

CASE STUDY ON COVID-19 IMPACT ON VULNERABLE WOMEN AND GIRLS IN MONGOLIA

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Abstract

This study explored the impact of COVID-19 pandemic (covering the period of outbreak from early 2020 to September 2021) on the most vulnerable women and girls in Mongolia in the following 4 areas of concerns including, 1) physical and mental health, food intake and access to health services and domestic violence; 2) paid and unpaid work, labour market and working conditions, 3) government responses to COVID-19, and 4) children and girls. Mixed method was applied using the quantitative and qualitative approach through secondary data analysis and primary data collection. Three-level analysis process was applied through triangulation to ensure robustness of findings. Assessment in key policy documents were done using UNESCO's Inclusive Policy Markers. The results of the study show that the women and children have been disproportionately affected by COVID-19 in many areas in Mongolia particularly in terms of morbidity and mortality, access to reproductive health service, loss of income and jobs, domestic violence and children's education. The study was conducted under the Gender Studies Research Network (GSRN) platform initiated by UNESCO and the main results are presented in this journal.

Key words: COVID-19, vulnerable women and girls, gender inequality

Хураангуй

Энэхүү судалгаа нь КОВИД-19 цар тахал Монгол Улсын эмзэг бүлгийн эмэгтэйчүүд, охидод сүүлийн 18 сар буюу тархалт эхэлснээс 2021 оны 9 сарын хооронд хэрхэн нөлөөлснийг дараахь 4 асуудлын хүрээнд судалсан: 1) бие махбодийн болон сэтгэл санааны эрүүл мэнд; 2) хөлстэй болон хөлсгүй хөдөлмөр эрхлэлт; 3) засгийн газраас авч хэрэгжүүлсэн арга хэмжээнүүд; болон 4) хүүхэд, охид. Тоон болон чанарын судалгааны холимог аргыг ашигласан ба ингэхдээ хоёрдогч тоо мэдээллүүдэд дүн шинжилгээ хийж, анхдагч чанарын мэдээллүүд цуглуулсан. Үр дүнг гаргахдаа гурван түвшний шинжилгээг хийж, мэдээллийн олон эх сурвалжтай харьцуулан, бататгах замаар гаргасан. Түүнчлэн, бодлогын гол баримт бичгүүдийг НҮБ-ын Боловсрол, шинжлэх ухаан, соёлын байгууллага (НҮББШУСБ)-ын Хүртээмжтэй бодлогын шинжүүрийн аргачлалаар үнэлсэн. Судалгааны гол үр дүнгүүдээс дурьдахад, цар тахалд охид, эмэгтэйчүүд олон талаараа илүү их өртөж байна. Тухайлбал, өвчлөл болон нас баралт; нөхөн үржихүйн эрүүл мэндийн тусламж үйлчилгээ; ажил орлогоо алдах, гэр бүлийн хүчирхийлэл, хүүхдүүдийн боловсролд гэх мэт. Энэхүү судалгааг НҮББШУСБ-ын Жендэр судлалын судалгааны сүлжээний санаачлагын хүрээнд гүйцэтгэсэн ба судалгааны гол үр дүнг танилцуулж байна.

Түлхүүр үгс: КОВИД-19, эмзэг бүлгийн охид эмэгтэйчүүд, жендэрийн тэгш бус байдал

1. CONTEXT

Since the COVID-19 pandemic hit in 2020, there has been a quite good body of research done in Mongolia to study and assess its impact on society in general with some attempts to show the findings by gender disaggregation. Many evidences reveal that the COVID-19 has specific impacts on women and girls and has been deepening pre-existing gender inequalities, both inside and outside homes, in hospitals and health centers and at work. The following adverse impacts have been exacerbated due to COVID-19 among women and girls in Mongolia and globally:

Increase in domestic violence: Many studies reported that lockdown and quarantine measures have made women more likely to be victims of domestic violence (UN Women 2020, UNFPA 2021), especially on the days that announced lockdowns with spikes (MLSP 2020). Although daily calls for domestic violence incidents decreased during the stringent lockdown period, the number of registered crimes of domestic violence increased by 42.7% (UNDP 2021).

Increase in unpaid work: Women dominate unpaid work both in the household (3 times more

caregiving duties and household chores than men due to kindergarten and school closures) and in family-owned businesses, accounting for 75.9% of nonpaid work in family-owned businesses. Women's unpaid work increases with the number of children under 16 years old, but this burden is higher for single parents.

Decrease in livelihood: Only 53.4% of working-age women participate in the labor force compared to 68.3% for men. Sectors that hardest-hit due to COVID-19 were the ones that employed women most, such as social services, food production, and retail trade. The latest nationwide survey on COVID-19 impact on households reveals that only 4% of the poorest were able to work while it was 38% among the richest quintile when asked "Was there at least one member working from home in the last month?". Another survey by UNICEF⁴⁹ found that the pandemic had a disproportional effect on household income by gender, i.e. female headed households and female headed single households were more likely affected negatively by the COVID-19 pandemic by 14 percentage points than the male. Moreover, female-headed households were less likely to be able to get bank loans compared to male-headed households.⁵⁰

Rise in mental health issues: Fear of losing jobs and getting infection, stresses caused by increased care works at home, distress due to isolation and domestic violence, all these affected disproportionately women and girls' mental wellbeing (UN Women, 2021). In addition, new mothers and pregnant women are particularly vulnerable to anxiety and depression caused by difficulties in accessing health services, the lack of social support, and fears related to COVID-19. In Mongolia, 82% of all health workers are female; thus, they are prone to mental distress (UNDP 2021).

Decrease in food intake: Food price increased during lockdown, exposing the most vulnerable to food insecurity and malnutrition. Additionally, with schools and kindergartens closed, children of the poor families missed school lunch and food at kindergarten- often the main consistent nutrition they were able to take. Food consumption of around 27% of households declined since the COVID-19 (UNDP 2020).

Jeopardizing of education: Another worrying issue is that children of 30% of the poorest quintile households were engaged in child labour whereas it was 3% amongst the richest quintile (MICS 2021). Around only every other (58%) child aged 2-5 of the poorest quintile household was able to attend early childhood education before the school closure in November 2020 whereas about all the children (94%) of the richest were able to attend (MICS 2021). Studies show that (UNDP 2021, UNICEF 2021) remote education has opened wide the digital divide causing inequality in education for the most vulnerable groups, especially children and the youth from rural areas with vulnerable backgrounds due to a lack of electronic devices or internet access, or even sometimes no electricity.

Less food intake and access to health services: Early on in the pandemic, households headed by women were more likely to have skipped a meal than male-headed households, according to high frequency phone survey data from Kenya. The recent UNDP study (2020) found that most children in Mongolia get meals during the day when in school, the closures of kindergartens and schools resulted in an 8.6% or MNT 5,400 increased spending on food in households with preschool or elementary school children.

2. PURPOSE, SCOPE AND METHODOLOGY

2.1 Purpose

The purpose of the research was to conduct a case study by identifying major gender equality impact and challenges arising from COVID-19 within the past one and half year, in particular on vulnerable women and girls in Mongolia. The research findings aimed to feed into efforts of Gender Studies Research Network (GSRN) platform initiated by UNESCO Beijing Office to promote gender equality and build a more inclusive society for women.

Based on the review of existing national and international literature review, the research explored the impact of COVID-19 pandemic on the most vulnerable women and girls in Mongolia in the following areas:

⁴⁹ UNICEF. 2021. Study on the Implementation of COVID-Responsive Vertical Expansion of the Child Money Program and Food Stamp Program

⁵⁰ Ibid.

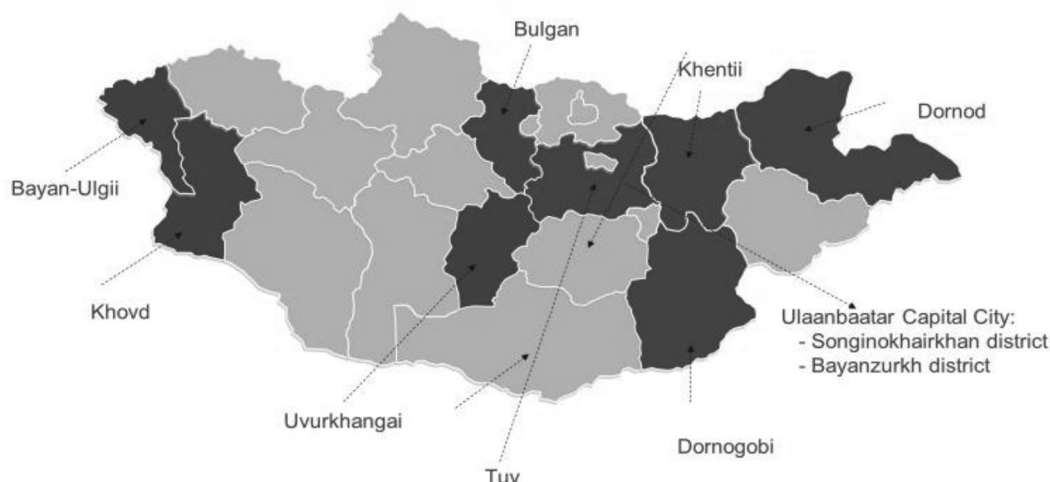
1. Physical and mental health, food intake and access to health services and domestic violence
2. Paid and unpaid work, labour market and working conditions
3. Government responses to the COVID-19
4. Children and girls

2.2 Data collection

Primary data collection was undertaken by computer-assisted telephone interview (CATI),

approaching 57 women and girls from 8 provinces representing rural areas and 2 districts of the Ulaanbaatar (UB) capital city representing urban areas as shown in Figure 1 between August 16 and 30, 2021. Categories of vulnerable women and girls for the in-depth-interviews (IDIs) included female-headed households, pregnant women, a person with disability, elderly, adolescents and herder selected from 4 regions (Western, Eastern, Central and Khangai) and 2 districts of UB (Songinokhairkhan and Bayanzurkh).

Figure 1. Selected provinces for in-depth-interviews



Respondents of the IDIs were selected using purposive and snowball sampling technique with the assistance of local administrators. IDI interview tool was developed to guide the interview. On average, one IDI lasted around 15-20 minutes. All the interviews were recorded with the consent of the participants, transcribed and translated into English as preparation towards analysis. During the data collection, 11 participants had to be replaced due to their unavailability of their participation. Monetary incentives of 5,000 MNT was transferred to all 57 research participants' bank accounts as an appreciation of their time and contribution to the research.

2.3 Data analysis

Data collected according to the research questions were summarised on research data

matrices by respondent category and analysed through a three-level analysis process to ensure triangulation and robustness of findings.

The first level of analysis involved summarization of answers by each interviewee (i.e. female headed household, person with disability, herder, etc) per sub-research question. The second level of analysis was to summarize all the responses from all categories of respondents for one sub-question and to carry out content analysis for each of the four main questions. The third level of analysis was to create a collective summary analysis of all the primary data collected, secondary data and document review.

National legislation, policies and programs were assessed using the Inclusive Policy Markers⁵¹ as guided by UNESCO. In Mongolia, policy makers ensured that the draft laws and policy

⁵¹ This framework uses policy markers for inclusive policy design, "quality- and process-related markers of inclusion against which the inclusive character of a given policy or a portfolio of interventions can be considered". The particular markers in UNESCO's Analytical Framework fall into six dimensions: multi-dimensional, relational, intersecting risks and drivers, dynamic, contextual and multi-layered, and participatory. This analytical framework is organized in three parts. The first part places inclusive social development and the associated inclusive policy in the context of longstanding international commitments and the newly adopted Global Goals. The second section grounds the aforementioned agendas in the analytical framework of the original concepts of social exclusion and inclusion. The last section puts forward a set of quality- and process-related markers of inclusive policies.

were discussed widely amongst various representatives of the society prior to its submission to the Parliament for approval. However, due to the COVID-19 restrictions on gatherings in person, it was not realized in most cases. Even though draft laws and policies were uploaded on www.parliaments.mn website for comments, the effect is not as good or inclusive as it was in person.

There have been many anecdotal evidences and events regarding the violation of human rights and critics regarding decisions and regulations made by the State Emergency Commission being not gender sensitive. Some gender advocates claims that it is due to the less representation of female members in the decision-making levels; for examples, only 3 out of 26 members of the SEC are female.

Assessment in key policy documents was done using UNESCO's Inclusive Policy Markers after all the in-depth interviews completed to yield full spectrum of their dimensions of exclusion and inclusion.

3. FINDINGS

3.1 COVID-19 impact on physical and mental health, food intake and access to health services and domestic violence

Women have been disproportionately affected by COVID-19 outnumbering both morbidity and mortality cases compared to men in Mongolia. According to the Health Department Center of Mongolia, the proportion of diseases starts outnumbering among women vis-a-vis the men from the age group 35-39. As for mortality data, the number of deaths has been occurring greater among women at aggregate level.⁵² Out of 56 interviewed vulnerable women and adolescents for this research, 8 of them, i.e 15%, got infected by COVID-19 and recovered. Of those who had coronavirus reported that after their recovery, they still felt exhausted and fatigue both in urban and rural areas. Those who had no coronavirus had some health side effects, such as gaining weight, slight loss of short term memory both in urban and rural areas. Another physical symptom was headache caused by

fears of getting infected by COVID-19 and losing income and jobs. Women also reported that due to the mounted stress of getting infected and loss of income, their immune had dropped.

In terms of challenges faced by the elderly women during COVID-19, the fact that existence of a limited health services and institutional care centres in Mongolia made the situation worsened the elderly and increased their risks during the pandemic. Elderly persons who live alone faced barriers to obtaining the newest information, medication, food and other necessary supplies during the quarantine. Another big challenge for the elderly⁵³ was a lack of personal competence in technology which made the elderly more dependent on someone, especially if their rights to control and access their own money were restricted.

"I got infected by virus. Even though I went to the state hospital, they did not treat me in any way. So that, I quarantined myself at home and took medicines without any doctor's prescription. After the recovery from Covid-19, I felt some side effects such as exhaust, weakening, headache, difficulties in taking a full breath, and chronic illness."

~Female headed household, Bayanzurkh district

Staying at home for long time and loss of a job and decrease in income created a mental distress and a sense of loss of their social and communication skills. The research participants reported that whenever there was a symptom of cold, it created a fear for them as if they might had been infected by the coronavirus. Those whose working modality was not possible to be performed remotely but required to be in-person, such as health and child protection centre workers had a greater anxiety of getting infected by the COVID-19. Those living in the midst of domestic violence with an alcoholic husband suffered more from unstable mental health. Plus, there was misinformation about the COVID-19 as if it was incurable disease which exacerbated the uncertainty and mental distress among the women and girls. A few women reported that they experienced discrimination from colleagues and service providers when they were infected by the virus.

⁵² Health Development Center, 2021. Health Statistics Bulletin - June

⁵³ UNDP. 2021. COVID-19 Impact on Women and Girls in Mongolia

Across the country, due to two-fold reasons, i.e, firstly, doubling the price increase of food, and secondly the closures of many businesses, quantity and quality of food decreased drastically among most vulnerable households. In order to cope with shocks, one in every five poor households tended to make credited purchases and borrow from friends and family rather than relying on formal financial instruments while it was one in ten among non-poor households⁵⁴.

“Our family’s food intake decreased because the soaring food price. The food price is almost one time higher than what it was before COVID-19.”

~Person with disability, Dornod province

Many of the women interviewed for the research were not able to afford meat and vegetables, so they turned to only basic foods that were not nutritious, such as rice and flour and cheap meat. During the strictest curfew, some families went without food. Recipient of the Food Stamp program said that the food stamps were lifesavers for them during the pandemic.

Access to reproductive health service was challenging for pregnant women because the hospitals were mainly receiving COVID-19 related patients. Maternal mortality increased by 27.8% during the pandemic period comparing to the past three years⁵⁵. From March to October 2020, there were five registered cases of maternal mortality in Bayan-Ulgii aimag and the reasons were connected with the fear of spreading coronavirus from the hospital and primary health services.

“When I was pregnant, doctors and hospital staff were reluctant to see me stating that we are overloaded. After the delivery, hospital staff said that there is no doctor for my medical check-up. My new-born could not get her immunizations.”

~Person with disability, Bayan-Ulgii province

Pregnant participants of our research reported that they were scared and felt insecure going outside because they were not vaccinated. For some cases in rural areas, pregnant women delayed their first antenatal care visit by a couple of

months as they were afraid of getting infected by the virus. In both urban and rural areas, newborn babies’ routine immunization was interrupted due to the pandemic.

Loss of income and jobs due to the pandemic contributed to an increase of alcoholism which exacerbated domestic violence. The latest statistics show that as of May 2021, 596 domestic violence related crimes were registered by the police in Mongolia, an increase of 27% compared to the same period last year.

“We live in the midst of domestic violence. My dad is an alcoholic and currently we are staying separate from him. When we call police, it takes long time for them to come or sometimes they do not even come to help us.”

~Adolescent, Bayan-Ulgii province

The research participants shared that arguments and physical and mental abuse had been heightened ever more among households, especially those with abusers. Unfortunately, efficiency of police services was not good because it takes long time to come to the perpetrator’s place or even sometimes, they do not come to rescue. Emotional abuse was also reported at rates 57.6% higher compared to the first quarter of last year⁵⁶.

Many children were left uncared due to drunken parents. According to the Child Helpline run by the Authority for Family, Child and Youth Development Agency, reports of child physical abuse increased by 32.9% compared to the previous month, and by 46.8% compared to February 2019. The government-operated Child Protection Shelter was overwhelmed by the increased need for child placement and as of 6 April 2020 was at 115% capacity.

Requirement of testing for PCR and restrictions on movement and traffic was hard on women to access health services. In particular, women were not able afford the price of the PCR test (40USD) or even the rapid PCR test (7 USD). As of May 2021, only testing for PCR, i.e. only 25% of the poorest quintile was able to be tested for Coronavirus whereas it was 74% among the richest⁵⁷. The research participants

⁵⁴ NSO. 2021. Results of Mongolia COVID-19 Household Response Phone Survey (Round 4)

⁵⁵ UNDP. 2021. COVID-19 Impact on Women and Girls in Mongolia

⁵⁶ UNICEF Mongolia, April 2020, Mongolia COVID-19 Situation Report

⁵⁷ UNICEF. 2021. MICS Plus Snapshot – Round IV.

indicated that the closure of pedestrians, roads and banning of private mode of transportations with a limited number of public buses put them in a situation not to be able to access the emergency health services. There were several cases among the respondents that they could not seek emergency health services when dialed the hotline. Two reasons of unavailability of ambulance service were provided to the women: firstly, it was the state order that was imposed on the emergency health workers not to visit homes; and secondly, all the health workers were deployed to red zones or serving the COVID-19 patients.

"I had a surgery during the lockdown. Every day, I was supposed to go to the hospital to get my bandages changed. Because of the lockdown regulations, traffics and pedestrians were closed. It was banned to use private transportation, so I had no option but to use a public bus. However, taking the bus for me just after the surgery was difficult, and I was worried about my operation injuries to be exposed to infection.

~Elderly, Songinokhairkhan district

In rural areas, there was no supply of medicines readily available. Another burden rural women had to bear was that they had to obtain an official permission in order to visit aimag centre for health services. Due to a decreased working hour and shortages of human resources during the lockdown, rural women found it very difficult to make an appointment with doctors. They had to stand in a long queue, or, they had come to the hospital 3-4 times to finally see their doctor.

Persons with disabilities have been facing even greater challenge to access health services during the pandemic. The PWDs are usually in need of regular health services which have been interrupted due to the pandemic, especially during the lockdowns both in urban and rural settings. Insufficiency of appropriate assisted-living, assistive equipment, internet access and accessible materials has become even exacerbated during the pandemic⁵⁸. The PWDs, depending on support for their daily routines, became more isolated and unable to access health and social services. They also continued to face discrimination and safety issues at home, and encountered a barrier seeking protection from violence. Some of the

research participants with disability reported that it has been almost 2 years that they have not been able to receive the necessary health services. Furthermore, for the PWDs, bureaucracy of procedure to be included in the state health allowances has become worsened during the pandemic. An additional step of seeking an approval from doctors confirming the status of disability was put in place for PWDs. However, this stage was often delayed by the overloaded schedule of doctors affecting the PWDs missing the deadline for their health allowance application.

3.2 COVID-19 impact on paid and unpaid work, labour market and working conditions

Many of the women had no job before pandemic, but those who had lost their jobs and income due to the pandemic, especially those who had a small household business, such as making food, handcrafts and sewing clothes. According to a rapid survey conducted by UNDP about pandemic impact⁵⁹, changes in employment and wages negatively affect household income, with 29% of female-headed households having experienced income reductions. Female-dominated businesses were more impacted due to the COVID-19 pandemic compared to male-dominated businesses⁶⁰. Female informal workers comprise 62.6% of the trade and service industry, many of them struggling with rental payments and bank loan repayments⁶¹.

We used to sell our cow milk to shops in aimag centre. However, we could not sell any during the quarantine as we were not able to enter aimag centre. The COVID-19 hits us very strongly since our only income comes from selling our cow milk.

~Herder, Dornod province

In our interviews for the research, it was found that herders were not able to sell their cashmere and faced income loss due to border closures and traffic restrictions, with an exception of herders in Dornogobi. Due to border closures, herders faced limitations of selling animal skins and wool which decreased their income by 20% at

⁵⁸ Ibid.

⁵⁹ UNDP. May 2020. Rapid socio-economic impact assessment of COVID-19 prevention measures on vulnerable groups and value chains in Mongolia

⁶⁰ NSO. September 2020. Survey on COVID-19 response measurement impact on business entities, second phase.

⁶¹ NSO. 2019. Labour force survey

least because the amount of price for 1 kg wool dropped by half to 50,000 MNT.⁶²

Across the country, women whose children were ages of pre-school and middle school had to bear more burden of pandemic.

Women in Mongolia spend 2.6 times more time per day on unpaid domestic work than men (273 minutes or nearly 4.5 hours)⁶³. It is even higher among those who have children under 16 years old and single parents.⁶⁴ This situation gotten worsened with pandemic due to the closure of kindergarten and schools. In our research, women reported that they had to quit their jobs, reduce their working hours, or, had to take a leave in order to take care of their children due to school and kindergarten closure. Many decided to remain as care givers at home even though some of their works resumed and had options to go back to their work with a sole reason of kindergartens and schools were still as closed. Amount of help grandparents provide in taking care of grandchildren and doing house chores has increased dramatically during the pandemic due to the closure of kindergarten and school.

Working remotely was not possible for most women with a few exception during the pandemic. However, those whose work shifted to online said in our interviews that it was challenging for them to perform their work remotely as their clients were either not digitally ready to receive the services, or, the nature of their work still required to be performed in-person.

We receive emergency calls through hotline 108 from children in violence and other victims. When we provide services, we are in close space and contact with them. I was upset with the Government and other parties who did not support us in any way. For example, our vaccination was delayed, we were not provided with an official permission to drive when roads were closed during the quarantine.

Pregnant, Dornod province

Those who worked during the pandemic had no support system from the employers, and even they themselves had to pay for the phone bill to perform their work. Most women had no support system from the employers, and even they themselves had to pay for the phone bill to perform their work.

3.3 Government measures to cope with COVID-19

The Government of Mongolia (GoM) undertook several measures to cope with the COVID-19. The first is the Child Money Program (CMP)⁶⁵ which was to increase the previous amount of MNT 20,000 per child per month to MNT 100,000 starting from April 2020. The other is the Food Stamp Program (FSP)⁶⁶ which doubled the previous amount to MNT 32,000 per month for adults and MNT 16,000 per child starting from May 2020.

Exemption from electricity and water charge had positive impact on our mental health in a way that it reduced problems to worry about such as utility bills.

~Pregnant, Dornod province

All the women and girls in the research said that they had received Government support schemes dedicated for COVID-19 coping measures, such as universal child money, monetary incentive for full vaccination (2 doses), exemption from utility costs of electricity and water for all households, universal subsidy on social insurance, FSs for targeted households and reduction of the price of refined coal briquettes for households living in a ger district.

Government made some order related with flexible working hours and arrangement, but for many vulnerable women, realization of those orders was far from reality on the ground. National Emergency Commission of Mongolia adopted the Resolution No.11 on May 05, 2020. The order stated that the management of the state and local administrative organiza-

⁶² NSO. 2020. Prices of main products. http://www.1212.mn/tables.aspx?tbl_id=DT_NS0

⁶³ NSO. 2019. Time Use Survey

⁶⁴ Ibid.

⁶⁵ The CMP was first launched in January 2005; and provided to low-income families with many children. Since then, the scope and amount of cash benefits have changed many times. However, since January 2020, before the outbreak of the COVID-19 pandemic, the program began to cover all applicable children (up to the age of 17) with a monthly allowance of MNT 20,000. Since April 2020, the number of children enrolled in the CMP has seen an increase, due to the increase in the amount of the cash allowance. As of June 2020, the number of children

⁶⁶ The FSP was piloted in 2008, with ADB financing to support low-income households' consumption of basic food items. The FSP became part of the entitlement guaranteed by the Social Welfare Law in 2013. As of January 2020, there were a total of 241,884 FSP beneficiaries, with funding of MNT 2.9 billion; while, after the FS top-up, the number of the FSP beneficiaries increased to 242,576 and funding was doubled to MNT 5.8 billion.

tions, enterprises and legal entities were to take measures by providing the pregnant woman and

Female-headed mothers need to spend more time with their school age kids such as supervising them on their online study during the pandemic. Unfortunately, we also needed to work, so we had to leave our kids at home on their own. Therefore, maybe working hours for female-headed mothers should be more flexible allowing them to pay more attention to their kids.

~Female-headed household, Songinokhairkhan district

a mother with a child up to 12 years with conditions and opportunities for working from home and paid leave until the May 31, 2020 in order to prevent the spread of the COVID-19. However, female-headed households have been facing a dilemma between quitting job due to inflexible working hours for child care responsibility, and a shortage of and inaccessibility to kindergarten and day-care centers.

3.4 COVID-19 impact on children and girls

Children’s education has been severely affected due to lockdown and remote learning modality has been ineffective way of learning in most cases. To prevent the transmission of COVID-19, the State Emergency Commission made the decision on January 27, 2020 to close

COVID-19 affected our education negatively. I worry about my education a lot. We had to watch TV or look at the screen to study all day. This had impacted my eye sight very badly. Also, it was difficult for me to study at home because of house chores and babysitting.

~Adolescent, Songinokhairkhan district

all schools and kindergartens throughout the country until the 1st of September 2021 aka a start of academic year. As a result, more than 900,000 children from 2,200 schools and kindergartens have been shifted to home-based education. This change is reinforcing the gap between those who have access to online education and those who do not, widening the “digital divide” mostly due to having absence or lack of internet connection and computer. For some children in our research, especially those in rural areas and ger district of UB, there were more challenges, such as electricity interruption caused by rain and wind, or, unaffordability of internet service. Women also reported that their children’s mental and physical health has been impacted negative-

ly due to staying at home and being restricted of their movement and not being able to play outdoors. An issue of gaining weight among children has increased due to a limited movement. With no interaction with peers, children have become quiet, fearful, furious and unsociable. In addition, it was common phenomenon that children were left unattended alone at home without adult care due to a parent going to work or neglect of parents due to alcohol.

TV lesson was the the main modality of education for most of the children; however, it was reported that teleclasses were very quick and difficult to catch up the content. In overall, TV lessons were ineffective way of learning for children. Learning online was better than TV because children were able to contact with their teachers directly, many reported. However, affordability of data and sharing one computer among was a challenge for the vulnerable women and girls. While majority of women reported that their children were able to only 30%-40% of the knowledge they should be obtaining, adolescents themselves reported that they were able to obtain 50%-70% of the content they were supposed to be learning.

4. UNESCO POLICY MARKER ANALYSIS

To deal with the health-economic crisis due to COVID-19, the Government of Mongolia took a series of measures by adopting Law on Pandemic Preparedness and Response along with dozens of resolutions and orders concerning health, economy and social protection. In the light of the findings of the research and qualitative in-depth-interviews carried out within the scope of this assignment, the aforementioned laws, regulations and orders were assessed using UNESCO’s Inclusive Policy Markers as shown in Table 1. Although it is praiseworthy that even though Mongolian Government put in place various legislative and regulatory provisions, most of them were not well informed by evidences, and gender disaggregated data, and lacked civic engagement and participation, especially of women and girls. For instance, the Article 7 of the Law on Pandemic Preparedness and Response states that education to be shifted to online without taking into consideration of the fact that only 0.08% of households in rural areas were connected to internet while it is

35.3% in urban areas.⁶⁷ This has deepened the inequality of outcome for education by widening digital divide, and there is still no intervention done by the Government to tackle this issue. Overall assessment of measures taken by the Government of Mongolian to combat COVID-19

and to revive the economy would be rated as slightly satisfactory given its inefficient handling of financial resources and unpreparedness for disease prevalence from the perspective of gender equality.

Table 1. Assessment of national laws and policies as per Inclusive policy markers

Markers of Inclusive Policies							Law on Pandemic Preparedness and Response	First Stimulus package	Second Stimulus Package	Various resolutions on health related	Various resolutions on economic related	Various resolutions on education related
Multi-dimensional												
- Transversal and overarching objective							+	+	+	+	+	
- Continuum of interventions							+	+	+	+	+	
- Public sector innovation							+					+
- Integrated and policy-sensitive evidence												
Relational												
- Equality of opportunities and outcomes												
- Delivery of services (supply-side) and adequate access or uptake (demand-side)										+		
- Distribution of public expenditure												
- Relation between the mainstream and the excluded populations												
Intersecting risks and drivers												
- Exclusion risks and their intersections												
- Removal of drivers of exclusion										+	+	+
- Tailored policy design and service delivery								+	+			
- Analysis of differentiated and distributional policy effects								+	+			
- Weighted breadth and depth of intervention												
Dynamic												
- Built-in duration												+
- Long-term and anticipatory character							+					
- Proactive and reactive functions												
Contextual and multi-layered												
- In-country coherence and coordination							+	+	+	+		+
- Regional and sub-regional coordination								+	+			
Participatory												
- Procedural improvements										+		+
- Transformative participation												

⁶⁷ Evaluation of the Law on Pandemic Preparedness and Response, Human Rights Forum, 2020

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