

SITUATION ANALYSIS OF CHILDREN AND WOMEN IN MONGOLIA



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

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Grandmother with her granddaughter, Naranbulag soum, Uvs aimag

■ CONTENT

FOREWORD	3
ACRONYM	4
CHAPTER I. INTRODUCTION	6
CHAPTER II. THE COUNTRY CONTEXT	7
2.1 Transition and its Socioeconomic Impact	7
2.2 Growth and Poverty Trends, 2000-2008	8
2.3 Demography	10
2.4 The Economy	13
2.5 Social Sector Financing	16
2.6 Human Development Index, Gender Development Index and Gender Empowerment Index	16
2.7 Political and Administrative Structure	17
2.8 Governance and Corruption	18
2.9 Key National Institutions for Child Rights	19
2.10 Commitment to UN Conventions and Protocols Related to Children and Women	20
2.11 Laws and Legislation Related to Children and Women	21
CHAPTER III. MILLENNIUM DECLARATION/MILLENNIUM DEVELOPMENT GOALS	23
3.1 National Commitment to Millennium Declaration/Millennium Development Goals Millennium Development Goals and A World Fit for Children	23
3.2 Millennium Development Goals	25
3.3 Protecting the Vulnerable - Child Protection	66
CHAPTER IV. CONCLUSIONS	73
Achievements and Challenges Ahead	73
REFERENCE	75
LIST OF TABLES	
Table 1: Proportion of children under five with moderate and severe malnutrition, by sex, location and regions	31

Table 2:	Percentage of completion, repetition and drop-out in primary education, 2008	38
Table 3:	Gender development indicators, 2006.....	40
Table 4:	Number of women in high-level administrative positions	43

LIST OF FIGURE

Figure 1:	Urban and rural poverty trends in Mongolia (percent)	9
Figure 2:	Urban and rural population distribution, 2008	11
Figure 4:	Population pyramid, 2008	12
Figure 3:	CBR and CDR, 1998-2008	12
Figure 5:	Population pyramid, 2015	12
Figure 6:	GDP growth in Mongolia, 2001-2009	13
Figure 7:	Inflation rates, 2000-2007	15
Figure 8:	Poverty trends in Mongolia between 1994 and 2008	26
Figure 9:	Urban and rural poverty trends, 1994-2008	27
Figure 10:	Poor family consumption	28
Figure 11:	Non-poor family consumption.....	28
Figure 12:	Malnutrition 1992-2005	29
Figure 13:	NER and GER in primary education, 2000-2008.....	34
Figure 14:	NER in primary education by gender, 2007-2008.....	35
Figure 15:	Trend in the school drop-out rate, 2005-2009, National	37
Figure 16:	School drop-out rate by regions, 2008	37
Figure 17:	Grade 5 completion rates, 2000-2006	38
Figure 18:	Share of women in national Parliament, 1990-2008 (percent)	42
Figure 19:	Infant and under five mortality, 1990-2008	46
Figure 20:	Causes of Infant Mortality	47
Figure 21:	Causes of Under 5 Mortality.....	48
Figure 22:	Maternal mortality ratio, 1993-2008	50
Figure 23:	Antenatal Access, 2000-2008.....	51
Figure 24:	Causes for Maternal Mortality, 2008.....	52
Figure 25:	Trend in HIV/AIDS cases.....	54
Figure 26:	Trend in TB incidence (per 10,000 population) and mortality, 1997-2007	56
Figure 27:	Days with air pollution exceeding the standard levels.....	60
Figure 28:	Access to safe water and adequate sanitation	63

FOREWORD

We are pleased to share the 2009 update of the Situation Analysis of Children and Women (SITAN) in Mongolia.

UNICEF prepares and updates the SITAN to assess and analyze socio-economic changes and their impact on the lives of children and women.

The report follows the Millennium Development Goals (MDG) framework as UNICEF has a mandate to support the Government of Mongolia in achieving the children- and women- related MDGs, six out of eight of which are directly related to children and women.

We congratulate the Government of Mongolia for their investment in children for the last decade and an half, which is paying significant dividends in the social sectors and in the achievement of the Millennium Development Goals.

While the national averages for most MDGs are on track, Mongolia continues to have significant socio-economic, gender and geographic disparities. Despite rapid economic growth, poverty has remained virtually unchanged over the last two decades, which may even be further aggravated by the current global economic crisis unless measures are taken to protect the most vulnerable.

Among the remaining key challenges in achieving the MDGs are high levels of stunting for children under five, poor access to safe water and sanitation, and the emerging problem of child protection. UNICEF along with other development partners is committed to support the Government in addressing many of these challenges.

We hope you will find this publication useful and a help in your support to the national efforts of achieving the MDGs with equity.



Dr. Bertrand Desmoulin
Representative
UNICEF MONGOLIA

ACRONYM

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
CBR	Crude Birth Rate
CDR	Crude Death Rate
CMP	Child Money Programme
CRC	Convention on the Rights of the Child
DOTS	Directly Observed Treatment, Short Course
DPM	Deputy Prime Minister
DPO	Deputy Premier's Office
FDI	Foreign Direct Investment
GDI	Gender-related Development Index
GDP	Gross Domestic Product
GEM	Gender Empowerment Measurement
GER	Gross Enrolment Ratio
GHDR	Global Human Development Report
HDI	Human Development Index
HIES	Household Income and Expenditure Survey
HIV	Human Immunodeficiency Virus
HSES	Household Sociol-economic Survey
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IPEC	International Programme on the Elimination of Child Labour
MA	Millennium Agenda
MD	Millennium Declaration
MDG	Millennium Development Goals

MECS	Ministry of Education, Culture and Science
MoJHA	Ministry of Justice and Home Affairs
MoH	Ministry of Health
MoE	Ministry of Environment
MICS	Multi-Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MPDA	Mongolian Population and Development Association
MoSWL	Ministry of Social Welfare and Labour
NAC	National Authority for Children
NCC	National Council for Children
NCCD	National Center for Communicable Diseases
NDS	National Development Strategy
NER	Net Enrolment Ratio
NHRC	National Human Rights Commission
NGO	Non-Governmental Organizations
NSO/NSB	National Statistical Office (renamed the National Statistical Bureau in 2008)
PPP	Purchasing Power Parity
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
TFR	Total Fertility Rate
U5-MR	Under-Five Mortality Rate
UNDAF	United National Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WB	World Bank
WHO	World Health Organization

INTRODUCTION

The Government of Mongolia ratified the Convention on the Rights of Children (CRC) in 1990 and subsequently developed the National Plan of Action on Development and Protection of Children 2002-2010 and the MDG-based National Development Strategy 2008-2010. While the Government is fully committed in fulfilling the rights of all children in Mongolia a number of challenges remain which have been further compounded by the onset of the global financial crisis. At a national aggregate level, Mongolia seems to be doing very well and is on track in meeting a majority of the MDG goals. Challenges include persistent poverty and a growing socio-economic and geographic inequality which poses a major challenge not only for the Government but for all development partners towards achieving the MDGs at sub-national level and with equity.

It is within this context, that the current 2007 Situation Analysis of Children and Women (SITAN) has been updated which describes the current socio-economic context, the impact of the global financial crisis and the status of the MDGs as of 2008. The SITAN serves as a key reference for those interested in understanding the situation of children and women in Mongolia and also serves as an advocacy document for policy makers, legislators and implementers to promote the rights of children as the centerpiece for all development efforts in Mongolia.

THE COUNTRY CONTEXT

2.1 Transition and its Socioeconomic Impact

In 1990, Mongolia underwent a rapid transition from a command to a free market economy. A “shock therapy” approach was used to accelerate the dismantling of the command economy and initiate market-oriented policies and institutional frameworks. As a result of this approach, Mongolia quickly replaced an authoritarian communist system with a parliamentary democracy and established a legislative framework which secured civic and press liberties. Trade and prices were liberalized, which opened Mongolia’s economy, and the private sector emerged and expanded upon opportunities for economic and livelihood diversification. By 2007, the private sector contributed to 70 percent of Mongolia’s GDP.

At the same time, the transition process also created serious economic and social setbacks. The economy collapsed in 1992 with severe reductions in growth across the board and the tripling of inflation. Severe budget deficits led the Government to close many state-run industries rendered obsolete by the transition. As a result, there was massive unemployment in urban areas (including Ulaanbaatar and the provincial centers) and rural centers (soums and bags). Herding and the informal economy became critically important livelihoods in the rural and urban sectors respectively (NLFS 2004). The budget deficit in the early 1990s resulted in a significant reduction in public expenditure on health and education, which were reduced to three and five percent of GDP respectively, leading to a deterioration in access and quality of services (NHDR 2000). In the medium term, this was acutely felt in the lack of investment in infrastructure and schools, hospitals, clinics and dormitories fell into despair and disuse.

During the 1990s, poverty eventually came to affect about one-third of the population. Despite many positive gains in Mongolia’s development, this level of poverty has remained constant since then, recorded as 35.2 percent in 2008 (NSB 2008). In the first decade of



Residents of Tarialan soum, Uvs aimag

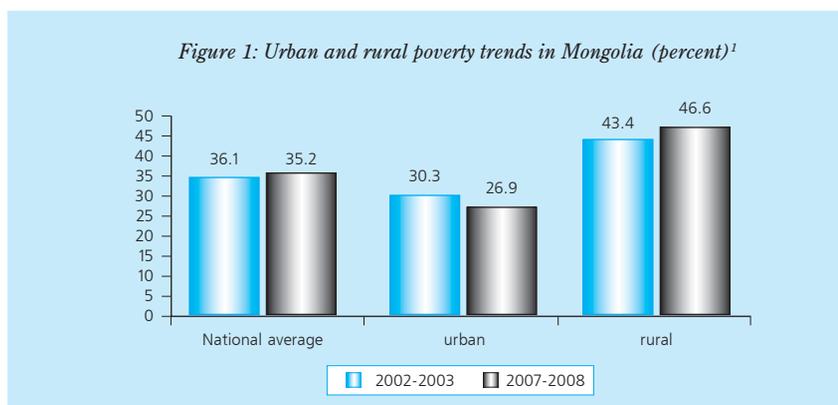
transition, maternal mortality was recorded at 160-200 per 100,000 live births, while infant mortality stood at about 50 per 1000 live births. By the mid-1990s school enrolment was at 80 percent.

2.2 Growth and Poverty Trends, 2000-2008

From 2004, Mongolia's economy began to recover, based on the high demand and prices for minerals on the world market. Economic growth averaged 9 percent in the past five years (2003-2008), with budget revenue reaching 8 percent in 2006. This facilitated increases in the health and social sector budgets. Against this backdrop of continued economic growth and social stability, key indicators of children's and women's wellbeing began to reflect some improvements. There was a gradual reduction in child and maternal mortality. School enrolment increased in comparison with the 1990s (to 90 percent compared with 80 percent in 1990s). The

Government increased social and health expenditures to 15 percent of the total GDP, increased civil service salaries and expanded social welfare payments.

However, poverty levels remain stubbornly high, and in the past five years little change has been recorded in terms of either the poverty gap or severity. Poverty in Mongolia is more than income based; it is a compound effect resulting from: a lack of income opportunities, migration, severe weather conditions, poor or intermittent access to water and health services, intermittent food security and social vulnerability (disability, old age, single-head households). According to NSB data, levels of poverty in rural areas have increased from 43.4 percent to 46.6 percent, while there has been a reduction in urban areas from 30.3 percent to 26.9 percent (see Figure 1). More than half the population of the western, eastern and highlands regions lives at or below the national poverty line.



Source: Household-based Socioeconomic Survey 2007-2008, NSO

Poverty-driven social tensions impacting on children are also increasing. Between 2000 and 2007, the national divorce rate climbed by 21.3 percent, while the overall number of registered marriages has declined year by year, despite the Government's introduction

¹ Urban areas are the capital city and aimag centres. Rural areas refer to soum centres and bags.

of a one-time marriage payment of USD \$355 for new couples in 2007. Crimes committed against children and families rose by 12 percent in 2007 compared with 2006. The number of children in conflict with the law remains high. Among all persons sentenced with imprisonment, children under the age of 18 make up more than 10 percent, with the most common offences being theft and robbery.

Human trafficking is also emerging as a concern for Mongolia. Poor women and children are easy prey to human trafficking. The Mongolian Gender Equality Center recorded 115 presumed cases of trafficking in 2007, including 12 minors (Asia Foundation).

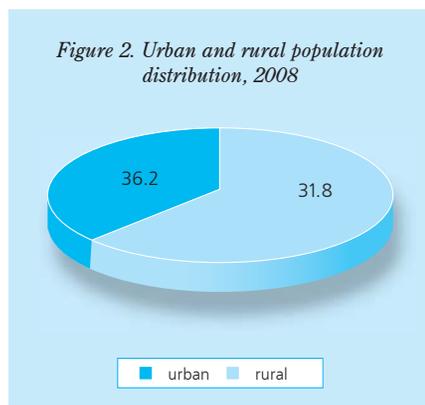
2.3. Demography

Due to the social and economic transformations initiated in the 1990s, the demographic patterns in Mongolia have come to reflect lower population growth and imbalanced urban and rural population distribution. Annual population growth dropped from 2.3 percent in 1990 to 1.4 percent in 2008. Mongolia's total population was 2,683,500 in 2008, with a male to female proportion of 47 percent and 53 percent respectively.

The proportion of rural population has declined from 42.8 percent in 2000 to 38.2 percent in 2008. Rural to urban migration has increased population density in the capital city, with 219.4 persons per square kilometer, although the city's surface area represents only 0.3 percent of the total Mongolian territory of 1.5 million square kilometers. In global terms, Mongolia is ranked 138th in the world in terms of overall population (US Census Bureau data), and has one of the lowest population densities (1.7 per kilometer).

Rural to urban migration is an enduring factor in the Mongolian context and represents a last-resort coping mechanism for poor rural families. Push factors for rural to urban migration include poor infrastructure, inadequate education and health services, low access to markets and information, and limited employment and income-

earning opportunities. Environmental degradation is also a major concern as the primary livelihood in the Mongolian countryside is pastoral nomadic herding. Overgrazing and overstocking are increasingly important considerations as Mongolia's livestock are at historically high levels, reaching 43 million head in 2008.

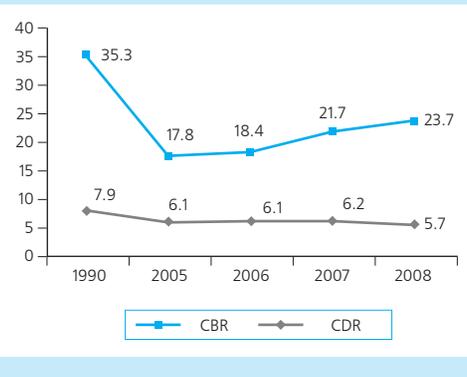


Source: Population Statistics 2008, NSO

The Mongolian population is relatively young, with almost 40 percent of the total population aged under 19. Since 2000, the birth rate has stabilized at 1.4 percent. Since the mid-1990s, infant and maternal mortality rates have dropped to 19.6 per 1000 live births and 49 per 100,000 live births in 2008.

Similarly, the crude birth rate (CBR) steadily rose while the crude death rate (CDR) has declined since 2004. The CBR rose from 17.7 in 2004 to 23.7 in 2008, while the CDR fell from 6.1 in 2004 to 5.7 in 2008. Nevertheless, the overall rates are much lower than pre-1991 when total fertility rates (TFR) were 4.3 per woman and the CBR stood at 35.3. In an indication of changing socio-cultural norms, more women are opting to give birth later in life. More women over the age of 29 have children than women in the 20-24 age groups.

Figure 3. CBR and CDR 1990, 2005-2008

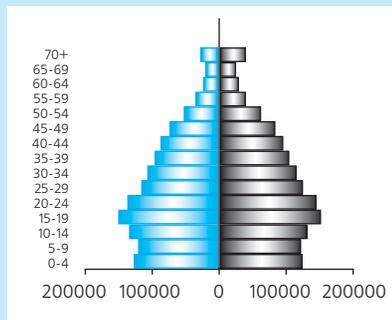


Source: Statistical yearbooks 2004 and 2008, NSO

Declining fertility rates, internal and external migration patterns and increasing life expectancy have contributed to an increase in the median age of the population from 19 in 1990 to 25 in 2008. Overall life expectancy rose from 62.7 to 66.5, disaggregated to 63.1 for males and 70.2 for females.

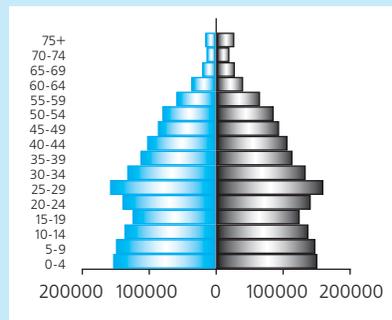
Because of the reduced fertility rate in the early 1990s and the subsequent slow rate of increase, young people aged 25-29 will represent the highest proportion of the population by 2015. Population growth is projected to remain 1.4 percent.

Figure 4. Population pyramid, 2008



Source: Population Statistics 2008, NSO

Figure 5. Population pyramid, 2015

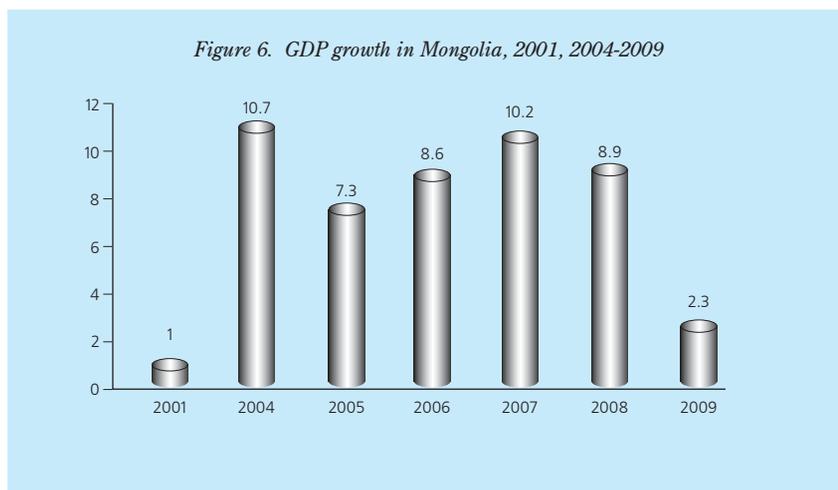


Source: Population Projection Estimate, NSO

2.4 The Economy

Agriculture (including herding) and extractive industries related to mineral processing are key economic sectors in Mongolia. About 20 percent and 30 percent of the GDP are produced by these sectors respectively (NSO 2007). About half the workforce is engaged in herding; the mining sector employs only 1 percent of the total workforce.

Economic growth has fluctuated considerably in Mongolia. GDP growth was down to 1 percent in 2000 and 2001 as Mongolia was hit by natural disasters and copper prices fell in the world market. Since 2003, mineral prices have slowly recovered and the livestock population has soared by 19 percent per annum, favoured by mild winters and summers. As a result, the GDP grew during 2004-2008, with growth peaking at 10.7 percent in 2004. The GDP per capita increased from USD \$630 in 2000-2003 to USD \$884 in 2004-2008 (NSB 2008).



Source: Statistical yearbooks, NSO 2002 to 2007

Note: The 2009 figure is based on World Bank estimated preliminary data.

Among all sectors, mining has seen the highest growth rates with estimates of 31.1 percent in

2004, although this fell to 6.3 percent in 2006. However, foreign direct investment (FDI) revenue and employment in the mining sector is contingent on the political climate, which has been highly variable on mining issues in the past five years and which is yet to be resolved to the full satisfaction of any party. As an example of this, the 2006 drop in growth was linked to the introduction of the windfall tax imposed on this sector. As mining generates an estimated 40 percent of Government revenue, there are evident linkages between the mining sector and Government investments in the health and social sectors. The 2009 budget deficit is projected to be 6 percent. Negotiations are continuing on two major mining deals (Oyu Tolgoi and Tavan Tolgoi), the agreement of which is expected to revive revenue from mining.

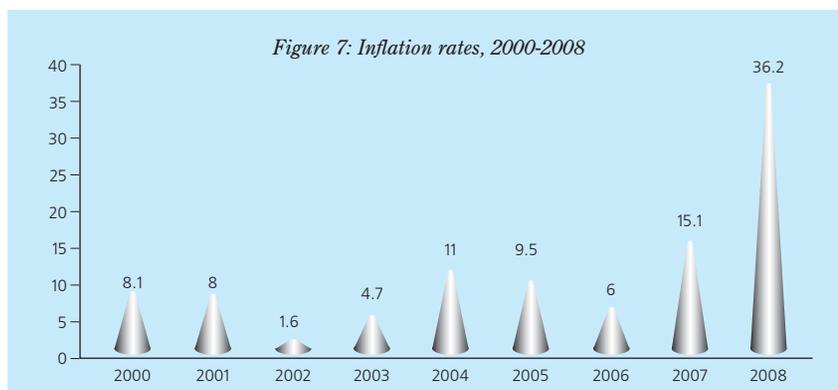
Total external trade turnover reached USD \$4.1 million, of which USD \$1.949 million was in exports and USD \$2.17 million was in imports. Minerals comprised 66.8 percent of total export products in 2007, an increase of 26.1 percent compared with 2004. Imports consist of almost all processed retail goods, as well as raw materials for domestic production.

Growth was not pro-poor based and has not generated investments and job opportunities which would reduce poverty or decrease the urban and rural divide. The Gini coefficient shows that rising GDP per capita is not equally distributable across different income groups. The Gini coefficient, which measures the inequality in consumption from zero to 1 in ascending order, moved from 0.31 in 1995 to 0.33 in 2004-2005 to 0.36 2007-2008 in Mongolia. At the same time, most herders cannot access markets, which are essential for increasing the productivity and the diversification of animal products. Herders' basic livelihoods feature low levels of efficiency and primarily involve the trade of unprocessed dairy, meat and skins.

As a result of the global financial crisis, the price of copper has dropped substantially. Mongolia's growth is expected to slump to 2.3 percent in 2009.

In March 2009, the Government approved an Action Plan to respond to the economic crisis which focuses on four components: ensuring macroeconomic balances, targeted safety net programmes, adjustments to fiscal and trade policies, and medium-term food supply.

Mongolia's total dependence on imported fuel combined with its dependency on imports mean that fluctuations in international oil prices have an immediate impact on consumer prices. In 2004, 2007 and 2008, inflation passed 10 percent. In 2008, inflation soared to 32.6 percent, of which food price inflation was 41 percent (World Bank, Quarterly Report, June 2008).



Source: Statistical yearbooks, NSO 2000 to 2007

As food constitutes more than 50 percent of total expenditure for the poor (especially in rural areas), high food inflation exacerbates concerns over access to food for poor families. Acute malnutrition is not a major concern for Mongolia (recorded at 2.2 percent in 2005), but stunting (chronic malnutrition) remains prevalent. From

2000 to 2005, stunting figures declined slightly from 25 percent to 21 percent, but nevertheless it remains pervasive and widespread (MICS, NSO and UNICEF).

2.5 Social Sector Financing

Between 2000 and 2005, total budget expenditures included 20 percent for education and 8 percent for health. Most of the expenditure was on primary service provision. In 2006 and 2007, education and health sector spending was lower than social welfare spending as a result of the expansion of the Child Money Programme (CMP). The percentage for health expenditures remained constant at 8 percent, while education spending was 11 percent of the overall budget. In 2007, 15.8 percent of total Government expenditure went to the social welfare sector, of which the CMP absorbed 23 percent.

Expenditure in social welfare rose dramatically in 2005 when the Government introduced a universally targeted CMP. In 2007, a total of USD \$134 million was allocated to the CMP, reaching 874,000 children. However, this excludes 19 percent of children from poor families who were unable to receive access due to incomplete documentation. Of the total recipients of the CMP, 61 percent were non poor.

2.6 Human Development Index, Gender Development Index and Gender Empowerment Index

The Human Development Index (HDI) is a composite measure of life expectancy, education attainment and adult literacy and GDP per capita in purchasing power parity (PPP) (in USD). By 2005, the HDI rose to 0.718, ranking Mongolia at 114 out of 177 countries (NHDR Mongolia 2007). Since 2000, key indicators such as literacy rates have remained constant at 97.8 percent, life expectancy has risen from 63 to 65.9, and combined school enrolment has increased from 69 in 2000 to 79.4 in 2006. In terms of PPP, GDP per capita has risen from USD \$1783 in 2000 to USD \$2823 in 2006.

The Gender Development Index (GDI) measures inequalities between men and women. Overall, Mongolia appears to have maintained a degree of positive gender representations. Women have a longer life expectancy than men at 70.2 against 63.1 (2007), and outnumber men in school attendance across all ages from seven to 22. Fewer boys than girls are enrolled at intermediate, secondary and tertiary levels. However, women have lower purchasing power than men, earning USD \$2611 compared with men's USD \$3045 (estimated in PPP per capita). Overall, Mongolia ranks 87 out of 136 countries in the 2007 global GDI.

The Gender Empowerment Measure (GEM) captures gender inequality in political, social and economic participation and decision-making and earned income. Although women actively participate in social and economic lives in Mongolia, they are significantly under-represented in power-sharing and decision-making. The percentage of women Members of Parliament dropped from 25 percent in 1990 to 3 percent in 2008. In 2007, a law setting minimum levels of women's representation in Parliament was rescinded. Women's participation in unpaid work is higher than men, even though there is gender parity in formal employment. This can be understood as a function of household chores and child care, which is seen as women's work. With the GEM estimated at 0.422, the country was ranked 65 out of 76 countries in the same year.

2.7 Political and Administrative Structure

Mongolia is administratively divided into 21 provinces and the capital city. The capital city is the political, economic and social centre and is subdivided into districts and khoroos. The provinces are split into soums and bags. The lowest administrative unit in rural areas is the bag, comprising an average of 300-500 households. The country is governed by a democratic parliament which serves a term of four years. The majority party in Parliament chooses a Prime Minister who heads the Cabinet. The President of Mongolia is the formal head of state with a tenure of four years and is responsible for national security and judicial issues. The President has the power to initiate law reform and veto parliamentary decisions. In May

2009, Mongolia elected its fourth President from the non-majority Democratic Party.

At the aimag, soum and bag levels, the Governor's Cabinet represents the executive branch and the provincial-level parliament functions as a legislative body. Aimag, soum and bag level representatives are selected in local elections.

2.8 Governance and Corruption

Support to community organizations, enhancing strong Government and NGO partnerships, and improving transparency and accountability are key components in instilling democratic values and participation. At the level of civil society, the overall number of NGOs now stands at 4900, although functionality (including capacity levels, activities and funding) are highly variable.

In 2004, Transparency International rated Mongolia's level of corruption at 3.0, classifying it as highly corrupt. According to the 2008 Corruption Benchmarking survey conducted by The Asia Foundation and the Sant Maral Institute, corruption at service levels was common and widespread. The survey reported land officers, customs officials, health care workers, tax officers, government employees, lawyers and police were all cited as demanding bribes for services that citizens are entitled to receive free of charge. The average bribe paid was USD \$212, more than the average monthly income.

The Mongolian Government is a signatory to the UN Convention against Corruption and has approved the National Plan for Fighting Corruption and the Anti-Corruption Law. To enforce the law and the programme, a National Agency on Anti-Corruption was established. It conducted an income-declaration exercise among high-level government officials in 2008 and runs a direct watchdog network to receive and respond to individual notifications of corruption or harassment. NGOs with strong community partnerships also play a powerful role in ensuring public participation and transparency in decision-making.

2.9 Key National Institutions for Child Rights

Child rights and development issues are multifaceted, requiring long-term intersectoral commitment. There is an urgent need to empower children to actively participate in exercising their rights and to encourage them to grow and develop into competent citizens. The National Council for Children (NCC), the Deputy Premier's Office (DPO), the National Authority for Children (NAC) and the National Human Rights Commission (NHRC) are key institutions dealing with child rights and development issues in Mongolia. The roles of the NCC, DPO and NAC are to develop policies in child protection, support and advocate for child rights at the legislative and executive levels, and monitor the implementation of the Convention on the Rights of the Child. The NAC and NHRC promote and monitor human rights, including children's rights, in line with relevant international treaties and conventions.

The NAC is an implementing government agency supervised by the Deputy Premier in Mongolia. Reporting directly to the NCC, the NAC's main responsibilities include information sharing among stakeholders, knowledge management, and methodology guidance to empower children to voice their needs and participate in the development process. The NAC's main government partners are the Ministry of Education, Culture and Science (MECS) (child education), the Ministry of Health (MoH) (child health), the Ministry of Social Welfare and Labour (MoSWL) (child welfare and care) and the Ministry of Justice and Home Affairs (MoJHA) (judicial and policy issues). Furthermore, it has a strong partnership with UNICEF in support of children's wellbeing and empowerment. Child centers have been established in all aimags under the guidance of the aimag governors and are responsible for local-level engagement on children's issues. At the soum level, children's issues have been added to the functions of the soum government and social officers.

In collaboration with development partners, the NAC has developed several measures to enhance child participation in policymaking and support for the capacity of child organizations. The 2006 Forum on Child and Youth Development and Forum on

Disabled Children, followed by central and regional trainings for child officers and NGOs, is a key achievement in this regard. In collaboration with the NHRC, the NAC has appointed 150 Child Envoys to train and specialize in the development and protection of children.

Child protection and development is not only a public-sector issue, but also has gained ground in the private sector. Support for increased involvement with the private sector represents a window of opportunity for expanding commitment to children's issues.

Partnerships with the media effectively contribute to advocacy of child rights among the wider public. As a function of this, the NCC, the NAC and the NHRC collaborate with NGOs and the media to raise awareness of child rights and development through various events and publications.

The NAC continues to be heavily reliant on external support in developing its technical and coordinating capacity. It will be responsible for developing the final results and reporting on the National Programme for Child Development and Protection 2002-2010, which in turn should provide the blueprint for the next national programme.

2.10 Commitment to UN Conventions and Protocols Related to Children and Women

Mongolia is a signatory to 40 UN treaties. The country ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1981 and the Convention on Child Rights (CRC) in 1990. Mongolia reports regularly to the UN on the implementation of the conventions. In 2008, with the support of UNICEF, the Government of Mongolia prepared and submitted its combined Third and Fourth State Party Report on the implementation of the CRC and its optional protocols to the UN Child Rights Committee in Geneva. The report summarized the Government's achievements and highlighted new challenges in government programmes and planning on children's rights issues. A total of 2000 children were consulted for feedback on the report before its finalization and submission.

Mongolia has acceded to 13 International Labour Organization (ILO) conventions, among which the most relevant to women and children are Convention 182 on the Elimination of the Worst Forms of Child Labour and Convention 138 on the Minimum Age for Employment. These conventions provide the basis for the national legislative and policy framework to guarantee the values of children's rights and human rights at all legislative, executive and judicial levels. By signing these conventions, Mongolia is committed to the elimination or prevention of any possible forms of discrimination and abuse against women and children. UNICEF, the United Nations Population Fund (UNFPA) and Save the Children Fund (UK) are working to support the country's capacity to optimize and monitor policy targeted at women and children.

Mongolia has been a party to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) since 1981. Under this framework, Mongolia implemented a National Programme for Women's Advancement and approved the National Programme of Gender Equality. Mongolia has prepared and submitted seven reports on the implementation of CEDAW, the most recent of which was completed in 2007. Mongolia ratified the Palermo Protocol in 2008.

2.11 Laws and Legislation Related to Children and Women

A comprehensive legislative and policy framework harmonized with major international treaties and conventions has been adopted. This framework reflects the socioeconomic changes experienced by women and children in Mongolia and is conducive to the promotion of their wellbeing.

The Labour Code, Family Law, Law on Social Welfare, Law on Social Insurance, Law on Domestic Violence and Law on Child Rights shape the legal framework guaranteeing protection from any violation of rights, equal and fair participation and social justice for women and children. An article on human trafficking has been added to Criminal Code. The Law on Preschool Education has been approved to legally guarantee access to preschool education.



Enkhtsetseg with her 3 day-old daughter. Baganuur district, Ulaanbaatar city

The National Programme on the Advancement of Women, the National Programme of Gender Equity and the National Programme for Child Development and Protection provide the basis for the equality of women and men and their participation in social, political and economic development. The recently approved Law on Monetary Assistance for Children and Families and the National Programme for Healthy Mongolians provides for financial support to ensure the wellbeing of women and children. Based on this law, the CMP distributes USD \$2 per child every month, USD \$17.1 per child every quarter and USD \$71 per newborn child on a one-off basis, although the latter has been suspended for 2009. Although universally targeted, this programme helps many poor and very poor families, contributing to up to 23-35 percent of their consumption expenditures.

The MDG-based National Development Strategy (NDS) is a long-term, overarching policy document designed to ensure and secure Mongolia's achievement of its MDG targets. However, better integration of children's and women's protection and development is required in the NDS.

MILLENNIUM DECLARATION/MILLENNIUM DEVELOPMENT GOALS

3.1 National Commitment to Millennium Declaration/Millennium Development Goals Millennium Development Goals and A World Fit for Children

The Millennium Declaration (MD), the Millennium Agenda (MA) and the Millennium Development Goals (MDGs) are a global agenda to promote equitable and sustainable pro-poor development for all nations. Heads of 189 member countries came together at 55th UN Session in 2000 and agreed on the collective need to ensure global security, peace and pro-poor sustainable development, and the need to define targets to meet these needs. The core values of the MD and the MA are the rights of all people to be free from want and fear, to be free to sustain their lives on this planet and to be free from poverty.

Framed by the MD and the MA, eight MDGs were to be achieved for all countries by 2015. These include the eradication of extreme poverty and hunger, the achievement of universal primary education, the promotion of gender equality and women's empowerment, a reduction in child mortality, improvements in maternal health, combating HIV/AIDS, malaria and other diseases, ensuring environmental sustainability, and the development of a global partnership for development.

Six out of eight MDGs are directly concerned with the wellbeing of women and children: eradicating child poverty and hunger, reducing child mortality, ensuring access to primary education and gender balance, improving mothers' health and halting HIV/AIDS and other communicable diseases. The MDGs on environmental sustainability and global partnership also include important elements relating to child participation and the objectives of the Convention on the Rights of the Child.

Pledged commitments to children were further strengthened in the global initiative “A World Fit for Children, which evolved from the UN Special Session on Children held in 2002. At this session, 180 countries set forth four goals: to promote a healthy life, to provide quality education for all, to protect children against abuse, exploitation and violence, and to combat HIV/AIDS. The goals correspond to the MDGs and highlight common actions and priorities for each country regarding child rights and wellbeing.

■ **Mongolia’s Commitment to Millennium Development Goals and A World Fit for Children**

Mongolia has committed to the MD, the MA and the MDGs and has pledged to implement the World Fit for Children initiative. In 2005, the country added a ninth goal to the initial eight goals and 19 targets defined as fostering democratic governance and strengthening human rights with three more concomitant targets: ensuring freedom of mass media and access to information, mainstreaming democratic principles and practice into daily life, and creating an environment of zero tolerance for corruption. Thus, Mongolia is committed to nine MDGs with 22 targets and 64 indicators reflecting Mongolia’s specific conditions.

There is high-level political commitment in Mongolia. In 2005, Parliament adopted a resolution on Mongolian-specific MDGs which obliges the Parliament to report on MDG progress every two years. In 2008, Mongolia adopted a 2008-2021 MDG-based National Development Strategy to serve as a guiding policy for all national and sectoral development interventions related to the MDGs.

Mongolia has reported twice on the progress of MDGs, in 2004 and 2007. According to the most recent report, Mongolia is on track to achieve 60 percent of its MDGs by 2015.

Immediately after the World Fit for Children agenda was released in 2002, the country endorsed a 2002-2010 National Programme for Child Development and Protection. The programme aims to build a legal framework which supports child growth and development through policy interventions, investment and safeguarding.

3.2 Millennium Development Goals

MDG 1: Reduce Poverty and Hunger

Poverty and malnutrition are interlinked, and in combination undermine children's health and normal development. Poverty in Mongolia remains stubbornly high, adversely affecting children of poor families by exposing them to such health and social ills as malnutrition, domestic violence, work and sexual exploitation, and crime. While poverty deprives children of opportunities to receive adequate food, education and health services, malnutrition impedes their physical and mental growth.

Mongolia's Target 1 is to reduce by half the proportion of people whose income is below the national poverty line (18 percent). Target 2 is to halve, between 1990 and 2015, the proportion of people who suffer from malnutrition. Key indicators for these targets are a poverty head count and the prevalence of underweight children under five years of age.

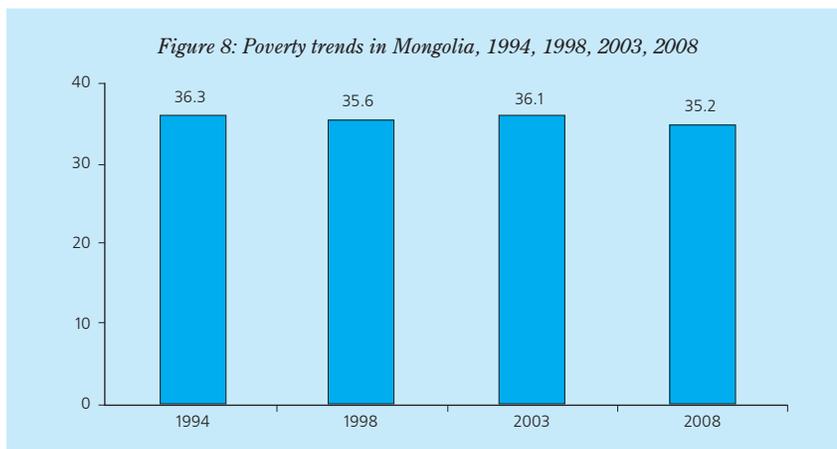
■ Current status

The proportion of people living below the national poverty line² has remained persistently high over the last 18 years. The first poverty survey in 1995 (the Living Standard Measurement Survey) estimated that one-third of the population was living in poverty (36.3 percent). According to the Household Socioeconomic Survey, poverty continues to affect one-third of the population despite a slight reduction (35.2 percent)³ in 2008. During that period, the poverty level has remained high with slight variations: a decrease of

² The poverty line is the minimum level of consumption or income needed to meet basic needs, which are a composite of food and non-food needs. All household surveys use the poverty line to estimate levels of poverty.

³ Household Socioeconomic Survey 2007-2008 estimated the number of poor based on the moderate poverty line of USD \$44 (equivalent to MNT 62,494) per month.

1.9 percent between 1995 and 1998, of 2.5 percent between 2003 and 2008.⁴ (see Figure 8).

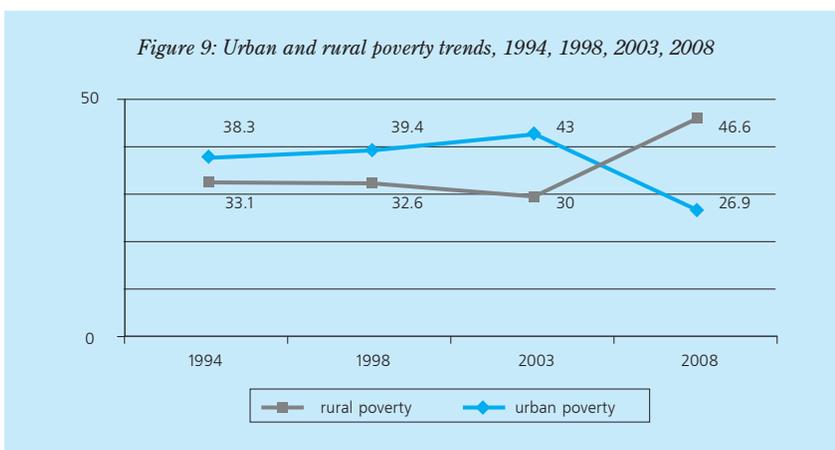


Source: LSMS 1995, LSMS 1998, LSMS+HIES 2002-2003, HSES 2007-2008, NSB

Poverty was higher in urban areas between 1994 and 2003, however this trend was reversed in 2003 with higher poverty in rural areas persistent through 2008 (see Figure 9). The higher poverty rate in rural areas reflects an increasing rural and urban divide in terms of access to and quality of social services, the availability of infrastructure and markets, and employment opportunities.

⁴ The Living Standard Measurement Survey/Household Income and Expenditure Survey and Household Socioeconomic Survey are periodic national surveys designed to estimate poverty in Mongolia. Although the direct comparison between their data should be treated with caution due to differences in methodology, they are solid tools that illustrate poverty trends based on household consumption. Further on, HSES will be a key survey to estimate poverty levels.

Figure 9: Urban and rural poverty trends, 1994, 1998, 2003, 2008



Source: LSMS 1995, LSMS 1998, LSMS+HIES 2002-2003, HSES 2007-2008, NSB

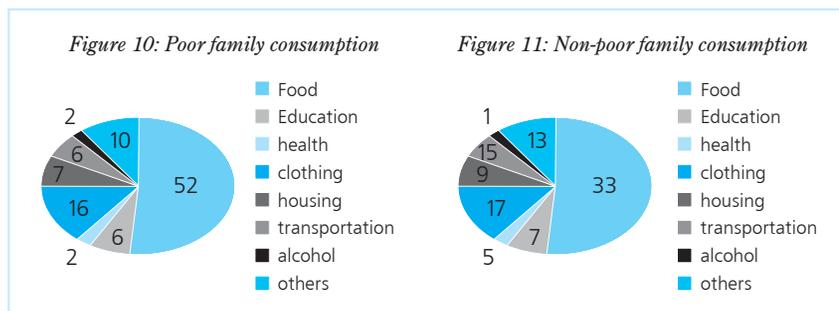
In general, orphan children and children of single parents with low incomes and poor education, and children with disabilities are more prone to poverty.

The incidence of poverty rises from 38.6 percent among families with five members to 69 percent among families with eight or more members.

Children from poor families have less chance of accessing adequate education and nutrition, particularly in rural areas and urban peri-urban ger areas. They survive in difficult living conditions characterized by poor hygiene and sanitation, domestic violence and low incomes. Children from poor families are also less likely to receive education higher than primary or lower secondary level. The net enrolment rate for primary education of poor children is equal to non-poor children (85 percent); but this figure drops to 70 percent at the lower secondary education level (HSES 2007-2008).

The average poor family consumption rate of USD \$31 per month is one-third that of non-poor families (USD \$93.50). The proportion of food costs is high for poor families (52 percent of per capita monthly consumption for poor families compared with

33 percent for non-poor families) (see Figures 10 and 11). This trend has been exacerbated by high rates of inflation in the past four years. Prices for flour and rice rose by 72 percent and 90 percent respectively, and meat and bread prices doubled (NSO estimate of CPI, 2009).



Source: HSES 2007-2008, NSO

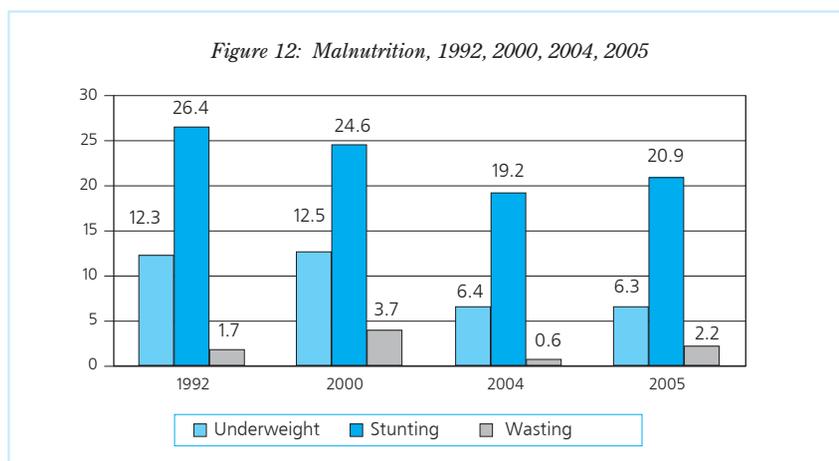
One of the biggest social-assistance programmes is the Child Money Programme (CMP), which provides a monthly allowance of USD \$2 per month and a quarterly allowance of USD \$18 per child. The potential impact of CMP on poverty was noted in the HSES 2007-2008. According to this survey, the incidence of poverty is reduced by 4 percent as a function of the CMP. However, the universal targeting of the CMP diminishes its impact on poor families. It is estimated that nearly 60 percent of total households benefiting from CMP payments are non-poor.

■ Eradicate hunger

Malnutrition reflects food quantity (caloric intake) and food quality (balance among proteins, carbohydrates, fats, vitamins and minerals). Malnourishment leads to underweighting (measure of weight for age), stunting (measure of height for age) and wasting (measure of weight for height).

■ Current status of malnutrition

In the past eight years, various surveys have confirmed that malnutrition among children under five years of age has been significantly reduced. Between 2000 and 2005, the level of underweight children almost halved from 12.7 percent to 6.3 percent, the level of wasting from 5.5 to 2.2 percent and the level of stunting from 25 to 21 percent (MICS 2005) (see Figure 12). As stunting represents chronic malnutrition over time, its reversal is not as rapid as more acute forms such as wasting.



Source: National Nutrition Survey 1992, MICS 2005, State of World's Children Report 2006

Overall, malnutrition is higher in rural areas, as recorded in the 2006 survey on the nutritional status of women and children in Mongolia. The proportion of those underweight was

8.1 percent in rural areas compared with 3.9 percent in urban areas, while the proportions of wasting and stunting stood at 0.2 percent and 23.9 percent compared with urban proportions of 1.1 percent and 11.5 percent respectively.



Children having lunch at the school dormitory, Bayan-Ulgii aimag

In terms of gender desegregation, the proportions of underweighting and wasting were higher for females at 6.6 percent compared with 5.9 percent for males, and 2.4 percent compared with 1.9 percent for males.

Stunting was found to be higher among males with 21.5 percent compared with 20.3 percent among females. Stunting is the most prevalent form of malnutrition, affecting one in five children. In geographic terms, the proportion of children affected by stunting is the highest in western (28 percent) and eastern (27 percent) regions, reflecting the same trend as poverty distribution (See Table 1).

Table 1: Proportion of children under five with moderate and severe malnutrition, by sex, location and regions, 2005

Indicators	Underweight		Stunting		Wasting		
	Percent below -2 SD	Percent below -3 SD	Percent below -2 SD	Percent below -3 SD	Percent below -2 SD	Percent below -3 SD	Percent above +2 SD
Male	5.9	1.2	21.5	5.9	1.9	0.6	9.6
Female	6.6	1.0	20.3	5.9	2.4	0.5	9.6
Regions							
Western	8.0	0.8	28.0	8.2	2.1	0.5	6.1
Highlands	6.8	1.9	19.8	4.6	2.2	0.7	5.8
Central	4.9	0.7	15.9	3.6	2.0	0.5	8.5
Eastern	6.5	1.2	26.9	9.8	1.5	0.0	13.7
Ulaanbaatar	5.4	0.9	18.2	5.2	2.5	0.7	14.5
Location							
Urban	5.6	0.9	18.4	5.0	2.2	0.5	11.1
Rural	7.0	1.3	23.6	6.8	2.1	0.6	8.0

Source: MICS 2005, NSO and UNICEF

According to MICS 2005, stunting is highest in soum centers and rural areas, and has been recorded at levels of up to 60 percent of the poorest households. Severe stunting affects 6 percent of all children under five.

Breastfeeding, vitamin and micronutrient supplements are essential in improving child nutrition. Breastfeeding increased by 5-8 percent in all age groups between 2000 and 2005, with higher rates in rural areas (60 percent compared with 55 percent in urban areas). Exclusive breastfeeding stands at 57 percent for infants under six months of age. Complementary feeding practices and access to vitamin supplements for infants remains an ongoing challenge in rural areas. Only 1.6 percent of parents feed their children according to the recommendations given by the Ministry of Health (MoH) on frequency and amounts.

Anemia, rickets and vitamin A and D deficiencies exist in all locations in Mongolia. Of children under five, 41 percent are vitamin D deficient, with a high prevalence in eastern, western, highlands regions and Ulaanbaatar. Vitamin D deficiency is common among not only children under five, but also among pregnant women (38 percent at the national level and 47.5 percent in the western region, the highest level in comparison with other regions). Some 21.4 percent of children are anemic, including 20 percent in urban areas and 21.4 percent in rural areas. According to MoH data, anemia among pregnant women increased to 11.5 percent in 2007 from 10 percent in 2004. The western region has the highest prevalence of anemia among pregnant women (34 percent).

In 2008, vitamin A coverage nationwide was 51.6 percent of children aged six to 59 months. Eighty-three percent of the population consumed iodized salt.

At the national level, per capita food calorie intake per person rose between 2004 and 2007. In 2004, calorie intake was 2553.9 kcal, which rose to 2874.2 kcal in 2007. Rural areas had a higher daily consumption per capita, with 2750.2 kcal compared with 2379.8 kcal in urban areas in 2004. The ratio was higher in 2007: 3034.0 kcal in rural areas compared with 2741.0 kcal in urban areas.

The 2007-2008 HSES used 1450 kcal as a benchmark for poverty estimates. This meant 35.2 percent of the total population in Mongolia consumed 1450 kcal, which was much lower than the required norm⁵.

⁵ HSES, which covered the years 2007-2008, used 2100 kcal as the average food calorie intake per capita per day. The resolution on food calorie intake issued by the MoH in 2008 defines 2500 kcal as the required daily calorie intake per capita.

■ Key challenges

Mongolia's likelihood of reducing poverty to 18 percent by 2015 is seriously challenged and will require renewed efforts if this target is to be met. Key challenges are:

- To maintain a high level of economic growth and translate the benefit of growth into employment opportunities;
- To invest in quality of and access to education, and health and social infrastructure, especially in rural areas and urban peri-urban ger areas;
- To improve the targeting of social assistance to poor and vulnerable groups;
- To strengthen social safety measures among the poor population and residents in peri-urban ger areas and remote areas; and
- To implement programmes for strengthening family empowerment.

Key challenges in malnutrition are:

- To target poor families in relation to nutritional supplements;
- To reduce persistent child stunting through improved maternal nutrition, especially before and during pregnancy and among adolescent girls;
- To improve nutritional awareness among the general population and increase the diversity of diets in rural areas;
- To promote exclusive breastfeeding up to six months for all infants; and
- To sustain and accelerate micronutrient supplementation, especially vitamin D, iron and multiple micronutrients, and gradually move towards food fortification.

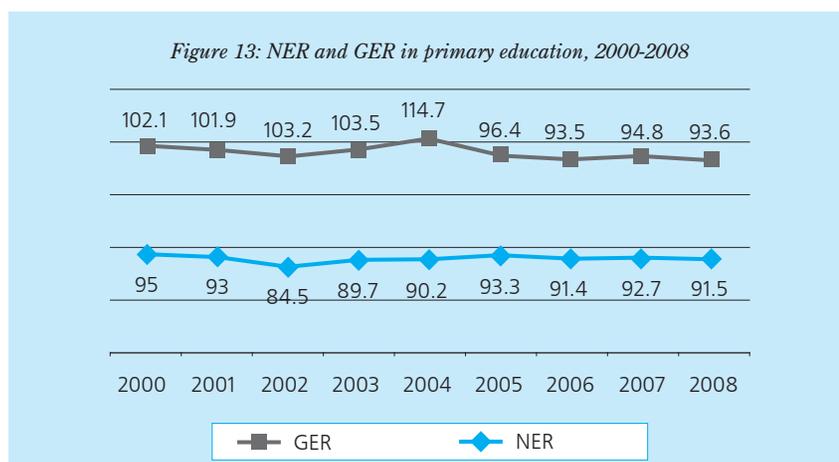
MDG 2: Achieve Universal Primary Education

Mongolia's target under MDG 2 is to achieve 100 percent universal primary education. This target is measured by three indicators: the net enrolment ratio in primary education, the proportion of pupils starting Grade 1 who reach Grade 5, and the youth literacy rate from the ages of 15-24.

■ Current status

The Net Enrolment Ratio (NER) in primary education has fluctuated slightly since 2000 but remains relatively high and stable. Enrolment stood at 84.5 percent in 2002, 93.3 percent in 2005 and 92.7 percent in 2007. In 2008, the ratio fell slightly to 91.5 percent.

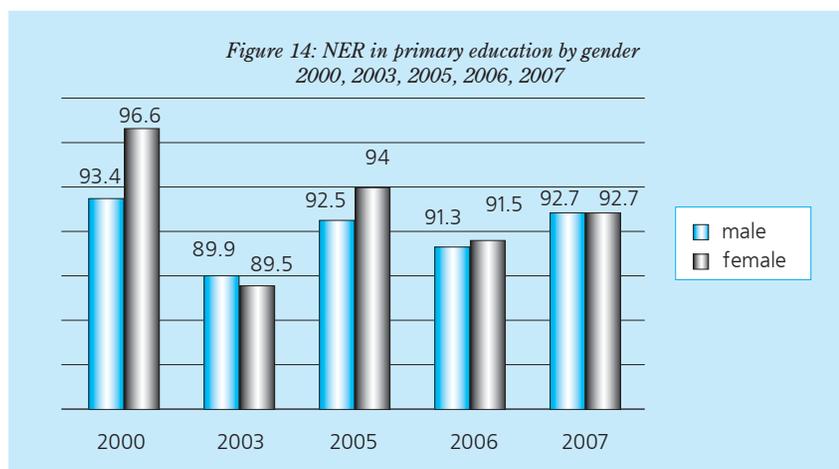
Meanwhile, the Gross Enrolment Rate (GER) in primary education is significantly lower in 2008 (93.6 percent) compared with 2004 (114.73 percent) (see Figure 14). The gender ratio of the GER in 2007 was 95.2 percent for boys and 94.4 percent for girls.



Source: Statistical yearbook, MECS

The increase in the NER and GER between 2003 and 2005 can be attributed to the increased interest of herder families in sending their children to school. The drop in the NER and GER in 2006 can be explained by the shift from a 10-year educational system with a starting age of eight to an 11-year education system with a starting age of seven. Similarly, the drop in the NER in primary education in 2008 (91.5 percent) is attributable to the shift from an 11 to a 12-year education system with a starting age of six.

The slight increase in the NER between 2006 and 2007 may be associated with such Government's programmes as Child Money and School Snack, which serve to reduce the costs of sending children to school. The NER in primary education is about 87 percent for poor families, which is about 8.5 percent lower than non-poor families.



Source: Statistical yearbook, MECS

There is no major gender difference in the NER in primary education. In 2007, the gender ratio of the NER in primary education was equal for boys and girls (92.7 percent) (see Figure 14).

⁶ Household Social-economic Survey, 2007-2008, NSB

The NER varies significantly by aimags. In 2008, Orkhon aimag in the highlands had the highest NER (99.5 percent), while Tuv aimag in the central region had the lowest NER (80.8 percent). This may be a function of migration as Tuv aimag serves as a transit stage for rural migrants from southern and southwestern aimags en route to Ulaanbaatar (Migration Studies 2000, Population Research Center).

In 2008, the lowest GER was recorded in Tuv aimag (82.7 percent), followed by Dundgovi (86.7 percent). The GER in Ulaanbaatar was 90.7 percent, which was lower than the national average of 93.6 percent. The low NER and GER in Tuv aimag and Ulaanbaatar may be related to the non-registration of migrant families or high rates of school drop-out among migrant children.

School drop-out is an important indicator of access to and quality of education. The school drop-out rate among children aged seven to 15 years was 2.2 percent in 2006/2007 and decreased to about 1.6 percent in 2007-2008⁷. Boys outnumber girls among school drop-outs, and rural areas have a much higher school drop-out rate. According to the 2007 MECS⁸, 59.1 percent of school drop-outs are boys and 91.3 percent are found in rural areas. Aimags in the western region have a higher percentage of total school drop-outs compared with aimags in other regions (10.2 percent in Bayan-Ulgii, 3.5 percent in Uvs and 3.0 per cent in Khovd). Orkhon (0.1 percent), Bulgan (0.3 percent) and Selenge aimags (0.4 percent) have the lowest number of school drop-outs. Since 2007, the school drop-out rate has been constantly declining (see Figure 16).

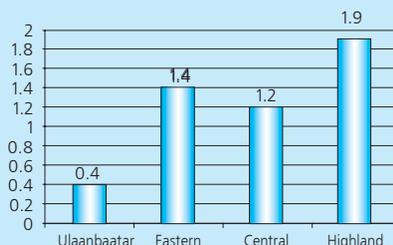
⁷ Statistical Yearbook 2007, NSO

⁸ In 2007, MECS estimated that 8775 school-age children were out of school. This number included children who were never enrolled in school or had dropped out of school.

Figure 15: Trend in the school drop-out rate, 2005-2009, National (percent)



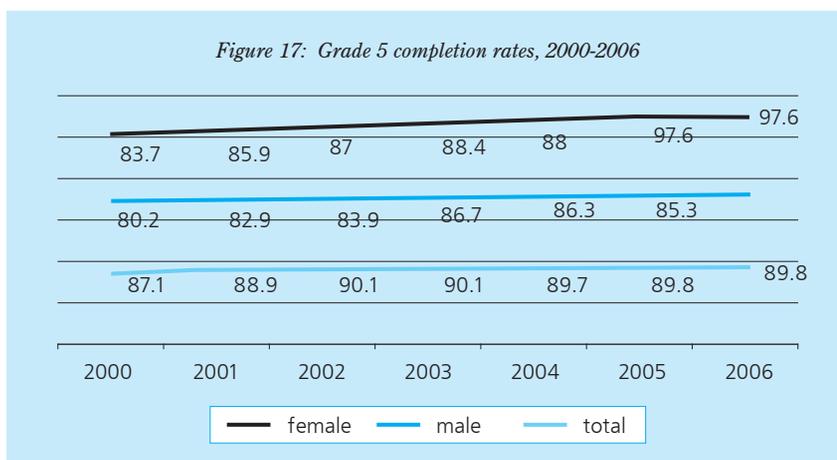
Figure 16: School drop-out rate by regions, 2008 (percent)



Source: Statistical yearbook 2007, NSO for 2005 to 2007, and MECS data for 2008 and 2009

Despite some improvements in the past several years, preschool coverage is still poor. In the 2007-2008 academic years, there were 768 kindergartens (87 percent of them public) with 130,758 children nationwide. Only 57.1 percent of children aged from two to six were enrolled in preschool education. Of these, 43.8 percent were enrolled in formal kindergartens and another 13.3 percent in alternate forms of preschool education (MECS, 2008). School readiness and completion of preschool education are important for starting school on time. Children who are unprepared for school entry are more likely to drop out or to fail to learn.

The proportion of pupils entering Grade 1 and reaching Grade 5, known as the retention rate, remained stable at about 88 percent from 2005-2008. The proportion is slightly lower among boys (85.4 percent) compared with girls (87.25), suggesting a correlation with the higher rate of school drop-out by boys.



Source: Statistical yearbook, MECS

Table 2: Percentage of completion, repetition and drop-out in primary education, 2008

Indicators	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Completion	94.1	97.5	98	98	97.9
Repetition	1.0	0.7	0.3	0.2	0.2
Drop out	4.5	1.8	1.9	0.9	1.0

Source: MECS 2008, Mongolia

The literacy rate of the population aged 15-24 years was 97.7 percent in 2007 compared with 99 percent in 1990. Of the total illiterate population, 66.3 percent are men who dropped out of school in the early 1990s when economic hardship caused many households to revert to herding as a primary livelihood.

Within the framework of the Law on Education, the Master Plan of Education and the National Programme for Non-Formal Education in Mongolia, non-formal education centers were established in all 331 soums and nine districts of the capital city. The centers provide training in literacy and in equivalent education for children and youth who have dropped out of school or were never enrolled in school.

Poverty, gaps in quality and access to education, and rural to urban migration are factors negatively impacting on the educational sector. School drop-out rates remain high in rural areas because of the need for all household members to contribute to the household income and share household chores, as well as an inability to cover school supply costs. Limited employment opportunities in rural areas is also a disincentive to pursue a full term of education.

The budget for each school is based on per pupil costs. Many rural schools with high rates of outwards migration thus find themselves under funded. A large proportion of funding is used to cover the cost of heating and basic school building maintenance. Low salaries and poor facilities result in a shortfall of qualified teachers, especially in remote areas.

■ Key challenges

Progress in achieving MDG 2 will depend on addressing the following challenges:

- Improving the coverage and quality of preschool education;
- Reducing school drop-out rates in rural areas through better targeting of social programmes;
- Improving the physical infrastructure of schools and dormitories;
- Upgrading teaching quality, especially in rural areas;
- Reducing schooling costs for poor families (food, school supplies);
- Supporting migrant families to enroll their children in schooling; and
- Increasing support for non-formal education programmes for children who have dropped out of school or were never enrolled in school.

MDG 3: Promote Gender Equality and Empower Women

Mongolia's target is to attain gender parity in all levels of education by 2015. The indicators are: the proportion of girls in primary and secondary education (separate indicators to reach 1.0 each by 2005) and the proportion of female-to-male students in tertiary education by 2015.

■ Current status

According to the Global Human Development Report (GHDR) 2006, Mongolia ranked 87 out of 136 under the Gender-related Development Index (GDI), which measures progress in gender parity in education, income and life expectancy. The value was 0.719 for 2006, an increase of 0.667 in 2000. In 2007, life expectancy⁹ rose both for men (63.3 years) and women (70.2 years) and the literacy rate remained high for both men and women with little discrepancy (see Table 3).

Table 3: Gender development indicators, 2006

Indicators	Female	Male	Total
Life expectancy at birth (years)	69.38	62.59	65.9
Adult literacy rate (percent)	97.5	98	97.8
Combined primary, secondary and tertiary gross enrolment ratio (percent)	83.2	75.5	79.4
GDP per capita (USD PPP)	2611.4	3045.6	2823

Source: Human Development Report 2007, Mongolia

⁹ Source: Statistical Yearbook 2007, based on population statistics by the end of 2007.

■ Education by gender

Overall, gender equity is prevalent in primary education, while at secondary and tertiary education levels there is a gender gap favoring female students. The ratio of girls to boys in primary education slightly surpassed 1.0 in 2005 and regressed to 1 (gender parity) in 2007. The ratio at the secondary education level fluctuated from 1.11 in 2000 down to 1.05 in 2007, indicating a higher proportion of girls. At the tertiary education level, the share of female students far exceeds the share of male students at a ratio of 1.53 since 2005.

■ Economic and political participation of men and women

The share of women employed in non-agricultural sectors and the share of women nominated and elected to national Parliament are indicators which measure the progress in women's economic and political participation and empowerment.

■ Economic participation

The women's labour force participation rate is 58.3 percent, which is much lower than men's at 67.5 percent. However, employment and unemployment rates are almost the same for men and women, with the employment rate at 88.8 percent for men and 88.6 percent for women (Labour Force Survey 2008, NSB¹⁰).

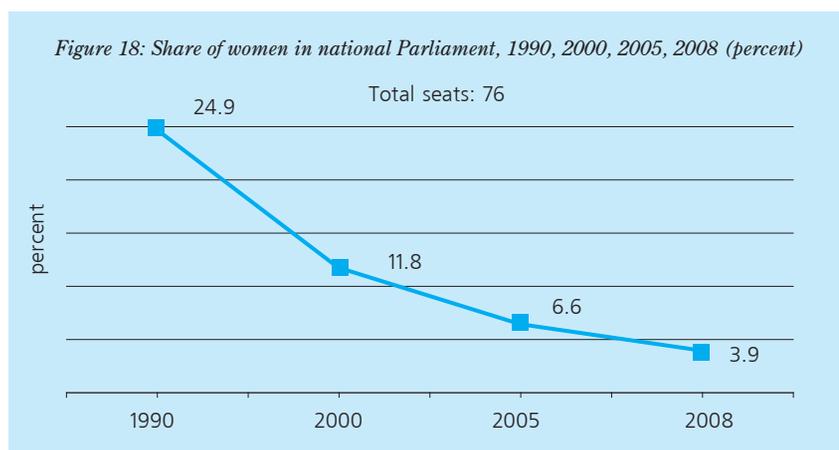
The share of women employed in non-agricultural sectors was recorded at 52.9 percent in 2007. While women fare relatively well by this indicator, there is a disparity in relation to their opportunities to work in highly paid positions. Of the total persons working in public administration, 60 percent are men with an average monthly salary of USD \$138 (NSO 2007). Women comprise 60 percent of the total persons working in trade, with an average monthly salary

¹⁰ The National Statistical Office was renamed the National Statistical Bureau in 2008.

of USD \$87. Women are more concentrated in service industries and the education and health sectors, while men are more often employed in mining and construction, sectors which tend to be better paid. The opportunity for women to work in the mining sector is low, although they make up half of all geology graduates. The average monthly mining salary is USD \$156, while salaries in the education sector where women are concentrated is USD \$124. Even within the sector, women receive 87 percent of the average male wage¹¹.

■ Political participation and decision-making by gender

Mongolia has a weak record of women’s political empowerment. In comparison with 2000, women’s participation in politics took a sharp decline in 2008. The proportion of women Members of Parliament dwindled to 3.9 percent. Since 1990, the general trend of this indicator shows a progressive decline, exposing serious gender disparities in political participation and decision-making. In the civil service in 2007, women comprised 12 percent of executive directors, 15.8 percent of those employed at deputy director level, 44.3 percent of senior officers, and 53.6 percent of all employees.



Source: Statistical yearbook, MECS

¹¹ Country Gender Assessment 2008, ADB

The number of women working in high-level positions within the Government has remained roughly constant and low over the past 18 years (see Table 4).

Table 4: Number of women in high-level administrative positions

Positions	1997		2001		2004		2008	
	Total positions	Of which						
Cabinet members	9	1	11	0	11	2	13	2
Aimag governors	21	0	21	0	21	0	21	0
Soum/bag governors	331	9	331	11	331	n.a	331	-

Source: Human Development Report 2007, Mongolia

Women's political and economic empowerment is reflected in the Gender Empowerment Measure (GEM). By 2007, the GEM was 0.422, which fares low in international rankings with Mongolia taking 65th place among 76 countries¹².

■ Causality analysis of gender inequality and disempowerment of women

The reasons for gender discrepancies in secondary and tertiary education are generally assumed to include poverty and cultural attitudes. The proportion of boys not attending school is 70 percent of the total number of children (about 8330). The NCLS 2006-2007 suggests that the need to earn money and the costs of schooling are the main reasons for dropping out of school or non-attendance. In cultural terms, boys are employed in heavy physical work such as herding, working at mining and construction sites and working as porters at informal markets. In poor families, income generated by boys can be used to cover the costs of girls' education. Boys are considered physically stronger and thus more able to survive

¹² Human Development Report 2007, Mongolia

in adverse conditions. Therefore, parents may be inclined to enroll their daughters in school. When a family has limited opportunity to send their children on to tertiary education, the preference is given to daughters in order to secure their future with higher education. The traditional practice of making the youngest son heir to the family property may also influence parents opting not to send boys to school.

The prevalent attitude towards women is that women are primarily responsible for housework and children. The Time Use Survey 2007 conducted by the NSO estimates that almost 70 percent of household work is shouldered by women, equivalent to 5.6 hours per day versus 2.7 hours for men.

Laws and policies supporting gender equity (Family Law, Law on Domestic Violence, National Programme for Gender Equity) are in place. The final draft Law on Gender Equity is at the discussion stage. The National Committee for Gender Equity, chaired by the Prime Minister, is operational. However, the capacities and resources of this implementation mechanism are limited.

■ Key challenges

Reaching the targets of MDG 3 will depend on addressing the following challenges:

- Gender gaps in secondary and tertiary education which favour girls;
- Persistently higher rates of boys among school drop-outs and working children;
- Salary inequities for employed women;
- The under-representation of women in political and decision-making positions in contrast to their higher educational levels;
- A higher workload for women (including formal employment and household labour) that limits social and economic opportunities; and

- Gender stereotyping in society which categorizes women as housewives and limits their participation in the political and economic arenas.

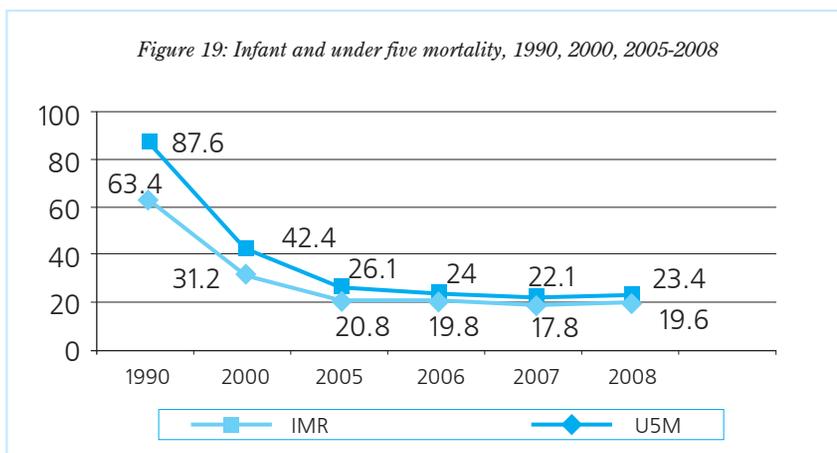
MDG 4: Reduce Child Mortality

Mongolia's target for MDG 4 is to reduce by two-thirds, between 1990 and 2015, the under-five mortality rate (U5-MR) (equivalent to 29.2 for the U5-MR, 22 for the infant mortality rate and 96 percent for the coverage of vaccination against measles). The indicators for measuring MDG 4 are: the infant mortality rate (IMR), the U5-MR and the proportion of one-year-old children immunized against measles.

■ Current status

The targets for Mongolia to achieve this MDG by 2015 are 22 per 1000 live births for the infant mortality rate (IMR) and 96 percent of one-year-olds immunized against measles. The country has made substantial progress in achieving the targets. IMR and U5-MR were 63.4 and 87.5 respectively in 1990. By 2008, they had dropped significantly to 19.6 and 23.4 respectively, indicating Mongolia's achievement of the MDG before 2015.

However, this data is tempered somewhat by the likelihood of IMR underestimation in administrative statistics in remote rural areas, where registration of perinatal and early neonatal deaths may be inadequate.



Source: Health Indicators 2008, MoH

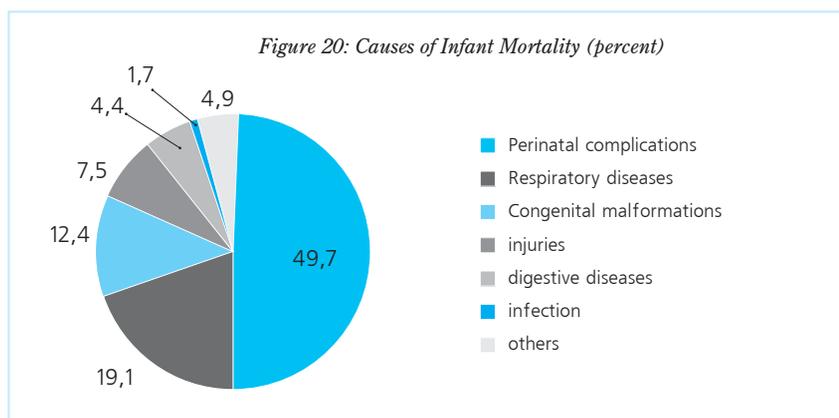
The IMR and U5-MR tend to be higher in rural areas. By 2005, the IMR and U5-MR were 52 and 69 in rural areas as opposed to 25 and 31 in urban areas (MICS 2005). Uvurkhangai and Dornogovi aimags have the highest IMR (31.5 and 30.6), while Selenge and Tuv aimags have the lowest recorded IMR (7.60 and 7.62) (Health Indicator 2008, MoH). Uvurkhangai, Govisumber, Uvs and Arkhangai aimags have the highest rates of U5-MR (35.11, 32.89 and 31.66 respectively).

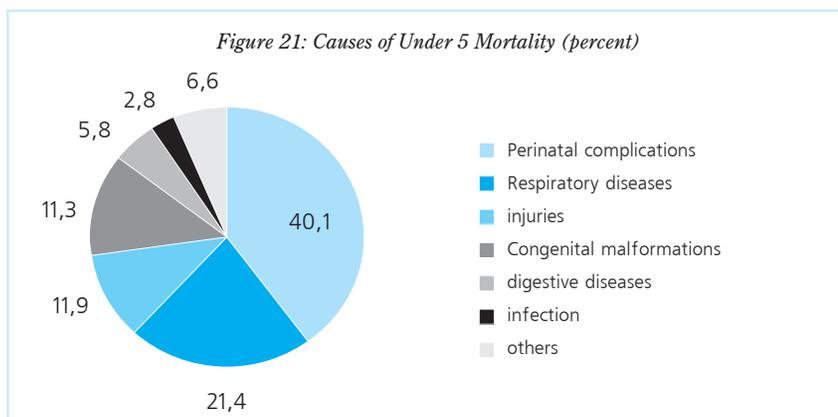
Due to an expanded immunization programme, the immunization rate against measles was 98.4 for children of under the age of one in 2008. This indicates substantial progress since 2005, when immunization coverage was 68 percent (MICS 2005). The immunization coverage is high in all regions with no particular geographic variations noted. However, non-registered migrant children may be left outside the immunization coverage, therefore it is important that a data quality survey be conducted again.

The reductions in the IMR and U5-MR are due to the high immunization coverage of children, the implementation of the Integrated Management of Childhood Illnesses Strategy (in place at 95 percent of health facilities) and programmes that promote breastfeeding and reduce mortality from diarrhoeal diseases and pneumonia.

Acute respiratory diseases are the leading cause of child morbidity, and also indicate substantial rural/urban disparities, recorded at 17.1 percent in urban areas and 42.7 percent in rural areas for children under one year of age. The same pattern is observed with diarrhoeal diseases.

For child mortalities, perinatal complications (51.9 percent for the IMR and 43.5 percent for the U5-MR) and respiratory diseases (17.3 percent for the IMR and 19.5 percent for the U5-MR) are the leading causes of death. The proportion of under-five deaths caused by congenital malformation and digestive diseases is 12.3 percent and 12.2 percent respectively, while digestive diseases led to 13.4 percent of infant deaths.





Source: Health Indicators 2008, MoH

The proportion of neonatal causes of child mortality is significant. In 2006, WHO estimated the proportion of neonatal causes was 34 percent for the U5-MR and that 39 percent of total neonatal deaths¹³ were related to premature delivery and low birth weights. Low birth weight is correlated with poor maternal health and nutrition, and therefore poverty. As per MICS 2005, the proportion of low birth weight was much higher among mothers with no or little education (10 percent). Little or no education is one of the important causes leading to poverty and child morbidity.

Poverty and malnutrition, inadequate newborn care services, poor parental knowledge of child care, urban and rural disparities in medical services, poor water and sanitation and environmental pollution, including air, soil and water pollution, are all contributing causes for child morbidity and mortality rates.

¹³ The MoH reported that more than 60 percent of total infant deaths were neonatal deaths and that 80 percent of those occurred in the first week of birth.

■ Key challenges

According to MoH records, MDG 4 has been achieved. In order to sustain these achievements, Mongolia needs to focus on the following:

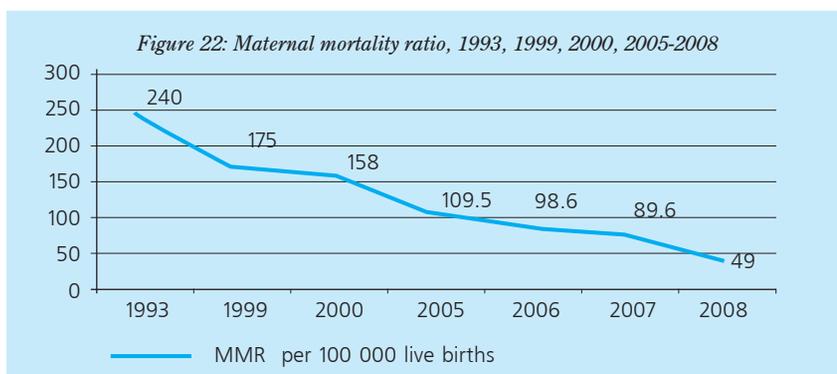
- Improving prenatal, neonatal and infant services and care with improved supply and services in neonatal and fetal diagnosis and treatment;
- Improving the nutrition and food security of poor mothers and children;
- Reducing rural and urban disparities in medical facilities and services;
- Improving parental knowledge and behavior in newborn care;
- Improving water and sanitation, especially in the ger districts of Ulaanbaatar; and
- Improving the monitoring system of child morbidity and mortality at the national and sub-national levels.

MDG 5: Improve Maternal Health

For MDG 5, the target is to reduce by three-quarters, from 89.8 per 100,000 live births to 50, by 2015. Progress indicators include the maternal mortality ratio (MMR) and the proportion of births attended by skilled health personnel. The target for the proportion of births attended by skilled health personnel is 99.8 by 2015.

■ Current status

The MMR has been declining steadily over the years, from 259 in 1993 to 158 in 2000. Since 2000, the ratio has continued to decline steadily, reaching 49 in 2008, indicating Mongolia's achievement of the target reaching 50 per 100,000 live births in MMR. In 2006, the MMR was 68, and in 2007 the declining trend was reversed, reaching 89.6 per 100,000 live births.



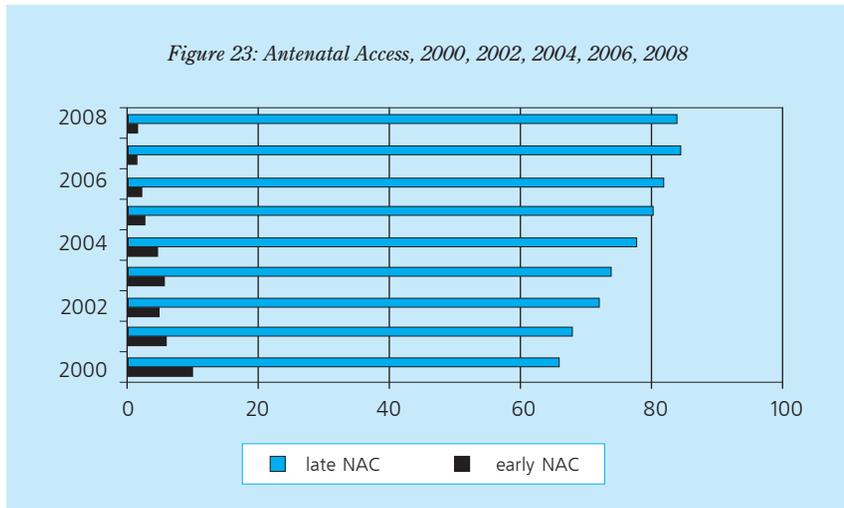
Source: Human Development Report 2000 for 1993 and Health Indicators by MoH 2008

The proportion of births attended by skilled personnel has stood at 99 percent since 2007. Improvements in maternity care in rural areas have contributed to the high proportion of births attended by skilled medical staff. In 2007, the total number of home deliveries was only 230 of 55,364 total births (116 in Ulaanbaatar and 114 in all aimags).

■ Antenatal care

An essential component of improving maternal health and reducing MMR is access to antenatal care starting from early pregnancy through to delivery and post-delivery. Since 2000, access to antenatal care has risen while late-period antenatal care has reduced. MICS 2005 estimated that almost all pregnant women (99 percent) have attended one antenatal care session. In 2008, the percentage of women who attended antenatal services more than six times was 83.7 percent.

Figure 23: Antenatal Access, 2000, 2002, 2004, 2006, 2008



Source: Health Indicators 2008, MoH

■ Abortion

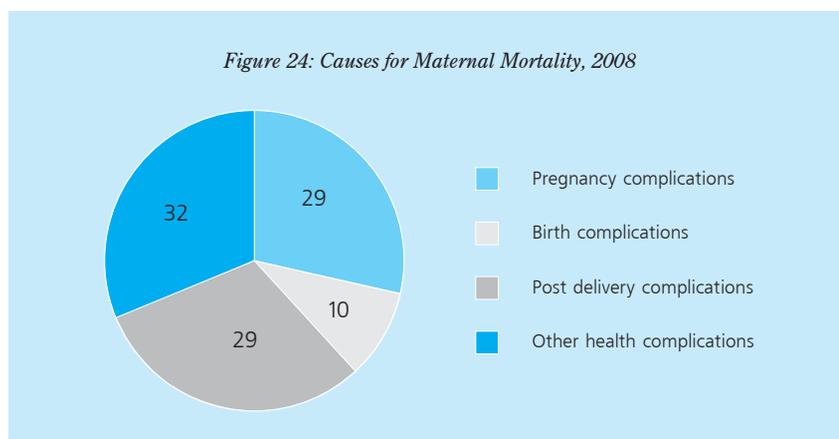
In 2008, the abortion rate dropped to 168.9 per 1000 live births from 283.58 in 2007. It is noted that this may be underestimate as private clinics and doctors may not report all procedures conducted in a timely manner.

■ Causality analysis

The implementation of Third National Reproductive Health Programme, 2007-2011 and the Maternal Mortality Reduction Strategy 2005-2010, have contributed significantly to reducing maternal deaths since 1993. However, despite the increased number of rural women who have accessed antenatal services, persistent disparities in the quality of care at the rural and urban levels continue. In 2008, the MMR in seven aimags was higher than the national MMR of 49: Khentii (138.4), Zavkhan (110.9), Dundgovi (101.5), Dornogovi (80.5) and Bayan-Ulgii (76.7). More than 40 percent of maternal deaths occur among herder women in remote rural areas where access to medical services is poor. Thirty-five percent of the

total herders, who comprise 67 percent of the rural population, live 50-80 km from soum health facilities. The MMR in health facilities in Ulaanbaatar increased by 10 percent, which might be associated with a higher birth rate and higher in-migration. The MMR in soum and inter-soum hospitals dropped by 11 percent, but the figure is still high at 45 percent, underscoring geographical factors as an important determinant in MMR (MoH 2007).

Among the causes for Maternal Mortality, hemorrhages and pregnancies complicated by tuberculosis, cardiovascular and renal diseases and eclampsia are major challenges.



Source: Health Indicators 2008, MoH

Gross birth rates continue to rise. In 2008, a total of 63,087 mothers gave birth to 63,262 children, which was 25 percent higher than in 2005. Given that the maternity hospitals and relevant infrastructure are already limited, this placed additional burdens on an overloaded system. In Ulaanbaatar, only four public maternity facilities are open. Private maternity clinics exist, but these are out of reach for all but wealthy households. The MoH is planning to open maternity wards at district hospitals and encourage private hospitals to provide delivery services.

Migration is another determinant of the MMR. Unattended births in Ulaanbaatar may be due to unregistered families being unable to access services because women who do not have adequate documentation, and hence cannot register are denied medical services.

■ Key challenges

Mongolia achieved MDG 5 in 2008. However, fluctuations in the MMR over the past years highlight the need for continued attention if this target is to be sustained. The key challenges are:

- To improve the quality of and access to antenatal essential care services in rural areas and in Ulaanbaatar ger districts;
- To improve medical staff skills and knowledge, especially midwives, via training and retraining;
- To increase the number of health facilities providing maternity services;
- To raise the awareness of maternal health issues among adolescent and vulnerable groups; and
- To ensure emergency obstetric and newborn care service access and readiness.

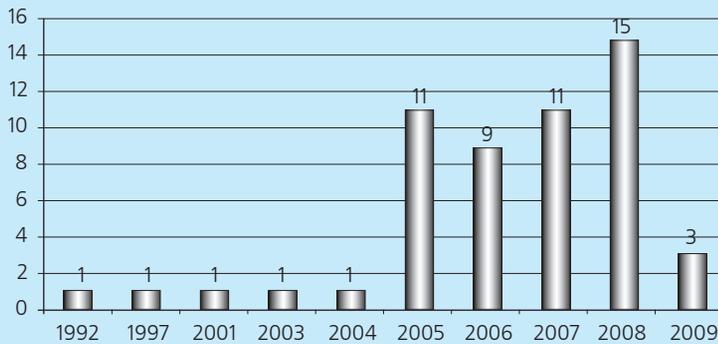
MDG 6: Combat STI/HIV/AIDS and Tuberculosis and Reverse Other Diseases

For MDG 6, Target 9 is to halt the spread of HIV/AIDS by 2015 and Target 10 is to reverse the spread of tuberculosis by 2015.

■ Current status

By the first quarter of 2009, a total of 54 HIV/AIDS cases had been reported with eight AIDS-related deaths. The first reported case was in 1992. There was a sharp increase in the number of infections between 2005 and 2008, when 82 percent of total cases

Figure 25: Trend in HIV/AIDS cases



Source: National Center for Communicable Diseases (NCCD), MoH
Note: The data for 2009 covers the first quarter of the year.

Mongolia is a low-prevalence HIV country with an infection rate of below 0.1 percent among adults. However, there are considerable risk factors which make the country vulnerable to a rapid spread of HIV infection. These factors include a young population, a high STI prevalence, the increasing mobility of people (rural to urban migration, high mobility of people within and outside of the country) and the rapidly increasing prevalence of HIV in neighbouring Russia and China.

An antenatal clinics' STI epidemiology survey in 2008 found that 25.4 percent of pregnant women attending antenatal clinics had at least one laboratory-confirmed STI. This suggests a high STI prevalence among the general population. The Second Generation Sentinel Surveillance (SGSS) 2007 revealed that the syphilis prevalence rate among female sex workers was 20.8 percent.

Most of the reported HIV/AIDS cases are found in Ulaanbaatar. According to the United Nations General Assembly Special Session country progress report 2008, many of the registered HIV cases are males, especially men having sex with men (MSM). MSM accounts for 88 percent of HIV registered male cases. Female sex workers comprise 60 percent of the reported HIV female cases.

No pediatric HIV cases have thus far been registered. Because there is a high risk of pregnant women becoming infected with HIV, risk reduction for mother-to-child transmission is a major focus for planned expansion in the sector.

The STI (syphilis, gonorrhea and trichomoniasis) incidence per 10,000 population has risen in the past decade. The gonococcal incidence rose from 14.6 in 1998 to 23.1 in 2008. The syphilis incidence more than tripled from 5.6 to 18.7. A total of 17,648 STI cases of three reported STIs (syphilis, gonorrhea and trichomoniasis) comprised almost 40 percent of communicable diseases in 2008.

The SGSS 2007 revealed that the percentage of young men who had sex with female sex workers in the past 12 months was 5.8 percent, while consistent condom use among female sex workers with paying clients was 41.14 percent. This data suggests that despite a high general awareness of HIV/AIDS (95 percent of mobile male respondents had heard of HIV/AIDS), high levels of risk behaviours remain widespread.

A strong policy and legislative framework is in place to combat HIV/AIDS in Mongolia. The country adopted a Three Ones Principle (One Action Framework, One Coordinating Authority and One Monitoring and Evaluation Framework). The national strategy on HIV/AIDS Prevention 2006-2010 was revised to set targets and priority areas and instill human rights issues within an overall frame of HIV/AIDS prevention. A 2007-2015 National Strategic Plan on HIV/AIDS has been drafted for Government approval.

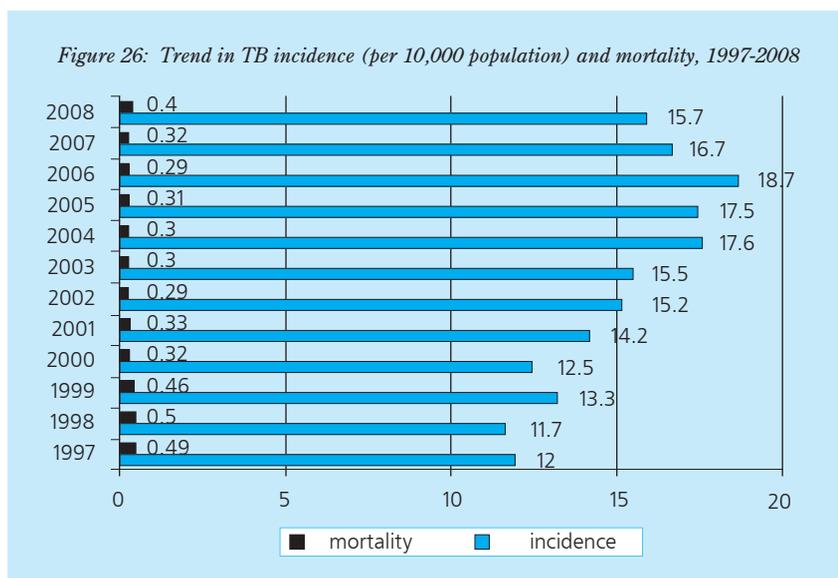
A National Committee on AIDS under the Deputy Minister was established, comprising Government and non-Government representatives, and branches under aimag governor chairmanship were set up in 10 aimags with the role of coordinating and facilitating multisectoral participation and monitoring the implementation of the National Strategy on HIV/AIDS Prevention 2006-2010. At the country level, monitoring and evaluation indicators were developed with the leadership of the MoH. The MoH and MECS developed a joint resolution on integrating HIV/AIDS lessons into the secondary

school curriculum, and it is now being taught as part of health education. Training is regularly provided for school teachers on the topic.

The overall budget for STI and HIV/AIDS diagnosis, prevention, care and treatment has been increasing for the past five years, mainly due to increased support from the Global Fund ATM. This enabled the implementation of widespread campaigns on HIV/AIDS prevention, the expansion of VCCT services and the treatment of STIs, and the social marketing of condoms.

■ Tuberculosis

Mongolia has the highest incidence of tuberculosis (TB) in the East Asia region, comprising 9.6 percent of all reported communicable diseases in 2008. The incidence of TB has increased since 1990 and stood at 15.7 percent in 2008. However, in the past two years there has been a slight reduction in the incidence of TB.



Source: Health Indicators 2008, MoH

In 2008, 4223 new cases of TB were recorded, more than half of which were concentrated in Ulaanbaatar (55.9 percent). Of the total TB incidence, 10.5 percent were children and 71 percent were people aged 16-49 years. The country has managed to reduce deaths from TB as a result of the implementation of DOTS (directly observed treatment, short course) since 1995, and has conducted extensive public awareness-raising campaigns. However, access to DOTS is not uniformly extended to primary level referrals, especially at the soum level.

■ Key challenges

The key challenges for HIV/AIDS are:

- To improve multisectoral involvement in STI and HIV/AIDS prevention and build partnerships with the media in raising awareness of STIs and HIV/AIDS, and shifting towards an integrated approach for STIs and HIV/AIDS;
- To increase the access and reliability of diagnostic and treatment facilities at primary and secondary levels;
- To improve the knowledge of HIV/AIDS prevention among the general public and high-risk groups (sex workers, MSM);
- To promote the consistent and correct use of condoms; and
- To extend awareness-raising to urban and rural poor and rural migrants.

The high incidence of TB is challenging the country's attainment of its MDG target. Therefore, the country needs to increase its efforts to:

- Extend the coverage of DOTS in soums and among family doctors; and
- Target detection and treatment services to poor and vulnerable groups.

MDG 7: Ensure Environmental Sustainability

Across all sectors, Mongolia's economy is heavily dependent on natural resources and raw materials. Environmental sustainability is essential for Mongolia to maintain its trajectory of growth. Moreover, a healthy environment is a key prerequisite for children's and women's health.

MDG 7 has four targets and three indicators relating to land, air, water and sanitation. Target 12 is to integrate the principles of sustainable development into country policies and programmes and combat air pollution in urban areas, especially in Ulaanbaatar.

In order to achieve the target, the Government aims to increase the percentage of forested land area to 9 percent, designate 30 percent of the total territory as protected, and reduce carbon dioxide emissions to four metric tons per person. In addition, water protection and rehabilitation and increased access to safe drinking water and sanitation are set forth under MDG 7. The proportion of people with access to safe drinking water and sanitation is expected to reach 70 percent and 50 percent respectively of the total population by 2015.

■ Environmental and land situation

Mongolia's territory is ecologically fragile, with frequent natural disasters, low precipitation and slow regeneration capacity. This fragility is compounded by climate change, overgrazing, overstocking and industrial activities (including mining). In the past 40 years, temperatures have risen by 1.7C and the frequency of natural disasters has increased. According to statistics from the National Emergency Management Agency, Mongolia has experienced disasters and emergencies over the last 10 years which have resulted in 1100 human deaths and the loss of 9.3 million animals. Some 55 million hectares of forest and pasture land were affected by fires. The overall losses as a result of disasters is estimated at USD \$372 million.

Of the total pasture lands, 75 percent is overgrazed, inducing herders to migrate further afield in search of pasture. The economic and social costs for these herders are high; they have to pay fees to use pastures in other aimags and cannot access social services outside their registered location (Socioeconomic Survey of Herders 2008, MDI). However, overgrazing concerns have not translated into improved livestock management. In 2008, Mongolia had a livestock population of 43 million animals, with an annual growth rate of 19 percent, representing the highest level since 1918.

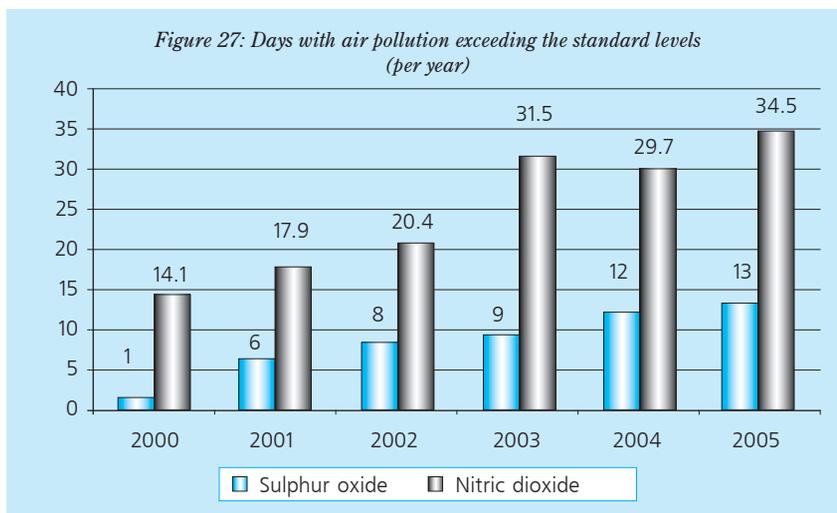
Mining and mining exploration have been expanding since 1995, with licenses granted to explore or mine more than 43 percent of the total territory. Poor environmental rehabilitation at formal and informal mining sites aggravates land deterioration and increases chemical pollution of water and soil.

■ Air and the current situation

Carbon emissions per capita rose from 3.8 in 2004 to 4.0 in 2008, which is the set target for 2015. However, air quality in urban areas, especially in Ulaanbaatar, has become a serious health concern for urban residents, particularly children.

The major contributor to increasing air pollution (and carbon emissions) is coal use and exhaust emissions from an ever-increasing number of vehicles. Ulaanbaatar consumes more than 7 million tons of coal per year. The number of vehicles in the capital city doubled over three years to more than 170,000 in 2007. Most of these vehicles are secondhand, imported from Japan, Korea and China, and consequently are not fuel or emissions efficient. Families with simple heating (of which the capital is home to an estimated 119,210 families using either stoves or coal-run heaters) is estimated to use 5.3 tons of coal on average per year (Report on Environmental State 2007, MNE). Poor families in ger districts who cannot afford coal may burn other materials such as car tires, which emit higher levels of pollutants.

The emissions from these sources contain high concentrations of sulphuric oxide and nitric dioxide. Since 2003, the content of sulphuric oxide¹⁴ and nitric dioxide¹⁵ has risen 1.5 times and 4.2 times respectively. Air pollution becomes more severe during the winter season when gers increasingly use heating fuel and vehicles consume more petrol. In January 2008, the content of nitric dioxide in Ulaanbaatar reached 83 mg per cubic meter in different sites within Ulaanbaatar, while the content of sulphuric oxide was 38 mg per cubic meter.



Source: Environmental State Report 2006-2007, MNE

According to the MoH (2008), respiratory diseases remain the leading cause of child morbidity and the second cause for child mortality. Children in Ulaanbaatar are more likely to be sick as a result of bronchitis and asthma, which is 1.4 and 2.7 times higher respectively than rural children (MDG Implementation National Report II 2007, GoM).

¹⁴ The tolerable content of sulphuric dioxide in the air is 30 mg per cubic metre.

¹⁵ The tolerable content of nitrogen dioxide is 40 mg per cubic metre.

■ **Forested and protected lands**

The country MDG target aims to increase the coverage of forested land by up to 9 percent and the coverage of protected land by up to 30 percent of the total territory.

The total forested area has diminished since the 1990s as a result of illegal logging, forest fires, infestation and phytological diseases. The total forested area stood at 8 percent in 2007 (Geo Ecological Institute 2008).

By 2008, 14 percent of the total territory of Mongolia was classified as protected, compared with 3.6 percent in 1990. Mongolia aims to increase the percentage of protected area from 7.0 percent in 1990 to 30 percent by 2015. This is a challenging task, especially with the likely expansion of mining activities in Mongolia and the weak policy enforcement measures currently in place, particularly at the rural level.

■ **Water resources**

Although Mongolia is ranked among low water-reserve countries, its water availability is adequate due to its low population and population density. Geographically uneven distribution, an increasing number of surface water sources drying out and water pollution are major issues facing water resources and water consumption. In 2007, 16 percent of the country's total rivers, 24 percent of springs and 31 percent of lakes had dried up or ceased to flow regularly.

■ **Access to safe drinking water**

The country target is to provide 70 percent of people with access to safe water by 2015. As of 2007, the proportion of the population with no access to safe water was much higher in rural areas (52 percent) compared with urban areas (10 percent). The proportion of people with access to treated water was 42 percent in rural areas and 55 percent in urban areas. When access to water



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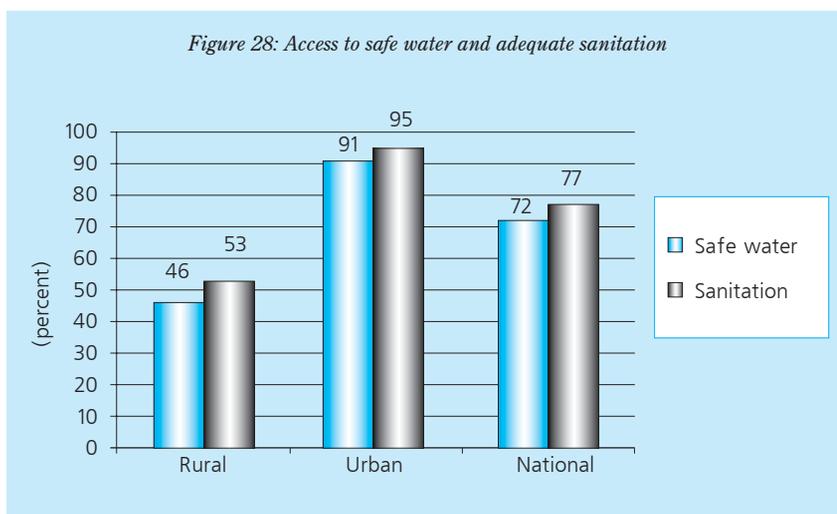
Girls washing hands outside the ger. Zavkhan soum, Uvs aimag.

and sanitation is cross-referenced with poverty, 44 percent of the poor have no access to treated water compared with 24.8 percent of non-poor households.

Ger dwellers use 5-9 litres of water per person per day, while people with access to piped water supply use 250-350 litres per person per day¹⁶.

¹⁶ The WHO recommended minimum standard is 20 litres per person per day.

Figure 28: Access to safe water and adequate sanitation



Source: Joint Monitoring Programme, WHO/UNICEF, 2008

Of the total population of Mongolia, 30.5 percent have access to a centralized supply system. The remaining proportion of people consumes water from a mobile water supply (24.8 percent), water wells (35.8 percent) and rivers and springs (9.1 percent). In Ulaanbaatar, only 16 percent of district hospitals and 28 percent of district schools have on-site access to water, of which only 50 percent meet the safety standards for drinking water.

■ Access to adequate sanitation

There are 103 water treatment stations located in Ulaanbaatar and major towns and aimag centers. Of these stations, 41 percent function according to standard, while 27 percent do not meet standards and 35 percent are dysfunctional. The capacity of water treatment in Ulaanbaatar is not adequate to meet the needs of its increasing population.

At the school and hospital levels, the percentage of access to improved sanitation is poor. According to a 2005 survey on water sanitation, 25 percent of district schools and 50 percent of district

hospitals had improved sanitation. A UNICEF and WHO joint survey in 2008 found that 61 percent of all 790 households surveyed boiled water before drinking, and most of these households did not know or practice other purifying methods such as UV radiation, filtration and chemical treatments.

Low access to sanitation coupled with a poor hygiene regime and behaviour in schools can lead to serious health risks for children. The incidence of water-borne disease such as diarrhea and Hepatitis A are on the rise.

Among the total population, 50 percent have access to improved sanitation, while 37 percent have inadequate sanitation (unimproved and shared) and 13 percent lack any sanitation. While 64 percent of the urban population living in modern housing has access to improved sanitation, the percentage in rural areas is 31 percent. Inadequate sanitation is prevalent in rural areas (69 percent, including shared facilities).

Poverty deprives people of access to improved sanitation. Among the poor, 48.4 percent have no access to improved sanitation, while this percentage is 25 percent for non-poor people.

■ Causality analysis

Socioeconomic change is the key cause for environmental degradation in Mongolia, although the potential impact of climate change is also considerable. Some anecdotal estimates suggest 80 percent of environmental degradation is caused by human activities. The pressure on the environment has increased since the 1990s. Broadly speaking, herders' incomes are determined by the number of animals they have. Uncontrolled expansion of the national livestock population continues to be a major concern. Legal and illegal mining enterprises have highly variable commitments to environmental management. The illegal use of mercury and cyanide by artisanal miners is contributing to water and soil contamination.

■ Key Challenges

In order to safeguard environmental sustainability, Mongolia needs to focus on the following issues:

- Improving pasture management and promoting value-chain based production in animal husbandry;
- Promoting forest management to ensure biodiversity and prevent further desertification;
- Developing a fuel-efficient public transportation system and promoting energy-efficient technologies at the household, neighbourhood and city levels in Ulaanbaatar and major urban towns;
- Promoting the sustainable use and management of surface water in Mongolia;
- Improving the legislative and monitoring framework of water use norms and patterns at mining enterprises and artisanal mining sites;
- Improving water and sanitation facilities in urban ger areas and rural areas including schools and dormitories
- Empowering communities in the protection and sustainable use of water resources and raising awareness on safe hygiene among the public, children and youth.

3.3 Protecting the Vulnerable – Child Protection

Protecting the Vulnerable is covered in the Millennium Declaration (MD) under Clause VI, Paragraph 26. According to the UN Convention on the Rights of the Child, all children below the age of 18 have a right to be protected against all forms of discrimination and punishment.

The most common child right-related problems in Mongolia are child labour, child abuse, violence and crime, children without parental care, sexual exploitation and the trafficking of women and children.

Poverty and unemployment, unequal economic and social opportunities between poor and non-poor families and between urban and rural areas, and disruptions in the social fabric caused by transition shocks are cumulatively leading to violations of child rights and the physical and psychological traumatization of children.

■ **Child labour**

Child labour remains a serious issue in Mongolia, negatively impacting on child health and education and impairing their opportunities for normal growth and development. Herding and artisanal mining are common forms of child labour, while working in informal markets, at construction sites and manufacturing enterprises with poor work conditions make up common forms of child labour in urban areas.

According to a Child Labour Survey carried out by the NSO in 2007, there were 71,330 working children aged five to 17. It represented an increase of 1.4 percent compared with 68,580 working children in 2003. The percentage of working children was higher in rural areas (89.4 percent) than urban areas (10.6 percent). Boys were predominantly engaged in economic activities (60.3 percent), compared with 39.7 percent of girls. Of the total number of working children, 3219 children or 4.5 percent worked outside



*Peer-educators of the Juvenile Justice Committee during training.
Bayangol district, Ulaanbaatar*

the household mainly to earn an income from herding or at informal markets and shops. Most of these children were not studying.

Sixty-two percent of the total number of working children was engaged in child labour, or about 7 percent of all Mongolian children aged from five to 17 years. The percentage of children working in hazardous conditions¹⁷ was 67 percent (48,000 children). Again boys were predominant in the percentage of those involved in hazardous work. It is alarming that 56 percent of children aged from five to 11 years were working in such hazardous occupations as herding and cart-pushing in markets.

Mongolia is a signatory to a number of UN conventions on child labor. The Government ratified the Convention 182 on the Elimination

¹⁷ This is work that damages the physiological and psychological wellbeing of children, such as working underground, under water, longer hours of work (43 hours and more per week), exposure to noisy, heavy, hot or cold temperatures and toxic damage, dangerous machinery and heavy transportation loads.

of the Worst Forms of Child Labour and the Convention 138 on the Minimum Age for Employment. To support the implementation of the conventions, the International Programme on the Elimination of Child Labour (IPEC) programme is being implemented in cooperation with the MoSWL. The programme supports the policy and policy-monitoring capacity of the country and utilizes direct interventions to empower children and their families to stop child labour activities and integrate children back to school.

■ Crimes against children

Domestic violence and rape are common crimes against children. Children constitute one-sixth of all victims of domestic violence; one-third of those run away from home, adding to the number of children living on the streets.

Children, especially girls, are more vulnerable to sexual abuse within the family than elsewhere. The incidence of child rape did not reduce significantly between 2004 (408) and 2007 (384). The highest number of cases have been recorded in Ulaanbaatar (176), followed by the central region (86).

Corporal punishment is prohibited in schools, but according to the Research on Violence against Children at Schools and Kindergarten Environment (MECS, Mongolian State University of Education, NHRC and UNICEF, 2007) confirms that 80 percent of older kindergarten children, 77.5 percent of students in primary schools and 98.6 percent of students in secondary schools have been subjected to violence.

■ Children in conflict with the law

The number of crimes committed by children decreased from 1034 in 2004 to 1027 in 2007 and to 728 in 2008. The number of children involved in the above crimes is 1437 in 2007 and 1080 in 2008. Most of the crimes committed by children are thefts, robbery and beatings causing injuries.

The Police Department has reported homicides and rapes in which children were involved. A total of 547 children were sentenced in 2008. Most of them were boys either from poor families or orphans. Of the children sentenced by the courts, more than 10 percent were imprisoned, which leads to an annual increase of 150 to 200 in the number of children categorized as “juvenile delinquents”. Of those, 30 percent are illiterate and 10-15 percent is orphans and children who have run away from home.

■ Orphans

According to NSO data, the number of full orphan children dropped from 5429 in 2004 to 5276 in 2007 and the number of semi-orphan children from 46,255 to 44,688. The highest number of full orphan children is in Ulaanbaatar (1679) followed by the highlands region (1186). There is no data on the wellbeing of orphan children, who are extremely vulnerable in Mongolian society. Care centers are the only residence option for orphaned children as there are no alternative choices such as foster care.

Orphan children are housed in care centers in the three largest Mongolian cities: Ulaanbaatar, Darkhan and Erdenet. The care centers are overcrowded with former street children and children of parents who are unable to provide for their children’s needs.

■ Children living on the street

Children living on the street are a consequence of the social and economic transition shocks that emerged in the 1990s. These are children who ran away from dysfunctional homes (as a result of violations, alcoholism) or who were abandoned and orphan. The number of children living on the street is placed in the Child Welfare Centre of the City Police (former Address Identification Center that accommodated 1128 children of ages three to sixteen in 2006. The number slightly decreased to 1067 in 2008. This facility houses street children for up to 7 days.

According to police, the number of children permanently living on the street dropped from 72 in 2005 to 50 in 2007.

■ Children with disabilities

The number of children with disabilities aged zero to 16 years increased from 6025 in 2004 to 6897 in 2006, and were mainly concentrated in Ulaanbaatar and the western region. The key causes are diseases and accidents including riding horses without protective equipment, herding during natural disasters, traffic accidents and obstetric complications during delivery. Not all children have access to rehabilitative care services. Of the total number of the children, over 900 had no access to services.

■ Child care centers

There are 43 childcare centers operating in Mongolia to care for children without parental care. Five of the centers and orphanages are state-funded and located in Ulaanbaatar, Darkhan and Erdenet. The main orphanage in Ulaanbaatar is overcrowded, with 260 children aged from three to 18 housed in a facility built to accommodate 102 children. Young orphan or abandoned children aged from zero to three are taken care of at the Infant Clinic Sanatorium in Ulaanbaatar. The Child Address Identification Center, the Child Care Center, the Child Labour Education and Training Center and the Living Skills Center are centers designed to provide differentiated care services for children. The Child Labour Education and Training Centre provide services for 140 children abandoned by their parents. The approval of standards for childcare centers in 2008 was an important step forward in making improvements in quality of services and access to those centers.

The 43 childcare centers that are run by 36 domestic and foreign organizations providing care for 1484 children in 2009. This represents an increase of 298 compared with 1186 children who were in childcare centers in 2005. One of the reasons for the increasing number of children in care is related to residential care

being the only option for orphans and children who lack adequate parental care. Of those 1484 children, 70 percent are orphans and 30 percent are abandoned.

A total of 171 children were adopted by foreigners between 1999 and 2007. The adoption of children is regulated by the Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption ratified in 1998, the Family Law and the Regulation on Adoption of Mongolian Children by Foreigners. However, there is no official report on monitoring of the wellbeing of these adopted children.

■ Sexual exploitation of children

According to police records, 1600 sex workers work on streets of Ulaanbaatar, among which are young girls. Girls living on street, those from poor families and those who have been victims of domestic violence and sexual harassment are vulnerable to sexual exploitation. According to an NGO survey of 91 female sex workers aged from 12 to 18 years, the main factors contributing to their engagement in the sex trade were such family crises as domestic violence, harsh economic conditions (“income poverty”), “quality of life” poverty, a lack of knowledge, a demand for underage girls because of their virginity and the low probability of their having STIs/HIV, and other social and cultural factors. Almost all of the girls worked with intermediaries, pointing to the development of an organized sex trade.

■ The trafficking of women and children

The trafficking of women and children is a new phenomenon that emerged during the transition period. The Gender Equality Center surveyed women and children who had been trafficked to learn their perspectives on the contributing factors. They listed the following: high levels of poverty in the countryside, higher salaries offered abroad, the desire to live in other cultural environments, and the desire to become independent. False advertising has been

an effective recruitment tactic. Ulaanbaatar and other major urban centers, including Darkhan and Erdenet in Mongolia and Erlian in Inner Mongolia, are the main recruitment centers for traffickers. China and Macau are the most common destinations. Most vulnerable to trafficking are young women aged from 18 to 25 who are mostly from poor families. They are lured by mediators who promise to find them such jobs as waitresses and bartenders, complete with adequate salaries, and then transport them to China, Macao, Turkey and Korea.

CONCLUSIONS

Achievements and Challenges Ahead

According to the Second Mongolian National Report on Implementation of Millennium Development Goals, overall Mongolia is well on track with 60 percent achieved. Achievements were attained on indicators such as infant and under-five mortality, vaccinations against measles, secondary school enrolment and maternal mortality. Mongolia is close to achieving targets in malnutrition, primary school enrolment, the detection and treatment of TB patients, TB mortality rates, births attended by medical staff and the designation of protected places. However, slow progress in stunting and an increasing incidence of TB challenge the likelihood of meeting those targets. Improved antenatal care services, poverty reduction, a decrease in the rural and urban gap, improvement of access to social services for migrant women and children, and improved health facilities are immediately required measures. Inequality of access to safe water and sanitation resulting from location differences and poverty are serious factors impacting on child health and hygiene.

The progress in poverty reduction and gender equality in tertiary education, as well as access to water sanitation, is slow. There is a risk that the high rate of poverty resulting from the macroeconomic slowdown will reverse the achievements and progress made in the indicators mentioned above.

Setbacks in net primary education enrolment, Grade 5 completion and the political empowerment of women have also been noted. TB and STI prevalence are major challenges to achieve targets under MDG 6.

The Government of Mongolia maintains a high political commitment to the implementation of the MDGs. The parliamentary resolution on MDGs in 2005 and the National Development Strategy based on MDGs provide an important policy and legal framework. In order to improve implementation, concrete action plans with

funding mechanisms should be developed. It is estimated that USD \$14 billion is required for implementation of the MDGs by 2015. Further improvements in MDG budgeting will be needed. The global economic crisis is reducing the country's revenues, with downstream implications for budget allocations, specifically cutbacks in health and social expenditures which are essential in achieving health and poverty-related indicators. Against this backdrop of fiscal uncertainty, additional efforts will be required to ensure that progress on the MDGs is not lost as a result of reduced public sector commitment, both in terms of funding and political will.

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