10% of their total budgets.

Key Barriers and Bottlenecks

The Government intends to further scale up access to preschool for Ger communities but concerns about quality remain – many kindergartens and pre-school buildings are in urgent need of renovation and/or lack appropriate water and sanitation facilities. Migration from rural areas has resulted in overcrowding in urban kindergartens (and schools) with the ratio of children to teacher at around 40 in Ulaanbaatar (as opposed to 29-32 nationally). Moreover, in some peri-urban areas many children have no access to pre-school education – currently there are 37 Khoroods in Ulaanbaatar that have no kindergartens or pre-school facilities. In relation to alternative forms of pre-school education (mobile Ger kindergartens, double shifting and visiting teacher services), studies suggest that the quality of alternative education is being compromised by inadequate funding; inadequate curriculum coverage; a shortage or absence of teaching

29 UNICEF. School Environment Study 2012 (not published)

materials; and, a shortage of adequately trained pre-school teachers. However, the 2008 Law on Preschool Education has created a legal environment conducive to alternative forms of pre-school education that has proven – despite the need for further quality improvements – to benefit the poor. The provision of free meals for pre-school children has also benefited the poor and improved utilization.

Access and coverage are generally high, but significant numbers of children from rural and/or poor families do not attend primary or secondary school – both MECS and 2010 MICS data show that children from rural and/or poor families are disadvantaged and more frequently dropout. Economic necessity often compels herder families to take children out of school after the first year of secondary school; and/or dropouts related to bullying, isolation from family and/or poor dormitory conditions are also an issue.³⁰ Because of the shortage of schools in some remote areas, rural and herder families are forced to place their children in dormitories which can be costly for the poor, overcrowded and unsafe. In addition to the dependence on child labour in some rural location, loneliness and missing family and friends is often cited as a cause of drop-outs.

Costs associated with education can be prohibitive for the rural and urban poor – while attending school in Mongolia is nominally free, additional expenses are solicited from parents by schools to, for example, conduct repairs and to renovate classrooms. The cost of text books, school uniforms and transportation are also prohibitive for many families, with

the social stigma attached to not being able to afford these items also acting as a disincentive to school enrolment and completion among the poor.

Rural to urban migration is challenging the quality and sustainability of education

– economically motivated rural to urban migration (as a consequence of, for example, the 2009/2010 winter Dzud which impoverished thousands of rural families) has resulted in overcrowding in urban areas. The 2011 School Environment Study found that of the schools surveyed 93.3% were employing double shifts and 6.7% (all in urban areas) were employing triple shifts. While migration has resulted in overcrowding in urban areas it has also resulted in falling levels of school utilization in some soums and smaller aimags. Perhaps indicative of the decline in educational standards resulting from rural to urban migration are data showing that literacy rates have steadily declined in Ulaanbaatar over recent years.

The quality of education is a major concern

– ensuring compliance with international standards and improving the quality of teacher training (and of teaching practice) are urgent priorities for Mongolia. Qualitative studies have suggested that rural schools in particular do not attract good teachers and that there are reportedly critical shortages of teachers qualified to teach English, mathematics and information technology. Efforts have been made to integrate child rights-based positive discipline methods, pedagogy and child development within pre-service teacher training at the Mongolian Education University but evaluations are required to assess achievements, results and scalability. Another major issue impacting on learning achievements are high student to teacher ratios which limit the capacity of teachers to address the special needs of disadvantaged and/or

30 The 2011 School Environment Study found that between 10 and 30% of all students in the schools surveyed stay in dormitories, and that many dormitories need to be renovated and do not meet minimum standards for safety and/or sanitation.

low achieving students. The ESMP aims to decrease student-teacher ratios from 33.5 to 27.4 in urban areas, and from 30.9 to 24.7 in rural areas but to date, limited progress has been made. Many schools, and particularly overcrowded schools, also lack adequate teaching aids, equipment, and computers.³¹ Textbook shortages are also common although the MECS does provide free textbooks, notebooks and pens to the value of 16,000MNT to children from vulnerable families. Moreover, focus group discussions reveal that both parents and students have concerns about the relevance of education, the lack of resources for extra curricula activities, including sport, and report that the physical and social environment of schools is often not conducive to learning.³²

International assessment tools are needed to better assess the quality of education in Mongolia – while it is important to look at issues such as the levels of budget allocation to, for example, teacher training, it is also critical that the sector is able to comprehensively assess what children are actually learning in schools. In Mongolia there is a national testing and exam system that measures learning achievements and includes progress tests, grade completion exams

and national exams for primary, basic and secondary education completion. However, assessment tools currently in place are considered too focused on content knowledge and as generally inadequate to properly gauge analytical skills, capacity to effectively reason and communicate, and in regard to student's general capacity to meet post-education social and economic challenges. Some efforts have been made by the MECS in collaboration with the University of Cambridge to pilot international-standard assessment tools but concerns have arisen in regard to adapting these tools to national contexts, and national education standards. Unfortunately, the scalability and sustainability of these tools has not been evaluated and there remains a pressing need to develop the institutional capacity of the National Assessment Centre in regard to the further development of appropriate tools for assessing learning achievement.

Water and sanitation facilities are inadequate compromising learning outcomes – having access to safe water and appropriate sanitation facilities is proven to have a positive impact on learning outcomes with data from 2007 showing, for example, that students with access to safe water performed significantly better in mathematics tests. Discussion have only recently begun in relation to integrating data on access to safe water and sanitation facilities within current education information management systems (EMIS) but anecdotal evidence suggests that access is low. 2007 MECS and UNICEF data show that 73.9% of dormitory residents from 502 dormitories used water transported from outside the dormitory, and that just 21.7% had operating indoor latrines. Additionally, 44% of schools surveyed for the 2011 study noted previously have no dedicated

31 The 2011 School Environment Study found that just 42.9% of schools in Ulaanbaatar have computers, where as out of the total of 60 schools surveyed 66.7% had between 5 and 30 computers. Whether or not these computers are readily available for student use, or whether instruction on use is provided is unclear.

32 The Jomtien Declaration adopted at the World Education Forum in Senegal West Africa in 1990 recognises that the quality of education is critical for future social development, and that it has a positive and statistically significant impact on economic growth. Also, critical is ensuring that education systems continually adapt and reform to ensure the best outcomes for students in terms of cognitive development and skills, behavioural traits and in regard to essential life skills.

hand washing areas, and focus group discussions undertaken in 14 soums in Nailakh revealed that access to safe water is inadequate in both kindergartens and schools. The same discussions also revealed that toilets are usually located outside school / kindergarten buildings, forcing children to be exposed to extreme cold in winter; that there are usually no separate toilets for girls and boys; that toilets are not age-appropriate; and, that access to safe water is sporadic and limited.

Overcrowding in schools leads to health problems but health education is limited

– high levels of access, overcrowding at schools and limited access to safe water and appropriate sanitation – especially in peri-urban areas – result in the transmission of disease. However, efforts to promote hygiene and provide health education for children are frustrated by a shortage and high turnover of health education teachers and limited availability of resources for health education, including teaching aids. A 2008 needs assessment revealed that half of all health education teachers at primary and secondary schools have limited skills in participatory teaching methods, and that the majority did not specialize in health. TVET institutions do not as yet offer health education which is concerning considering that most TVET students are aged 15-24 and are most-at-risk for HIV, early or unwanted pregnancy, STIs and substance abuse issues.

Schools in Mongolia are not always child or learner friendly

– amendments to the 2006 Education Law have been made to stipulate that an appropriate learning environment includes not only the physical environment but also teaching and learning interactions and processes. However, corporal punishment is widespread, economic abuse (or the soliciting of payments by teachers) from

parents and students occurs, and bullying and emotional and sexual violence are common. 2007 data suggest that levels of violence in school are high and that one third of students at all levels report having experienced violence of some form. Girls more frequently reported emotional and sexual violence whereas boys more frequently report being beaten, and / or being the victims of extortion by peers. To date, the high level of violence in Mongolian schools is yet to be adequately researched or addressed. However, in the context of the Government Action Plan and its emphasis on education there are hopes that these issues will now be squarely on the agenda of the MECS.

The needs of ethnic minorities have not been adequately addressed

– Mongolia has 20 ethnic groups, most of which live in rural areas. The majority are Khalkh (85%) followed by the Kazakhs (7%) who mostly live in Bayan-Ulgii aimag. The remaining 8% are all from several small minority groups, including the Tsaatan, the Darkhad and the Buriad. In Bayan-Ulgii (Mongolia's most western aimag), for example, which has a majority Kazakh population, illiteracy and dropout rates are higher than the national average. Moreover, 2003 data collected by the National Human Rights Commission found that 14% of survey respondents were illiterate rates (among the Tsaatan people who live in the Taiga region). The same data show that 37.7% of Tsaatan children aged 8 to 16 failed – or were unable – to complete school. Efforts have been undertaken with support from development partners to introduce bilingual education strategies, but have not been evaluated for efficacy or scalability.

Globally there have been efforts to promote girls education, but in Mongolia boys are more likely to drop out – MECS

data from 2010 indicates that among dropouts aged 8 to 15 years, 60% are boys, many of whom are taken from school to train as herders, or to work in agriculture. In relation to higher education, the gender gap is particularly pronounced with MECS data suggesting that for every male student enrolling in higher education there are 1.74 female enrolments.

Monastic schools have a long history in Mongolia and may offer potential to address disparities in the education sector if supported by the Government – in 2012 the National Human Rights Commission expressed concerns that the situation of children studying at monastic schools (mostly boys) was difficult to assess given the lack of government access and influence; and, – given the priority accorded to religious studies – that students may miss out on receiving an ‘adequate’ level of education. However, anecdotal evidence suggests that while the quality of education at monastic schools varies, there are benefits to a monastic education, including a focus on philosophy, human values and life-skills that are perhaps not as well covered in the state system as they should be.

Children with disabilities are also disadvantaged – up-to-date on children with disabilities are not available but according to the 2004 Census of People with Disabilities, more than half of children and youth with disabilities are not enrolled in school, and only 41% of 8-11 year old children with disabilities are enrolled in primary school. A 2005 review of the education sector compiled by the ADB and the MECS highlights how the low enrolment rates of children with disabilities is related to a range of complex issues, including the absence of facilities that are accessible to children with disabilities and social discrimination.

TVET institutions need to better match curriculum’s with labour market needs – a 2006 review of TVET institutions by the German Technical Cooperation agency (GTZ) concluded that TVET institutions need to find a better balance between theoretical and hands-on training and to develop in-school mechanisms that prepare students for the job market. Economic growth over recent years has expanded opportunities for TVET and – as noted above – the numbers graduating from TVET institutions in 2011/2012 increased to 23,120. However, while the number of TVET graduates gaining employment has increased from 7689 in 2009/2010 to 12,855 in 2011/2012 it has clearly not been a large enough rise to absorb the additional graduates, and unemployment among TVET graduates is above national averages. However, the Government Action Plan stipulates intentions to create 150,000 new jobs for TVET graduates and to train some 6,600 currently unemployed young people to fill labour market shortages. Recent efforts to reduce youth unemployment have been undertaken, including a project supported by the Millennium Challenge Account in cooperation with the Ministry of Labour which attempted to guide national efforts to reduce unemployment and developed training curricula for 28 priority trades. However, the coverage of such interventions has been relatively low, and due to a lack of post-implementation evaluation, the impact of such efforts remains unclear.

Shortfalls in institutional capacity echo those in other sectors – improving the quality of education is the stated number one priority of the Government but there are concerns that existing institutional knowledge and experience are not being adequately mined for best practice and scalability. Moreover, both the Education

Law and the Higher Education Law are under review, and while the Government remains committed to the ESMP there are concerns – as for the health sector – that discussion in relation to implementation and programme and policy direction are not sufficiently transparent. Data systems, management and analysis need strengthening, particularly at the national level where data is not routinely fed back into education planning, or the development of sector strategies.. Moreover, routine data – indicative of educational quality – are often not routinely collected at the sub-national level creating problems in relation to the design and evaluation of interventions, and in regard to aimag level planning. While there is some coordination between MECS and the Ministry of Labour which oversees the TVET institutions, linkages and continuity between the secondary and TVET education would benefit from improved information sharing and joint evaluation and planning exercises. An education donor consultative mechanism (EDCM) was established in 2006 to enhance collaboration and subsequently played an important role in harmonizing and streamlining external support. However, the EDCM has been dormant for the last 2 to 3 years and needs to be

reactivated as a precursor to the adoption of a sector wide approach.



CHAPTER 7
PROTECTING MONGOLIAN
CHILDREN

CHAPTER 7. Protecting Mongolian Children

Effective child protection requires measures to prevent and respond to violence against children, exploitation and abuse. Key child protection concerns in Mongolia, and globally, include commercial sexual exploitation, trafficking, child labour, sexual abuse, corporal punishment, children in conflict with law and harmful practices. Children subjected to violence, exploitation, abuse and neglect are at risk of death, poor physical and mental health, HIV/AIDS and STI infection, educational problems, displacement, substance abuse and homelessness. Violations of children's rights to protection take place in every country and are generally under-recognized and under-reported barriers to child survival and development.

In Mongolia where anecdotal evidence suggests many children are being denied rights to protection this is also the case, and unfortunately there is a shortage of quantitative data relating to key child protection concerns, and of qualitative analysis that can inform policy formulation, child protection systems development and targeted interventions.³³ Since UNICEF published its 2009 Analysis of the Situation of Children in Mongolia there has been little progress towards the establishment of child protection

mechanisms, and discussions with representatives from development partner organisations and with officials from the Ministry of Population Development and Social Protection (MPDSP) and the NAC clearly indicate that child protection challenges remain relatively unchanged. Improving data collection and analysis will be critical if the Government is to energetically pursue the establishment of appropriate child protection mechanisms, develop a systems based approach, and ensure that children's potential, and future contribution to Mongolian society, is maximized.

Situation Assessment

Violence against children remains a major challenge – as noted in the previous section, violence in schools, including bullying and the use of corporal punishment, is widespread. Corporal punishment is banned in Mongolian schools but MECS data from 2007 show that 80% of older preschool children, 77.5% of primary school children and 98.6% of secondary school students have experienced corporal punishment or been subjected to violence of some form. Moreover, it is estimated that children under 18 constitute at least one sixth of all victims of domestic violence, and while not adequately researched, reports to the NAC from the aimag, soum, bagh and district levels indicate that many children are facing psychological problems which local service providers have very limited capacity to address.

Domestic violence is also a major concern. A nationwide survey undertaken by the United Nations Population Fund (UNFPA) in 2009 revealed that more than 70% of

33 A child protection system is a system with the capacity to address the full spectrum of risk factors impacting on the lives of children, and their families. Alongside governments, non-governmental organizations and civil society actors, UNICEF promotes the strengthening of all components of child protection systems. These include, appropriate human resources, financial resources, laws, standards, governance, monitoring and services. An effective child protection system also requires effective collaboration and coordination across government line ministries and agencies, including, in particular, with the social welfare, education, health, and justice sectors.

women report knowing of families where psychological and/or physical violence are present. The National Centre against Violence – the only institution that provides shelter to victims of domestic or sexual violence – has reported over recent years an increase in the incidence of rape and in the severity of abuses against women and girls. For teenage girls, anecdotal evidence indicates that ‘date rape’ is an increasing concern, particularly in Ulaanbaatar.

Analysis on the situation and wellbeing of orphans and semi-orphans is not available

– however, the numbers of semi-orphans has declined since 2007, reportedly as a result of efforts towards family reunification – NSO data from 2012 shows that there were 6173 full orphans (2007: 5276) and 34,321 (2007: 44,688) semi-orphan children in Mongolia. There are very limited alternative or foster care arrangements available in Mongolia and orphaned children are mostly housed in one of around 43 child care centres in Ulaanbaatar, Darkhan and Erdenet. While unfortunately there have been no assessments of the quality of care provided to orphaned children in care centres, reports of poor conditions have emerged.

The situation and wellbeing of people and children with disabilities requires much greater attention – People and children with disabilities in Mongolia face multiple deprivations including limited opportunities for education and employment, limited access to appropriate services and social and economic exclusion. There are very few schools in Mongolia that can accommodate the needs of children with disabilities and of those that can, all are concentrated in Ulaanbaatar. NSO data show that in 2009 there were 69,200 registered people with disabilities in Mongolia of

which only 26.4% were employed. With regard to children, NSO data suggest that there were 6897 children with disabilities in 2006. Key causes of disability are disease, traffic accidents, competitive horse riding without protective equipment, herding and obstetric complications. The quality of life for people and children with disabilities in Mongolia is very poor; social isolation and dependency on inadequate welfare payments are commonly reported, and girls and women with disabilities are vulnerable to domestic and sexual violence.

Injuries and poisoning are a major cause of child disability and child death in Mongolia

– like many other child protection issues, child injuries (including from poisoning and other external/non-medical causes) are a public health concern. However, they are also symptomatic of inadequate child protection measures, a lack of parental supervision and a disregard for children’s rights. Mortality caused by injuries and poisoning has been steadily increasing during the last decade for both adults and children. For instance, consecutive reviews of injuries in Mongolia indicate that mortality as a consequence of injuries has increased since 1996 by more than 80% to a rate of 11.69 per 10,000 populations in 2007. For children the situation is much worse with the injury mortality rate climbing to 297 per 10,000 populations. Injuries and poisoning are currently thought to be the first and second leading causes of death among children under five in urban (14.2 per 1000 live births) and rural (16.3 per 1000 live births) areas, respectively.

Child labour continues to negatively impact on child rights to health and education – 2006 data published in 2012 by United Nations Educational, Scientific and Cultural Organization (UNESCO) indicate that 9.7% of children aged 5-14

years were working children, that 8.4% of children aged 7 to 14 years were both working and attending school, and that of all working children the majority were employed in agriculture (92.6%). GoM data from 2007 show that there were at least 70,000 working children aged 5 to 17 and that of these 89.4% and 10.6% were from rural and urban areas, respectively. The same GoM data indicates that 67% of all working children were involved in hazardous labour and that the majority of these were boys. Looking at more recent data from the 2010 MICS suggests that child labour rates may in fact be increasing with the MICS reporting that 29% of all children aged 5 to 14 were involved in some form of child labour. The MICS also shows that boys and rural children are more likely to be involved in child labour, that higher levels of child labour correlate with higher levels of income poverty and lower levels of parental education, and that levels of child labour are higher in the Western region.

The vulnerabilities faced by working children are many – animal husbandry exposes children to the risks of being exposed to bites and attacks by animals, extreme temperatures, being cut by sharp knives while slaughtering livestock, and the non-payment of wages. Herding exposes children to extreme cold and frostbite, exhaustion, animal attacks, the risk of assault or beatings when far from home, and the risk of accidents.

Child jockeys risk injury or death from accidents or falls, with the MoH reporting in 2012 that more than 300 children injured during horse races were treated at the National Trauma Centre alone.³⁴ Children employed as domestic help may be required to work long hours and perform strenuous tasks without sufficient food or shelter, and may be isolated in private homes and susceptible to physical and sexual abuse. Children are also known to work scavenging in dumpsites, where they are exposed to unhygienic conditions and health problems caused by inhaling smoke from burning garbage. Children also perform hazardous work as porters pushing carts weighing up to one ton and perform hazardous work in construction and in mining for coal, gold and fluorspar, both on the surface and underground in artisanal mines. Often children working in mining handle explosives, transport heavy materials, stand in water for prolonged periods, work in extreme climate conditions, risk falling into open pits, and are exposed to toxic chemicals.

The commercial sexual exploitation of young people appears to be increasing – reliable data on children and young people (both male and female) engaged in commercial sex work or transactional sex are unavailable. However, research undertaken by the Global Fund for Tuberculosis, HIV/AIDS and Malaria

34 Horseracing, a traditional sporting activity in Mongolia, often involves children as jockeys. The use of children as jockeys for profit-making purposes is a violation of their right to protection from exploitation and harmful labour and places them in great danger. The number of injuries to children as result of horse racing is still of high concern (at least 6 deaths and 64 injuries in 2013), despite the fact that a legislative framework specifies the age of 7 as the minimum age for child jockeys, requires the use safety gear, as well as insurance coverage. Being a signatory to the CRC and the ILO Conventions 182 and 138, Mongolia is obliged to child protection principles stipulated in these international instruments. Future efforts should be developed to improve reporting and monitoring systems for child jockeys and in relation to raising awareness and for behaviour change communication to address cultural norms and public attitudes towards the issue.

(GFTAM) suggest that the number of people (mostly girls and women) engaged in commercial sex work was around 19,000 in 2006. The same GFTAM supported research also showed that most female sex workers in Mongolia are poor young migrant women, Ger district residents, students and single mothers, and that the median age at sexual debut was 18, ranging from 8 to 27 years old. The average number of sexual partners was around 4 per week (range: 0 to 31) with close to 60% having three or less partners in the week.

Anecdotal evidence also indicates that sex work has become more organized and clandestine. Observed trends include an increase in mobile sex workers who are contacted by cell phones; sex workers working as masseuses in saunas; and waitresses working in bars and karaoke bars.

Moreover, sex tourism appears to be increasing in Mongolia alongside a parallel increase in foreign workers and overseas visitors. Although most sex work takes place in larger urban centres, sex work is reportedly increasing in rural areas particularly around mining and construction sites. Some evidence also suggests that young female students are increasingly becoming involved in occasional or regular transactional sex (for gifts or money) without identifying as sex workers.

The trafficking of women and children has been identified – for some time – as another key concern – reports suggest that teenage girls and young women from poor families are most vulnerable to trafficking. Ulaanbaatar, Darkhan and Erdenet are considered the main recruitment points for trafficked women and girls who are often lured with promises of jobs abroad as waitresses or housekeepers. Some Mongolian ‘sex workers’ migrate voluntarily to work in other countries, primarily in China, but there are increasing reports of trafficking

for the purposes of sexual exploitation, particularly to Beijing, Hong Kong and Macao.

Sex workers³⁵ and young people are vulnerable to STIs, including HIV – a bio-behavioural survey³⁶ conducted among 762 female sex workers in 2012 (40% of whom also reported having non-transactional sex partners) revealed that while no participants tested positive for HIV, 31.6% reported genital discharge, 7% reported genital ulcers in the preceding 12 months, and alarmingly 27.5% tested positive for syphilis.³⁷ Also disturbing is the prevalence of syphilis among young people in general with a 2010 report to the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS

35 Sex worker is a very general and in some ways problematic term that encompasses any form of transactional sex. Many sex workers are young; not all are what might be termed ‘professional’ sex workers; many are in fact, primarily not ‘sex-workers’ but, for example, mothers, students, or others with limited opportunities for income generation; and, many have non-paying sexual partners such as boyfriends, girlfriends, husbands or wives. Importantly, sex workers are not always, or even usually, an easily identified or discrete population group but are instead ordinary people who for one reason or another, occasionally, or frequently, engage in transactional sex. From an epidemiological point of view, it is extremely important to recognise that for all intents and purposes ‘sex workers’ are interspersed within the general community.

36 http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_unaids_global_report_2012_with_annexes_en.pdf
A critical weakness in this (and many other) bio-behavioural survey(s) of sex workers is that the methodology does not differentiate or disaggregate findings by location / type of sex worker (for example, part-time, freelance, massage parlours or sauna workers). Such a disaggregation – underpinned by qualitative research and analysis – would allow for an assessment of which ‘sex workers’ have higher risk behaviours, and of the potential for STI transmission between sex-workers, clients and other sex partners.

37 The presence of STIs is known to significantly increase the risk of HIV transmission.

showing that young people aged 15-24 represented 30% of all the cases of syphilis reported in Mongolia in 2009 (49% female and 51% male). Moreover, less than half of female sex-workers used condoms at all times over the last 12 months with a paying client (49.1%), and less than 10% used condoms with a non-transactional partner.

Data and analysis relating to children living on the street are scarce – children forced to live on the street and/or away from appropriate care as a result of family poverty and dysfunction are particularly vulnerable to exploitation and abuse. Estimates compiled from a variety of sources suggest that in 2003 there were around 3700-4000 children unsupervised and street children, primarily in Ulaanbaatar but also in Darkhan, Dornod and Selenge. However, police data from 2007 indicated that only 50 or so children were living on the street, suggesting that data collection by appropriate authorities, including the police, is neither routine nor accurate. Anecdotal evidence also suggests that street children in Mongolia are predominately male adolescents, although the numbers of girls has gradually increased.

Children in contact with the law – NSO data show that crimes involving juveniles have significantly increased over the last two decades, rising from 733 recorded offences in 1991 to 1,080 in 2008, mostly relating to theft. In terms of convictions, the number of children sentenced by a court was 386 in 2009, 451 in 2010 and 542 in 2011 – 288 children were also sentenced in the first six months of 2012, signalling a further increase. Unfortunately, even for first time offences or minor crimes, children continue to face harsh consequences, including unwarranted deprivations of liberty at various stages of the justice

process. In 2005, the concluding observations of the Committee on the Rights of the Child expressed significant concerns about the gaps between law and practice, particularly in relation to the prolonged pre-trial detention of juveniles before sentencing. Other concerns raised by the committee include the imprisonment of first-time offenders for petty crime; inadequate juvenile access to appropriate legal aid and assistance; poor detention and prison conditions for children; inadequate social reintegration services for released offenders; difficulties faced by juveniles released on probation; and, the absence of non-custodial rehabilitation programmes and/or other alternatives to detention, such as probation, conditional sentencing and educational and disciplinary measures. While up to date analysis and data relating to juvenile justice are lacking, anecdotal reports indicate that little has changed since the Committee on the Rights of the Child made these recommendations.

Enabling Environment

Child protection does not feature in the Government Action Plan, but Mongolia is a signatory to a number of key human rights instruments, including the Convention on the Rights of the Child – other human rights instruments that Mongolia is a signatory to include the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the Convention on the Rights of Persons with Disabilities; and, the Convention on the Elimination of All Forms of Discrimination against Women. However, despite being signatory to these instruments and efforts over recent years to develop appropriate legislative and policy mechanisms, and to implement child-sensitive programs, significant gaps remain between intent and practice. That

is to say – as for other sectors – the situation of children continues to reflect inadequate policy implementation and legal enforcement, as well as gaps in institutional capacity.

The NAC within the MPDSP has overall responsibility for children’s issues – the NAC provides advice and works to influence policies and programmes for children; monitors and evaluates the implementation of the Convention on the Rights of the Child; and, promotes and enables children’s participation where possible. The NAC also acts as a secretariat to the National Council for Children, which is mandated to coordinate interventions for children across different sectors. The NAC is also an implementing agency and has responsibility for the management of child care centres for orphans and homeless children, and for the management of children’s and family development centres at the aimag level. However, the capacity of the NAC to work cross-sectorally, to carry out research and evaluation, and to lobby for child-sensitive policy and legislation is curtailed by the lack of any significant budget allocation to the NAC beyond what is required for the operational costs of child centres, child and family development centres, staffing within the MPDSP and, for example, in relation to specific strategies such as the 2011 national strategy on Child Protection. At the local level, aimag governors are responsible for overseeing children’s centres but have very limited options to raise funds to address locally identified problems.

Key Barriers and Bottlenecks

The underlying causes of abuse, exploitation and violence against children are complex and not always well understood – income poverty underpins many key child rights deprivations and,

for example, often leads to children dropping out of school and being forced into exploitive labour – unemployment among 15-24 year olds has risen from about 4% in 2000 to 14% in 2012, and girls and young women still perform a greater share of unpaid work and receive lower wages than young males. Poverty often drives girls and young women into prostitution, and can result in family environments where alcoholism and violence impact on child rights and wellbeing in the home. However, there are also many nuanced, context-specific and socio-cultural reasons why children are deprived of rights to protection that must be understood and studied relative to the environments in which they occur. Unfortunately, some of the deeper and sometimes less tangible causes of violence, exploitation and abuse have not been adequately researched in Mongolia which limits institutional capacity to design appropriate interventions that target the needs of specific categories of vulnerable children.

Some laws and policies are in place to protect children but enforcement and implementation are inadequate – for example, in 2012 the GoM passed a new Law on Combating Trafficking in Persons but as yet has not implemented the proposed national programme, and has dissolved or failed to appoint the relevant coordinating committees. Enforcement mechanisms for reducing child labour are minimal, and gaps persist in the legal framework and operating procedures for prosecuting criminal offenders, specifically with regard to commercial sexual exploitation. Similarly, the Convention on the Rights of Persons with Disabilities was ratified in May 2009 but no significant improvement in the lives of children living with disabilities has been observed. While the Criminal Code and the Law on the Protection of the Rights

of the Child explicitly recognize children's rights to be protected against violence and exploitation, actions undertaken within the justice and social welfare sectors to prevent or respond to crimes committed against children have been minimal. Moreover, the Criminal Procedures Code does not provide for adequate safeguards for child victims or witnesses, either during the investigative, trial or post-trial phases.

Various programs for children are developed but the lack of evaluation complicates assessment of implementation and effectiveness – for example, another National Program of Action on Combating Human Trafficking was adopted by the Government in 2005, and a National Program for Behaviour Change for Perpetrators of Gender Based Violence was adopted in 2009 by the Ministry of Justice and Home Affairs and the Ministry of Labour and Social welfare. However, neither of these, or many other programs and interventions developed over the last 10 years have been documented or evaluated for relevance or effectiveness. Similarly, a National Program for the Prevention of Injuries was adopted and partially implemented in 2002, but subsequently; rather than decreasing, morbidity and death caused by injuries have since increased significantly. Coupled with the absence of guiding formative research, the lack of monitoring and evaluation greatly impedes the development of evidence based, and targeted, programming for children.

The need for an effective child protection system is not well understood or communicated – anecdotal evidence and the level of deprivations in relation to children's rights to protection suggest that – in addition to complex issues around institutional capacity and weakness in service delivery – the importance

of a systems based approach to child protection is not well understood at many levels, including across government line ministries and departments, at the aimag and soum level, and at the community and family level. Cross-sectoral information and educational needs assessments encompassing the health, education, social protection and justice sectors are urgently required to assess awareness of child protection and why it is important, and to inform the development of communication strategies that address identified educational and information gaps.

Capacity at the aimag, soum and bagh level for child protection issues, and for appropriate referral, is also limited – while the MPDSP does have plans to retrain social workers at the aimag and soum levels, these personnel are currently reported to have limited capacity for, or understanding of, child protection; and, instead are often occupied with the distribution of social protection payments, and/or with the provision of administrative support to Governor's offices. While also not adequately researched, local level reports to the NAC also suggest that many families face acute problems, have limited capacity to adequately protect and care for children, and are traumatized by divorce, poverty, alcoholism and a lack of access to employment and self-improvement opportunities. While NAC is currently working with the MECS to develop a curriculum for family education, there are currently no formal mechanisms to address family crisis, or through which families can access counselling. Mongolia's transition to democracy has brought many benefits but has also destabilized local communities which for three generations became accustomed to centralized authority and hierarchy, widespread access to health

and education services, universal safety nets, relative financial stability and high levels of community level solidarity and cooperation. Since transition, many new challenges to family life and wellbeing have emerged, but social service provision has to date been unable to adequately adapt to changing demographics, or to the challenging economic and community-level circumstances that are currently faced by many Mongolian families.

Despite the presence of well qualified staff in the NAC and the MPDSP, institutional capacity to drive the development of a child protection system is limited – as noted the NAC is only funded through the state budget for operational costs and as such has limited capacity to undertake research, training or advocacy related activities. For example, reports suggest that recent development partner support for the establishment of multi-sectoral child protection teams at the Khoroo level (comprising of the Khoroo Governor, a police officer, a social worker and a medical doctor) has provided improved counselling and referral services for children in some locations. However, without a budget allocation for evaluation and research the NAC is unable to formerly assess the effectiveness of this and other mechanisms, or their potential for scale up. Another significant challenges faced by the NAC is the lack of disaggregated quantitative data relating to child protection issues. Raw data from various sectors are not routinely shared and the NAC lacks institutional mechanisms to request line ministries and relevant departments to share what limited data does exist, further limiting capacity for strategic and evidence-based planning and budgeting. In addition, while the National Council for Children is nominally responsible for driving and improving inter-sectoral coordination for the

realization of children’s rights – including rights to protection – it has so far proven unable to fully address the severity of the challenges that present. As for other sectors, the current review of key sectoral laws including the Domestic Violence Law, the Child Rights Law, the Child Protection Law and the Family Law need to be accompanied by efforts that afford legal compliance, and in consultation with relevant stakeholders. Efforts to reinvigorate the capacity of the National Council, to incorporate child protection issues within current GoM plans, and to strengthen the autonomy and authority of the NAC, must be prioritized to achieve real progress.



МОНГОЛ УЛСЫН ИХ ХУРЛЫН
ЭМЭГТЭЙ ГИШҮҮДИЙН БҮЛЭГ

МОНГОЛЫН ГЭР БҮЛ, НИЙГМИЙН СА



CHAPTER 8 KEY SOCIAL POLICY CHALLENGES FOR CHILD WELLBEING AND RIGHTS IN MONGOLIA

CHAPTER 8. Key Social Policy Challenges for Child Wellbeing and Rights in Mongolia

Social policy can be defined as the sum of policies and guidelines, principles, legislation and activities that affect living conditions and are conducive to improved wellbeing, including, of course, children's wellbeing. In this sense social policy refers not only to policy being in place, but also to the level and quality of policy implementation, policy and programme research and evaluation, and the relative success of interventions targeted at reducing poverty, inequity and social injustice. It also includes – necessarily – a consideration of barriers to effective policy development and implementation, and refers to what are usually complex and inter-linked sets of processes and interventions that cannot usually be understood in isolation from each other. The London School of Economics defines social policy as “an interdisciplinary and applied subject concerned with the analysis of a societies responses to social need” which is “focused on those aspects of the economy, society and polity that are necessary to human existence and the means by which they can be provided. These basic human needs (or rights) include: food and shelter, a sustainable and safe environment, the promotion of health and treatment of the sick, the care and support of those unable to live a fully independent life; and the education and training of individuals to a level that enables them fully to participate in their society”.

Data presented in the previous sections (2 – 7) clearly reveal that child poverty and deprivation in Mongolia has many faces, occurs in multiple locations and contexts,

and has complex and inter-linked causes that are all in their essence social policy challenges. Consequently, addressing child poverty and its determinants in Mongolia requires a multi-sectoral social policy response that targets not just income poverty reduction, but also improved child wellbeing and the realization of child rights. The following section considers key the key social policy challenges to addressing child poverty and wellbeing in Mongolia, including emerging risks.

8.1 Policy, Governance, Accountability, Institutional Capacity and Civic Participation

National programmes and policies are in place but implementation is patchy and evaluation capacity is weak – the overarching national level policy (based on the realization of the MDGs) is the 2007 – 2021 Comprehensive National Development Strategy (CNDS) of Mongolia, approved by the State Great Hural in 2008. The key objectives stated within this strategy are to protect and strengthen Mongolia's sovereignty; foster national pride; and, to achieve the MDGs through strengthening human capacity. The strategy also describes objectives in relation to enabling private sector lead economic growth; strengthening healthcare and education; enhancing scientific knowledge; ensuring sustainable development and environmental protection; fostering democratic governance and reducing corruption and red tape. In addition, to the CNDS there are a range of sectoral

laws and policies which have a bearing on poverty reduction and child rights realization. These include the previously mentioned HSMP, the ESMP, the water sector master plan under development, and various sectoral laws relating to social protection, public health, education, resource management, environmental protection, and child rights. In addition, a diverse array of programs have also been developed within the sectors over recent years, including by way of example, the National Program of Action for the Development and Protection of Children, the School Lunch Programme, National Reproductive Health Program, and many others including programs for herders employment, resource management, social protection and in relation to a wide range of issues relating to children's rights and the reduction of poverty. Indeed, a 2009 UNICEF study on child wellbeing reveals that between 1990 and 2008, 304 policy documents were developed and approved by government, including 27 policy papers, 17 strategic papers, 181 plans of action and 31 master plans.

A review of the effectiveness of government policies and programmes is well beyond the scope of this SitAn. However, generally speaking implementation is inconsistent and the evaluation of policy and programming is not prioritized; and, even when the effectiveness of policy and/or programmes is evaluated, these processes are often lead by development partners, and there are limited mechanisms to feed results back into planning, or future evaluation processes. Moreover, implementation and evaluation are often undermined by poor accountability and transparency at all levels of government, and by what often seems to be a focus on policy and programme development at the expense of policy and programme delivery.

With some exceptions, development partners as a group – including bilateral donors and with the exception of some international NGOs – seem to contribute to this problem by concentrating the allocation of resources at the policy level while generally failing to allocate adequate resources to monitoring and evaluation. A recent 2013 UNICEF analysis of the activities of six DPs (the World Bank, Asian Development Bank, the United Nations Development Programme, the European Union, the Swiss Development Corporation, and the German Technical Cooperation agency found that the vast majority of their activities were focused on providing technical assistance for policy development (59 activities). However, only 2 activities were related to monitoring and evaluation, and even for the health sector (where after policy most activities were focused), only 16 DP activities supported health sector development. Policy development and technical assistance for policy development are of course critical endeavours, but without an increased focus on extracting lessons and evaluating results and outcomes it is difficult to ensure that policies and programmes are responsive to needs and rights, and/or actually deliver the results they are intended to. Moreover, even when indicators do suggest that improvements are taking place, capacity for government lead programme and policy evaluation is critical to understanding why programmes have been successful, and in relation to determining which aspects of public policy are effective and which are not.

The ongoing review of existing laws and the introduction of new laws impacts on the continuity and operation of state institutions and existing sectoral programmes – as noted in sections 3 to 7, a number of key sectoral laws are currently under review and a number

of new laws are in various stages of development. A pattern over recent years of inadequate consultation in relation to legal revision, legal drafting and policy development has resulted in a range of problems, including limited sectoral and institutional buy-in which undermines implementation and sustainability, limited public awareness of reform process or there implications, the stalling of existing programme interventions, and a sub-optimal enforcement of existing laws. Additionally, Members of Parliament have in the past had limited time to review proposed laws, the Parliament research centre has limited capacity, and existing institutional expertise is usually not maximized. Formal processes for legislative reform and policy development are in place but are often rushed through, or even neglected. The need to develop clear communication plans to support the introduction of policy and laws is also often side-lined, as are the inherent benefits that can be gained from studying international experience. The initiative of the current government to develop a law that enshrines formal processes for law-making and policy development represents a step in the right direction.

Policy and programmes, including the 2007 – 2011 CNDS and the current Government’s Action Plan, are not fully aligned to the intent of human rights instruments such as the CRC and the Convention on the Elimination of all forms Discrimination against Women (CEDAW) – this is especially the case in relation to nutrition where there is no national policy that addresses rights to adequate nutrition; for child protection where, for example, a systems based approach is needed and conflicts and anomalies between and within laws undermine rights to protection for the most vulnerable; for education where issues relating to

school violence and participation are not adequately addressed; and for the health and water and sanitation sectors which are yet to demonstrate a responsive and rights based approach to the needs of children and their families, particularly for the most disadvantaged. Human Rights Treaty Bodies, namely the CRC and CEDAW committees have both noted (in 2010 and 2008 respectively) weak implementation of policies and programmes – or of elements within policies and programmes – that address the intent of CRC and the CEDAW; and, the lack of monitoring systems. Unfortunately, no expert research has been recently undertaken to analyse whether Mongolian legislation complies with international agreements and treaties, or with the human rights conventions to which Mongolia is a signatory. However, the 4th National MDG report reported that only 3.4% of laws and regulations were in compliance. Both the CRC and CEDAW committees have pointed out how with better monitoring (including policy and programme evaluation) the Government and development partners would be able to more effectively analyse and assess the situation of children and women, and the impact of laws, policies and sectoral budget allocations.

Corruption, the centralization of power and vested interests have had a negative impact on governance in Mongolia – although Mongolia has prioritized improving transparency, accountability and the rule of law the current government continues to face serious challenges to democratic reform. Mongolia’s corruption index which uses quantitative and qualitative indicators to assess the scope, form and causes of public sector corruption showed an increase in corruption between 2010 and 2011. Moreover, the influence of vested interests on the distribution of

resources, clientelism, conflicts of interest among decision makers, the overall lack of institutional autonomy, and the continuing politicization of the civil service all work to undermine democratic reform. Many members of the Government are also members of the Parliament further centralizing power within the executive, and while the Citizen's Representative Khural nominates candidates for governor at aimag and soum level, appointments still have to be sanctioned at the central level. Nevertheless, the current government seems to recognise these concerns and has taken measures including the tabling of laws to ensure that senior members of political parties cannot also hold senior civil service positions, and appears to be taking active measures to promote citizens engagement and consultation.

In order to enable the participation of children and youth and foster democratic governance and sustainable economic development, Mongolia must also enable a broader culture of civic engagement –the country is still grappling with persistent poverty and rising income inequality which effects not only the rights of the poor and their children, but also the capacity of the poor – and of the general public as a whole – to enjoy rights to education, mobility, free time, and economic security, in turn negatively impacting on rights to free speech, assembly, association, representation and participation. The promise of cash hand-outs has figured widely in election campaigns undermining the power of the poor to be able to viably consider alternatives; and, growing public dissatisfaction with the civil service, governance in general, widespread cronyism, the management of mining resources, and with efforts to address environmental concerns and issues such as pollution act as disincentives to engagement, and undermine public

trust. The public increasingly question the freedom of the media and consider it less independent than they did in 2009, rights to free assembly and association are restricted, and concerns remain in relation to the practices of the police and security forces. Public expenditure data is still not widely available with data from 2011 showing that just 8.7% of state funded agencies regularly posted expenditure reports on their websites. At the national, aimag, soum and district levels there are very limited measures to ensure the accountability of members of the State Great Hural or Citizen's Representative Hurals, although as noted above some efforts are being made through, for example, the initiation of a citizen's complaint lodging system in 2011 which allows people to lodge complaints and raise concerns. Future progress will require sustained efforts to improve levels of public-sector accountability, reduce the debilitating effects of poverty on civic participation, and improve transparency.

Intrinsically linked to issues of civic engagement and participation, decentralization needs to accelerate to improve local level governance and accountability – as noted above, governors at aimag, soum and district level are nominated by the Citizen's Representative Khural. However, the absence of any data in relation to participation in local elections, including in relation to the 2012 elections, makes it impossible to assess the level of citizen engagement. Despite efforts to restore a level of fiscal autonomy at the aimag, soum and district levels with the introduction in 2011 of the Integrated Budget Law, the adoption of the 2002 Public Sector and Management and Finance Law significantly curtailed the power of local governments. Taxation and service delivery responsibilities that were previously shared with local governments

were centralized and have resulted in a situation where currently over 90% of total expenditures are controlled at the central level. Apart from the new Budget Law, only two other pieces of legislation approved in the early 1990s regulate local government operation, and both are considered as having being ineffective in enabling capacity for local governance. The central treasury system introduced to improve control of public expenditures in effect limits local government power and undermines local democratic decision making. Levels of taxation revenue from the aimag's and soum's often exceed the level of resources that are allocated back and while some aimag's are subsidized from the central level others are short-changed. Moreover, the assignment of functions from the central level does not usually match with assigned revenues, often leaving local governments with insufficient resources to cover core operational expenditures.

Considerable investments will be required to develop the capacity of local authorities for service delivery. Enabling the development of such capacity implies learning by doing and ensuring an increasing level of fiscal decentralization, and the budgetary autonomy to invest in research, monitoring and evaluation – to learn from success and failure. The new Budget Law does, however, include a Local Development Fund (LDF) which unlike resources allocated from the state budget can be orientated towards investments deemed appropriate at the local level. However, in practice the LDF has been prioritized at the central level as a fund for the improvement of local infrastructure (roads, traffic signs, heating, public building rehabilitation etc.) and opportunities to orient funds within the LDF towards social service provision or, for example, the stimulation

of civic participation are limited. Decisions regarding the allocation of LDF resources are made by local parliaments and while civic consultation does take place in relation to priorities, end decisions are often politically or economically motivated.

Enabling greater decentralization will also require the further strengthening of civil society through the development – and implementation – of a policy enabling environment. This should include more equitable taxation and insurance policies, reinforcing the rights and freedoms of civil society organisations, institutionalizing channels of communication between citizens, civil society and local government, and enhancing the capacity of media to monitor governance and accountability. A progressive and staggered decentralization of state budgeting mechanisms will be essential to engender increased local accountability, and in order to build the capacity of administrators for the delivery of responsive social sector services.

8.2 Specific Concerns in Relations to the Situation of Children, Adolescents and Young People

National and regional aggregates should not be allowed to mask inequities within regions, aimags, soums and districts – child rights deprivations occur in all aimags, soums and districts. While data presented in sections 3 to 7 of the SitAn clearly illustrate the multidimensional nature of child poverty, they also show a clear link between child rights deprivations and household income poverty. The data reveals, in the majority of cases, consistent correlations between income poverty and deprivation in all regions of Mongolia, and most obviously

in the Western and Khangai regions where income poverty levels are most acute. However, there are also significant disparities within regions and within aimag's. For example, the 2010 MICS and NSO data show lower levels of child rights deprivations in the Ulaanbaatar region – relative to some other regions – even though within the Ulaanbaatar region there are districts, especially in peri-urban areas, where levels of income poverty and child rights deprivations are very severe. For example, in the Nalaikh district of Ulaanbaatar where UNICEF and the NSO in 2012 undertook a MICS the under-5 mortality rate is 45 per thousand live births as opposed to Ulaanbaatar as whole where it is 21 per thousand live births. In Khövsgöl, data shows – although not disaggregated to soum or bagh level – clear inequities between rural and soum level populations with under 5 mortality in rural areas being almost 2.5 times higher than in the urban areas; a trend that the national level 2010 MICS shows is mirrored across Mongolia.

It is important to note – as a 2011 UNICEF study on child deprivations in the East Asia Pacific region observes – that deprivations occur in all rural and urban locations and that certain deprivations can occur within all wealth quintiles, even if children from poorer families are more frequently affected by deprivations with very consistent correlations to income poverty (e.g. access to water and sanitation) and indeed, multiple deprivations. Consequently, child sensitive policies and programmes that, for example, relate to encouraging certain behaviours such as exclusive breastfeeding, need to target child deprivations in relation to both where deprivations are geographically concentrated (rural areas in the aimags and peri-urban areas in Ulaanbaatar), as well as in a manner that addresses

deprivations occurring in locations where regional / aimag-level indicators show more positive trends, and/or income poverty is considered less acute. As such, there is an urgent need to invest in an improved qualitative understanding of the dimensions of child poverty in relation to the context(s) within which it occurs. Policies and programmes aimed at improving the realization of child rights need to consider not only national or sub-national trends in poverty and child rights deprivations, but also determinants and influences that can be specific to the context in which strategies and programs are implemented and tested. For example, issues relating to barriers to access faced by specific populations, issues of ethnicity, prevailing social norms and local governance capacity.

State budget allocations to the health, education and social protection sectors are relatively high but allocation systems need overhauling – government expenditures on education, health and social protection (excluding the Child Money Programme) are high by international standards representing in 2013 14.1%, 6.9% and 8.5% of central budget expenditure, respectively. However, operational costs are high as a result of low population density, inherent challenges in delivering services to remote populations and high costs related to heating, transportation and public sector salaries.

Despite relatively high levels of social sector budget allocation, the absence of consistent policy and programme monitoring and evaluation renders it almost impossible to systematically assess how expenditures impact on the quality of health and education services, and on income poverty and deprivation. Similarly, without increased investments in capacity for monitoring and evaluation – particularly child-sensitive monitoring

and evaluation – it will continue to prove extremely challenging to systematically – as opposed to anecdotally – assess whether allocations are improving the situation of children and women, and addressing inequities.

As noted above the allocation of state budgets are based on recurrent costs, rather than a supply and demand model which allows for a much greater local-level identification of need and promotes democratic engagement. Budget preparation continues to be undertaken more or less line item budgeting instead of Soviet time through top-down sectoral ceilings) imposed by the Ministry of Finance and the Cabinet of Ministries. Consequently, the capacity of local authorities to access funds for off-budget (non-recurrent) spending – for example, for local level health interventions that targets the most vulnerable, or for research and evaluation – is extremely restricted. This in turn curtails the capacity of local authorities to respond to local needs, limits opportunities for local level authorities to develop the capacity to understand and respond to local needs, undermines local level trust in the capacity of local governments to respond to local needs, and ultimately acts as a disincentive to civic engagement and inclusive governance.

However, the Government has recently taken some steps in the right direction, even if the gaps between legislative reform and actual implementation continue. The Law on Fiscal Stability was passed in 2010 and became effective in January 2013 and is designed to expand local authority and increase citizen participation in the allocation of public resources. However, concerns are emerging that the emphasis of the Fiscal Stability Law has shifted towards fiscal restraint rather than fiscal decentralization.

As noted above, the 2011 Integrated Budget Law included the establishment of a Local Development Fund which is intended to promote civic participation in establishing priorities, and requires that investments will be discussed with communities, and that communities will be encouraged to be engaged in the monitoring of the implementation of these investments. However, the Budget Law does not formalize the engagement of civil society organizations and the actual level of citizen engagement has not been evaluated. Moreover, anecdotal evidence suggests that local level power relations are influencing these processes, and that the poor and the socially excluded are not enjoying their full rights to participation.

Nevertheless, the Government does seem genuine in its efforts to progressively reform budgeting processes. Information on budget allocations are becoming more open and publically accessible via media and web-based sources even if financial management and decision making processes still lack transparency, and access to such information – especially for the overburdened rural and urban poor – is limited.

Delivering results for children and reducing inequities requires a shift towards evidence and results based planning, as well as improved inter-sectoral coordination – as has been noted previously, the development of effective public policy and social sector programming is undermined by the lack of government and development partner investments in capacity for research, evaluation and the results-based management. This is not to say that research and evaluation doesn't take place, but rather that investments in research and evaluation are not adequate, institutionalized, or effectively linked to planning and development processes. Moreover, the lack of investment in

developing institutional and across-government capacity for research, evaluation and evidence based planning results in a drain on both government and donor resources because lessons are not routinely or systematically extracted and reinserted into planning processes, resulting in inefficiency. Additionally, the lack of publicly available information relating to the effectiveness of policies and interventions acts as a disincentive to civic engagement, and disempowers the capacity of citizens and civil society to actively engage in debate about policy direction. Public access to information is reasonable in Mongolia and has certainly increased exponentially over the last twenty years but true democracy will require a much greater level of public discourse and institutional engagement in policy – and by proxy – programme development. For example, the 5th MDG report notes that while about half of citizens are aware that every aimag must have its own anti-corruption strategy, the majority are unaware whether the strategy actually exists, whether it is being adhered to, or what its contents are.

Inter-sectoral coordination is also in need of significant investment, especially to ensure that the rights and needs of children are mainstreamed throughout government policies and programmes. All sectoral bureaucracies in Mongolia and in other countries – by their very nature – struggle to develop information sharing platforms, to recognise areas of common interest, to share resources and to avoid overlaps and inefficiency. As such, coordination and inter-sectoral collaboration generally require executive level leadership and the establishment of mechanisms that institutionalize and formalize such practices. In Mongolia, there has been a trend towards the

establishment of a significant array of oversight committees and commissions that have with some exceptions been unable to exercise adequate cross-sectoral influence to achieve their prescribed objectives.

As clearly articulated within the Millennium Declaration, partnership and participation are essential for progress towards the MDGs and towards equitable and sustainable economic and social development. In this context, inter-sectoral – and indeed inter-departmental – cooperation and collaboration require much greater attention at the executive level of government, as do issues of citizen, civil society and private sector accountability and participation in decision making. Looking specifically at the situation of children, it is essential that the NAC be vested with the authority to promote, facilitate and monitor inter-sectoral collaboration for children's rights, and that the National Council for Children be reinvigorated to ensure that children's rights and children's contributions – both actual and potential – are paid due attention within the machinery of government. Moreover, efforts are urgently needed to ensure that agencies such as the National Human Rights Commission and other agencies with responsibility for issues such as environmental protection, private sector regulation, and corruption have the human and financial resources to address their mandated obligations.

Rural to urban migration is presenting significant challenges – one of the greatest and most complex challenges facing Mongolia and indeed many countries the world over is the ever increasing levels of rural to urban migration; mostly driven by perceptions that migration to urban areas offers increased opportunities for economic and social advancement. While in the context of economic

modernization, urbanization can and has improved the lives of many people the world over it also produces challenges to social and economic development that are replicated in many countries, including Mongolia. Currently around 67% of Mongolia's population lives in the Ulaanbaatar region and of these some 65% are residing in 'Ger districts' with often extremely limited access to social protection, basic services, safe water and adequate sanitation, electricity, heating or formal employment. Moreover, as noted in section 6 and 7, urbanization in Mongolia has resulted in ever increasing levels of air pollution and the fouling of water sources (as per NSO). Earthquakes are an ever present threat in Mongolia and urbanization has drastically increased the potential impact of earthquakes in Ulaanbaatar where building safety standards are often inadequate, and the capacity of local authorities to manage disasters is relatively untested.

Identified by the Rio+20 Conference on Sustainable Development and within discussions on the post MDG development agenda, sustainable urban development is a key developmental priority globally. For Mongolia, this has huge implications and will require a much more responsive and evidence-based allocation of resources and institutional capacity. Currently, and as a consequence of many of the institutional capacity deficits already described in this section, government systems, including budgetary allocation mechanisms and service delivery modalities, are proving unable to adequately adapt to the changes currently confronted. Plans revealed by the current government to prioritise an increasing coverage of heating, and of the supply of safe water and adequate sanitation, are steps in the right direction but many other issues of a cross-sectoral nature also require urgent

attention. Examples include the economic exploitation of migrants (particularly young migrants), rising public dissatisfaction with service provision in peri-urban areas, glaring economic and social disparities that fuel social instability, and the risk of communicable disease outbreaks.

Also of particular concern are the rights of migrants to social protection and basic services. Ongoing problems faced by migrants and their children in peri-urban areas include social exclusion exacerbated by a range of factors including ethnicity, poverty and by the difficulties they face in regard to civil registration. Currently, accessing state subsidized social and legal services in the Ulaanbaatar region is only possible if you are officially registered in the Ulaanbaatar region, and as most rural migrants face difficulties in obtaining registration they are left deeply disadvantaged. In this context, efforts are urgently needed to modernize state registration systems in such a way that facilitates online data exchanges; and, to step up efforts – including through dedicated communication strategies – that enable rural migrants and their children to access services without discrimination.

Alongside improving the responsiveness of services to inequities and the needs of the most vulnerable, social protection mechanisms need to be rationalized and better targeted – the two major pillars of social protection in Mongolia are social welfare which encompasses 68 different types of cash benefits and some limited services managed by the General Office for Social Welfare Services (GOSWS), and social insurance provided through five social insurance funds managed by the Social Insurance General Office (SIGO). Both the SIGO and the GOSWS are contained under the Ministry of Population Development and Social Protection and in 2012 provided

combined assistance to over 1 million children and their families. Social welfare is also provided through the MoH which attempts to ensure services for the poor, and the MECS which provides subsidies to disadvantaged children and students. However, according to the ADB which has and continues to provide substantial technical assistance to the GoM, social protection in Mongolia faces a number of critical challenges, including: uncertain fiscal sustainability; an over-reliance on cash transfers at the expense of improved and more responsive service delivery; the predominance of categorical targeting where assistance is directed towards 'categories' of vulnerable people such as the elderly and children require further evidence to determine the efficacy of the net impact of some of these social welfare and protection mechanisms.

Looking specifically, as an example, at the Child Money programme it is relatively clear from anecdotal evidence that the Child Money programme has benefited children in some ways and has reduced aggregated levels of income poverty. Commencing in 2005 the Child Money programme was initially designed to be conditional and targeted to benefit the most vulnerable. However, in 2006 the programme was expanded to cover all children, irrespective of household income or family characteristics. In 2006, the World Bank concluded that the implementation of the Child Money program on a national scale has been costly for the government, and that at least 36% of payments were – and still are – being made to households that cannot be considered as poor. Various efforts have been made to reform social protection mechanisms but political expediency and a well-established and historic dependence on social welfare, among other factors, continue to pose

complex challenges. As the ADB notes, reforms will require long-term effort and commitment by the Government which fortunately does recognise the need for reform. Social protection and assistance modalities require consolidation, improved targeting (requiring improved evidence) and greater sustainability – implying increased and inclusive economic growth and a more equitable taxation system. Social insurance will need to adapt to cope with economic volatility, and the social welfare system will need to shift from a predominantly cash transfer approach to a focus on better targeted service provision. This will require substantial investments in human capacity, including the retraining of social workers as is currently planned by the MPDSP, ongoing technical assistance and investments, including for optimizing the use of information technology. Critically, improved investments in institutional and human capacity (including for child and adolescent development) and efforts to promote economic diversification will – in the longer-term – reduce the fiscal burden of social protection by raising living standards, stimulating innovation and improving the quality and efficacy of service delivery.

Volatility may pose a threat to future economic growth – undoubtedly, Mongolia has experienced unprecedented growth, even if questions remain in relation to how the benefits of that growth have been utilized. However, as the 2008/09 global financial crisis demonstrated the economy is vulnerable to external shocks, and particularly fluctuations in commodity prices. Even if there is a significant increase in revenue from the Oyu Tolgoi mine – which is by no means guaranteed in the near term – the Mongolian economy may face risks over coming years; further compounding the actual and potential

challenges that the Government, and the Mongolian people, may face in realizing civil and economic rights, and the rights of future generations. Current challenges to revenue and economic growth include: a slow-down in economic growth and / or a credit crisis in China (Mongolia's primary trading partner); balance of payments pressures as foreign direct investment decreases and minerals exports weaken; macro financial vulnerabilities caused by expansionary fiscal and monetary policy as reflected in off-budget spending at the central level and rapid credit growth; volatile exchange rate fluctuations; and growing inflationary pressure. According to the World Bank, current economic policy needs to focus on enabling economic stability, including through ensuring that off-budget spending is controlled under the Fiscal Stability Law; increased supervision and monitoring of the banking system; the development of an evidence-based and costed public investment plan; and increased focus on 'spending well'.

Environmental protection is essential for future generations and longer term prosperity – balancing inclusive economic growth with environmental protection and sustainability is perhaps the most pressing policy challenge for the Government, and for the present and future wellbeing of Mongolian children. Currently Mongolia faces a range of environmental challenges that must be managed if longer-term prosperity is to be assured. These challenges include: scientifically validated climate change and its consequences; increasing water scarcity, water pollution and land degradation; the loss of biodiversity; toxic contamination; and, increasing air pollution and carbon dioxide emissions. As a result of environmental damage caused by industry and by the small scale exploitation of natural resources, rural

livelihoods are threatened; agricultural sustainability is under mounting pressure; economic diversification is jeopardized; and, the risk of natural disaster and communicable disease outbreaks has increased. For children, especially children with limited opportunities to escape poverty and participate in society, these consequences represent a mounting and severe threat to their wellbeing.

To address these many and daunting challenges the management of natural resources and the regulation of extraction industries must be improved. As noted in section 7, the Government recently established the Ministry of Environment and Green Development but it remains to be seen if this new ministry will be able to improve on the performance of its predecessor, the Ministry of Nature, Environment and Tourism. Specific issues that require the MEGDs urgent attention include gaps in the legal and institutional framework for environmental governance; the lack of legal enforcement in relation to environmental laws; weak institutional and regulatory capacity; inadequate human resources and incentives for environmental protection; and the limited participation of citizens and civil society.

As for other sectors, efforts have been made to improve resource management and environmental protection through the adoption of numerous laws, the development of policies and programmes, including participatory resource management approaches, and through the establishment of agencies such as the Forest Agency and the National Air Quality Authority. Currently the MEGD and its agencies are solely responsible for environmental protection but – mirroring challenges faced in other sectors – they have limited authority to influence the practices or policies of other line ministries, rendering much of what is

attempted relatively ineffective. As was discussed in relation to the critical importance of cross-sectoral approaches to ensuring the realization of children's rights, ensuring that the MEGD and its regulating and implementing agencies have the authority and resources to meet their mandated objectives will be critical.

Nowhere is the need for environmental protection perhaps more urgent than in relation to mining. A detailed analysis of mining issues in Mongolia is beyond the scope of this SitAn but suffice to say that efforts to curtail the excesses of the extraction industry, and to better regulate and improve the safety of artisanal mining are urgently needed. The rapid expansion of the mining industry over recent years has resulted in what is often irreversible damage to the environment, in turn violating the rights of families – particularly rural families in mining affected areas – and their children to live in safe and healthy environment, as well as rights to land tenure and the right to conduct business on ancestral territory. Echoing these concerns is a growing level public dissatisfaction with the management of the mining sector which is further undermining public trust, and consequently longer term prospects for participatory democracy and equitable social and economic development.

Discussions in relation to the post MDG agenda suggest that General Assembly member states will soon have to undertake much more extensive measures to protect the environment, adapt to climate change and mitigate the impact of those industries whose activities pose a threat to environmental sustainability. In this context, efforts to promote and insist upon corporate social responsibility (CSR) must be strengthened, again implying a greater focus on the use of evidence and strengthened institutional capacity.

A recent 2013 UNICEF supported review of CSR practices in Mongolia revealed a number of key issues undermining a more responsible approach to mining, and to CSR. These include children not being considered as stakeholders by corporations and private companies; insufficient private sector regulation; a lack of corporate familiarity with human and child rights based approaches; and, a generally tokenistic and public relations focused approach to CSR within the corporate and extractive sectors. However, the same review also revealed that there is corporate interest in – and much scope for – the Government and development partners to pro-actively promote the importance of CSR, including in relation to child rights and environmental protection.

Related to environmental degradation and climate change is the potential for disaster, whether climate changed induced such as the Dzud in 2009/10, caused by earthquakes, or as a result of contamination and/or communicable disease outbreaks. Although there is a National Emergency Management Authority (NEMA) in Mongolia with representation at the aimag and soum level the capacity of the NEMA to mobilize responses across government line ministries and agencies is relatively untested. Disaster risk reduction, disaster management capacity, risk communication capacity, emergency preparedness and health sector preparedness for communicable disease control have not been adequately assessed, and with the exception of World Bank efforts to support preparedness for zoonotic disease outbreaks and some efforts by the International Federation of the Red Cross and its Mongolian counterparts, these issues seem somewhat neglected by development partners and government

alike. In this context, more effort is required to address potential disasters and hazards in relation to climate change, human and animal influenza (avian and swine flu), toxic chemical spills and other industrial accidents, including radiation leaks. Health sector capacity also needs strengthening in relation to environmental health management; the undertaking of health impact assessments; contingency planning; and emergency preparedness and response, including risk communication. Also in need of attention are weaknesses in the legislative enabling environment, issues around hazardous waste (especially healthcare and toxic waste management), and in relation to waste collection infrastructure, transportation, treatment and disposal methods.

Investments in adolescent wellbeing are critical for sustainable development and social stability – most data collected in relation to children allows in the most an assessment of the health status of children under 5, and the participation of school aged children in the education sector. Unfortunately though, very little quantitative or qualitative data is available in relation to the situation of adolescents. What data is available is mostly out of date but does suggest they continue to face very difficult challenges in Mongolia, and that much more research is required in regard to these challenges and their socio-economic dynamics. With perhaps the exception of youth unemployment, the current lack of a clear understanding of issues facing adolescents and indeed young people generally – and the lack of policy and programme responses to address these concerns – is one of the biggest social policy challenges Mongolia faces. As such, urgent efforts must be made to explore and research the situation of adolescents, as well as obstacles to their full social and economic

participation, and in relation to their views and feelings. Anecdotal evidence indicates that following issues are key priorities:

- Adolescent and young people are increasingly vulnerable to STI and HIV infection. As noted in section 6, rates of STI infection are very high among adolescents and young people which can increase their risk of contracting HIV through unprotected sex. Moreover, while the 2010 MICS does not specifically investigate the knowledge of adolescents in regard to HIV, data relating to the knowledge of all people aged 15 to 49 does indicate that their knowledge is inadequate. The MICS found that nationally just 35.8% of all people in this age group have comprehensive knowledge of prevention. Predictably, knowledge in relation to HIV prevention decreases in relation to income poverty and levels of education with, for example, only 12.7% of people in the poorest quintile having comprehensive knowledge. Mongolia, unlike other former Soviet states where HIV epidemics have been driven by intravenous drug use, has not as yet witnessed significant problems in this regard. However, anecdotal evidence suggests that intravenous drug use may be increasing in urban locations, and that there is potential for it to increase exponentially especially if, for example, criminal elements in neighbouring countries see a potential market for drug trafficking. In this context, public health authorities must remain vigilant and invest more in understanding the actual and potential risks to adolescent sexual health. Additionally, much more must be done to make reproductive and sexual health services more response

to needs, apprehensions and concerns of adolescents and young people.

- Reliable data are not available on alcohol usage by adolescents and young people but again anecdotal evidence suggests that drunkenness and delinquency are increasing problems for young people, especially in Ulaanbaatar, peri-urban areas and aimag centres, and particularly – although by no means exclusively – amongst young men, the poor and the less educated. In addition, reports from social workers to the NAC and the MPDSP suggest that mental health problems are increasingly evident among youth in all locations.
- Glaring income disparities, mass media advertising and the rise of a western consumerist culture are also creating significant social tensions between adolescents and young people from wealthy and poor backgrounds which are being further fuelled by limited opportunities for employment, and resentment directed towards those who have profited from economic growth over recent years.
- Youth unemployment is perhaps one of the most daunting challenges facing global economies the world over and Mongolia is no exception. Data from the 5th MDG report reveal that at least 14% of 15-24 year olds are officially unemployed, and are unemployed at a higher rate in urban centres than in rural areas. Data suggest that unemployment does not vary significantly between adolescent and young males and females, although young women are more likely to be employed informally, in exploitive conditions and for less remuneration. However, boys and young men are also heavily engaged in the informal labour market and often in hazardous and dangerous conditions, working in, for example, construction or other hazardous and unregulated industries. Both male and female informal workers frequently endure poor safety and conditions, are generally not protected in by labour contracts, and are not able to access the social insurance system. In general both the formal and informal labour sectors lack transparency in hiring processes, and with regard to discrimination on the basis of sex, age, physical disability, political affiliation and social status.
- Following the general trend identified in relation to the social policy challenges faced in Mongolia, there is an absence of formative research and evaluation to underpin the few policies that even partially address the needs, rights and aspirations of young people. The UNFPA currently report that general policies are in place in relation to population dynamics, reproductive health and gender equality but that there are no specific policies that address the specific needs of adolescents and young people. Moreover, in regard to these general policies that do exist – some of which contain references to issues affecting adolescents and young people – none are based on a situation analysis or formative research, none have monitoring and evaluation mechanisms and none have resources allocated for implementation.
- Mobilizing young people’s potential for shaping, reforming, contributing to and improving society is critical for all countries. However, as noted previously, efforts in Mongolia to understand their needs and aspirations have been extremely limited which is

in itself indicative of some degree of social decay. Youth and young people in Mongolia are representative of the first generation to have come of age since the democratic transition and in many ways bear the burden of social change and are emblematic of both the positive and negative aspects of social change. Anecdotal evidence suggests that most civic education programmes designed for youth and young people have focused on civic and political participation, and have in the most failed to address the needs and aspirations of youth and young people in any meaningful or consistent way. Moreover, youth and young people are by no means a homogenous group and confront very diverse realities and personal circumstances that must be researched if appropriate policy, programmes and legislation are to be developed.

- On a more positive note, the enthusiasm and energy of youth and young people in Mongolia is palpable, and is one of the country's finest and most important asset. Access to information technology is increasing constantly, youth networks and organisations have proliferated, social media usage is increasingly common, especially in urban areas, creative and artistic endeavours abound, and youth and young people continue to innovate and adapt to their circumstances in ways that adults, governments and development partners can and must learn from. If Mongolia is to diversify its economy, its knowledge base, and be the best that it can be, then youth and young people – and their younger brothers and sisters – must be at the very centre of national development.



CHAPTER 9 CONCLUSIONS AND RECOMMENDATIONS

CHAPTER 9. Conclusions and Recommendations

Data presented in this SitAn, the 2010 United Nations Common Country Assessment and the 2013 5th National MDG report all clearly indicate steady progress in relation to certain key child deprivation indicators since 2000 – particularly when aggregated at the national and aimag level, and as they relate to child nutrition; infant mortality; pre-school, primary and secondary enrolment; and, for some communities, increased access to safe water and sanitation. However, while progress has been marked, overall, disparities have persisted – if not widened – in relation to income poverty and access to key services. Many rural and peri-urban communities in Mongolia continue to endure significant hardship, despite economic expansion and the best efforts of both government and development partners to deliver policies and programmes that address economic and social inequity.

Income poverty has been partially alleviated as a consequence of both economic growth and the distribution of revenues from resource extraction. However, the available evidence suggests that reductions in income poverty have had a limited influence on the financial capacity of families and communities to access key basic services. Out of pocket child health and education related expenses are increasing, while inflation and unemployment and their social consequences can undermine household capacity to care for children.

Environmental issues are paramount for Mongolia and threaten the sustainability of progress that has been achieved, and could be achieved over future years.

The rights of children in Mongolia and elsewhere – including rights to live in a safe environment – are critically linked to ensuring a sustainable and ethical use of natural resources. Mongolia's future will be secure if efforts are made to better collaborate with the private sector to improve natural resource management, if environmental protection is adequately enforced, if economic risks are capably anticipated and negotiated, and, finally, and most critically, if increased investments are made to improve the quality and reach of key services for vulnerable children and their families.

Understanding, and then acting on, the challenges currently faced by Mongolia's poor – and the risks that these challenges pose to children of all ages – is essential if future generations are to enjoy their rights to health, education, protection and ultimately full social and democratic participation. Achieving these objectives and ending inter-generational poverty requires renewed commitment, increased investments, human resources, improved budgeting practices and implementation, developing institutional capacity for research, monitoring and evaluation, improved planning, and a shift towards a more reflective, inclusive and incremental approach to social development. Alongside increased community engagement, and the generation and use of local evidence for planning (including analysis of determinants and bottlenecks); ensuring progressive and increasing fiscal decentralisation will engender improved and more responsive local governance, greater social accountability and ultimately a more just society.

In accordance with the strategic focus of the UNICEF / Government of Mongolia Programme of Cooperation (as described in the 2012 – 2016 UNICEF CPD – see section 1.4 of this document), this updated Situation Analysis makes the following recommendations.

- To build a culture of participation and accountability where children are respected and valued, and to nurture sub-national capacity development: enable greater decentralisation of fiscal and administrative responsibility for the planning, implementation, and monitoring and evaluation of service delivery, and for the development of mechanisms that stimulate community level consultation and engagement. In this context, reforms to current budgetary processes are required.
- To ensure evidence of best practice is routinely utilised and fed back into planning processes, invest in developing institutional capacity at the national and sub-national level for monitoring and evaluation, and for strategic advocacy and communication for resource leveraging, and to enable the scaling up of interventions that demonstrate results for children.
- Consider specifically the value and utility of interventions that have been developed to address the rights of vulnerable children, women and communities; what has worked and what hasn't? How can quality and delivery be sustained and / or improved. Again, extracting lessons from experience at the sub-national level will be crucial.
- To improve the quality of planning by GoM agencies and development partners, undertake determinant and gap analyses in relation to specific sectoral, programme and policy related

interventions and ensure that analysis is utilised to inform and enhance programme and policy development and implementation. While this SitAn broadly considers the underlying determinants of child deprivation and barriers and bottlenecks to more equitable and responsive social development in Mongolia, there is an increasing need to invest in context and / or locale specific determinant analysis which unpacks and reveals the dimensions of the challenges faced; ideally, challenges identified consultatively with children, families, communities and stakeholders.

- To stimulate increasing child, youth and community participation, invest in developing institutional capacity for strategic communications, including for: improved coordination and information sharing between government agencies, and development partners; the development of community-based consultative mechanisms; public awareness raising (in relation to, for example, policy and legislative debates and budgetary issues that have implications for children); preventive health promotion and communication; mass media capacity development and engagement; and, for government led public relations strategies that build public trust and confidence in service providers.
- Based on available evidence, recent collaborative analysis undertaken by the United Nations and the Government of Mongolia, and a broad consensus among key partners, these recommendations are also informed by discussions in relation to the post MDG agenda, and the 2012 Rio +20 Conference on Sustainable Development. Although a renewed

development framework will not be finalised until 2015, recent September 2013 discussions at the United Nations General Assembly – in addition to discussions at Rio – indicate that environmental sustainability and multi-dimensional poverty reduction will be clear post 2015 priorities. Other concerns include a greater emphasis on transparency, accountability and participation; broadened and more inclusive partnerships, including with private sector and non-government entities; the use of strategic communications and information

technologies; strengthened monitoring and evaluation; and, a focus on emerging issues such as migration, mining, energy and youth unemployment. In this context, the Government of Mongolia and partners would do well to step up efforts for the generation, analysis and use of evidence; manage better for results; strengthen advocacy and communication; and, invest further in improving the efficiency, reach and quality of key services for children and their families.

© United Nations Children's Fund (UNICEF)
2014
Printed in Mongolia

UNICEF Office for Mongolia
UN House, UN Street - 14
Ulaanbaatar 14201
Mongolia
Tel: (976-11) 312185, 312217
Fax: (976-11) 327313
www.unicef.mn