GOVERNMENT OF MONGOLIA

MINISTRY OF LABOUR AND SOCIAL PROTECTION

JOINT SDG FUND

unicef for every child

Assessment of the Government of Mongolia's Shock-Responsive Vertical Expansion of Social Assistance in Response to Covid-19

Summary Report

GOVERNMENT OF MONGOLIA

MINISTRY OF LABOUR AND SOCIAL PROTECTION

JOINT SDG FUND

unicef for every child

75

1 INTRODUCTION AND BACKGROUND 3

1.1 GoM Social Protection Response to the Shock 3

1.2 Methodology and Sampling 4

2 FINDINGS 4

2.1 Household Characteristics 4

2.2 Effects of Covid-19 on Household Income and Expenditure 5

2.2.1 Income 5

2.2.2 Expenditure 5

2.3 Coping Strategies 6

2.3.1 Formal and Non-Bank Loans 7

2.3.2 Reduced Food Consumption 7

2.3.3 Savings 8

2.4 Top-up Usage/Spending by Households 8

2.4.1 Spending by Category of Items 8

2.4.2 Savings of the CMP Top-up 9

2.4.3 Child-level Spending 10

2.4.4 FSP Top-up Usage 11

2.4.5 Misuse of Benefits 12

2.5 Gender and Spending Decision-making 13

2.6 Non-FSP Beneficiary Households 13

2.7 Conclusions 13

FIGURES

Figure 1: Reasons for Increased Food Expenditure for FSP Households 6

Figure 2: Household Usage of CMP Top-up to Cope with the Shock 6

Figure 3: Extent of Income Loss Compensation by CMP Top-up, FSP and Non-FSP Beneficiaries 7

Figure 4: Categories of Spending of CMP Top-up, by period 9

Figure 5: FSP Voucher Usage Before and After Top-up 11

Figure 6: Borrowing of 10 Allowable FSP Food Items from Shops, before and after FSP top-ups 11

Figure 7: FSP Household Preferences: Items that should be allowable under FSP Voucher (%) 12

TABLES

Table 1: Savings of CMP Top-up by Period 10

Table 2: Child-level Spending of CMP Top-up 10

1 INTRODUCTION AND BACKGROUND

The COVID-19 pandemic is testing the readiness of social protection systems around the world to respond to economic shocks affecting broad segments the population. The Government of Mongolia's (GoM) has implemented a significant package of measures to help households cope, including a number of social protection measures that cover both those traditionally targeted by non-contributory social assistance (i.e. the poor and vulnerable), as well as wider groups covered by contributory social insurance schemes, and subsidies.

This report presents the findings of an assessment of the temporary, emergency vertical expansion of two major social assistance programs the GoM: the Child Money Program (CMP), a near-universal child grant, and the Food Stamp Program (FSP), a poverty-targeted voucher program. The vast majority of FSP beneficiaries also therefore received the CMP.

The assessment looks at:

- the effects of pandemic-related shocks on household income and spending;
- coping strategies employed by households;
- usage of the cash top-ups by beneficiary households;
- core aspects of top-up implementation.

The Ministry of Labour and Social Protection (MLSP), with the technical and financial support of UNICEF Mongolia, contracted the Independent Research Institute of Mongolia (IRIM) to carry out the assessment.

The full report is available upon request from MSLP and will also be published online.

1.1 GoM Social Protection Response to the Shock

The package of interventions to help households to cope with the shock that were introduced by the GoM included a wide range of measures, including the following social protection measures:

1. Vertical expansion of the CMP;
2. Vertical expansion of the FSP;
3. Increased Social Welfare Fund benefits;
4. Increased benefits for children in care below 16 years of age;
5. Cashmere subsidy (purchased by government from herders in response to collapsing prices);
6. Deferral of mortgage loan repayments;
7. Social insurance subsidy of contributions;
8. Individual income tax subsidy;
9. MNT 200,000 per employee allowance from the Unemployment Insurance Fund.
10. Exemption for imports from customs duties and VAT.

The CMP was increased from the regular payment of 20 000 MNT/child/month (USD 7) to 100 000 MNT/child/month (USD 35). This program is near-universal (97% of children aged 0 to 17). The top-up was introduced in April 2020 and is expected to continue until June 2021. The value of the FSP voucher was doubled to MNT 32 000/month/adult and MNT 16 000/child/month from May 2020 to October 2020, and only for adults until December 2020. The FSP targets the poorest households in the Integrated Household Database (IHD), using a proxy-means test (PMT)[1].

1 *PMTs are econometric models used to calculate a household's poverty 'score' based on 'proxies' such as assets or household characteristics which can be easily verified by survey enumerator; these proxies are normally identified based on existing nationally representative household income and expenditure surveys. PMTs are commonly used to target national social assistance programs.*

1.2 Methodology and Sampling

The assessment consisted of qualitative and quantitative data collection, mainly from beneficiary households, but also including non-beneficiary households, private sector partners (i.e. commercial banks handling benefit payments and shops contracted by FSP), and implementers at the national, aimag (province) and soum (district) levels (i.e. MLPS staff, local authorities, etc.).

To attempt to capture the effects of seasonality and lockdowns/movement restrictions, data collection took place in the form ofi a survey of households benefitting from CMP and FSP, and complimented by Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with wider stakeholders.

The assessment drew on two separate sampling populations for the CMP and FSP surveys. For CMP, the sampling population was households with children under 18 (1 070 households), while for the FSP it was (1087) households with a PMT score below the FSP targeting threshold in the Integrated Household Database (IHD).

The household survey also included some questions on detailed child-level spending for one child in the household.

2 FINDINGS

2.1 Household Characteristics

The assessment is of top-ups (i.e. vertical expansion) of the existing CMP and FSP programs; therefore the beneficiaries of the top-ups are the same as those who normally benefit from the regular CMP and FSP.

CMP is a near-universal program that targets households with children, while FSP is poverty-targeted. FSP households were more likely to be female-headed, single-headed and include an elderly member or a person living with disability (PWD), were much more likely to live in gers, and generally the household head was less educated.

CMP households were most likely to receive at least 2 government-implemented **social assistance benefits** (33.5%) while FSP were most likely to receive more than 3 (50.8%), including both programs for individuals and those for the entire household. CMP households were more likely to benefit from measures targeted at working people, while FSP households were more likely benefit from pensions and benefits for vulnerable people, given their different targeting strategies.For shock-responsive social protection programs implemented in response to the pandemic, most CMP household benefitted from 1 (44.7%) (2 benefits (27.3%) and 3+ benefits (27.9%)), while most FSP households were likely to receive more (1 benefit (7.1%), 2 benefits (54.2%), 3+ benefits 38.7%).

A far higher percentage (23.8%) of FSP households had **no employed household member** aged 15+, compared to (9.8% of) CMP households. In both CMP and FSP, female-headed households and households living in aimag center soums (as opposed to Ulaanbaatar or countryside soums) were more likely to be in this situation.

In terms of **dependency ratio**[2], on average one working household member supports 3.5 people on average in CMP households, compared with 4.4 in FSP households. Interestingly, the dependency ratio of CMP households was less dependent on the gender of household head than whether the household was a single-headed, and is significantly higher in urban areas than countryside soums.

CMP is distributed nationwide through 13 commercial banks. 56% of households receive their regular monthly CMP on a debit card, 20% go to the bank, and 21.4% have it automatically deposited in a child savings account. Those in aimag and countryside soums are more likely to go to the bank in person.

FSP vouchers are issued electronically for 82% of households, while the remainder are issued in paper-based format.

2 *The dependency ratio is number of people of non-working age, compared with the number of those of working age.*

2.2 Effects of Covid-19 on Household Income and Expenditure

The top-ups were implemented to offset the economic shock to households caused by the pandemic. The vast majority of CMP households (84.4%) and FSP households (90.3%) experienced financial difficulties during the pandemic.

2.2.1 Income

The income of 64.3% of CMP households and 48.3% of FSP households decreased compared with the previous year; households with children, households living in Ulaanbaatar, male-headed FSP households, and single female-headed CMP households, were more likely to experience this. Income decreases were driven mainly by workplace closures, layoffs, reduced working hours, reduced business profits, and reduced salary, as well as decreased cashmere prices in countryside soums. Those employed in the informal sector, daily wage work, temporary and seasonal employment and the self-employed were most affected.

2.2.2 Expenditure

The objective of the top-ups is to help households avoid reducing spending on basic needs to cope with the shock; therefore, expenditure increases reflect the effects of the top-ups as well as price increases and changes to expenditure brought on by the shock itself. CMP top-up provides 100 000 MNT per child per month; with a national average of 2 children per household this means the top up is equal to roughly 14% of monthly average household income. The FSP, meanwhile, is a voucher program that can only be used for specific food items in contracted shops.

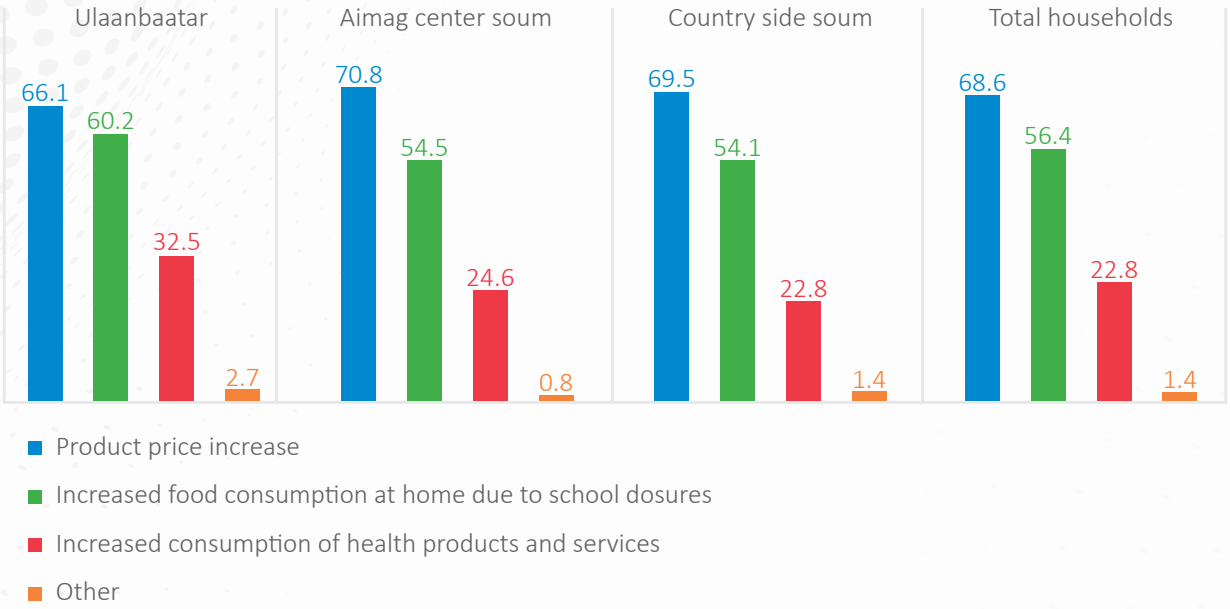
During the pandemic, household expenditure increased for 58% of CMP households. Increased expenditure was mainly on the categories of food, health and medical check-ups, and personal hygiene and household cleaning products. Food expenditure increased for 64.9%, and health and personal hygiene expenditure increased for 73.6% of FSP households.

However, it is worthwhile to note that despite the large increase in expenditure on food, only 16.6% of households actually increased their food consumption through the top-up, implying that the majority of the increased expenditure may have been due to price increases. This was also more pronounced in Ulaanbaatar where there are many shops and therefore less risk of price fixing than in Aimag centers or countryside soums where stores are far fewer and shops have greater opportunity to artificially inflate prices where a large-scale cash transfer program like the CMP top-up is being implemented.

A large share of CMP households also reported increased prices which may have contributed to the increased expenditure in certain categories; overall this was higher for non-food items than for food items. Non-food item price increases affected countryside soums (34%) and aimag center soums (37%) more than Ulaanbaatar (27%), while aimag center soums were the least affected by food prices increase (8.4%) compared to countryside soums (11.1%) and Ulaanbaatar, which was most affected (14.4%).

Food item price increases were much higher for FSP households (Figure 1), whose FSP vouchers can only be spent on a limited list of permitted food items and only in shops contracted by the program, (68.6% overall) and with less variation around location of residence; 66.1% in the countryside, 70.8% in aimag centers, and 69.5% in Ulaanbaatar. Food expenditure also increased for this group due to children who would normally have received some meals at school now eating at home; this was slightly higher in Ulaanbaatar (60.25) than other areas (54%). This differed by location, as the expenditure increases affected countryside and aimag center soums more than Ulaanbaatar.

Figure 1: Reasons for Increased Food Expenditure for FSP Households



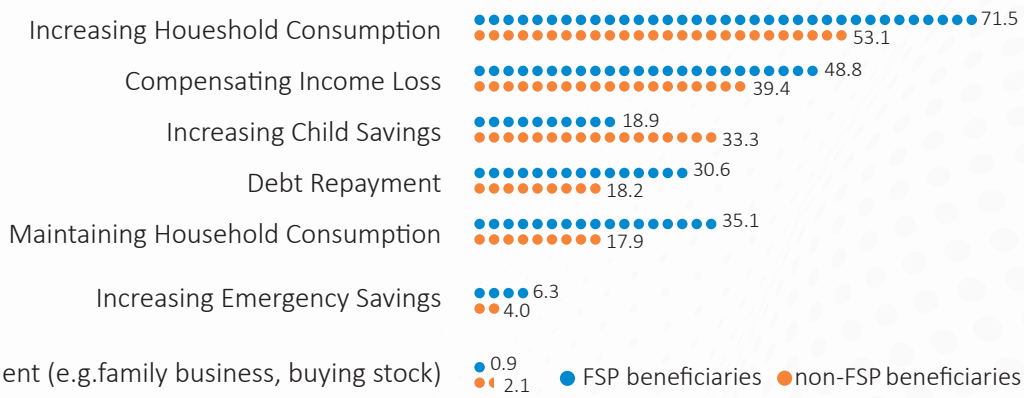
There was no significant difference in expenditure between CMP and FSP households based on gender of the household head, or whether the household was single-headed.

2.3 Coping Strategies

The CMP top-up was the coping strategy most relied upon by both CMP and FSP households, regardless of location (countryside, aimag center or Ulaabataar), gender of the household head, or number of employed household members. For FSP households, this was followed by the FSP top-up. A major objective of SRSP top-ups are to help households to cope with economic shocks and to reduce their reliance upon other, harmful coping strategies such as reducing food consumption or spending on health needs, or resorting to child labour, etc. Therefore, this finding is an important one.

The CMP top-up helped a significant proportion of households to cope with the shock by increasing or maintaining household consumption and compensating income loss. Households also used the top-up to increase emergency and child savings and to repay debts. FSP households were far more likely than non-FSP to both rely on the CMP top-up to increase household consumption and avoid reduction of household consumption, as well as compensate income loss, and repay debt (formal and informal). Non-FSP beneficiary households of the CMP were more likely to deposit the top-up into child savings accounts (Figure 2).

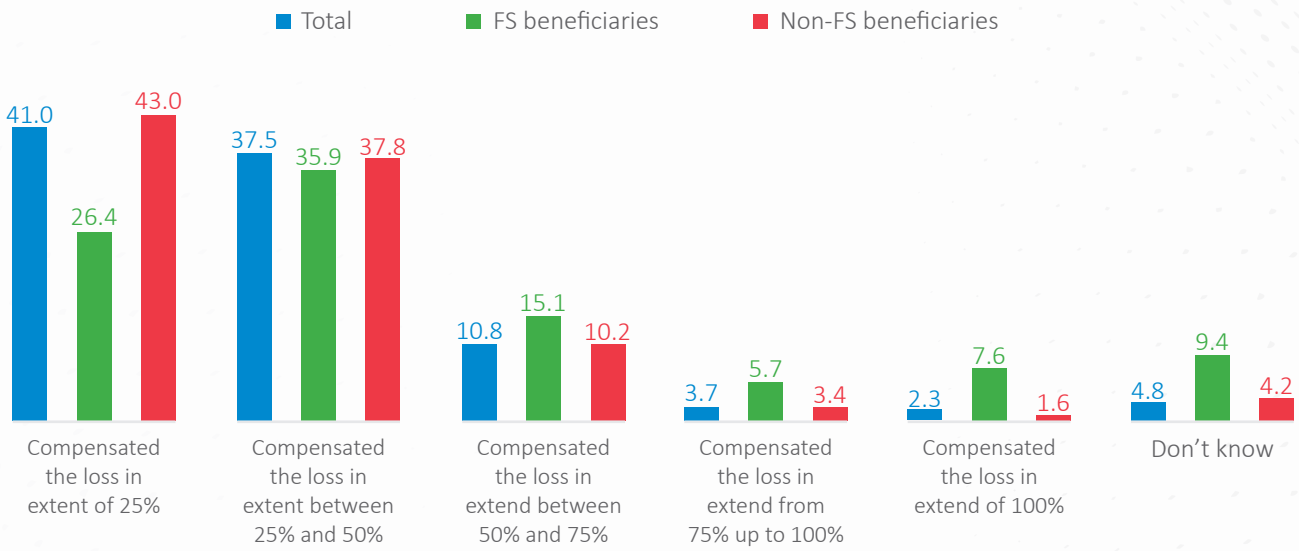
Figure 2: Household Usage of CMP Top-up to Cope with the Shock



Even with the FSP top-ups, FSP households were highly reliant on the CMP top-up to maintain consumption (35%, compared to 17.9% of non-FSP households) and maintain debt payments (30.6% compared to 18.2% of non-FSP households), while non-FSP households were far more likely to save the CMP top-up (33% compared to 19% of FSP households).

CMP top-up helped approximately 49% of FSP households to compensate for income reduction compared to 40% of non-FSP. FSP households relied on the CMP top-up to compensate for income loss to a greater extent than non-FSP households: for 30% of FSP households the CMP top-up compensated for >50% of the income loss, compared to 15% of non-FSP households. (Figure 3). Households in countryside soums were most likely to rely on the CMP top-up to compensate income loss, while those in Ulaanbaatar were least likely to.

Figure 3: Extent of Income Loss Compensation by CMP Top-up, FSP and Non-FSP Beneficiaries



2.3.1 Formal and Non-Bank Loans

Loans from bank and non-bank sources were ranked by households as their next most relied upon coping strategy. Households in Ulaanbaatar were least likely to borrow from banks, while those in countryside soums were most likely to do so. Households in aimag centre soums were more likely to borrow from non-banking sources.

It is noteworthy that even with the top-ups 25.4% of FSP households reported that they still resorted to borrowing food from shops.

> *"When the CMP was MNT 20,000, at the beginning of the pandemic, people were borrowing a lot. Since the CMP increased, borrowing, especially food, has decreased."*
>
> *Contracted store representative, Sukhbaatar district, Ulaanbaatar*

Before the pandemic, incurring debt was also a commonly employed coping strategy during the lean season in rural areas.

2.3.2 Reduced Food Consumption

Despite the top-ups, 22.6% of CMP households and 9.6% of FSP households reduced or changed food consumption as a coping strategy. The majority of these households did so for both adult and child household members, not only adults.

Among these 9.6% of FSP households, those in the aimag centers were far more likely to reduce meal size and frequency for both adults and children.

Among these 22.6% of CMP households:

- 70.6% did so for all household members;
- 21.2% did so only for adults;
- 8.2% did so only for children.

Among these 22.6%, around 30% reported that children had skipped dinner as a coping strategy. FSP households with children, who were therefore also receiving the CMP, were less likely to cut down on food consumption, regardless of the gender of the head of the household, whether the household was single-headed, residence in urban or rural areas, number of children, or whether the household had encountered financial difficulties.

As discussed in section 2.4.1, across all months most households receiving CMP only and both CMP and FSP spent most of the CMP top-up on food.

2.3.3 Savings

41.9% of CMP beneficiary households had savings, and 46.1% of these (19.3% of all CMP households) spent them as a coping strategy. 28.1% of CMP households with savings who did not spend them to cope with the shock did so because they had other loans secured on the savings.

Savings of the CMP and CMP top-ups is discussed in 2.4.2.

2.4 Top-up Usage/Spending by Households

Households were asked how they mainly spent the CMP cash top-up and FSP voucher top-up during different periods/seasons: June to July, August to September, and October to November.

2.4.1 Spending by Category of Items

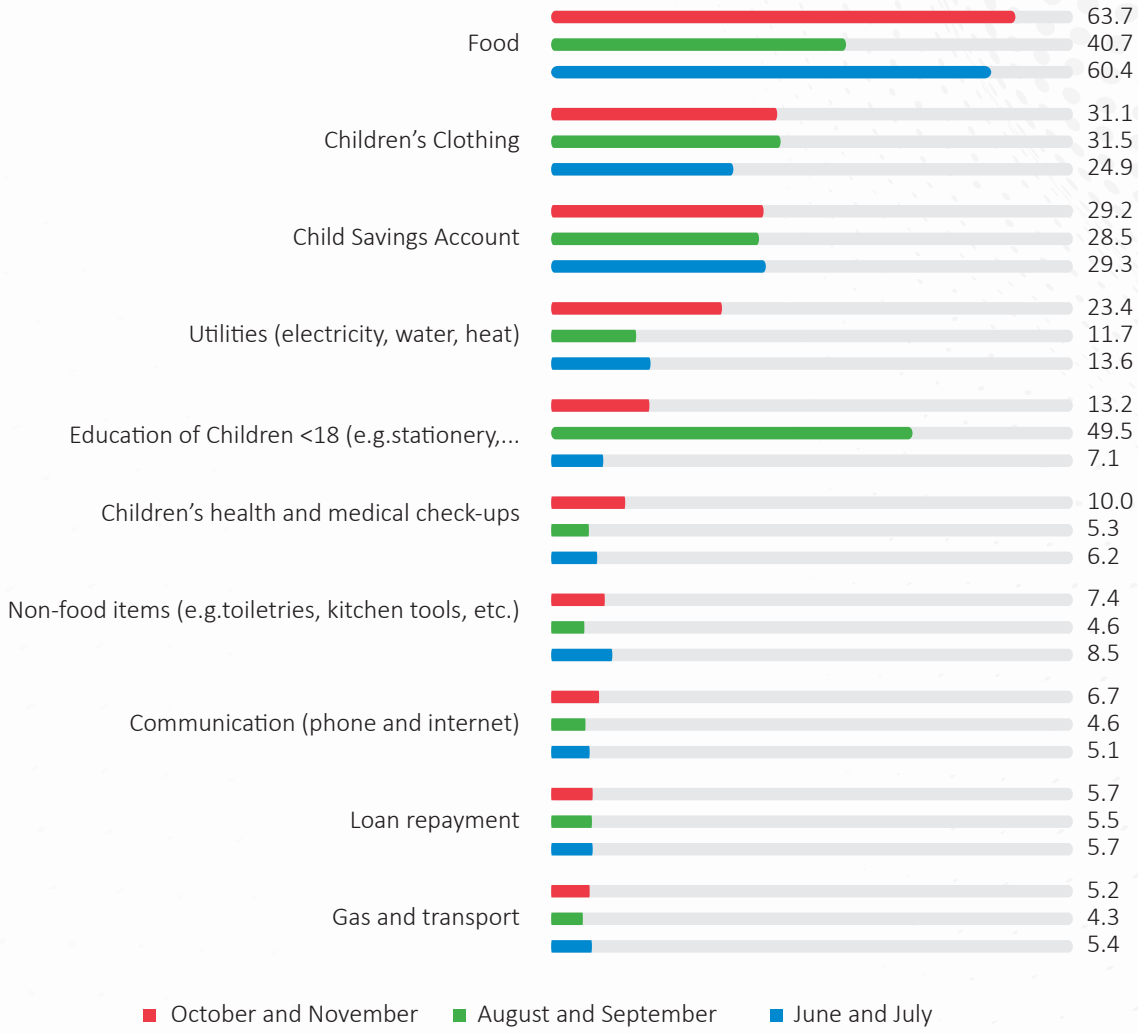
CMP households were asked which three categories of spending they mainly used the CMP top-up. Figure 4 presents these findings by period.

Regardless of type of dwelling, gender of household head, or urban/rural residence CMP households mainly spent the CMP top-up on the same categories in June/July and October/November:

- food (55%);
- children's clothing (29%);
- children's savings (29%);
- utilities (electricity, heating and water) (16%).

A notable exception to this pattern, however, was in August and September, when 49% of households reported that they spent most of the top-up on education-related expenses due to the start of the academic year.

Figure 4: Categories of Spending of CMP Top-up, by period



'...After the CMP increased, I had one of my daughters enrolled in a year-long dance class. I also paid a tuition fee for my youngest daughter, who attends a sports school, with three months of the CMP top-up. The fee is MNT 250,000. Of course, we would have to collect MNT 20,000 for 13 months to save that much money. The CMP has made a significant contribution to investing in child development.'

Household member receiving the CM, Bayanzurkh district, Ulaanbaatar.

2.4.2 Savings of the CMP Top-up

Some households had an existing arrangement at the bank through which the regular CMP (ie. the 20 000 MNT paid monthly before the onset of the crisis) was automatically deposited into a child savings account. No specific guidance was provided to bank branches on whether the top-up should also be automatically deposited into the child saving account. As such, banks continued to automatically deposit the full 100 000 MNT in these cases.

The majority of CMP households (68%) did not save any of the top-up, 26% saved all of it, and a small minority saved some and spent some. This pattern was the same across all three periods (Table 1), even August/ September. Households in rural areas were more likely to save the CMP (30% in countryside soums, 25% in aimag centre soums, 22% in Ulaanbaatar). The gender of the person with the most control over CMP decision-making, the gender of the household, and the gender of the child did not affect the likelihood of top-up being saved. However, older and better educated household heads, households with more working members, and households in countryside soums saved more.

Over 99% of households that saved the top-up deposited into the child savings account, not a savings account belonging to an adult household member.

Table 1: Savings of CMP Top-up by Period

Item	June and July	August and September	October and Nov.
Did not save	65.7	68.4	67.5
Saved entire amount	28.7	26.0	25.6
Saved some	5.7	5.6	6.9

Households receiving both the CMP and FSP were much more likely not to save any of it (86.5%), compared to 65.5% of households receiving only the CMP.

'... Less than a year was left for the contract to expire with the bank but I terminated the contract to get the CMP top-up. The annual interest rate on time deposits was 5% for the first 30 days and 9.8% for 1 or 2 years. If the contract is terminated earlier, the interest rate is 3.6% or less than the time deposit. After 4 years of saving, MNT 1,199,472 had accumulated and the accrued interest was about MNT 200,000. But I only received MNT 74,000 because of my early termination of the contract. I also paid a termination fee of MNT 3,000.'

CMP beneficiary, Darkhan soum

2.4.3 Child-level Spending

In addition to the general household spending presented above, child-level spending was also examined by collecting detailed top-up spending information about one child per household. Household spending of the CMP top-up at the child-level mainly focused on 3 categories of items: clothing, food, and stationery/educational materials. This was examined based on the gender of the household head, urban/rural residence, and whether the household also received the FSP, but there were no differences between these groups.

Overall, households spent more on food for younger children than older children, except during August/September when spending shifted towards education-related spending for older children (Table 2). Mandatory public education begins at age 6.

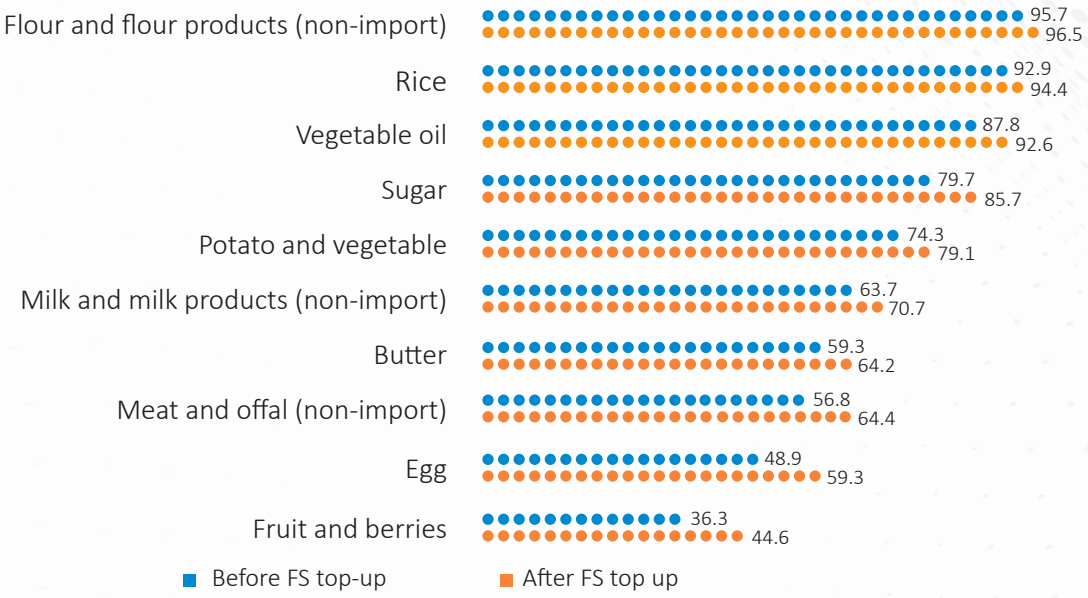
Table 2: Child-level Spending of CMP Top-up

Item	June and July	August and September	October and November
0-5 years old			
Clothing	66.6	48.8	56.2
Food	53.0	42.3	58.6
Stationery and learning materials	24.9	23.1	26.4
6-10 years old			
Clothing	59.7	49.5	55.3
Food	42.1	23.7	50.1
Stationery and learning materials	19.1	76.7	15.5
11-17 years old			
Clothing	63.2	47.6	59.7
Food	37.7	19.4	41.7
Stationery and learning materials	18.3	78.6	20.6

2.4.4 FSP Top-up Usage

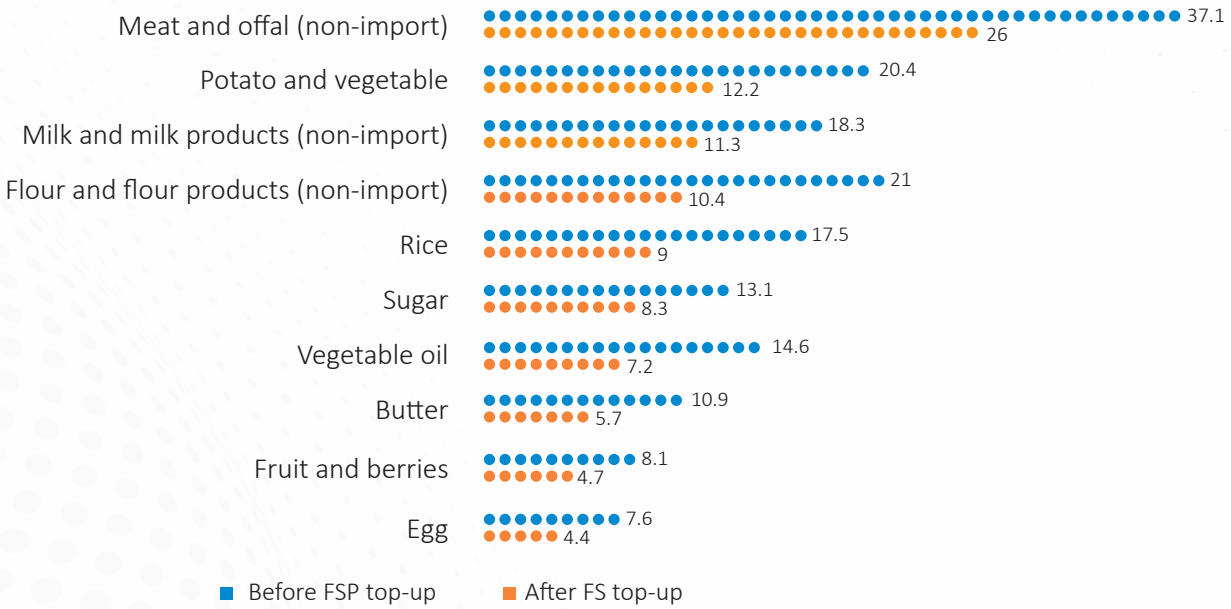
The FSP voucher, regular and top-up, can only be spent on a list of 10 allowable food items and only in FSP-contracted shops. With the FSP top-up, voucher purchases of all 10 allowable items increased (Figure 5); households purchased significantly more fruits and berries, eggs, and meat and offal than before the FSP top-up.

Figure 5: FSP Voucher Usage Before and After Top-up



The qualitative findings indicate that the variety of food consumed by households increased in addition to the quantity, the amount and frequency of home-cooked meals increased, households were less concerned about food, and borrowing from stores decreased. Interviews with employees of the contracted stories indicated that borrowing from stores decreased due to the FSP top-up, and that households started a range of food items that they did not buy before. The quantitative survey also found decreased borrowing of the 10 allowable items after the top-up.

Figure 6: Borrowing of 10 Allowable FSP Food Items from Shops, before and after FSP top-ups



FSP households were also asked what additional food and non-food items they would like to see included in the list of items allowable for purchase with the FSP voucher (Figure 6). Four items were the most preferred, including household cleaning products (58.4%), personal hygiene products (53.9%), salt (48.8%) and tea (47.6%).

Figure 7: FSP Household Preferences: Items that should be allowable under FSP Voucher (%)

2.4.5 Misuse of Benefits

As is common with social assistance programs, some community members are concerned that beneficiaries will misuse the benefits, particularly to buy alcohol. For this reason, related questions were included in both the qualitative and quantitative tools. The quantitative found that 0.2% of CMP households spent the top-up on alcohol. The qualitative study interviewed employees of local stores, social welfare officers, khoroo social workers about this. While both purchases generally increased when the CMP top-up is paid, there was no evidence that the benefits were being spent on alcohol, or that spending on alcohol increased when the CMP top-up is paid.

'...In grocery stores in suburban areas, sales clearly increase when monthly social benefits are paid. As the amount of CMP increased, households' incomes increased and people often bought their children what they liked with the CMP and use some of it to buy food. There are some people who buy alcohol with cash, but I have no idea what the source of the money for that is.'

Contracted store representative, Songinokhairkhan district, Ulaanbaatar

'... Alcoholism is not seen to increase after the CM is paid. More people buy food from stores and food markets. There are not many people who misuse the CM. Most households use the CM properly. It helps them a lot to buy warm clothes for children, food to live, and get wood and coal.

Regarding the CM spending, Labour and Social Welfare Officer, Sukhbaatar soum, Selenge aimag

'...It is not clear if the CM top-up has led to an increase in alcoholism. It is something to be examined with a survey. Well, on social media, people link the CM to alcoholism. I do not have the facts to prove it exactly. '

Labour and Social Welfare Services Division's Household Information Database for CMP, Murun Soum, Khuvsgul Aimag

2.5 Gender and Spending Decision-making

Women had far more control over spending and decision-making in the CMP/CMP top-up than in the FSP/FSP top-up.

CMP regular payments, and therefore the top-up, are deposited into the bank account of the child beneficiary, however, they are withdrawn by a parent/legal guardian. 85.5% of CMP child accounts were linked to mothers' bank accounts, 10.7% to the fathers' accounts, 3.5% to other caregivers' (e.g. grandmothers) accounts. For CMP, women (83%) also had the most control over CMP spending in the household.

The qualitative research found that women were more involved CMP decision-making, including applying, withdrawing, spending, opening savings accounts and applying for and repaying savings-secured loans. Women's participation in these activities remained higher than men after the CMP top-up was introduced.

For the FSP, 42% of household member designated to receive the voucher are women, and 42% of households also indicated that women had more control over decision-making related to spending while 58% indicated that men did. There was no change after the introduction of the FSP top-up.

In-depth interviews revealed that although men were more likely to have the most control over what to buy with the FSP, women were more likely to play a key role in managing monthly household food consumption. According to the employees of the contracted stores, women did play a role in making purchases and choosing from the list of allowed food items.

2.6 Non-FSP Beneficiary Households

Non-FSP households included in the assessment were just above the PMT cut-off for inclusion in the FSP; in other words, near-eligible for FSP. The qualitative results found that these households were hit particularly hard by the economic shock caused by the pandemic. While their main source of income was social benefits (e.g. old-age pensions, child money, maternity benefits, etc.) they also experienced financial difficulties such as loss and reduction of labor income. Many of these households did benefit from the CMP top-up, as they had children.

2.7 Conclusions

Overall, the CMP and FSP top-ups played a very important role in mitigating the negative economic consequences caused by the pandemic, as part of a comprehensive package of measures that targeted both poor and non-poor households and individuals. Prior to this, the GoM had not used vertical expansion (i.e. top-ups) of existing social assistance programs to respond to shocks, and therefore this assessment covers new ground and is useful in both highlighting key lessons and identifying areas where additional assessment or research is needed to support robust SRSP policies capable or responding to different types of shocks, including those affecting almost the entire population.

A major objective of social protection and SRSP interventions is to help households to avoid harmful coping strategies such as reducing the amount or quality of food consumed, reducing expenditure on health or education, going into debt, etc. **Both CMP and FSP beneficiary households identified the CMP top-up as the coping strategy most relied upon** to deal with the economic shock, regardless of location (countryside, aimag center or Ulaabataar), gender of the household head, or number of employed household members. For FSP households this was followed by the FSP. While a more thorough assessment is required to draw conclusions around impact and whether there are more cost-effective alternatives, the GoM was able to use existing social assistance infrastructure to deliver a rapid emergency response that households relied upon to cope with the shock, as intended.

In terms of top-up spending, a large proportion of CMP households, even those already receiving FSP/FSP top-up, **spent the CMP top-up on food**. This was true even where a large proportion of CMP households did not report major food price increases. Almost a quarter of CMP household reduced food intake as a coping strategy and 30% sent children to bed without a meal during the pandemic. Among FSP households, **borrowing of food from shops** decreased during the pandemic.

The lack of **clear guidance from the MSLP** to commercial banks handling the CMP and top-up with respect to existing contracts to **automatically deposit the CMP top-up**, which was intended to help households cope with the economic shock caused by the pandemic, along with the CMP base amount should be addressed.

A clear policy and communication strategy to cascade relevant messaging down to bank branches and local officials at the aimag and soum level is required to avoid similar situations in the future where existing bank accounts, CMP otherwise, are used for emergency social protection.

It would also be useful to dig deeper into the **profiles** of the approximately **26% of households who saved the entire top-up**, to better understand whether this was primarily driven by a lack of access to information, understanding and avoidance of financial penalties for withdrawing cash from the child savings accounts after it had been deposited, and the profiles of households who simply wanted to save the top-up in its entirety.

There are pronounced differences between the two programs in terms of **gender**; while women were the decision-makers around pending in over 80% of households for CMP/CMP top-up, only 42% of women were decision-makers for the FSP/FSP top-up. In the countryside and aimag center soums this result may be partially due to mothers and children of herder households living separately from fathers who live outside soum centers to herd animals; herders account for approximately 30% of the total population in Mongolia. However, stakeholders may wish to take these gender differences between the two programs in cases where it is relevant to SRSP policy or intervention design or objectives.

The assessment also points to the need to potentially expand the FSP horizontally (i.e. to near-eligible households not included the regular FSP) during times of shock, as these households who sit just above the poverty cut-off were hit particularly hard and therefore likely to fall below the cut-off during shocks.

Overall, the experience of the CMP and FSP top-ups offers many valuable lessons for the expansion of SRSP in Mongolia and in other countries, particularly as relates to the rapidity and scale of the response.

June 2021