

Mapping the Care System in Mongolia: What do We Know?

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Abstract

We aimed to map paid and unpaid care work in the context of the national economic, social assistance and social welfare policy of Mongolia. We used the secondary data including the Mongolian Time Use Survey 2015, 2019, Labor Force Survey 2018, Household Socio-Economic Survey 2018, health, education sector statistics available at the National Statistical Office information platform on www.1212.mn, and data and reports published by the line ministries and international organizations and reviewed findings by other researchers. Based on the research review, we found that about 30 percent of the central government budget in 2021 was spent on care services including education, health, and directly paid cash allowance and financing care homes for elders, children and people with disabilities. Moreover, the unpaid care sector produces value equal 15.3- 17 percent of the country's Gross Domestic Product in 2015 and 2019. We identified data gaps for measuring paid and unpaid care. Mongolia has relatively good data for examining the care sector, but faces limitations on understanding paid care for elders and disabled people, particularly the extent of *informal* paid care, and also informal paid care for children 0-2.⁹

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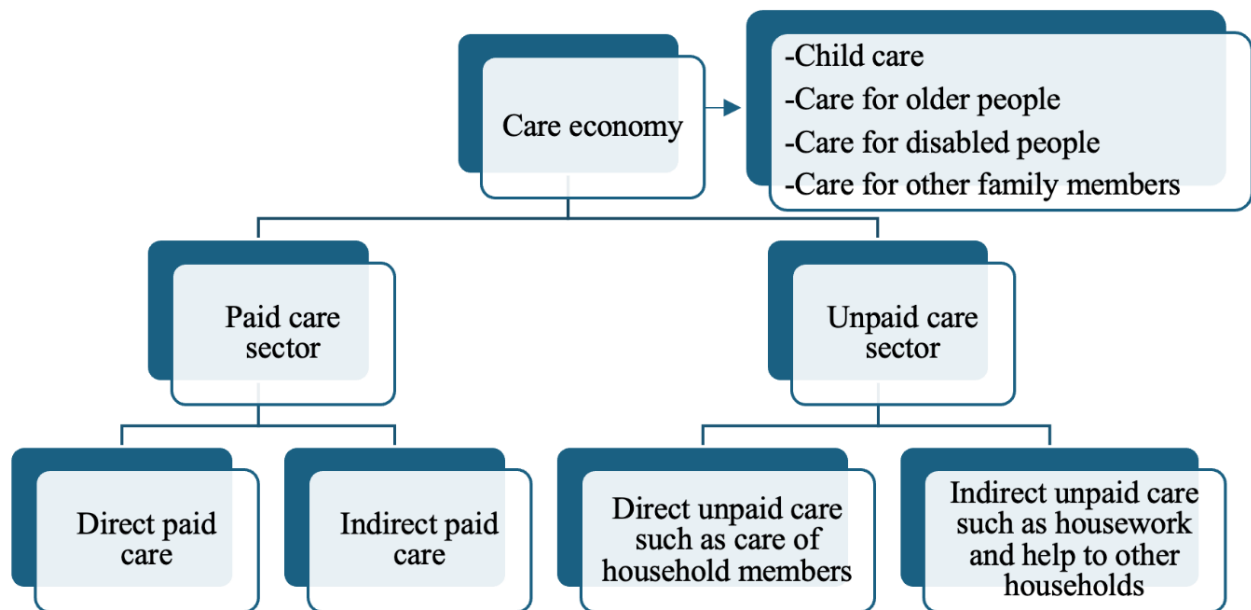
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Part 1. Introduction

The aim of this paper is to map the care economy in Mongolia. The term "care economy" is used to describe the sector in which care is provided, financed, and regulated (UNRISD, 2010). The care economy comprises a wide range of activities: from direct nurturing care activities to those activities considered as indirect care (International Labor Organization, 2018). Many of these direct and indirect activities are performed by family members, also many of them are performed by paid caregivers, and in some cases by NGO or government run organizations and care facilities (Floro and King, 2022). Care work or care economy is crucial for economic growth and sustainable development (Elson and Gagatay, 2000, World Bank, 2011).

In line with the standards adopted by the 19th ICLS, care work can be performed for pay or profit (care employment) or can be unpaid (as either unpaid care work, volunteer care work or unpaid trainee care work). The unpaid care work can be disaggregated into three sub-categories, namely (unpaid) household maintenance (broadly equivalent to housework for dependents), (unpaid) care of persons in one's own household, and (unpaid) community services and help to other households (Budlender, 2012). Those three categories are consistent with the major divisions 3, 4 and 5 of the International Classification of Activities for Time Use Surveys (ICATUS), and we refer to them as unpaid care work or unpaid work interchangeably.

Figure 1. Mapping care work classification



Source: Researchers' elaboration

Researchers note that women around the world typically bear the heaviest burden for care-giving in the family (International Labor Organization, 2018, King et al. 2021), therefore the impact of women's unpaid care work on their paid work on the labor market has been a topic for a growing literature (World Bank 2011, 2021); Ferrant et al. (2014); Beneria et al.

(2016); Connelly and Kongar (2017); Blau and Winkler (2017); Charmes (2019); Alonso et al. (2019). The global labor force participation rate for women is just over 50 percent compared to about 80 percent for men and has remained the same over the last three decades (World Bank 2023a). Researchers investigate what impact will have if countries will provide different policy options by conducting simulations on households with care responsibilities. Cicowiez, Lofgren (2017), Lofgren, Kim, Fontana, and Cicowiez (2020), Cicowiez, Lofgren, Tribin, Mojica (2023), Fontana, Byambasuren, Estrades (2020) examine economic policies in South Korea and Colombia such as (a) expanded government spending on child and elderly care, (b) reduced female wage discrimination, (c) increased wages for care workers, and (d) an increase in the fertility rate.

Social expectations regarding women’s role as primary caretaker in families remain prevalent, regardless of the increase in women’s labor force participation in the past six decades. Data from the World Value Survey show that over 15.5 percent of Mongolians strongly agree and 45 percent agree that when a mother works for pay, the children suffer (World Value Survey -2007 report).¹⁰ As a result of persistent gender norms and the absence of comprehensive care policies, especially for disabled and elderly care, employed women spend more time than men on unpaid care work. As the National Statistics Office of Mongolia (NSO) reports, Mongolian women spend 219 minutes per day, on average, employed men 115 minutes per day when the time for unpaid domestic and care work are combined (NSO, 2024, p. 182). Moreover, female labor participation rate is 49 percent in Mongolia (NSO, 2022). Higher female labor force participation is instrumental to economic growth and gender equality (Asian Development Bank, 2020). Asian Development Bank (ADB) estimates show that eliminating gender inequality at work and home would increase Mongolia’s female labor participation to 63.2%, boosting the country’s annual per capita growth rate by 0.5 percentage points and increasing gross domestic product per capita by 16.1 percentage points overall in 30 years (ADB, 2020).

Many countries have made significant steps in research and informed policy making for care economy. However, Mongolia is just starting to map the care economy, because as researchers note, the issue of care was usually absent from the policy agendas in most developing countries (Beneria, 2003).

How important are issues about the care economy in Mongolia? As with the rest of the world, over the past two decades, there have been significant changes in its demographic profile—a dramatic decline in fertility rates from 7.5 in 1975 to 4.2 births per woman in 1990 and to 2.6 in 2025 and an increase in average life expectancy at birth from 56 years in 1975 to 70.2 years in 2024 (World Bank 2024).¹¹ These demographic shifts, along with intensive rural-to-urban migration the past decades, have brought about significant changes in household structures that

¹⁰<https://www.macrotrends.net/global-metrics/countries/MNG/mongolia/fertility-rate;> <https://www.worldvaluessurvey.org/WVSDocumentationWV7.jsp>

¹¹<https://www.macrotrends.net/global-metrics/countries/MNG/mongolia/fertility-rate>[google_vignettehttps://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=MN](https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=MN)

have shaped the country's care economy—more households with single parent, elderly single households and fewer kin in the immediate community to provide care support. According to the National Statistics Office report, in 2023, there are about 983 thousands households in the country, from which 66,813 households (6.8 percent) with a single parent, 50,788 (5.2 percent) elderly, single person households.¹²

Researchers have estimated the size of unpaid care sector in many countries using TUS data. King et al. (2021) measured the unpaid care sector in Mongolia based on the Time Use Survey (TUS) 2015 and estimated that unpaid care work done by the population over 15 years old was equivalent to 17 percent of the GDP. Using the MTUS 2019 and LFS 2018 of Mongolia, Uran-Ulzii (2023) calculated that unpaid care work's value as 8.2-15.3 percent of GDP in 2019, depending on the methodology and wages used. Based on King et al., (2021) and Uran-Ulzii (2023) estimates, the unpaid care sector is about 17 percent in 2015 and 8.2-15.3 percent in 2019 which is the sector stands on the second place after mining sector which contributes 25.3 percent of GDP in 2021.

Children and elderly household members assist with care provision. Across many societies, grandparents and older children, especially daughters, share caregiving responsibilities with adults (Becker, 2007; Larson and Verma, 1999; Dodson and Dickert, 2004; East, 2010; Boldbaatar, et al., 2025). Using MTUS 2019 data, Boldbaatar et al found, that about 32 percent of children aged 12-17 years is involved in childcare which means children are the second largest group of caregivers. Adult women spend on unpaid work 2.4 times more compared to men. By gender, girls spend 1.9 times more time on unpaid work compared to boys. Moreover, girls spend 1.3 times more time on childcare compared to boys (Boldbaatar, et al, 2024).

Research methodology of this study is mix of quantitative and qualitative methods. The very first approach is using a desk review of research articles by local and international researchers and reports published by the National Statistical Office of Mongolia (NSO), relevant ministries such as the Ministry of Education and Science, the Ministry of Health, and the Ministry of Labor and Social Welfare, other government agencies, and international organizations such as Asian Development Bank, International Labor Organization, World Bank, International Monetary Fund etc.

The second method is analysis of raw data. The primary source of numbers of employed people in paid care facilities, and their wages is the Labor Force Survey (LFS) conducted by the NSO annually since 2002. The main sources for data on the unpaid care sector are Times Use Surveys conducted in 2019 and 2023. As in many other countries, Mongolian Time Use Survey is the main data source for the unpaid care sector. The first, pilot MTUS was conducted in 2000. According to the amendment to the Law of Mongolia "On Statistics" in 2004, article 7.1.k states that "time use sample survey will be conducted in every 4 years on a quarterly basis." It has been organized regularly since 2007 by the NSO. The fourth TUS was conducted in 2019 and the last survey was conducted in 2023 with a larger sample size.

¹²https://www.1212.mn/mn/statistic/statcate/573051/table-view/DT_NSO_3300_044V1

We used the Mongolian Time Use Survey 2019 (MTUS) as this study’s primary unpaid care work data source. The TUS 2019’s sample size was representative at the national, regional, and urban/ rural levels, and a multi-stage sampling method was applied. In 2019, the MTUS sampled 13,499 individuals from 4,000 households. The survey included household information, personal information, questionnaires on children under 5 years of age, and time diary data for 6,312 household members aged 12 and over. The time diaries collect data on how many hours per day (asked at 10-minute intervals) an individual spends on activities (coded according to the ICTUS). These include the activities that are recorded separately and simultaneous activities, as first and second activity. Data collection was organized in the third week of March, June, September, and December, and an equal number of households were surveyed in each of the mentioned months.

Moreover, this study used data from the 2020 LFS, the sample of which consisted from 46,934 people aged 15 and above from 13,280 households (NSO, 2021). We estimated that 1,583 of the employed people, or 2.6 percent of the total employees, were employees in the care sector, including health, education and social welfare activities in the country. Another source of data on caregiving is the nationally representative Household Socio-Economic Survey (HSES) conducted by the NSO every year. The survey provides information on monthly fees for some care services. For example, the survey asked about the fees for hiring housekeepers, the fees for caring for the elderly and the disabled, tuition fees for kindergartens, kindergartens, elementary schools, and general education schools.

The third research method is a qualitative research, interviews with herder households in Khovd (Western region), Khentii (eastern region), and Tuv provinces (Central region) and paid care givers in Ulaanbaatar city.

There is insufficient research on the topic in the case of Mongolia. We, researchers, aim to put Mongolia on the front line of research on the care economy and thus, we aim to answer to the following questions what is the current social policy regulation? What do we know about the paid and unpaid care provided for childcare, elderly care and care of population with disabilities? For what we don’t know, is there data that could be analyzed? At the end of the analysis, we will provide a summary of what we do not know, and what data can be helpful in filling the gaps in understanding and estimating the care economy in the country. Understanding care provision, its demand and supply within households, state and private sector helps to policymaking in response to broader climate, demographic, and economic changes.

Part 2. Economic and social context

Mongolia is a large country (1.5 million square kilometers) with a small population of 3.4 million people. (NSO, 2022). In the early 1990s, the country underwent two simultaneous transitions, a transition from socialism into a democratic country and a transition from a planned economy into a market economy. Previously, under the 70 years of socialism, the country depended

on economic assistance from the Soviet Union and the other socialist bloc countries and had achieved rapid economic growth, developed pastoralism into collective livestock organizations called "negdel" or collectives, established a new industrial sector, as well as education, health, and science sectors. During socialist period of the 1921-1991, although care in families was undertaken by family members, especially women, mothers, grandmothers, and sisters, daughters, the government, socialist enterprises, and rural agriculture collectives played a considerable role in care provision.

The Mongolian People's Republic's (MPR) state policy was aimed to promote equal opportunities. By the end of the socialism, Mongolia had a literacy rate of 96.5 percent (The Government of Mongolia and UNDP 1997, p.7). During socialism, gender balance in education was achieved in the 1970s, after which Mongolian educational institutions have had a higher proportion of female graduates (Stolpe, 2016).

During socialist period, the government guaranteed free childcare, starting from 1.5 months to 2 years old in nurseries or creches and from 3 to 7 years old in kindergartens to increase female workforce participation in the socialist economy. During the socialist period, for instance in 1989, about 432 creches were working and about 21 thousand children were nurtured by receiving a full day care starting from 8 am to 5 pm every workday and 822 kindergartens (See Figures 1 and 2 in Appendix).

Socialist gender regimes supported relatively high levels of female labor force participation with long maternity leaves and significant government support for childcare for children over three years. The post-socialist cases are also distinguished by the severe post-socialist economic downturn, which devastated government budgets, reducing government support for childcare and families (Pascall and Lewis 2004).

During the 70 years of socialism, the country, state policy aimed to promote equal opportunities, equal treatment in political, legal, economic, social, cultural, educational and family relations. Thus, in 1925, the single political party, the Mongolian People's Revolutionary Party (MPRP) established a national center for the elderly as a pioneering center for long term elderly care. In the 1950s, the MPRP and the socialist government recognized the value of care work by establishing an honorary glory mother medal 1st (for mothers who have five children) and 2nd degree (for mothers who have eight and more) with annual monetary cash transfer.

The Mother's Glory medal is one of the keyways the government supports mothers who have given birth to and raised multiple children, providing both recognition and financial support. This award is being continued to the present day and Glory mother medal 1st degree is awarded to mothers who have four children and more, and 2nd degree medal is to mothers who have six and more).¹³ <https://mlsp.gov.mn/eng/content/detail/1874>

¹³Starting from 2025, the annual financial reward for first-class Mother's Glory medal recipients will increase from 200,000 MNT to 400,000 MNT. For second-class medal recipients, the amount will rise from 100,000 MNT to 200,000 MNT. Retrieved from

Figure 2. The Glory mother's medals of 1st and 2nd degree



Source: Google images

Under the command economy, the social sectors, like education, health, and social protection were generously financed by the state. Education and health services were for the rural population, including herders and workers and their families. Access to employment was nearly universally guaranteed, leaving essentially no open unemployment. All sectors of society were covered by the pension system; and the state also provided a comprehensive range of benefits to families, children, and vulnerable groups. Mongolia was a pioneer in building a social protection floor for its population, reaching universal coverage for many kinds of life contingencies (UNESCAP, 2023).

Many researchers note that socialist countries developed a dual-earner model very early, to support the goal of rapid industrialization. By the late 1980s, 62% of women participated in the labor force in Hungary and 77% did so in Czechoslovakia (Boeri and Sziraczki 1992). To support this, workplaces and the state provided significant levels of childcare for children over 3 years old (Meurs and Ranasinghe 2003). Enrollment rates among pre-school children ranged from 49 percent in Poland to 90 percent in the Czech Republic in 1989 (UNICEF 1999). Women were explicitly recognized as the main caregivers, however, and provided with relatively long (2–3 years) paid maternity leaves and, in some cases, shortened hours to permit them to attend to domestic tasks (Ehrenreich 1993).

The care economy in post-socialist Mongolia has undergone drastic changes. Upon the transition to democracy and a market-oriented economy in 1990-1991, there was re-organization of the national welfare system in Mongolia that included the privatization of the state-owned health and education organizations, introduction of insurance mechanisms in the place of the state funded welfare benefits (Dugarova, 2016). In 1992, the country adopted a new Constitution that was amended in 1999, 2001, 2019 and 2023 respectively where child protection, children's rights were guaranteed¹⁴ "Social services were cut; real expenditure on health services decreased by 43 per cent from 1990 to 1992, and the education budget was cut by 56 per cent, healthcare expenditure fell from 5.7% of GDP in 1991 to 4.4% of GDP in 1996;" (Sneath

¹³ www.legalinfo.mn

2006: 149–150). Simultaneously, drastic changes in the economy and social provision resulted in sharp increase of unemployment, poverty and inequality, deeply affecting the livelihoods of families and individuals in the country.¹⁵

If during the socialist period, the government guaranteed free childcare, starting from 1.5 months to 2 years old in nurseries or creches and .3-7 years old children's care in kindergartens, 8 to 18 years old in general secondary schools, then during the first years of the transition, after the privatization of publicly owned enterprises, including kindergartens, creches, small-medium sized state enterprises, cooperative farms, the infant childcare provision by the government was eliminated, and the burden of infant childcare was returned back to the families. This is about 0-2 years old childcare. About 2-6 years old childcare, the public and private sectors' provision of childcare has been increasing. The Law of Pre-school education stipulates those 2-5 years old children' education is free of charge at the government owned and run kindergartens. General education involves 1-12 grades that accept children at the age of 6 years to 18 years.

Researchers like Rivkin-Fish (2013), Voltolini, Tserendorj, Sovd, Munkhtogoo, & Ichinkhorloo (2015) conclude that "the transition to a market-oriented economic system had dramatic effects on the gender contract. The dual-worker model promoted by the Soviet state was undermined, along with defamiliarizing policies associated with it. Welfare entitlements largely dismantled, which left women with practically no social safety net or support (Rivkin-Fish, 2013; Voltolini, Tserendorj, Sovd, Munkhtogoo, & Ichinkhorloo, 2015; Dugarova, 2016). As Duganove emphasizes "responsibility for supporting families shifted away from the state to families themselves, with an emphasis on women's primary role as a mother, shouldering more burden of domestic and care work" (2016). Notably in Mongolia, due to the privatization of the pastoral livestock sector, herders started to expand and diversify their herds to earn extra income, and this resulted in women's increased workload, as they had to take on more livestock tasks, in addition to their household responsibilities (Burn & Oidov, 2001).

The post-socialist transformation after 1991 led to significant economic disruption, importantly impacting care provision in many socialist countries. Output fell rapidly, many state enterprises closed, were privatized, thus state budget revenues declined, and government expenditure dropped. Many state-supported preschools were closed. Estimates suggest that public spending on education as a share of GDP almost halved in the space of just two years – 1990 to 1992 (Wu, 1994).

During the last 30 years, the country has gone through several changes in care provision in terms of legal and financial regulations. Since the 1990s, Mongolia has developed a comprehensive social protection policy as a core strategy to improve living standards and ensure socioeconomic development, including about 20 Laws related care for children, elderly and people with disabilities. Policies include the Package Law on Social Insurance (1994), the Law on Social Welfare (1995) and the Law on Pensions and Benefits (1995). Over time, some laws have been revoked, cancelled and amended. In 2023, the Parliament of Mongolia has passed

¹⁵Poverty and the Transition to a Market Economy in Mongolia.

the new General Law on Social Insurance (GLSI) that replaced the existing the Law on Social Insurance of 1994. The Law on Employment Promotion was adopted in 2011.

While before transition, all existing social insurance, and social welfare was financed by the socialist state, after the transition to the market economy, the social insurance system became a contributory social insurance fund, financed from contributions of the insured people. Social protection is managed by the Ministry of Labor and Social Protection of Mongolia (MLSP), which also oversees a broad range of issues including population development, family development, women, youth, children, people with disabilities, social welfare, social insurance, employment, labor relations and wages (UNESCAP, 2023). Those people in poor health, orphans, people with disabilities are provided are involved in non-contributory social insurance schemes in Mongolia (UNESCAP, 2023), including social welfare pensions, benefits and services, some types of cash assistances, child allowance, benefit for mothers, cash benefit for mothers with honored medal, are inherited from the previous centrally planned system.

The Law on Social Welfare, adopted in 1995, governs relations related to the provision of benefits and assistance for people with disabilities, older persons, mothers with multiple children, breastfeeding, benefits for twins, and maternity benefits, as well as programs and services for persons in vulnerable situations. In addition, six laws regulate specific non-contributory schemes, including the Law on Provision of Benefit to the Mother's of Multiple Children (2010), Law on Social Welfare (2012), Law on the Right of People with Disabilities (2016), Law on Elder Persons (2017) Law on Benefit and Assistance to Honored Elders (2017) and the Law on Provision of Benefits to Single Headed Households.

The Government of Mongolia has also adopted a range of other national and sector programs, policies, and strategies that address care work issues, such as Sustainable Development Vision 2023 that mentions through sustainable growth to reduce poverty and unpaid labor by women (ADB, 2022). In Table 1 in Appendix, we summarize a range of laws and regulations governing care: childcare, elderly care and care for people with disabilities.

In Mongolia, the laws and regulations governing the social welfare relations have provided favorable legal environment for supporting pregnant mothers and caregivers through state – funded social insurance system during baby-sitting months and employer cannot terminate the employment of pregnant women or women with child under 3 years old. Health insurance of children under age 18 is also fully covered by state budget.

Territorially and administratively, Mongolia is divided into 21 provinces (aimags) and the capital city, Ulaanbaatar. The 21 provinces are further divided into 330 districts (soums), and those into 1613 rural sub-districts (baghs). The capital consists of nine districts (duureg), which comprise 152 urban sub-districts (khoroo).

Part 3. Paid care sector

Paid care work is defined as care work performed for profit or pay within a range of settings, such as private households (as in the case of domestic workers) and public or private hospitals, clinics, nursing homes, schools, and other care establishments. Care workers may be in an employment relationship where the employer is a private individual or household, a public agency, a private for-profit enterprise, or a private non-profit organization, or they may be working on their own account (ILO, 2018).

Currently, in the country, 72 social welfare services within 12 types of programs are financed by the government budget. From these 72 social welfare services, 61 are cash-transfer programs, and 11 services are in-kind assistance. The cash transfers support people in buying paid care for children, people with disabilities. Table 2 in Appendix lists the welfare-security related social protection programs. The spending on these social programs accounts about 1.8 per cent of GDP in 2019, 4.3 per cent of GDP in 2020, and 7.0 per cent of GDP in 2021, respectively.¹⁶

3.1. Paid care for children under five years of age

There are about 450 thousand children under 5 years or about 13.5 percent of the total population in the country (See Table 3 in Appendix).

In the 1990s, childcare facilities, along with the number of children enrolled in preschools, were steadily declining in Mongolia. From the supply side, much of the enterprise-based childcare stopped functioning, as the government fundings was cut back on social facilities during the early transition period. From the demand side, there was observed a sharp fall in demand for infant and toddlers' childcare due to the fall in fertility, rising unemployment, and income decline. For instance, in 1989, there were about 900 kindergartens (where toddlers and children aged from 2 to 7 years were cared for) and creches (where infants from 1.5 months to 2 years were nurtured) in the country, and in 1995 the number has declined to 660 or by 36.3 percent (Dugarova, 2016). In the 2000s, as the economy was starting to stabilize, the fertility rate was increasing, demand for childcare services in the country started to grow.

3.1.1 Paid care for children aged 0-2 years

So before a child reaches 2nd birthday, he-she can not be enrolled in state funded kindergartens and mostly, stay at home, cared by parents, mothers and other caregivers such as grandparents. For children up to 2 years old, maternity leave financing will make -up some indirect paid care.

In Mongolia, maternity leave is financed from two different sources and for two different stages. All pregnant women, starting from 5th month of pregnancy, receive a monthly cash transfer regardless of pre-birth employment status, a monthly monetary transfer of 40,000

¹⁶The high cost of social welfare service in 2020 and 2021 was due to the spread of the coronavirus pandemic.

MNT¹⁷ (11.7USD) until a birth of a child or children. If a mother gives birth to twin children, flat-rate 2,000,000 MNT, if she gives birth to triplets, then 3,000,000 MNT. Before the birth, pregnant women, who are in employment, and who contribute to social security system, she is entitled to a maternity benefit from earning related payment, or payment equal to 2 full month's salary. Moreover, if a pregnant woman is employed then her job is guaranteed for 36 months after the birth of child by the Law of Labor of Mongolia which was updated in 2021.¹⁸

After a birth, women who was working and who was contributing to social security system, they are entitled to a maternity benefits from earning related payment, or payment equal to 2 full months salary. Thus, in the total, mothers receive 4 months equal salary in Mongolia, only if they were contributing social security payments, and 2 months before the birth, and 2 months salary after the birth. The maternity benefits are financed from Social Security Fund of Mongolia. After the birth, all women who is taking care of children aged 0-3, do receive a monthly transfer money regardless of pre-birth employment status, about 50,000 MNT¹⁹ (14.7USD). Pre-birth and post-birth monthly cash transfers are financed from Social Welfare Fund of Mongolia. Fathers receive a maximum of 10 days' paid leave of absence after the birth of a child. If a person adopts a child, then a father or mother is eligible for 2 months paid paternity leave. Currently, mothers have 17 weeks of paid maternity leave, while fathers are entitled to seven paid leave days. In addition, according to the relevant laws and regulations of Mongolia, the amount of childcare allowance for children aged 0-3 years is set at 50,000 MNT (15 USD) per month, regardless of the number of children aged 0-3 in the household and whether they attend a kindergarten or not (See Figure 3 in Appendix). This is paid directly to mothers or fathers.

So after giving birth, mothers receive a full salary only for 2 months, and state financed kindergartens receive children starting from 2 years. So there is a gap of 22 months until mothers can enroll their children into full day kindergartens that enables them to return to the paid work on the labor market.

3.1.2 Paid care for children aged 2-5 years

Paid care for children aged 2-5 years is mainly carried out by public and private kindergartens and publicly and privately funded orphanages. A very small portion of 2-5 years old children are cared day care centers run by individuals or NGOs but funded by the government. According to "Preschool Education Law of Mongolia" and "General requirement for child Daycare", children 2 years of age and older are eligible for these preschool services.

¹⁷MNT-Mongolian Tugruk, currency. As of February, 2024 rate announced by the Central bank of Mongolia 1USD=3,400 MNT

¹⁸<https://legalinfo.mn/mn/detail/16230709635751?fbclid=IwAR0KX8SOEqfBetvo65Vc8RhDKT38Iy-MAWGv0S4-fEHoCsQmIVU75IVCPII>

¹⁹MNT-Mongolian Tugruk, currency. As of February, 2024 rate announced by the Central bank of Mongolia 1USD=3,400 MNT.

The number of state-owned kindergartens has steadily increased since 2010, while the number of private kindergartens has been decreasing since 2018. State-owned kindergartens operate eight hours per day, five days a week, from September to June. Kindergartens organize development activities to support children's physical, mental, cognitive, and social-emotional development and offer three meals during the day and nap time after a lunch. During summer, starting from 1st June to 1st September, working parents have a double burden of work and care for children. As of 2021, there are 1453 kindergartens, of which 972 (67%) are state-owned and 481 (33%) are private kindergartens (See Figure 3 in Appendix). If a child attends a state-owned kindergarten, all the costs and fees are financed by the government.

According to the 2023 statistics, 247,236 children were enrolled in kindergarten which is about 80.8 percent of the total 2-5 years old children (NSO, 1212.mn). The remaining 20 percent of the children aged 2-5 years are staying home, cared by their caretakers. 52 percent of Mongolian children aged 2-5 live in 21 provinces and 48 percent live in Ulaanbaatar city (NSO, Unified Statistical Data Base, 1212.mn). In 2022, about 53 percent of the total enrolled children in kindergarten was from the countryside, 47 percent in Ulaanbaatar (NSO, Unified Statistical OpenData Base, 1212.mn) which shows that about half of the 2-5 years old children is not enrolled in kindergartens, thus is cared at home all the day.

Since 2000, one in every 10 people involved in the migration moved to Ulaanbaatar and the central regions, and one in every three Ulaanbaatar resident is a migrant (International Migration Organization, 2018a). Migration to cities makes capacity at the kindergartens is exceeding the norms, causing child – teacher ratio increase. Most of the children who participate in preschools, 85 percent go to state-owned kindergartens, and only 15 percent go to private kindergartens (NSO, Unified Statistical Data Base, 1212.mn).²⁰ To address the shortage of places in kindergartens, the government has incentivized the development of private kindergartens by partially reimbursing their variable costs. The law on pre-school education of 2008 in Mongolia stipulates that the average variable cost per kindergarten child will be financed from the state budget, regardless of the form of ownership. If a child attends a private kindergarten, the average annual fee (or for 9 months) is different starting from 2.25 millions MNT (about 662USD) to 5 millions MNT (about 1,455 USD).²¹ In addition to the typical kindergartens, there are 3 preschool programs to specifically to serve children aged 2-5 years in rural Mongolia, where almost a quarter of the population live in traditional pastoralism. These programs include: mobile teacher preschool; ger²² kindergartens for nomadic group; and shift groups in already existing kindergartens (see Table 4 in Appendix). The most common of these types are ger kindergartens, which are organized as sub-groups based on conventional state-owned kindergartens (The World Bank, 2017). In 2016, about 9% of children aged 2-5 years were covered by alternative preschool services (World Bank, 2017). Based on the results

²⁰https://www.1212.mn/mn/statistic/statcate/48171313/table-view/DT_N.SO2001_022V1

²¹<https://www.mongolbank.mn/mn/currency-rate>

²²Ger – nomad family's traditional tent dwelling

of the 2018 Household Socio-Economic Survey (HSES), NSO reports that there is a significant difference in access to kindergarten between urban and rural areas. In rural areas, only 46 percent of children aged 36-59 months are enrolled in pre-school education (NSO, 2021). This numbers show that 54 percent of 3-5 years olds in rural areas are cared only at home.

Lower income groups have lower enrollment can be seen from Figure 4 in Appendix. Based on the HSES 2018 survey, 70 percent of children aged 2-6 in the richest 20 percent of households are enrolled in preschool education, compared to less than 50 percent enrollment for the poorest 20 percent of households (NSO, 2020). Therefore, the lower the household income, the higher the need for unpaid care (See Figure 4 in Appendix).

There is another form of paid childcare in the country, childcare centers that serve about 2,000 children in total in the country, but mainly in the capital city of Ulaanbaatar. In 2015, Parliament has adopted the Law on Childcare Services. According to the Law, childcare services shall be provided to children from the age of two until the beginning of secondary school which means the centers cater children aged 2 -11 years old. However, for children with disabilities there is no age limit. Childcare services may be provided in the founder's own center, rented center, loan center, or ger and they should provide normal environments that do not endanger the life or health of the child, and safeguard the child from any potential adverse effects and actions. As of 2020, according to oloo.mn, childcare centers have charged parents 90,000 to 150,000 MNT per month for this service.

Kindergartens and community based childcare centers are two different institutions and the former is managed by the Ministry of Education and Science and the latter is by the Ministry of Labor and Social Welfare (MLSW). Another difference between them is about 1, 453 kindergartens do provide educational services along nutritional, and support children's physical, mental, cognitive, and social-emotional development. The childcare centers do not provide educational services, and but do care and safeguard the child from any potential adverse effects and actions. However, the centers serve only about 2,000 children in the total or only 0.4 percent of the children aged under 5 years in the country.

From 2016 to 2019, the government provided an average of 6.0 billion MNT per year for child care services, but after 2020, the amount of funding decreased and provided an average of 2.0 billion MNT per year.²³ Due to Covid 19, from January 2020 to September 2020, childcare services were closed and no funding was provided. The budget has not recovered and thus the number of day childcare centers is declining, leaving children at home. After the implementation of the Law on Child Care Services in 2016, about 400 childcare centers provided services, but in recent years the number has decreased, and currently there are a total of 241 childcare centers in the country, 112 of which are operating in cities and 129 in rural areas (www.1212.mn).

Information and statistics on private provision of care for children disability is rare. ADB reports that, the Association of Parents of Differently Abled Children operates six child de-

²³Official information sources such as <http://als.mn>, www.sainmedee.mn, www.egur.mn, www.ikon.mn, www.montsame.mn reported.

velopment centers: one in Ulaanbaatar and five in rural provinces. These centers provide individual and group therapy and home-based services for 20–30 CWD and their families as well as training for doctors, parents, and associated professions. The services do not receive government funding, relying instead on donor support and fees. The association together with the NGO named "Parents of Children with Autism Mongolia" provide at the association-based rehabilitation and educational services for up to 30 kindergarten children which shows that there are only up to 50 children with disabilities do receive care outside of their homes.

3.1.3 Care for Children in Difficult Situations

The Social Welfare Law of Mongolia states that there are two types of social welfare services: welfare services based on public participation and specialized welfare services. The law states that those who are in a difficult situation, including orphans, children whose both parents have deprived parental rights, those whose parents are being treated in a hospital for a long time or are serving a sentence in a prison, disabled children up to 18 years of age who are in permanent care, and twins, triplet or more, up to four years of age, can be raised in a specialized orphanage at the expense of the state if parents agree. Children in these situations are under the care of authorized governmental and non-governmental organizations that are paid by the government. However, in Mongolia, information on children in such care is not open to public, and in this study we use information obtained from the Family, Children and Youth Development Department, an implementing agency of the government, and information from unofficial online sources.

Mongolia has adopted the National Program for Child Development and Protection 2017-2021, "which aims to ensure children's right to live, learn, develop, and protect children in a healthy and safe environment, to ensure the right to participate in social life, to strengthen the national child protection system with the participation of other sectors, and to create a child-friendly environment"²⁴. Children in difficult circumstances require special or additional care to enjoy these rights. The poverty rate in Mongolia is about 27.8 in 2020 and 42 percent of total poor population were children 15 years old and below (NSO, World Bank, 2021). One out of six poor individuals are children of preschool age up to 5 years old (National Statistics Office, 2020). In addition, as of 2021, there are 36,133 half-orphans and 2,990 full orphans in Mongolia, the number of domestic violence crimes registered in the year is 118, the number of crimes against children is 31, and the mortality rate of children under five years old per 1,000 live births is 14.0, which is the high. These situations create a need for a specialized child care and welfare center (See Table 4 in Appendix).

According to the Department of Family, Children and Youth Development, out of 32 care centers of 21 organizations operating throughout Mongolia, 27 centers are operating in Ulaanbaatar city, 5 centers are in provinces. Out of these centers, 3 centers are funded by the state

²⁴www.legalinfo.mn

budget, 29 centers are funded by international and non-governmental organizations and private individuals, creating an environment equivalent to a family and following the standards of child care services. According to the Department of Family, Children and Youth Development, as of 2021, there are a total of 1,031 children in 32 centers, 31 percent of whom live in government run orphanages, 69 percent in non-governmental organizations, and a few in privately run orphanages, for instance by churches. A total of 522 employees are working in these centers and caring for 1,031 children.

During our qualitative research, we interviewed Mrs. Bundung, who has graduated from Teacher's College in Irkutsk, Russian Federation in 1989, and who works as a speech pathologist in special schools for disabled children in Bayanzurkh district of the capital city of Ulaanbaatar.

Box 1.**Tell me about your school?**

Our school has more than 200 children, and there are about 100 teachers and assistant teachers. The school has one doctor. There is no nurse. Children with disabilities in Bayanzurkh district are included in this school, such school were established in every 4 districts.

Children with paralysis, down syndrome, severe autism, intellectual and speech disabilities are mixed. Their thesis is “Include difficult children with other kids finding their own issues.” 8 teachers work only with speech-impaired children. I like this school because they help make fun of children with disabilities. There are also children who travel from far away, such as Gobi-nur, Nalaikh, Ulaankhairaan, Sharkhad, and Darakh. In fact, most of them, almost 90 percent, are children from poor families. Many people who bring elementary school children wait the corridor from 1:30 to 4:30, and then leave. Most of the time, there are people who say that are grandparents waiting since they don’t have enough money for the bus, so there are a lot of people waiting for their children inside the school.

What are the problems?

Since there is no school that accepts children with paralysis, 10 children who graduated from our class went to the 10th special kindergarten and they are age 9-17. Children would have food here during the school hour which costs 5 thousand tugruk a day for pupils, 3 children are in 2004, and trained 10 children, and they graduated in 2013 (above college). One had severe intellectual disabilities and couldn’t find a normal school with normal children, they also could send him to school? 7 to provide equal inclusion. But his family was told that if he was to be sent to a normal school, it would be a lot of work to get the food to the school, and parents wouldn’t be able to do their day work. The child was in a wheelchair. In secondary schools, only elementary grade children eat food. In opposite, in our school, middle grade children also eat hot food, so the children go to our school because they are attracted to food.

Our school doesn’t have an elevator, so my assistant teachers developed back problems after carrying children in wheelchairs up and down the stairs. You don’t always study on the 1st floor. As for the singing class, it is on the 3rd floor, so it is a lot of work to get it out there, and to urinate. We didn’t have a designated toilet, but recently, the school acquired one.

Source: From interviews conducted by the research team in 2024.

As mentioned earlier, the government provides funding for 3 specialized orphanages run by the local government by providing meal cost and the average cost of clothing, hygiene, and school supplies for a year approved by the government. The cost information was derived from the platform where central government and local government budget, funding spending is displayed

online.²⁵

Table 5 in Appendix shows the cost of caring for one child which is 15.5-16.8 million MNT per year. An average of 15.5-16.8 million MNT is spent on taking care of a healthy child, while 108.9 million MNT is spent per child, per year on children's health services and sanatoriums, which is more than 6 times of the former amount. The average annual salary of one child care worker is 11-29 million MNT. As of 2021, there are 11 children aged 0-1 in institutional care (1%), and all of them are cared for in the Children's Central Sanatorium. There are 146 (14%) children aged 2-5, 29 (20%) of whom are in state orphanages, and the remaining 80% are in the care of non-governmental organizations. Finally, due to the lack of information, reports, and documents, it was not possible to include information to evaluate the activities of the children's care homes (See Table 5 in Appendix).

3.2. Paid elderly care

The Law on the Elderly of Mongolia stipulates that a man over 60 years old and a woman over 55 years old are classified as senior citizens. Figure 5 in Appendix shows that in Mongolia the proportion of older people in the population is growing rapidly, expected to increase from 5% in 2000 to 17% by 2040 (ADB).²⁶ From 2016-2021, Mongolia's population grew at an average of 1.8 percent per year, while the number of elderly increased at an average of 6.0 percent per year. Figure 5 in Appendix shows this trend and there are more females. As the population is aging, the demand for elderly care is increasing.

Paid care services for the elderly in Mongolia are run by both state and private institutions.

The care activities provided by the government to the elderly can be divided into two groups: direct and indirect care services.

3.2.1 State direct paid care services for elders

The state contribution to direct care includes *the government budget funding for the activities of the National Center for Gerontology and government run nursing homes for elderly*. The National Center of Gerontology is an institution with the primary mission of providing health care services in gerontology and age pathology. The Center works exclusively with the health examination and diagnosis of the elderly. According to the statistics of the Health Development Center, in 2021, 172,001 seniors received check-ups and received diagnosis and treatment at the center's outpatient clinic. In the 2021 financial report of the National Center for Gerontology, operating expenses cost 1,787,919,996 MNT. (ADB, 2020)

The Social Welfare Law states that 'a single person without dependent children, unable to live independently' is eligible for state support. It has also been established that if the person responsible for supporting an elderly person has committed violence against the elderly, and

²⁵<https://www.shilendans.gov.mn/>

²⁶ADB. (2021). Mongolia's Social Sector Fact Sheet.

the elderly person is unable to receive welfare services based on public participation, they will also be covered by elderly care services. According to the MLSW, as of 2021, there are 12 adult nursing homes operating in Mongolia, 8 of which are state-owned, and 4 belong to private and international organizations listed in Table 5 in Appendix. In 2021, 446 people were cared for in these nursing homes, of which 268 or 60 percent were elderly. The government takes care of 75 percent of the institutionalized elderly, while non-profit non-governmental organizations care for the other 25 percent (ADB, 2020). Currently, there are no for-profit institutions in Mongolia to care for the elderly.

The 8 state-owned nursing homes are financed from state and local budgets, while 2 non-governmental nursing homes receive funding from the state budget on the basis of per capita costs. Two of the nursing homes that belong to religious organizations operate with international funding. As shown in Table 5, there are 8 state-owned senior care centers and government has spent an average of 14.7 million MNT annually per elder for care (See Table 9 in Appendix). More detailed research is needed to explain why the expenditure per capita ranges from 1.9 to 19.4 million MNT, but this type of information is not publicly available.

The government provided a care allowance per month, per person of 84,500 MNT in 2016, to those who take care of a single elderly person who is under medical supervision and needs constant care but has no children to support them, and also to those who take care for disabled persons, regardless of age. The amount increased to 276,000 MNT in 2020. According to the MLSW statistics, there are 34,125 individuals providing care, who receive such cash allowance from the government (See Figure 6 in Appendix). In addition, the government provides 60,000 MNT per quarter (or 20,000 MNT per month) to seniors for their medical expenses including drugs.

The ADB conducted a country diagnostic study on long-term care system in Mongolia that assessed policies, programs, services, financing, and systems development. It highlighted innovative and emerging care programs in Mongolia, but it also revealed large deficits in access to quality long-term care services, hampered by a lack of skilled care workers and investment. According to the ADB study, while many older people can live independently, about one-quarter were moderately or severely dependent on others for basic daily living activities in 2016 (ADB, 2021).

3.2.2 State indirect paid care services for elders

According to the Law on the Elderly of Mongolia, several types of social welfare services provided by the government are the following indirect care support services. This includes:

Subsidizing the price of prosthetics, orthopedics and special equipment for the elderly. The Health Insurance Fund reimburses the cost of hand, foot, and tooth prosthetics bought or made for the elderly once every three years, and the cost of orthotics for auditory and visual functions and wheelchairs once every five years. Reimbursable prostheses and orthopedic devices are calculated based on standard prices approved by the Minister of Labor and Social Security.

In 2016, 32,377 senior citizens or 16.9 percent of the total senior citizens received this care, and 5.9 billion MNT were reimbursed for the cost of hand, foot, and tooth prostheses. Until 2019, the number of seniors receiving this care increased, and in that year 20.8 percent of all seniors, or 48,213 seniors, were compensated 8.4 billion MNT. However, in 2020, only 38,316 seniors received the benefit of refunding the cost of prosthetics worth 7.4 billion MNT (See Figure 7 in Appendix).

Discounts on vouchers for vacations and sanatoriums for the elderly. In accordance with Article 8.1.2 of the Law on the Elderly, the elderly have the right to spend up to 10 days at a discounted rate at a resort for the elderly. As of 2022, a total of 58 resorts and sanatoriums have received the right to host elderly citizens at discounted prices. Of these, 27 are resorts and 31 are sanatoriums. The daily price of a bed in these institutions is set at the same level of 30,000 MNT, of which 2/3 is paid by the government and 1/3 by the senior citizens themselves, for 7 days in resorts and 10 days in sanatoriums (See Figure 9 in Appendix).

Free travel around the country for urgent medical treatment for elderly people. For instance, in the event that an elderly person permanently resides in an area 1000 kilometers or more away from the capital city, then when he/she receives medical treatment and examination in the capital in government-funded specialized and general hospitals, the government will reimburse one-way transportation costs once a year. One-way transportation expenses for medical treatment and examination are reimbursed once a year for elderly people who live in places 1000 km or more away from the capital city. As of 2020, 2,283 seniors have received this assistance, and 323.8 million MNT have been spent from the social welfare fund for transportation expenses (See Figure 11 in Appendix).

Seniors eligible for discount on housing rent and fuel purchase. Financial assistance is given once a year to elderly who do not have dependent children, or whose legal guardian is unable to provide support and for Honorary Donors, to pay for housing and, if they live in a house without public heating, to buy fuel. In 2016, an average of 140,085 MNT was allocated per senior who was eligible for housing rent and fuel purchase discounts, but in 2020, it decreased to 138,834 MNT (See Figure 10 in Appendix).

Free travel by public transport in the capital and provincial centers. In 2017, it was approved for senior citizens to travel free of charge on public transport, except for taxis, in the capital and provincial centers regardless of local jurisdiction. The electronic card for free travel in public transport for the elderly is valid for 2 years and elderly people will be able to use public transportation for free for 2 years.

Age allowance for seniors aged 65 and over. Seniors aged 65 and over are given an age allowance financed by the state budget every year for the occasions of the Lunar New Year, the Naadam- National Holiday in July.

- 50,000 MNT for seniors aged 65-69;
- 80,000 MNT for seniors aged 70-79;

- 150,000 MNT for seniors aged 80-89;
- 250,000 MNT for seniors aged 90 and over.

In 2020, 22.8 billion MNT was given to 146,327 seniors aged 65 and over (*Labor and social security sector statistics - 2020*, <http://rilsp.gov.mn/>).

Assistance and relief for senior citizens. The government provides allowances and assistance to senior citizens who were awarded the titles Hero of Mongolia, Hero of labor, People's Meritorious awardee, State awardee, State decoration, veteran, State Udarnik, Veteran of the revolutionary movement, discussed and approved in the Constitution of Mongolia (1990-1992), deputy of the People's Great Khural, State Lower Khural. In 2020, the government provided financial assistance of 5141.9 million MNT to a total of 5504 veterans (*Labor and social security sector statistics - 2020*, <http://rilsp.gov.mn/>).

A pension collateral loan giving. A pension loan is a regular loan from a commercial bank for pension receivers when they can borrow future pension payments up to 10 months. As of December 31, 2019, 54.5 percent of all pension receivers had pension loans when retired people who receive pensions can borrow future pension payment at a moderate rate.

One-time benefit for senior citizen's loan waiver. The fifth president of Mongolia, H. Bat-tulga, made the decision to pay off the loan amount for senior citizens' pensions as a one-time payment. This benefit cancelled the loans of seniors with outstanding pension loan payments until December 31, 2019, and 1 million MNT cash benefits will be provided to seniors without loans. 421,100 seniors who received pensions according to the one-time allowance for canceling seniors' loans from the government were covered in the following two ways. The government did one-time cancellation of the loans of seniors who took loans from commercial banks, and the loans of 229,400 seniors with total bank loans worth 763.3 billion MNT were cancelled. From May 1, 2021, about 191,600 seniors who had no loans in commercial banks or who had paid off their loans were given 1 million MNT ²⁷.

In sum, thus, in 2020, the indirect or cash assistance services provided by the government to the elderly have been doubled compared to pre Covid-19 period. For a total of 309,555 elderly were assisted with cost of 76.9 billion MNT²⁸.

3.3. Paid care for people with disabilities

The main data sources on disability are from The Ministry of Health (MOF) and (NSO). The MOH compiles information about disability collected from the district and province hospitals where the Medical Inspection Commission (MIC) makes disability assessments. These data are disaggregated by type of disability, age group, and sex, and are used only internally. NSO routinely collects information about persons with disability (PWD) through a household booklet

²⁷<https://www.parliament.mn/nn/10401/>

²⁸Senior loan cancellation benefits are not included in the calculation.

and registry, household surveys, and the census. The household registry contains information for every household, including information on whether people have a disability, the type of disability, and whether it is congenital or acquired. Such information comes directly from the primary administrative unit (i.e., soum [district] or khoroo [urban subdistrict]) that receives assessments made by the MIC. The 2010 census collected the same information. Since 2012, simple questions about disability have also been captured in the Household Socio-Economic Survey (HSES).

The number of people with reported disabilities in Mongolia has been increasing by an average rate of 2 percent per year in the last 10 years, and as of 2021, the number of people with disabilities (PWD) in Mongolia has reached 106.1 thousand, accounting for 3.2 percent of the total population (www.1212.mn)

Based on a recent report by ADB, "Social assistance benefits for PWD include: (i) a social welfare pension for those who have lost 50% or more of their labor capacity; (ii) a caregiver allowance for single PWD or persons who need permanent care, including CWD; (iii) support for a person who needs permanent care; (iv) community-based social welfare services, including counselling and life training, funding for community groups, rehabilitation services, temporary shelter, and home-based care; and (v) 16 special entitlements, including financial assistance for fuel expenses, prosthetic devices, free transportation, communication allowance, etc" (ADB, 2019b).

ADB report (2019) points out that Mongolia has weak health and disability assessment services, particularly for children. In Mongolia, the classification and assessment of disability have largely been limited to adults. One in three children with disability (ages under 18) has never had an official disability assessment even though there are policy documents for such assessment. For example, according to the 2018 Social Indicators Sample Survey of Mongolia, the percentage of men and women aged 18-49 with at least one functional disability is 8.5 and 6.1, respectively. However, 5.1 percent of children aged 2-17 had difficulty with any of their abilities (ADB, 2019b).

As the number of people with disabilities and functional impairments increases, so does the demand for care services. In Mongolia, there are very few public and private sector organizations that provide care services for people with disabilities, and research shows that access to services and access to information is weak. A majority of Mongolian people with disabilities are unemployed and lack access to adequate health and social services. They are significantly more likely to be poor (ADB, 2019b).

The government provides policies to establish development and rehabilitation centers for people with disabilities, rehabilitate facilities for elderly people, and support prosthetics manufacturing.

3.3.1 Direct paid care services for disabilities

The number of people with disabilities in Mongolia has reached 106.1 thousand, and 8 percent of them are under 15 years old. (NSO, 2021). According to the research report based on the 2020 Population and Housing Census 2020 of NSO, children with disabilities have the desire to go to school, but in Mongolia, it is scarce to have the streets, squares, roads, public transport, buildings and educational institutions modified suitably for people with disabilities to freely travel without barriers, and have basic necessities such as stairs, toilets, chairs and tables be provided for disabled people. Moreover, the lack of special curriculum, materials, and manuals for students with disabilities limits the access to these services.

According to the pre school Education law, each class of a regular kindergarten can have up to 2 children with mild disabilities. Of the 1.9 thousand disabled children of preschool age, 78 percent are educated in kindergartens, while the remaining 22 percent are not educated in kindergartens (NSO, 2021). As of 2020, there are a total of 7.8 thousand children with disabilities aged 6-17 in our country. Mongolia has some specialized schools for CWD. The institutional care survey component of the PWDLCS identified six special schools and two specialized kindergartens, attended by 1,700–1,800 disabled students every year (ADB, 2019b).

Nursing homes for people with disabilities Although there are no special care homes for disabled children in the country, there are 2 specialized care centers - public institutions for disabled people. As mentioned in the Childcare section, according to the Family, Children and Youth Development Department, as of 2021, there are 1,031 children in 32 childcare centers, of which 7 percent or 76 children are disabled. As noted in the 'State paid direct care for elders' section, as of 2021, 296 people are cared for in 12 adult nursing homes in Mongolia, 96 people or 32 percent are disabled citizens. Seventy-eight percent of them, or 75 citizens, are cared for in nursing homes for PWDs. The average cost of a PWD in various nursing homes for PWD is 3,225,449 MNT.

Rehabilitation and development center for disabled children The Center for the Rehabilitation and Development of Children with Disabilities was put into operation in January 2019, and is aimed at early detection, diagnosis and rehabilitation of children's developmental delays and problems, prevention of secondary disabilities, community-based development, and support for their full and effective participation in social relations. The center has a daily capacity of 250 and 250 inpatient beds. Children with disabilities will be hospitalized for 14-21 days and appropriate aids /prosthetics, orthopedics/ will be produced. Outpatient operation of the center began on June 1, 2019, and inpatient treatment, day treatment and laboratory operations began on December 13. In 2019, more than 2,000 disabled children were provided outpatient services for 6 months²⁹.

²⁹RehabilitationanddevelopmentcenterfordisabledchildrenFacebook

Residential care centers ADB (2019) reports that ten residential institutions in Mongolia can accommodate persons who live in difficult circumstances and have no caregivers. Of these, only one center accommodates CWD, while national centers accommodate adults with disabilities (ADB, 2019b). Unurbul Center is funded by the central government and it serves children 2–18 years old who are full or half orphans, whose parents have had their parental rights restricted or removed, or whose parents are unable to care for their children due to mental illness. The institution aims to (i) protect every child and ensure a safe living environment, (ii) ensure children’s right to develop and to be protected, (iii) ensure inclusion, (iv) create opportunities to live and develop in a family or a family-like environment, (v) provide comprehensive child protection services by preparing children to lead adult and independent lives, (vi) provide rehabilitative care and development services to CWD, (vii) provide family-based social welfare optional and/or alternative services, and (viii) provide preschool education.

3.3.2 State paid indirect care services for disabilities

The government provides a care allowance of 84,500 MNT in 2016 and starting from 2020, 276,000 per month to a citizen who takes care of a single disabled person without children or relatives who could care for them. About 16,000 care takers receive the allowance. In addition, the government provides 60,000 MNT per quarter (or 20,000 MNT per month) to disabled citizens who need constant care. On the other hand, a monthly allowance of 188,000 MNT is given to children who need constant care. According to Figure 9 in Appendix, considering that it takes an average of 87 minutes per day or an average of 43.5 hours a month to care for a disabled person in the household, the hourly expenditure for caring for a disabled person is 6,344 MNT (1.86 USD)³⁰. $1 = 3100\text{MNT}$

According to the Law on the Rights of Persons with Disabilities of Mongolia, there are 14 types of social welfare services provided by the state, and the following services are included in indirect care activities. It includes:

1. Monetary assistance for housing rent for families with a disabled child up to 16 years of age who needs constant care, a blind, mute, deaf, dwarf citizen or a disabled person who needs constant care, and if they live in an apartment or house without central heating, once per year for the purchase of fuel;
2. 100% of the cost of prostheses for children and adults with disabilities once every three years;
3. 100% of the cost of special equipment such as orthopedics and wheelchairs once every three years;
4. Discount on the cost of transportation or provide bus services to and from kindergartens and schools for children with disabilities and their guardians and aides;

³⁰<https://www.parliament.mn/nn/10401/>

5. Discounts on communication costs for adults who are completely blind, deaf, or have a speech impediment;
 6. Reimbursement once a year for the following people who need to be treated at a domestic sanatorium, including transportation and room expenses calculated at the rate of a normal room for a citizen with health insurance, reimbursed at the percentage stated below:

[label=.]100 percent for children with disabilities; 50 percent for one citizen taking care of a child with disabilities; 50 percent for disabled citizens who do not have the right to receive discounts from the insurance fund for industrial accidents and occupational diseases.
- (h)** Priority nursing children of with disabilities in domestic sanatoriums;
8. 75% of the cost of transportation to and from the province to the capital or from the capital to the province for medical treatment or sanatoruim treatment for a totally blind person is reimbursed once a year;
 9. Reimbursement of travel expenses to and from the capital once a year if a disabled person permanently residing in an area 1000 kilometers or more away from the capital, comes to the capital for treatment and examination based on recommendations - supervision commission of specialist doctors of the general hospital of the province;
 10. Discount on the cost of meals for a child with a disability or a person who has lost his or her ability to work in domestic sanatoriums;
 11. Fifty percent discount voucher will be issued once a year if a disabled child spends time in a children's camp;
 12. Seventy percent of the treatment fee will be reimbursed if a child with a disability has undergone domestic hydrotherapy at the hospital's discretion;
 13. Free domestic delivery of letters, postcards, braille publications, parcels up to 10 kg written in braille by blind people, and free domestic delivery of equipment, equipment and materials for blind people;
 14. Based on the recommendation of the medical institution, the disabled person with impaired function of the pelvic organs shall be provided with necessary care and hygiene materials (See Figures 13, 14, 15 and 16 in Appendix).

The total amount of the above-mentioned benefits, and the number of people with disabilities who received the service are shown in the Appendix. As you can see from Figure 12 in Appendix, in 2020, 16,632 people with disabilities were granted benefits in 2020, with an average of 200,925 MNT per citizen per year.

3.3.3 Market provided paid care services for those with disabilities

Information about specialized care services provided by private sector for people with disabilities is rare. For example, recreation and sanatoriums provide services to a small number of mildly disabled people (in some cases with their caregivers). In an interview with a recreation and sanatorium business owner, it was mentioned that some organizations serve disabled children free of charge or at a reduced price for the sake of social responsibility. On the other hand, it is often impossible to serve people with developmental disabilities because there is no infrastructure (no access to suitable buildings and facilities) (See Figure 15, 16).

We interviewed a 70 years old, unmarried, female who was receiving care in privately run care/nursing center in Bayanzurkh district of the capital city of Ulaanbaatar, named "Achal Achlal Nomuun". She was receiving care because she felt and injured herself 2 months ago in Arkhangai province center where she does live. She was in emergency room and rural hospital for 9 days. Her nephews brought her to the capital city and cared for her but decided that more professional care is needed for their aunt and paid for the stay in care/nursing center. Private care centers with additional nursing aid are in shortage

Box 2.

When a researcher asked her to describe her typical day in this facility, a **care receiver** answered the following: I woke up at 8 am on Sunday. I had my breakfast and began my treatment. Breakfast takes about 30 minutes. It was around 10 am when it was over. And my medical treatments began after 10 am. I can not get up on your own. Care givers have been helping me with washing and everything for the past 10 days. They have a really nice chair meant for showering. I took a shower as I sat on that chair. I wasn't able to take a shower since I was injured you see. Both of my feet are wounded. They clean those wounds, put ointments on them, and wrap them up. Your body just feels lighter after a shower you know.

I also take some pills. After my treatment, lunch was at 1 or 2 pm. They bring it to me. The people who are able to eat at the big table. Since I can't, I eat on my bed. Food is lovely. We can choose our own lunch. When they asked me what I wanted for lunch, I said soup with handmade noodles. But they made handmade noodle soup of bone broth from scratch. It's true dedication. They give us vegetables too. Food is different every day here, so we don't eat the same old thing all the time.

After lunch, I would get some leftover treatments if there are and take a nap. I said I received care but the doctors here informed me that I wasn't receiving nursing-like care, I just had a companion. Now that I think about it, I never got out of bed. My bed had a pot installed into it where I could do my toilet business. So I don't even have to leave the bed. But coming here, it feels great. Everyone is here together like doctors, nurses, and janitors. There are two girls that change shifts. When everyone leaves for the night, the two girls sleep over here and leave in the morning. Very nice. If I need shots during the night, they administer it. Places like this are very rare. Dinner is at 6 or 7 pm. Afterwards, I watch TV. They put a TV in front of me.

For toilet, if I have to defecate, I call the girls over and sit on the chair with a hole and they put a pot under it. Besides watching TV, I play cards and I get pain reliever shots. When I get the shot, I sleep through the night. When I was home, I was unable to lie on my back you see. This muscle twitched every time I lay back so I slept in this sitting position for 2 months. I'd lean on a pillow placed on the table. After coming here, I began to receive pain- relieving shots and became able to lie back and sleep. This treatment is very suitable for me. About 10 pm, I go to sleep. I won't wake up after that.

Researcher: Who made the decision for you to stay at this Achal Nomuun center? Who is taking care of you in general?

Care receiver: My nephews and niece. They enquired about and found this place. That's how I came to be here. They made the decision.

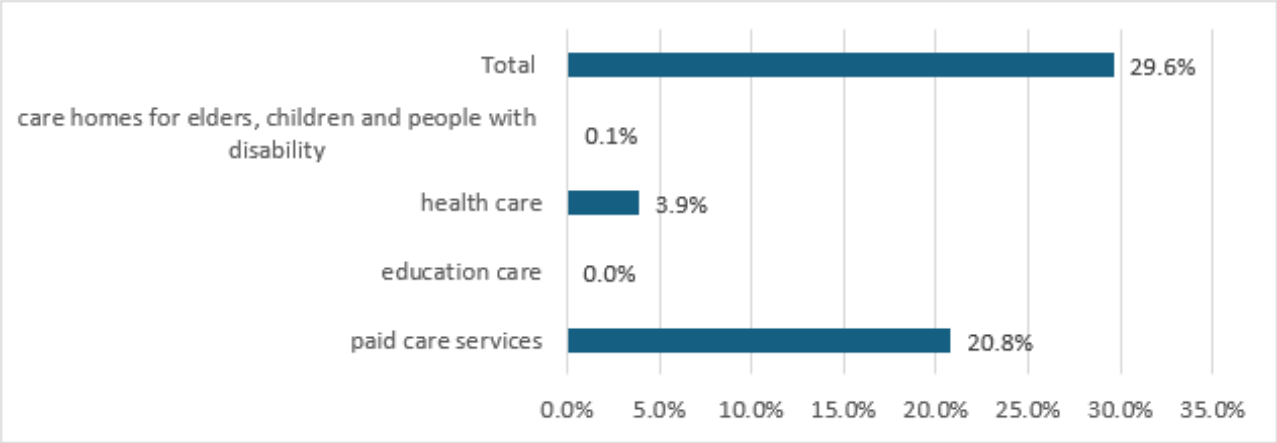
Source: From interviews conducted by the research team in 2024.

As of 2020, the number of children with disabilities who attended children's camps and received discounts from the government is very few, only 99 (See Figure 15 in Appendix). According to

the relevant law, the government has to pay 50% of the cost of children’s summer camp, so the market earned 31.9 million MNT by providing recreation services for children with disabilities. Therefore, it costs 319,600 MNT for each disabled child to receive recreation services for 7 days. However, it should be noted that this number is only for the number of children who received a discount. In addition, in 2020, 4,886 individuals with disabilities (children and adults) who received nursing services are given discounts by the government (See Figure 16 in Appendix).

According to the relevant law, the state pays 100 percent of the cost of treatment for a disabled person once a year (at the price of a standard room). In 2020, the government paid about 13.6 billion MNT to care givers for caring for disabled family members (See Gifure 12 in Appendix). The research team had analyzed the central government budget expenditure for 2021 and estimated what percentage of paid care services were financed by the central government budget expenditure (See Figure 3 below).

Figure 3. Paid care service financed by the central government budget in 2021 (as a percentage of the budget)



Source: Research team estimation based on the 2021 government budget statistics. [www. 1212.mn](http://www.1212.mn)

Figure 3 illustrates that about 30 percent of the central government budget in 2021 was spent on care services including education, health, and directly paid cash allowance (20.8 percent) and financing care homes for elders, children and people with disabilities. Boldbaatar, Banzragch, & Dandarchuluun, (2023) have estimated that about 30 percent of the central government budget in 2021 was spent on care services including education, health, directly paid cash allowance and financing care homes for elders, children and people with disability (See Figure 3).

Part 4. Mapping the unpaid care system in Mongolia

In order to analyze unpaid care work in Mongolia, we consider three questions. Who are the carers? Where does the care happen? We consider the three questions for each group of care recipients and aim to identify the current situations along with the related literature and the data availability of estimating the unpaid care work.

As shown in Figure 4, in 2000, men and women aged 12 and older in Mongolia spent 16 and 45 minutes respectively per day on unpaid care work, which means, women spend 2.8 times more time on unpaid care (NSO, 2001). Over time, women's time on unpaid care work increased to 54 minutes in 2007, 67 minutes in 2019 and 65 minutes in 2023. Since 2000, men's time on unpaid care work increased from 16 minutes in 2000, to 23 minutes in 2015 and 30 minutes in 2023. Men do care work, but at lesser degree. Actually they spend 2.7 times less time compared to women in 2007, 2.2 times in 2015, 2.68 times in 2019 and 2.1 times in 2023.

As ILO (2018) reports, the majority of unpaid care work in nearly all societies takes place within households, most often provided by women (See Figure 4).

Figure 4. Time spent on unpaid care work in Mongolia, by gender



Source: NSO. (2000). Report on pilot TUS in Mongolia. NSO (2024). Report on TUS 2023.

Urban Mongolians spend more time than rural residents on it (See Figure 20 in Appendix). And these differences are statistically significant. If we look at the time spent on unpaid care work per day by location, it is 30 minutes for people living in rural areas and 57 minutes for people living in urban areas in 2023 (NSO, 2024). In 2023, urban Mongolian women spend 1.9 times more time on unpaid care work than rural women on unpaid work, and urban men spend twice as much time on unpaid work than rural men.

The time spent on unpaid care work tends to increase as the level of education increases, and this trend is especially profound for mothers. Figure 17 in Appendix shows that the time spent on unpaid work by a person with no education is 1.5 times lower than that of a person with a bachelor's degree or higher in 2019. College educated females spend 306 minutes per day on unpaid work, whereas college educated men spend about 141 minutes or 2.2 times lower time in 2019. In 2023, this ratio stays the same. In 2023, college educated women and men spend

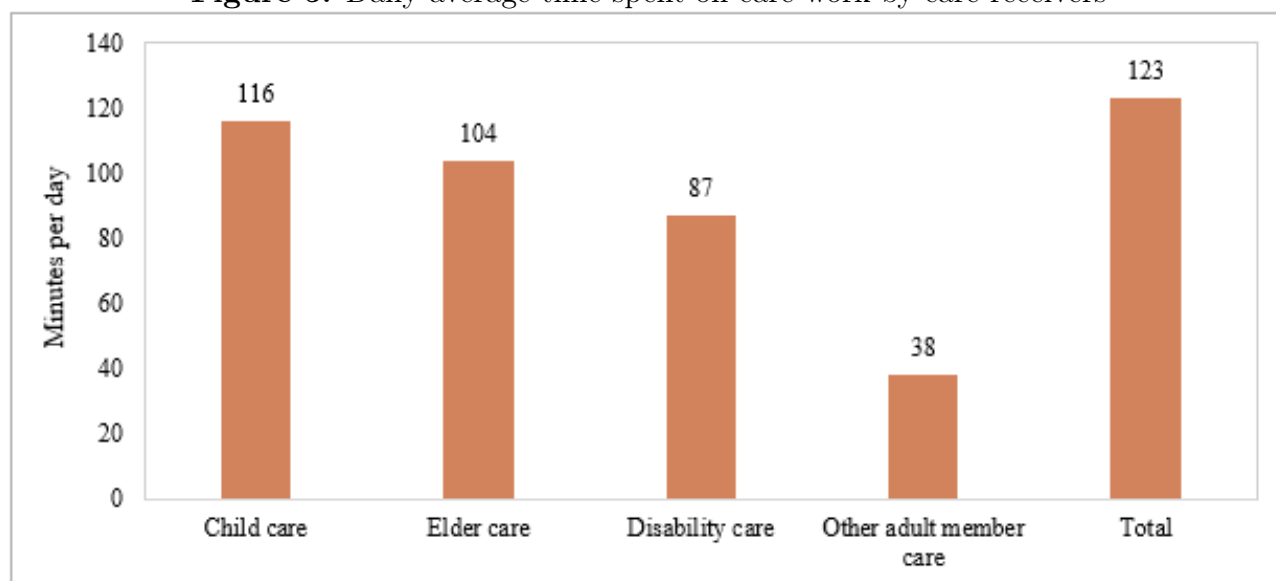
81 and 38 minutes respectively on unpaid care work. About women with no education or with primary education spend 37 minutes, and men with no education or with primary education spend 16 minutes per day on unpaid care work (NSO, 2024). Educated women spend more time on unpaid care work.

These results, where urban people and more educated people spend more time in unpaid work than rural and less educated people, are contradicting with what is found in many other countries. We think this might be because rural people spend a lot of time in herding activities, which are counted as "paid work." Moreover, urban people need to spend time shopping and on travel due to the traffic jams in their capital city that rural people do not. And rural people need to spend a lot of time on their animals, leaving less time for unpaid house and care work. This finding is consistent with the research conclusion in the case of Tajikistan (Meurs, Slavchevska, 2013). Meurs and Slavchevska (2013) found that when rural women had more opportunities to do agricultural work, they spend less time on care work.

Usually, married individuals should spend less time on unpaid care work compared to married people. Married adult individuals in Mongolia spend 223 minutes, unmarried 134 minutes, and divorced, separated individuals spend 227 minutes per day on unpaid work. If you look at gender, married women spend 314 minutes per day, while married men spend 123 minutes per day on unpaid work. Unmarried men spend 90 minutes, while unmarried women spend twice as much, 187 minutes (See Figure 18 in Appendix). Married women spend the most time on unpaid care work compared to all groups, and unmarried men spend less time.

Compared to the 2011 and 2015 situation, in 2019 the share of care work has increased faster than volunteer work. The report also shows, and this is illustrated in Figure 19 in Appendix, that adults spent an average of 123 minutes per day doing unpaid care for family members, but the most of the time is spent on childcare (116 minutes), 104 minutes on caring for an elderly person, 87 minutes on caring for a disabled person, and 38 minutes on caring for other adults in the household (NSO, 2020a).

Figure 5. Daily average time spent on care work by care receivers



Source: Researchers' calculation from Time Use Survey 2019 data, NSO of Mongolia

Not only more educated women shoulder the most of the unpaid care work, employed women spend more time (41 minutes) than employed men (25 minutes) per day on unpaid care work. Unemployed women spend 89 minutes, whereas unemployed men spend 35 minutes in 2023 (NSO, 2024)

An interesting finding is here, while women are more likely to provide care to children, men are more likely to provide care to elders. Moreover, some adults answered that they do perform double duty of caring for several family members daily (See Table 8 in Appendix). Most of them take care of children at the same time as care for other family members and 70 percent of individuals who have double care are women.

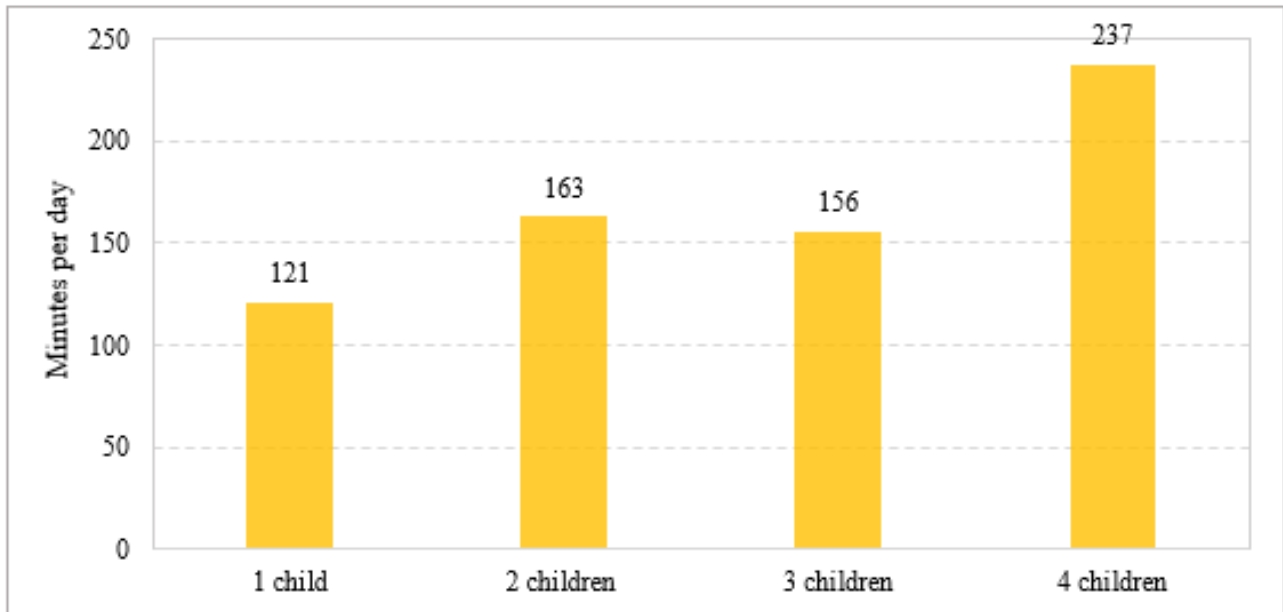
Part 5. Unpaid childcare

Unpaid child care is the most sizable part of the unpaid care service in Mongolia. MTUS 2019 has a sample of 2,533 care givers, and we have estimated that the largest group of care receivers is children. (See Figure 4 and Table 1). Using MTUS 2019 data, Boldbaatar, et al (2025) have estimated that about 46 percent of the adult population and 32 percent of children aged 12-17 years is involved in childcare which means children are the second largest group of caregivers (Boldbaatar, et al 2024).

NSO reports that urban Mongolians spend an average of 134 minutes per day, and rural individuals 106 minutes per day on childcare (NSO, 2020). Looking at the time spent caring for children aged 0-5 years by care givers' age group, 12-17-year-olds spend an average of 83 minutes per day, while 18-22-year-olds spend 140 minutes per day (Boldbaatar, et al 2024). People aged 23-60 spend 118 minutes per day on childcare. But those over 60 years old spent

111 minutes on childcare. Childcare involves people of all ages, takes a lot of time, and makes up the largest share of caregiving work. Figure 5 shows the amount of time spent on unpaid care for 0-5 year olds, who require the most care, by number of children in a household. For 1 child aged 0-5 years, care takers spend on average 121 minutes per day, 163 minutes for 2 children. But for 4 children of this age, 237 minutes or about 4 hours per day are devoted to childcare (See Figure 6).

Figure 6. Daily time spent on unpaid care work by care givers for children aged 0-5, by number of children in household



Source: Researchers' calculation using MTUS 2019 data.

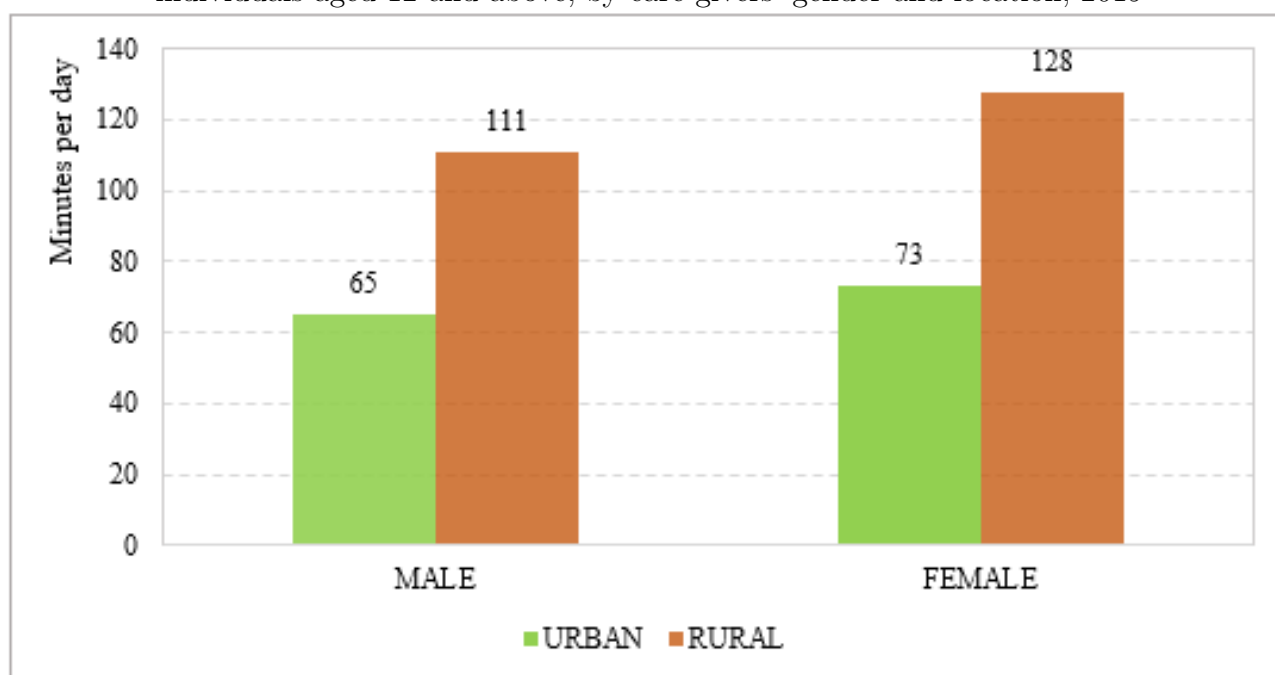
Women spend more time on their children aged 0-2 years (an average of 169 minutes per day), than on their children aged 3-5 years (on average about 35 minutes per day). On the other hand, men spend more than 90 minutes taking care of children aged 0-2 years and 3-5 years old.

5.1. Unpaid care of the elderly

When looking at the time spent caring for an elderly person, by gender, again women again spend more time than men. In 2019, women spend 108 minutes on elderly care per day, while men spend 96 minutes.

By location, people living in rural areas spend 51 minutes more time caring for an elderly person than people living in urban areas. An urban male spends an average of 65 minutes per day, and a rural man spends 111 minutes on elderly. Similarly, urban women spend 53 minutes less on caring for an elderly person than rural women. When we look at the TUS 2019 raw data, urban people spend more time on unpaid care compared to rural people, but when people care for elderly, rural men and women spend more time than urban men and women. (See Figure 7).

Figure 7. Daily time spent on unpaid care work for an older household member by individuals aged 12 and above, by care givers' gender and location, 2019



Source: Researchers' calculation using MTUS 2019 data.

Figure 7 illustrates that rural women spend 1.75 times more time than urban women, 2 times more time than urban men on caring for elderly. Herders women spend their time on taking care of animals and caring for other family members. We interviewed an unpaid care taker in Khentii province, a 62 years old, married, herder woman who takes care of her mother-in law who is in her 80s (See Box 3).

Box 3.

Researchers from the National University of Mongolia visited this family during a very harsh, cold winter, in February, 2023. Her husband tends sheep and goats, she helps to her husband, but mainly takes care of elderly mother-in-law. This household suffered a huge loss of their herd, lost about 50 percent of herd.

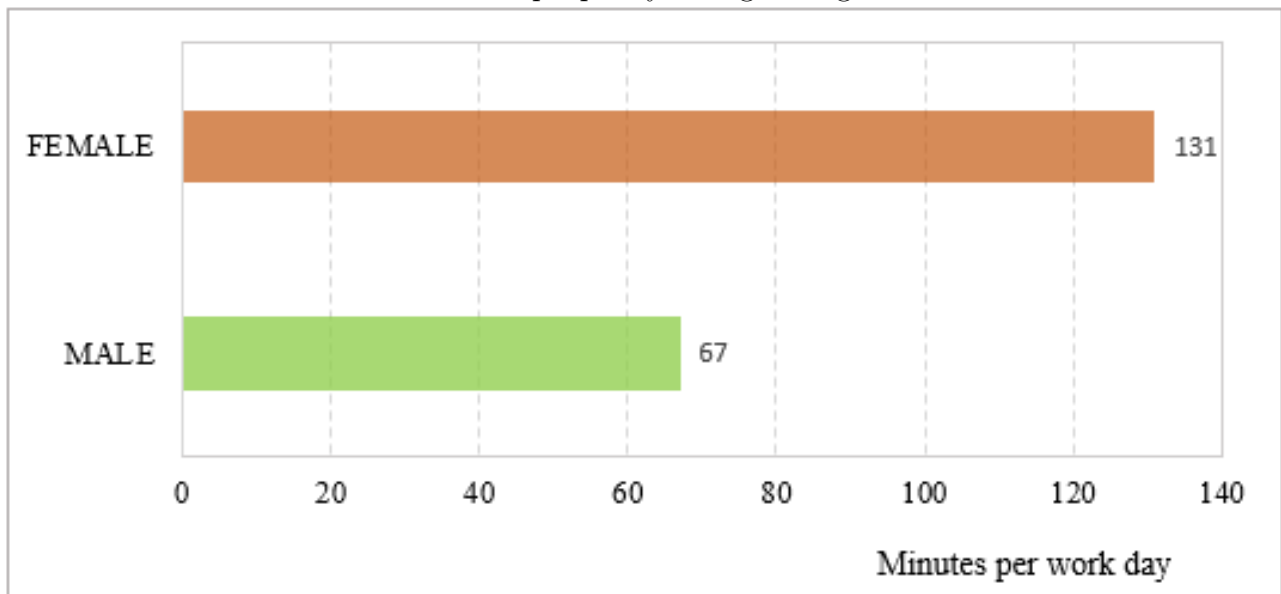
Daughter-in-law, Jargal says that the mother has high blood pressure, and there are no underlying diseases or anything. During winter, we need to keep our ger warm and cook hot tea and soup. Women's work is never-ending I bring wood, from outside, bring water from a well. I heat water, cook. After meals, I wash everything. During winter time, for caring for old person, is to make sure they are warm. We can't find anyone to help out. My husband is dealing with the animals all by himself. Our goats and sheep are weak, are staying in the spare ger. We are trying to make sure they don't die. Now, after winter, spring comes. Springtime is long and the livestock won't have anything because of exhaustion.

Source: From interviews conducted by the research team in 2024.

5.2. Unpaid care for people with disability

Like other unpaid care work, the most of work of caring for a disabled person is done by family members. The MTUS 2019 report estimates hours spent caring for an elderly, sick, or disabled adults, but does not specifically estimate how many hours are actually spent caring for a person with a disability. Therefore, we selected households with disabled members and made calculations. An individual over the age of 12 spends an average of 87 minutes (Figure 8) on caring for a disabled family member, and women spend twice as much time as men.

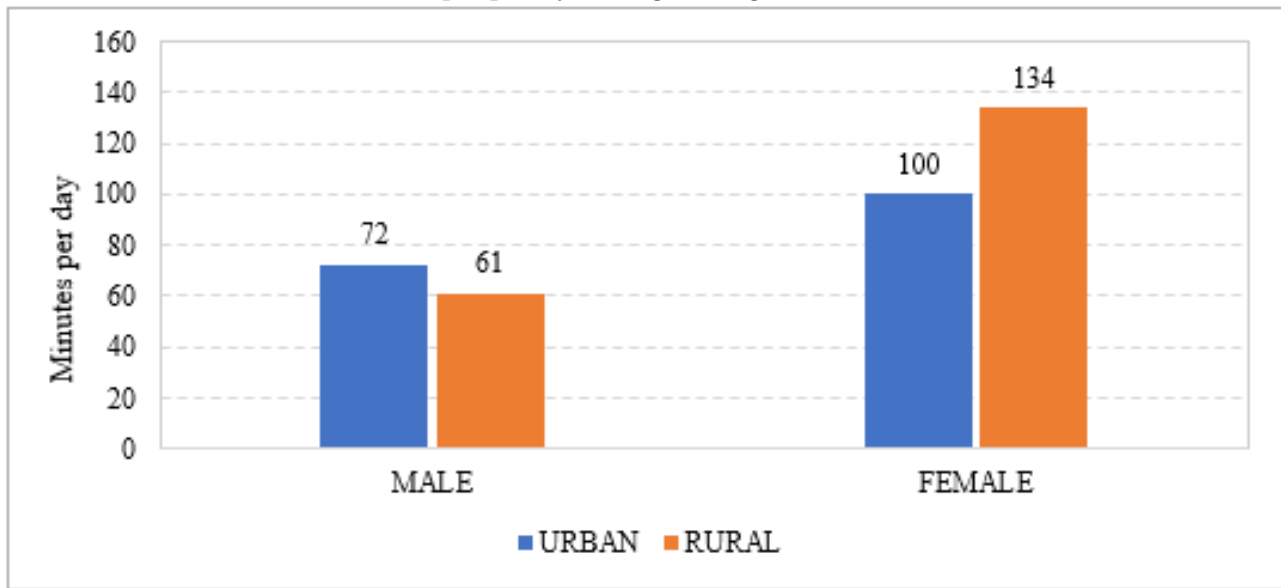
Figure 8. Daily time spent in minutes on unpaid care work by individuals aged 12 and above for disabled people by care givers' gender



Source: Researchers' calculation using MTUS 2019 data.

By location, more time is spent on care work for people with disabilities living in rural areas. Rural women spend more than half an hour more time caring for a disabled person in the household than urban women, while urban men spend more time caring for a disabled person than rural men (See Figure 9).

Figure 9. Daily time spent in minutes on unpaid care work by individuals aged 12 and above for disabled people by care givers' gender and location



Source: Researchers' calculation using MTUS 2019 data.

Figure 8 illustrates that rural women spend 1.34 times more time than urban women, 2.2 times more time than rural men on caring for disabled people including adults and children. Herders women spend their time on taking care of animals and caring for other family members.

We interviewed an unpaid caregiver in Khovd province, a 49 years old, married, herder woman named Burmaa. She has 8 years of schooling. Burmaa has 3 children, elder daughter who has two daughters aged 1.6 and 3 years, son who is a college student, who studies in the capital city, and 7th grade student daughter who study in soum (sub-province) public school with a dormitory. She takes care about 300 sheep and goats and about 30-35 cattle. At the same time, she takes care of her husband, who had stroke in 2018 in her ger and two of her granddaughters who are 1.6 and 3 years old.

The MTUS 2019 uses the 2016 updated version of the ICATUS developed by the UN Statistics Division, which is a rich source of information for studying care work. However, there are the following disadvantages. Care giving time and caring activities are dependent on the type of care receiver (adult, child, elder, person with disability). In MTUS 2019, cases of caring for elderly and people with disability were limited, and perhaps not enough to understand care for those people. Further, the information about caring for the elderly and the disabled person in the household was lumped together, complicating the analysis. Better data is needed to distinguish care giving and care receipt of children and elderly people some of whom both give and receive care.

Box 4.

Her husband is over 60 and had a stroke on October 18th, 2018 when he was herding his livestock in the fields. Now his left arm cannot function, and one of his eyes is blind too. Now he go to the toilet by himself, but he couldn't do it before. He had another stroke on May 6th, 2023. In October 2018 and January 2019, she spent 3 months in Khovd Province's Hospital. He was in a coma. Now he has speech difficulty. He cannot wear his clothes. He cannot see properly. She dresses him and bathe him. She helps him wipe his behind and pull up his pants.

She washes his clothes, cooks and helps him to eat. She prepares meals and tea for him and girls. 3 years old girl helps to her small sister who is 1.6 years old. Their mother left them for Burmaa's care for a short period. Burmaa hopes that she will come soon. Washing their clothes is difficult for Burmaa, since she needs to bring water by herself and will heat it on the furnace. She bathes them all, and it is difficult.

She is taking care of sheep, goats, cattle and as well as takes constant care of her husband and two small girls. For summer time, her son and daughters will come from school, they help her greatly. Sometimes she gets stressed and be angry at times.

Source: From interviews conducted by the research team in 2024.

Researchers have estimated the size of unpaid care sector in many countries using King et al. (2021) measured the unpaid care sector in Mongolia based on the Time Use Survey (TUS) 2015, and estimated that unpaid care work done by the population over 15 years old was equivalent to 17 percent of the GDP. Using the MTUS and LFS of Mongolia, Uran-Ulzii (2023) calculated that unpaid care work of people over 15 years of age equaled 8.2-15.3 percent of GDP in 2019, depending on the methodology and wages used. Based on King et al., (2021) and Uran-Ulzii (2023) estimates, the unpaid care sector is about 17 percent in 2015 and 8.2-15.3 percent in 2019 which is the sector stands on the second place after mining sector which contributes 25.3 percent of GDP in 2021. These measures are in the low end of estimates for other countries. Uran-Ulzii (2023) reviewed the research literature on estimating unpaid care work in developed and developing countries, finding the sector' size is in the range of 14-39 percent of GDP in their developed countries, whereas it is about 10-47 percent of GDP in developing countries.

Conclusion

This report maps the paid and unpaid care work in Mongolia using the data including the MTUS 2015, 2019, LFS 2018, HSES 2018, health, and education statistics at the NSO information platform on www.1212.mn, and data and reports published by the MoH, MES, MLSW of Mongolia and international organizations such as ADB, UNDP, UNRISD, WB, UNESCAP and individual researchers.

In sum, this research attempts to map out the size and shape and measure the paid care sector based on the most available data in Mongolia for the first time. As seen, there is little

information about paid childcare services, private, in-home services, the only available information source is public data which is not fully maps paid care. In addition, when studying the information about "fees for hiring a private babysitter" from the 2019 NSO data on Labor Force Survey, there were only 8 households who answered that they pay to a babysitter. Although there is a paid childcare service privately offered, in-home service in the country, the scope is unknown and there is no research in this direction. Moreover, there is a lack of information about paid in-home care services for the elderly and disabled as well. There is a need for detailed research on in-home paid care for the elderly, children, and disabled people.

Estimating total costs of childcare, elderly care and care for the disabled in monetary terms is essential for developing policies to support the welfare of care receivers, and for understanding macroeconomic implications of changes in the care sector. Using the central government budget spending data, raw data from the LFS 2018 and the HSES -2018, we estimate the approximate size of paid care sector financed by the government and households in Mongolia based on the the paid direct and indirect cash and service transfers' statistics. All elders have a pension, and there are provisions for support for elders and disabled people who cannot be cared for by their families. All children under 18 years receive monthly child money assistance. There is significant government direct and indirect support for child care. Researchers estimated that about 30 percent of the central government budget in 2021 was spent on care services including education, health, directly paid cash allowance and financing care homes for elders, children and people with disability (Boldbaatar, Banzragch, & Dandarchuluun, 2023). We identified the data gap for measuring paid care. No information was available on paid care for children 0-2, whether there is any such care in the rural area, the in-home paid care, community-paid care services, and administrative data should be more disaggregated by the type of care.

For unpaid care work, Mongolian women spend 1.5 times less time on paid work than men but 2.4 times more time on unpaid work. Urban men, women, children aged 12-17 spend more time on unpaid care than rural men, women and children aged 12-17 years. Unusually, urban and more educated people do more unpaid care, likely because of the time high demands of herding, as well as the significant amount of time urban dwellers spend in indirect care activities including shopping and travel. However, the latter spend more time on unpaid elderly care compared to the former. Mongolia has relatively good data for examining the care sector, but faces limitations on understanding paid care for elders and disabled people, particularly the extent of *informal* paid care, and also informal paid care for children 0-2. In addition, no information was available on the community-paid care services.

Improved data is important is needed, as estimating spending on childcare, elderly care and care for the disabled in monetary terms is essential for supporting the welfare of care receivers and for understanding the macroeconomic implications of changing care needs and provision. In sum, a mapping unpaid care work sector in the country concludes with concrete estimates of the sector. Based on King et al., (2021) and Uran-Ulzii (2023) estimates, the unpaid care sector is about 17 percent in 2015 and 8.2-15.3 percent in 2019 which is the sector stands on the

second place after mining sector which contributes 25.3 percent of GDP in 2021 (NSO, 2023). In sum, the care economy of the country, including paid and unpaid sectors, is about 41-45 percent of GDP.

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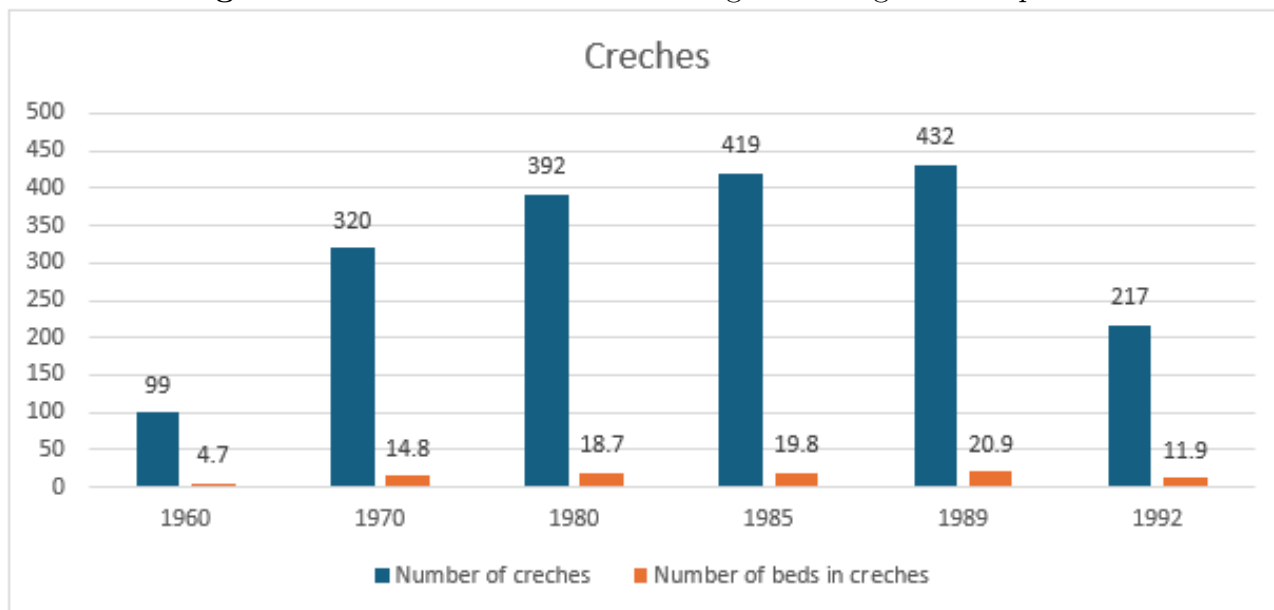
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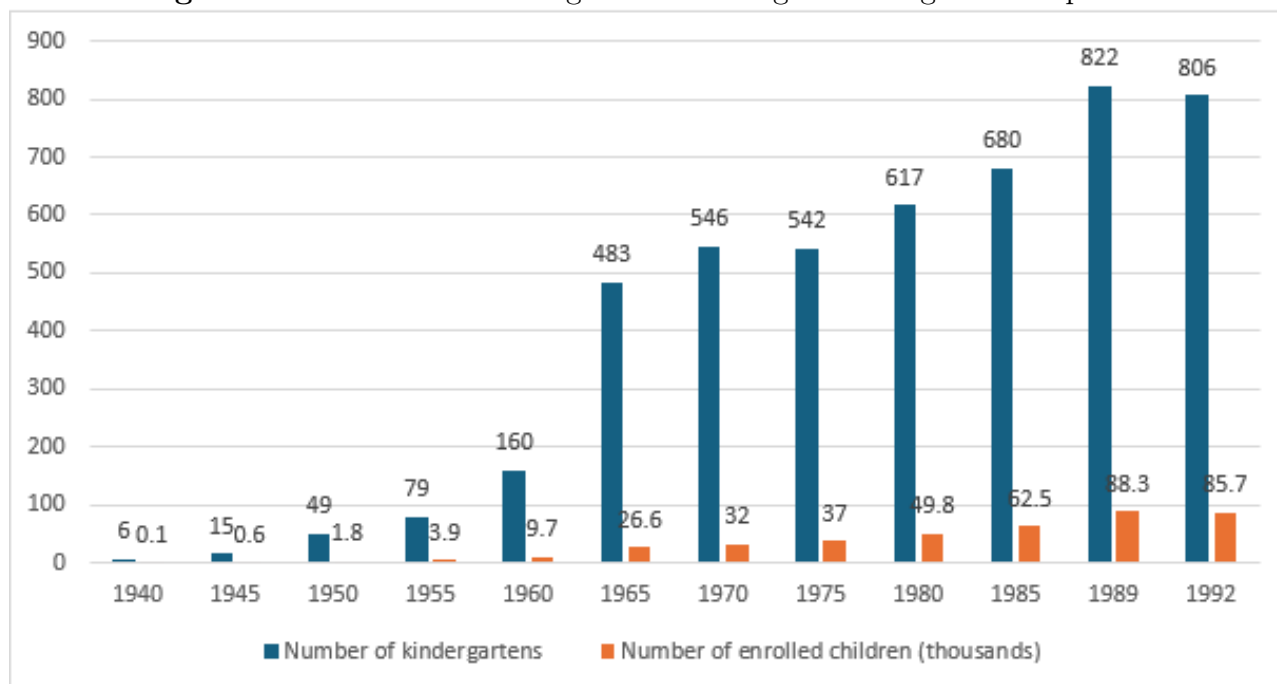
Appendix

Figure A1. Number of creches in Mongolia during socialist period.



Source: NSO open data platform 1212.mn. Retrieved from https://www2.1212.mn/tables.aspx?tbl_id=DT_NS0_0100_01TT08&t1_select_all=0&t1SingleSelect=_1_2_3_4_5_6_7&YearY_select_all=0&YearYSingleSelect=_1989_1985_1992_1980_1975_1970_1965_1960_1955_1950_1945_1940&viewtype=table

Figure A2. Number of kindergartens in Mongolia during socialist period.



Source: NSO open data platform 1212.mn. Retrieved from https://www2.1212.mn/tables.aspx?tbl_id=DT_NS0_0100_01TT08&t1_select_all=0&t1SingleSelect=_1_2_3_4_5_6_7&YearY_select_all=0&YearYSingleSelect=_1989_1985_1992_1980_1975_1970_1965_1960_1955_1950_1945_1940&viewtype=table

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Table 1: Laws related to social insurance, social protection, welfare and care in Mongolia

#	Laws related to childcare	Laws related to elderly care	Laws related to care for persons with disability
1	<i>Law on the Rights of the Child</i>	<i>Law on the Elderly</i>	1994: Law regarding pensions, benefits, and payments stemming from industrial and occupational accidents (This law was amended and supplemented in 2000, 2004, 2008, and 2021)
2	<i>Law on Child Protection</i>	1995: Law on discounts and services provided for senior citizens	2005: Law on social protection of people with disabilities (This law was amended in 2016, 2021)
3	Family Law	2005: Law on Social Protection of Senior Citizens	<i>Law on Human Rights of Persons with Disabilities</i>
4	<i>Law on Childcare Services</i> (This law was amended and updated in 2015, 2016, 2017, and 2021)	2008: Law on monetary benefits given to senior citizens with titles, orders and medals	<i>Law on Employment Promotion</i>
5	<i>Law on Vocational Education and Training</i>	2017: Law in regards to senior citizens	<i>Law on Vocational Education and Training</i>
6	<i>Law on Promotion of Youth Development</i>	2020: Law regarding one-time payment of citizen's pension loan payment by the state	Labour Law
7	<i>Law on Incentives for Mothers Giving Birth to and Raising Many Children</i>	2023 Law on Social Insurance	<i>Law on Social Insurance</i>
Continued on next page			

Table 1 continued from previous page

#	Laws related to childcare	Laws related to elderly care	Laws related to care for persons with disability
8	<i>Law on allowances for single mothers and fathers with many children</i>	Law on Pensions and Benefits Provided by the Social Insurance Fund	Law on Repayment of Pension Insurance Premiums of Herders and Self-Employed Persons
9	<i>Law on Child Money</i>	Law of Individual Pension Insurance Contribution Accounts	Law of Individual Pension Insurance Contribution Accounts
10	<i>Law on Preschool education</i>	Law on Pensions, Benefits and Payments from the Social Insurance Fund in the case of Industrial Accidents and Occupational Diseases	Law on Pensions, Benefits and Payments from the Social Insurance Fund in the case of Industrial Accidents and Occupational Diseases.
11	<i>Law on Primary Education</i>	Law on Repayment of Pension Insurance Premiums of Herders and Self-Employed Persons	
12	<i>Law on Social Welfare</i>	<i>Law on Social Welfare</i>	<i>Law on Social Welfare</i>
13	<i>Law on General Education</i>	Law on State Allowances and Benefits for the Elderly with State Merit	
14		Law on Regulations on compliance with the Law on Amendments to the Law on Pensions and Benefits for Military Servicemen	
15		Law on Pensions and Benefits for Military Servicemen	
16	National Programs		
17	National Program of Action: for Development and Protection of Children 2002-2010	the National Program on Support of Families 2001-2016,	National Program on Healthy aging, elderly health 2021-2026.
Continued on next page			

Table 1 continued from previous page

#	Laws related to childcare	Laws related to elderly care	Laws related to care for persons with disability
18	National Program for Child Development and Protection 2017-2021.		

Source: Research team narrative from www.legalinfo.mn

Table 2: Social protection and welfare programs funded by the government of Mongolia.

#	Program Name	Description
1	Social welfare pension. As of 2022, 65.6 thousand people have received social welfare pension from Social Welfare Fund on a monthly basis	Social welfare pension: Men aged 60 and above, women aged 55 and above Disabled persons 16 years old and above Persons with disability who is 16 years old and lost working capability 50 percent and more
2	Social welfare benefit. As of 2022, 65.9 thousand people have received this benefit on a monthly basis	5 types of care benefit: Caregiver who lawfully adopts or cares fulltime for orphan children, Person who cares for a child survivor of violence at home who needs mental and physical protection Person who care for persons with disability and single elder person at home who has no sibling to share the care. Person who cares for an elderly person or people with disability at home who needs permanent care or is under medical monitoring
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#	Program Name	Description
3	Social welfare benefit As of 2022, 63.4 thousand people have received this benefit. This benefit is provided on a quarterly basis for caregivers and on a monthly basis for those who require permanent care.	Cash assistance for livelihood support: Citizen aged 16 and above who needs permanent care; Children aged 0-16 who need permanent care
4	Social benefit for elderly people. As of 2022, 316.5 thousand people have received cash assistance and discounts.	6 types of benefits under the Social Welfare Fund: Reimbursement of payment of artificial arm, leg, teeth, hearing device, that is purchased or manufactured in domestic market, once in every 5 years. 50 percent discount of payment for Elder Persons' Spa and Sanatorium visits. Reimbursement of one-way transportation fee if staying at a Spa and sanatorium Reimbursement of one-way transportation and 100 percent reimbursement of payment for domestic spa and sanatorium if honored blood donor and elders.
5	Social benefit for elderly people As of 2022, 168.2 thousand people have received this benefit which is paid twice a year.	Age benefit for elder people is provided twice a year for 4 different age interval: - MNT 50.000 for elder aged 65-69 y/o - MNT 80.000 for elder aged 70-79 y/o - MNT 150.000 for elder aged 80-89 y/o - MNT 250.000 for elder aged 90 and above
6	Social assistance for people with disability: As of 2022, 54.4 thousand people with disability have received this assistance.	16 types of assistance and discounts: Assistance for the payment of monthly cost of accommodation for disabled and persons with complete visual impairment and person with disability in need of permanent care, or payment to purchase heating fuel if the person stays in accommodation that is not connected to a central heating system.
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#	Program Name	Description
7	Social assistance for people with disability	Persons with disabilities under age of 18 as well as persons with disabilities who do not qualify for a discount under the Social Insurance Fund will be eligible to get a discount to purchase and get manufactured prosthesis from domestic market.
8		The cost of transportation to and from the kindergarten for a child with disability and his/her guardian or supporter will be discounted once a year, or bus service will be provided
9	Discounts for people with disability	Discount on communication cost for person with complete visual impairment
10		Discount on payment of domestic spa and sanatorium and transportation cost.
11		A one-way transportation fee will be paid once a year if a person with a disability who permanently resides in an area 1000 km or more away from the capital to come to the capital for treatment and examination by the decision of the inspection commission of specialist doctors of the general hospital of the province.
12		Reimbursement of 50 percent for children with disability staying at camp.
13		70 percent of the treatment fee will be reimbursed if a child with a disability receives hydrotherapy which has been prescribed by the hospital.
14		Letters, postcards and braille publications written in Braille for the blind are sent domestically free of charge for parcels up to 10 kg, and equipment, equipment and materials for the blind are delivered domestically free of charge.
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#	Program Name	Description
15		In the event of the death of a child with a disability and person with disability who is not entitled to receive a funeral grant from the Social insurance fund, a funeral grant will be provided.
16	Benefits for mothers and fathers As of 2022, 283.2 thousand people have received this benefit on a monthly basis.	"Mother and father with salary" program - MNT 50.000 provided to mothers and fathers who took care of their children under age of 3 on a monthly basis.
17	Benefits for mothers and fathers	Allowance for twins: Lump sum allowance for twins is MNT 1,000,000 or \$312, for triplets it is MNT 3,000,000 MNT or \$937;
18	Benefits for mothers and fathers	An allowance of MNT 420.000 will be provided to single parents with 3 and more children under 18 years old on a quarterly basis.
19	Benefits for mothers	Maternity benefit MNT 40,000 will be provided to pregnant women from 5 months pregnancy until birth
20	Allowance and discount for honored elders awarded with state medal As of 2022, 4.4 thousand people received this allowance on a monthly basis.	5 types of allowance for honored elders: Elders awarded with Mongolian hero medal, Labor hero, people's award.
21		Veteran elder, spouse of war warrior deceased at battlefield, State Honored and Honored Artist, pioneers of historical revolution, former parliament members who has participated to discuss and approve the Constitution
22		Reimbursement of payment for domestic spa and sanatorium and two-way transportation cost.
23		Payment for monthly cost of apartment, or allowance to purchase heating fuel once a year if the elder stays at a place not connected to central heating system.
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#	Program Name	Description
24	Child money program: In 2022, child money allowance has been provided to 1259.5 thousand children on a monthly basis. In 2023, the Government decided to provide child money allowance to 91 percent of all children.	Child money allowance equal to MNT 100,000 has been provided to all children.
25	Emergency benefit and livelihood support benefit: In 2022, this benefit has been provided to 1.9 thousand people in the form of a lump sum payment.	6 types of emergency and livelihood support benefit: -Lump sum support to buy new Mongolian traditional house called "Ger"
26		If someone's house is destroyed due to emergency and disasters and unpredictable events, or lost his source of earning as a consequence.
27		Citizen aged 18-24 who had become full orphan before turning 18.
28	Cash benefit for Mothers with honored medal: As of 2022, 246.7 thousand mothers received the grant as an annual payment.	Cash benefit for Mothers with honored medal is provided to mothers who gave birth to 4 and more children.
29	Health insurance contribution is covered by state Every month	State covers health insurance contribution for every child under 18 years olds, elder persons, persons with disability

Source: Statistics 2022 of General Office for Labour and Social Welfare Service

Table 3: The number and growth rate of the population of 0–5-year-old children in Mongolia

Indicator	2017	2018	2019	2020	2021
0-1 years old children	143563	149769 (4.3%)	150824 (0.7%)	153725 (1.9%)	148442 (-3.4%)
2-5 years old children	310161	319075 (2.9%)	313254 (-1.8%)	308051 (-1.7%)	305783 (-0.7%)
0-5 years old children	453724	468844 (3.3%)	464078 (-1.0%)	461776 (-0.5%)	454225 (-1.6%)
Proportion of total population	14.5%	14.7%	14.5%	14.2%	13.7%

Source: NSO, Unified Statistical OpenData Base, 1212.mn

Note: Calculated from the population living in Mongolia.

Table 4: Types of pre-school education in Mongolia

Type	Description
Mobile teacher preschool	Teachers visit families and provide educational services to children and parents
Ger kinder-garten preschool	Pre-school education services for children aged 2-5 years who are not enrolled in kindergartens in remote soums, teams, and communities, using traditional homes as kindergarten groups, and operates during the summer months of 6-8 months.
Shift group preschool	Children who are not enrolled in kindergarten but who live near the kindergarten are provided with SEP by taking them to the kindergarten for a short time per day to participate in developmental activities.

Source: Mongolia's ECEC Law, Mongolia's Preschool Education: Service Access, Quality and Child Development Outcomes Report, World Bank, 2016

Table 5: Some statistics on orphan children in Mongolia

Indicator	2017	2018	2019	2020	2021
Number of half-orphan children	33319	33322	33649	35016	36133
Number of full-orphan children	3383	3122	3116	2994	2990
Poverty rate	-	28.4	-	27.8	-
Number of registered domestic violence cases	223	210	207	111	118
Number of crimes against children	15	21	31	17	31
Children up to 5 years old mortality rate (per 1,000 live births)	-	16.7	16.9	16.1	14.0

Source: NSO, Unified Statistical OpenData Base, 1212.mn

Table 6: Some financial indicators by publicly financed children's homes and centers in 2021

No.	Indicator	Diversity Center	Specialized center for training and educating children and youth	Children's central sanatorium
1	Operating expenses, million MNT	2774.6	2,022.4	3,266.5
2	Cost per child, MNT	15,514,443	16,853,389	108,882,428
3	Average annual salary of one employee in a center (in MNT)	11,116,169	21,430,687	29,034,439

Source: State and local budget, state and local property funds spending and operation information system, <https://www.shilendans.gov.mn/>

Note: Operating costs are calculated based on the number of children.

Table 7: Cost allocation according to the Minister of Labor and Social Welfare in 2021

No.	Age of children in specialized care services	Caloric amount of food consumed per day, kcal	Average cost allocated to food consumption per day, MNT	Average annual cost allocated to clothing, hygiene and school supplies
1	Child aged 1-5	1,432	4,098 (1.20 USD)	3*910,000 MNT (or 266 USD)
2	Child aged 6-12	2,025	5,734 (1.68 USD)	
3	Child aged 13-18	2,552	7,464 (2.18 USD)	

Source: Unified legal information system, <https://legalinfo.mn/mn/>

Table 8: Number of adult nursing homes in Mongolia, by type of ownership, 2021

	Organization name	Total	Elderly individuals	Individuals with disabilities
State owned		296	200	96
1	Bathsumber State nursing center / Center for the Elderly /	157	129	28
2	Western PWD Rehabilitation Center in Hovd province	22	2	20
3	Elderly care center in Bayankhongor province	10	10	0
4	Eastern Region Senior Care Center in Eastern Province	22	19	3
5	Elder care center in Bayan-Olgii province	20	8	12
6	Elder care center of Govi region in Dornogovi province	16	13	3
7	Elderly care center in Khuvsgul province	35	12	23
8	Western Regional Senior Care Center in Uvs Province	14	7	7
Privately and internationally owned		150	68	82
9	“Batgerelt-futuri” NGO nursing center for people with disabilities	60	21	39
10	“Poor Children’s center” for PWDs NGO	43	7	36
11	Elderly Care Center of the Vatican Catholic Congregation /Fair/	27	23	4
12	Elderly Care Center of the Vatican Catholic Congregation /Dar-Ekh/	20	17	3
Total		446	268	178

Source: Taken from an expert of the Ministry of Labor and Social Welfare. No publicly open data.

Table 9: Annual cost of nursing homes per care receiver, by institution, 2021

Organizational name	Number of care receivers	Annual funding and operating expenses, provided by the state and local budget, in MNT	Annual expenses per person, MNT
State owned			
Subtotal		4,368,993,700	14,760,114
Bathsumber State nursing center / Center for the Elderly /	157	3,047,624,000	19,411,618
Elder care center of Govi region in Dornogovi province	16	118,700,000	7,418,750
Eastern Region Senior Care Center in Eastern Province	22	42,107,800	1,913,991
Western Regional Senior Care Center in Uvs Province	14	124,800,000	8,914,286
Western PWD Rehabilitation Center in Hovd province	22	281,493,700	12,795,168
Elderly care center in Bayankhongor province	10	145,373,600	14,537,360
Elder care center in Bayan-Olgii province	20	124,676,200	6,233,810
Elderly care center in Khuvsgul province	35	484,218,400	13,834,811
Privately owned, non-governmental organization			
Subtotal		332,221,200	3,225,449*
“Batgerelt-futuri” NGO nursing center for people with disabilities	60	151,183,800**	2,519,730
“Poor Children’s center” for PWDs NGO	43	181,037,400***	4,210,172
International organizations			
Subtotal		na	na
Elderly Care Center of the Vatican Catholic Congregation /Fair + Dar-Ekh/	47	na	na

Source: Ministry of Labor and Social Welfare, State and local budgets, State and local property funds expenditure and operation information system, <https://www.shilendans.gov.mn/>.

* Funding amounts other than those provided by the state budget for the NGO are not included.

** 117,000 MNT was transferred from the state budget.

*** 107,000 MNT was transferred from the state budget.

Table 10: The number of individuals who were engaged in care work for children, elders, disabled persons

Care receivers	Female caregivers	%	Male caregivers	%
Child care	1,733	71%	706	29%
Elder care	34	61%	22	39%
Disability care	22	69%	10	31%
Other adult member care	408	68%	194	32%
Total	1,789	70%	764	30%

Source: Researchers' calculation from Time Use Survey 2019 data, NSO of Mongolia