

SITUATION ANALYSIS OF CHILDREN AND WOMEN IN MONGOLIA



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FOREWORD

In the current report, the situation of children and women in Mongolia has been analyzed in the framework of the Millennium Development Goals (MDGs). UNICEF's priorities to realize the intrinsic rights of children to a basic quality of life correlates closely with the MDGs set by United Nations States in 2000 – and is central to meeting them. Of the 48 indicators of progress toward the Goals, UNICEF is chiefly responsible for progress in 13. Therefore, the MDG based Situation Analysis report explores the status of MDGs. It is particularly important at the stage when we turn towards the New Country Programme Cycle 2007-2011.

Mongolia is one of the 189 countries that adopted the Millennium Declaration in 2000 and Millennium Development Goals are the central development objectives of the Millennium Agenda.

Mongolia is an outstanding example in responding to the Millennium commitments. A Working Group headed by the Prime Minister and comprising of Ministers, advisors to the President, leaders of political parties, top academicians, researchers, representatives of the civil society and the private sector has been set up in March, 2006. The Working Group has been mandated to prepare a MDG-based National Development Strategy which will serve as the basis towards formulating medium-term programmes, sectoral strategies and cooperation programmes with the donor community in Mongolia. Mongolia has set a 9th national MDG on fostering democratic governance and strengthening human rights in order to enable and ensure that democratic principles and human rights based approach mainstreamed and practiced into life.

MDGs include targets to address poverty and hunger, child and maternal mortality, HIV/AIDS and other diseases, and to promote universal primary education, gender equality, environmental sustainability and global partnership for development by 2015. MDGs are about children and it is important to make them right for children. Children are central to make the vision of the Millennium Declaration of a world of peace, security, solidarity and shared responsibility a reality.

UNICEF will continue support the Government, people and children of Mongolia to achieve the MDGs. We believe together we can make a world better for children and for people of all ages.

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INTRODUCTION

Through a three-part process in 2000 - the Millennium Declaration (MD), the Millennium Agenda (MA), and the eight Millennium Development Goals (MDGs) - the United Nations (UN) acknowledged global needs and set the date of 2015 for achieving milestones in meeting these needs. The MDGs parallel another UN initiative, in particular the UN Special Session for Children held in May 2002 and the outcome document titled "A World Fit for Children" (WFFC). Subsequently, Mongolia developed a NPA for the development and protection of children 2002-2010 and local plans of action for each of the 21 provinces.

As of 2005, Mongolia has experienced both achievements and challenges in attempting to meet the aims of the MD and the targets of the MDGs, especially in relation to children. Indeed, this nation-state has devised tailored initiatives: "A Mongolia Fit for Children" (MFFC) and a ninth MDG.

The UNICEF Situation Analysis has an analytical framework based on the MD, MA, Mongolian MDGs, and MFFC. The methodology for this Situation Analysis progresses through the MDGs) with a description of the socio-economic and demographic situation in Mongolia, an analysis of immediate and underlying causation, a discussion of challenges to achieving the MDGs by 2015 with a special emphasis on children.

The following is a brief description of the overarching norms which forms the foundation principles for the structuring analysis.

1.1 Millennium Declaration (MD)

The MD was conceived during the fifty-fifth session of the UN General Assembly in September 2000, known as the UN Millennium Summit. The MD was drafted during the eighth plenary meeting on 8 September 2000 and then was adopted as agenda item 60 (A/RES/55/2) on 18 September 2000 by 189 nation-states. Thereafter, 147 heads of state and governments signed the MD. These leaders agreed on global developmental priorities ranging from poverty reduction to sustainable development.

Child protection issues are not directly covered in the MDGs but are emphasized in MD Clause VI Paragraph 26 on "Protecting the Vulnerable," which focuses on international humanitarian law and international human rights law.



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1.2 Millennium Agenda (MA)

The MA is "a collective commitment of the international community, united by shared values and the dream of a better future for all". In the MA, "every country, rich and poor alike, [is] striving together to free the world from poverty", and "every UN agency [is] working, within its mandate and through its alliances, towards a set of common goals". The core of the MA is the right of all people "to be free from want and fear, free to sustain their lives on this planet, and free from poverty".

1.3 Millennium Development Goals (MDG)

Following from the MD and the MA, the eight global MDGs - with 18 quantifiable targets and 48 indicators - were established as "visionary and pragmatic, galvanizing change at the country level", and being achievable by 2015 (<http://www.un.org/millenniumgoals>).

These eight global goals are based on the resolutions of previous UN summits and have grown into a measure of progress. Three MDGs and six targets are related to health: (i) reducing childhood mortality, (ii) improving maternal health, and (iii) combating HIV/AIDS, malaria and other diseases. Six MDGs "can best be met as the rights of children to development, protection and participation are involved (health, education, protection, and equality are protected)".

The MDGs serve to: (i) respond to the world's main development challenges; (ii) synthesise, in a single package, many of the most important commitments made separately at the international conferences and summits of the 1990s; (iii) recognize explicitly the interdependence between growth, poverty reduction, and sustainable development; and (iv) acknowledge that

development rests on the foundations of democratic governance, the rule of law, respect for human rights and peace and security." The MDGs are based on time-bound and measurable targets accompanied by indicators for monitoring progress. Finally, the MDGs bring together, in the eighth Goal, the responsibilities of developing countries with those of developed countries, founded on a global partnership endorsed at the International Conference on Financing for Development in Monterrey, Mexico in 2002 and again at the Johannesburg World Summit on Sustainable Development in August 2003.



1.4 A World Fit for Children (WFFC)

The MDGs will only be sustained as the rights of every child are realized. The six child-focused MDGs match the four goals set out in the UN General Assembly Special Session initiative "A World Fit for Children".

Overall, the role of UNICEF is to promote "advocacy, research, and action that create a protective environment that will allow every child the best start in life, ensure every girl and every boy a quality primary school education, safeguard every child against disease and disability, stop the spread of HIV/AIDS and provide care for every child affected by HIV/AIDS, and shield every child from violence, abuse, exploitation, and discrimination."

1.5 Mongolian National Programme of Action: "Mongolia Fit for Children"

On 8 October 2004, the Government of Mongolia launched the "Millennium Development Goals: National Report on the Status of Implementation in Mongolia", an extensive document which established a set of eight goals and 19 related quantitative targets in critical development areas. The Mongolian Parliament also set a new 9th goal on "Fostering Democratic Governance and Strengthening Human Rights" with three additional country specific targets to respect and abide by the Universal Declaration of Human Rights, ensure freedom of mass media and access to information; mainstream democratic principles and practice into life, and create an environment of zero-tolerance for corruption.

The Government of Mongolia is committed to promoting child rights through the Law on the Protection of Children's Rights (Article 10.3) and the "National Programme of Action (NPA) for the Development and Protection of Children 2002-2010" as a component of the Government Action Plan. The NPA is aligned with the UN "A World Fit for Children" initiative through the corresponding "Mongolia Fit for Children" initiative.

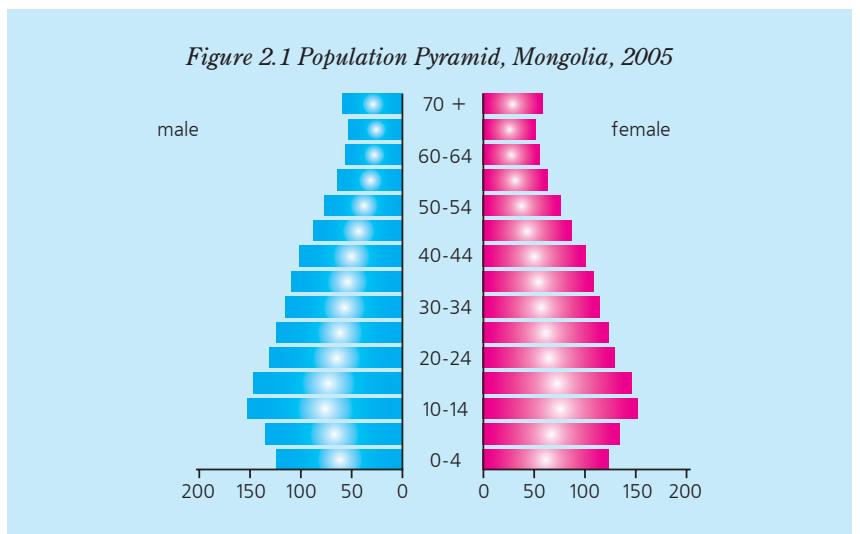
NOTE

BACKGROUND

2.1 Demography

The population dynamics of Mongolia are similar to the majority of other developing countries in the Asia-Pacific Region, with population growth rates of 1.0-1.5 percent. However, many important changes have marked the demographic patterns of Mongolia since the beginning of the political/economic/social transition in 1990. These changes have resulted in social demographic trends which differentiate Mongolia from other developing countries. Over the past 15 years of transition, Mongolia has shown trends of decreasing total fertility rate, increasing life expectancy, decreasing death rate, decreasing infant mortality rate, and a high rate of rural-to-urban migration in the context of an extremely low population density.

As of 2005, Mongolia has a population of approximately 2.6 million people and has a median age of 22.7 years - a young population. Over 727,000 Mongolian women are of reproductive age (15 - 49 years old). Approximately 42 percent of the Mongolian population is below the age of 18 years - over 1,000,000 children. These boys and girls constitute the heart and soul of Mongolia.



Source: National Statistics Office (2006), Mongolian Statistical Yearbook 2005, Ulaanbaatar

Table 2.1 Age Structure of Children under Age 18 Years in Mongolia in 2005

Age group (years)	Total Number (thousand)
0 - 2	135.812
3 - 6	204.055
7 - 18	736.950
Share in total population of Mongolia of children under age 18 years	42.1 %

Source: National Statistics Office (2006), Mongolian Statistical Yearbook 2005, Ulaanbaatar

During these early years of the new millennium, 2000-2005, the population growth rate of Mongolia averaged approximately 1.4 percent. Factors affecting population growth rate include: fertility rate, death rate, life expectancy, and rates of internal and external migration.

During the past 15 years, the total fertility rate (TFR) declined by approximately 58 percent, falling from 4.3 children per woman in 1990, to 2.2 children per woman in 2000, to 1.9 children per woman in 2005 (NSO 2006).

During 1990-2005, the death rate declined from 8.3 to 6.5 per 1,000 populations, and the infant mortality rate fell from 64.4 to 20.7 per 1,000 live births (NSO 2006). The impressive decline in the level of mortality is closely related to the achievements in the health sector. The life expectancy of Mongolians increased from 62.9 years in 1990, to 63.2 years in 2000, to 65.2 years in 2005.

Approximately 60 percent of the population lives in urban areas, with major concentrations in the three main cities of Ulaanbaatar as the national capital, Darkhan City in Darkhan-Uul Aimag, and Bayan-Under Soum (new name of Erdenet City) in Orkhon Aimag. Approximately 40 percent of the population lives in rural areas, and the rural lifestyle is nomadic, semi-nomadic, or residing in soum centres or aimag centres. Regional

disparities throughout the country are extreme in terms of medical provision, schooling, industrial activity, financial transactions, or the location of high-income groups. Ulaanbaatar occupies only 0.3 percent of the total territory of the nation, but the most prominent public and private institutions of economics, higher learning, and medical services are centred in this capital city.

2.2 Economy

Economic expansion is a critical factor which has challenged progression from transition to development in Mongolia. At the beginning of the 1990s, the introduction of the open-market economy provided a wide variety of opportunities and choices for Mongolia as a nation. However, this economic transition also generated disparities in access to national benefits - a situation which led to widening of the opportunity gap and an intensification of social inequality as some social groups experienced declining livelihoods through increasing unemployment, with the consequence of entrenchment in poverty.

As the unstable transition period merges into the development period, the Mongolian economy has been showing positive signs of recovery and growth, as measured by the Gross Domestic Product (GDP). The Mongolian GDP was 4.0 percent in 2002, grew to 10.7 percent in 2004, but decreased to 6.2 percent in 2005. According to preliminary data of 2006, the GDP has grown to 8.0 percent. At current prices, the per capita Gross National Income (GNI) has increased from US\$744 in 2005 to US\$950 in 2006 - an impressive growth of US\$210 in one year (NSO 2006).

Table 2.2 Economic Growth Rate of Mongolia

Year	Gross Domestic Product (GDP) (percent)	Per Capita GNI (US\$)
2002	4.0	446
2003	5.6	509
2004	10.7	655
2005	6.2	744

Source: National Statistics Office (2006), Mongolian Statistical Yearbook 2005, Ulaanbaatar

Traditionally, the main economic activity in Mongolia has been based on agriculture, industries for processing of raw materials, and provision of services. In 2005, these activities accounted for approximately 22 percent, 33 percent, and 55 percent of the GDP respectively. Regarding the industrial sub-sectors of the economy, the main activities are: (i) mining of minerals, (ii) generation of electricity and energy, (iii) manufacture of food products, and (iv) manufacture of textiles. The impressive economic growth rate in 2004 was spurred largely by the extraordinary expansion in the mining industry, which has benefited from sustained increases in international gold and copper prices and by a significant increase in gold extraction.

Even though the economic situation in the country is complex, Mongolia spends 13 percent of its GDP and one-third of its State budget on children through the financing of education and health services (NSO 2006). This fiscal policy had led to positive changes in both education and health indicators.

Considering the financing of the education sector, between 1996 and 2006, the education expenditure has increased by 53 billion Mongolian Tugrug (MNT). Over these past 10 years, Mongolia has been spending an annual average of 1 MNT out of each 5 MNT of the State budget for education. Also, overseas development assistance (ODA) to the educational development of Mongolia has been increasing steadily, especially over the past

seven years - reaching 115.7 billion MNT and accounting for 16.5 percent of the GDP (MECS 2006a).

Considering the financing of the health sector, Mongolia continues to pay special attention to women and children. Per capita health expenditure was 23,572 MNT in 2002 and reached 31,459 MNT by 2005 (NSO 2006). Through the 1993 Mongolian Law on Medical Insurance, the State provides: (i) free check-ups, diagnostic analysis, and treatment services by family doctors; (ii) free out-patient clinic services; (iii) free State hospitals; and (iv) free emergency medical services during pregnancy, delivery and post-delivery periods. Nevertheless, through the new Health Sector Strategic Master Plan (HSSMP), the Government of Mongolia is considering the introduction of "means testing" and "user charges" in order to reduce State spending in the health sector. Challenges remain in addressing health service needs of the poor, migrant and disadvantaged people. Participatory Poverty Assessment and Monitoring study reveal that although health insurance is available many poor and very poor are unable to afford it. In addition, insurance scheme currently in force does not cover all the costs as expected by the poor. For instance, laboratory tests and examinations are not fully covered by insurance that makes many poor people to have a very negative perception about health insurance.

2.3 Social and Cultural Environment

Socio-cultural issues are critical factors in Mongolian society. New social values and beliefs have emerged during the transition from the socialist politico-economic system to the new system based on democracy, open-market economy, and open society. The Mongolian people developed new attitudes towards work, education, health, marriage, childbearing, childrearing, and family size. As a direct consequence of attitudinal changes in Mongolian society, social inequality emerged as a potent issue.

Many factors have changed the characteristics of family lifestyle during the transition: (i) the overall household income, (ii) the potential earnings of parents in the labour market, (iii) the affordability of mothers to work outside the home in the absence of State-provided childcare services, (iv) the availability and affordability of substitutes for childcare, (v) women's level of education (which influences her employment potential and salary level), and (vi) the overall cost in money and time of raising a child into sustainable adulthood. These changes have resulted in several negative effects in Mongolian society: (i) declining household size, (ii) instability of marital unions, (iii) shrinking of caring capabilities of families, and (iv) increasing number of children on the street, child labour, and child sexual exploitation.

During the transition, the pattern of family formation has changed dramatically. The number of men and women choosing to cohabit without official marriage registration has increased, and the number of single men and single women has increased. In 2003, officially registered families constituted 69.5 percent of total households. In 2006, a financial bonus is being offered for couples who register their marriages (UB Post Newspaper, November 2006).

During 2005, the number of people getting married was 15,000; the number of couples getting divorced was 1,600; and the number of children being adopted was 3,800. Compared to 2004 rates, these 2005 rates reflect: (i) decrease in marriage by 33.4 percent, (ii) increase in divorce by 47.7 percent, and (iii) increase in adoption by 15.4 percent (NSO 2006). In 2005, 11 of every 100 registered marriages resulted in a divorce by court resolution in accordance with the Law on Marriage of Mongolia. Over the past four years, there has been an increase in the number of divorces from 5.1 percent in 2002 to 10.8 percent in 2005.

2.4 Environment

The environmental issues concern the quality of basic elements - climate, air, water, land - that make a place habitable for children, their families, and their communities. A change in one part of the environment induces changes in other parts of the environment - the impact of these changes tend to be negative in Mongolia especially children's health.

Mongolia, as a landlocked country bordered by the Siberian part of the Russian Federation, has extremely harsh natural conditions - especially climatic conditions - which significantly affect the lives of the population, children in particular. Natural disasters in Mongolia are frequent and are caused by: (i) severe rain storms, resulting in flooding which can wipe out "ger district" dwellings on hills in urban area, (ii) severe hail storms, resulting in crop damage in rural areas, (iii) severe snow falls, resulting in deep burying of forage, with consequent livestock death from starvation, (iv) drought, resulting in lack of growth of crops and livestock forage, and (v) sand and dust storms, resulting in sand from the Gobi Desert and dust from the grasslands blowing across settlements in both urban and rural areas, with consequent eye diseases and respiratory diseases.

Air pollution has been severely affecting the lives of children in Mongolia. In Ulaanbaatar, there are three power plants, over 250 small boiler rooms, and over 92,000 households using over 5 million tons of coal a year. Also, the streets of Ulaanbaatar have vehicles emitting exhaust because of poor maintenance, with the number of vehicles having dramatically increased from 59,285 in 2002 to 73,740 in 2005 (NSO 2006). According to a 2002 survey conducted in Ulaanbaatar, the concentrations of certain air pollutants - sulphuric gas, nitric dioxide, and dust - are several times higher than standard levels (MNE 2003).

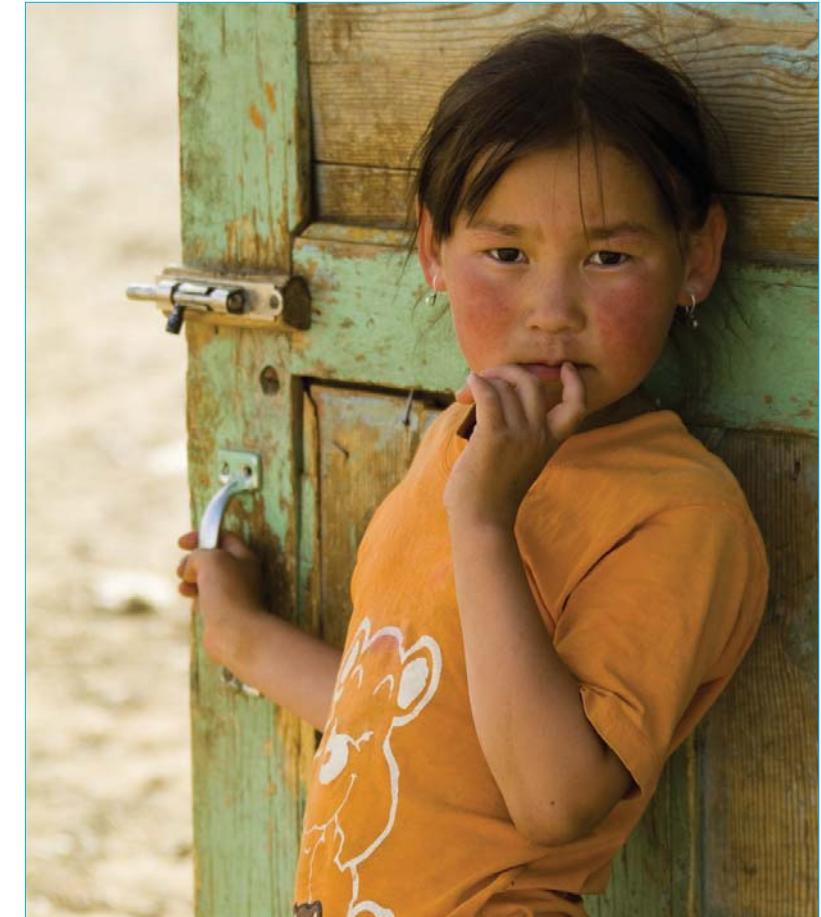
Water and sanitation are extremely important components of child health. Too many people cannot access either adequate quality of water for drinking or adequate quantity of water for basic hygiene. According to the 2004 Water and Sanitation Survey, only 44.6 percent of the Mongolian population had access to improved drinking water sources (WB, 2005). Currently in the urban ger districts of Mongolia, the daily consumption of water per capita averages only 8-10 litres - almost five times lower than the level necessary for meeting requirements for physiological hydration, basic hygiene, and basic sanitation (GOM and UNDP 2003).

The 2005 National Survey on Sanitation showed urban-rural disparity - 42.6 percent of urban households but only 4.8 percent of rural households have access to improved sanitation facilities. In urban areas, only 25 percent of district schools and 46.5 percent of district hospitals have an adequate sanitation system (MOH 2005c).

NOTE

SITUATION ANALYSIS OF CHILDREN AND WOMEN

The UNICEF Situation Analysis covers all nine Mongolian MDGs and the MD Clause VI Paragraph 26 on "Protecting the Vulnerable". However, the focus for this Situation Analysis is on children, while respecting the integral link to women through motherhood.



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3.1 Mongolian MDG #1: Eradicate Extreme Poverty and Hunger

3.1.1 Eradicate Extreme Poverty

■ Current Situation of Poverty

Mongolian Target 1 is to halve, between 1990 and 2015, the proportion of people whose income is below the national poverty line.

The first Mongolian indicator is to reduce by half the proportion of people below the poverty line. The percentage of the Mongolian population living under the "minimum subsistence level" has remained relatively constant during the past 15 years of transition: 36.3 percent in 1990, 35.6 percent in 2000, and 36.1 percent in 2005.

The second Mongolian indicator is the share of the poorest quintile in national income or consumption. The share of the poorest quintile in the national income or consumption was 7.5 percent in 2002. In other words, the poorest 20 percent of the Mongolian population received only 7.5 percent of the benefits from the national income.

■ Causation of Poverty

There are two types of poverty affecting the lives of children: poverty of income and poverty of opportunity. Child poverty is typically examined in relation to family size and parental income. Income poverty has isolated many children from the benefits of national development. Thousands of children struggle to survive by begging on the streets, engaging in hard labour, becoming sex workers, or getting involved in crime. These forms of exploitation intensify child poverty by inhibiting the normal physical growth and psychosocial development processes of childhood in the midst of national development efforts.

Table 3.1 Situation of Children in Mongolia in 2001

Ratio	Condition
1 out of 3 children	lives in poverty
1 out of 5 children 7-19 years old	is unable to attend school
1 out of 10 children 5-17 years old	is working
2 out of 100 children 10-17 years old	have never studied in school
Percentage	Condition
48% of orphans	live in very poor households
66% of children with a single parent	live in very poor households
Percentage	Condition
9% of childless households in Ulaanbaatar	are poor
42% of childless households in Ulaanbaatar	are wealthy
20% of households with 1-2 children	are poor
44% of households with more than 3 children	are poor
8% for households with more than 3 children	are wealthy

Source: Ministry of Social Welfare and Labor (2001), "Main Results of National Poverty Inspection", Ulaanbaatar

During their prime years, poor children encounter discrimination - a serious obstacle to the full use of their ingenuity and talents, thus limiting the expansion of their capabilities. Both income poverty and opportunity poverty are worse among children who are orphans, single parent children, having disabled parents, or having parents lacking labour skills.

■ Challenge Ahead for Poverty Reduction

Mongolian Target #1 is to halve, between 1990 and 2015, the proportion of people whose income is below the national poverty line - from 36 percent down to 18 percent. How will Mongolia be able to reduce the poverty level by half during 2005 and 2015, if Mongolia had not been able to reduce the poverty level by more than 0.7 percent during the 10 years between 1990 and 2000? Indeed, the poverty level increased by 0.5 percent during the five years between 2000 and 2005.

3.1.2 Eradicate Hunger

Mongolian Target 2 is to halve, between 1990 and 2015, the proportion of people who suffer from malnutrition. Malnutrition concerns both food quantity (caloric intake) and food quality (balance amongst proteins, carbohydrates, fats, vitamins, and minerals). Malnourishment can lead to a person becoming underweight (measure of weight for age) or overweight (with the extreme of obesity), stunted (measure of height for age), or wasted (measure of weight for height).

■ Current Situation of Child Nutrition

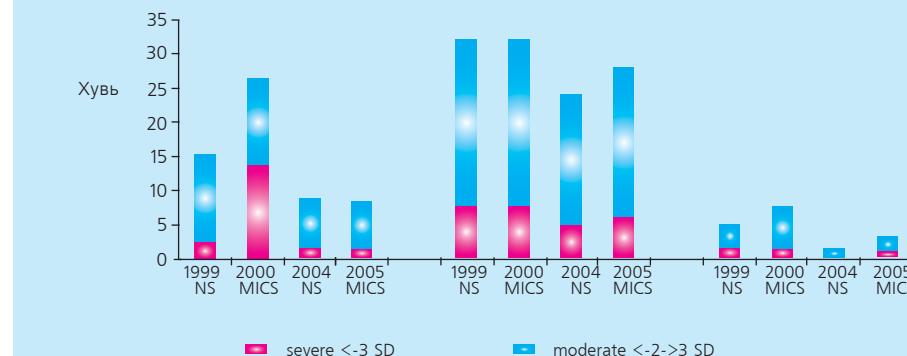
The third Mongolian indicator is the prevalence of underweight children under five years of age. Comparing the 2000 MICS (second survey) to the 2005 MICS (third survey), the levels of underweight, stunting, and wasting have decreased significantly over the past five years. Specifically, the level of underweight has decreased from 13 percent to 6 percent, and the level of wasting has decreased from 5.5 percent to 2.2 percent - decreases by half for both nutritional disorders. The level of stunting has decreased from 25 percent to 21 percent - a low decrease in comparison to other nutritional disorders.

Table 3.2 Malnutrition Trends

Year	Underweight (percent)	Stunting (percent)	Wasting (percent)
2000	13	25	5.5
2005	6	21	2.2

Source: National Statistics Office (2000, 2005), Multiple Indicator Cluster Survey 2 and 3, Ulaanbaatar

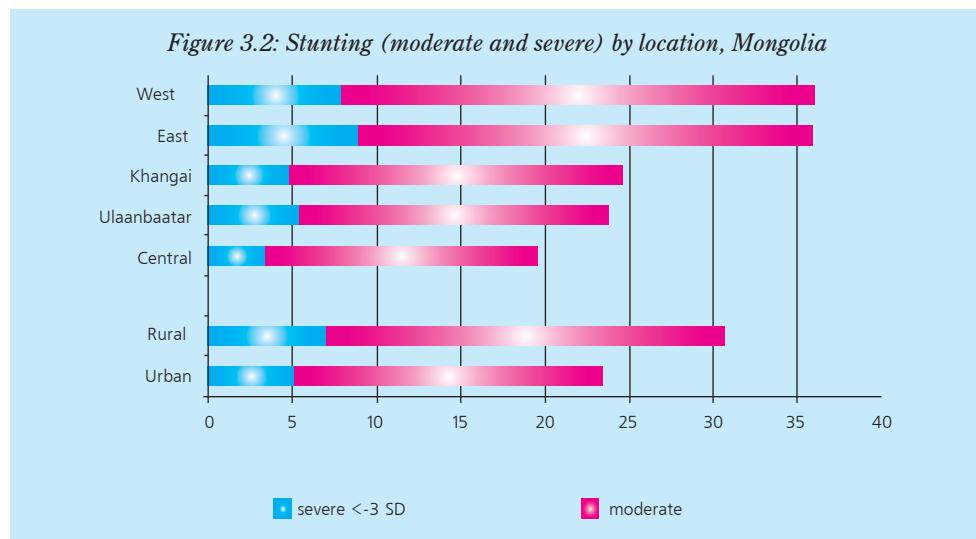
Figure 3.1: Malnutrition - underweight, stunting and wasting among children under 5 at national level, 1999-2005



Source: National Statistical Office, Mongolia Child and Development 2005, Multiple Indicator Cluster Survey 3 (MICS3), Ulaanbaatar

In Mongolia, stunting is the most prevalent form of malnutrition. Moderate or severe stunting affects one in five children under age five years. The incidence of stunting is declining at a slower pace than either underweight or wasting. Stunting reflects chronic malnutrition or a pattern of repeated diseases which affect physical growth over a long period of time. Stunting cannot be quickly rectified.

Children in rural areas are more likely to be stunted than children in urban areas. However, this urban-rural disparity is not as pronounced as the difference between sub-national zones, with children residing in the West Zone and the East Zone being almost twice as likely to be stunted as those children residing in the Central Zone.



Source: National Statistical Office, Mongolia Child and Development 2005, Multiple Indicator Cluster Survey 3 (MICS3), Ulaanbaatar

■ Current Situation of Maternal Nutrition

Although women have intrinsic value, the health of children is intricately linked to the health of their mothers. The maternal mortality rate tends to be higher among malnourished women than among properly nourished women. Among malnourished mothers, miscarriage and premature delivery are common.

The National Nutrition Surveys analyzed anaemia according to mothers with certain age ranges of children. Comparing 1999, 2001, and 2004 results for mothers with children under age 5 years, the incidence of anaemia fell from 59 percent in 1999, to 17 percent in 2001, to 10 percent in 2004. From a smaller rural survey conducted in three aimags (Khovd, Dornod, and Uvurkhangai) during 2000, more specifically considering mothers with children age 0-1 year, 29 percent of these mothers had anaemia. So, mothers in the breastfeeding period carry a large risk of anaemia.

■ Causation of Micronutrient Deficiency Control

Malnourishment concerns both food quantity (caloric intake) and food quality (balance amongst proteins, carbohydrates, fats, vitamins, and minerals). Micronutrient deficiencies are caused by inadequate vitamins and minerals in the diet, with iron deficit resulting in anaemia, Vitamin A deficit resulting in compromised immunity, Vitamin D deficit resulting in rickets, and iodine deficit (especially for a landlocked country like Mongolia) resulting in thyroid diseases.

Routine weighing is a means to monitor adequacy of food quantity. A 2004 study by the National Authority for Children showed that 85 percent of children were routinely weighed and that only 2.4 percent of these children were classified as malnourished. Another survey -- of 5,517 children age 8-17 years from 8 districts of Ulaanbaatar and from 72 soums of 16 aimags -- revealed that these children received 1,617-1,780 kilocalories daily -- distributed as 220-240 grams of carbohydrate, 65-69 grams of protein, and 40-44 grams of fat. This caloric intake is lower than the recommended Mongolian standard of 2,900 kilocalories per day (GOM 2004). These malnourished school-age children have intrinsic value, but they are at risk of growing up to become malnourished parents of malnourished young children of their own.

Iron is a component of haemoglobin, which carries oxygen in the red blood cells to the other cells and tissues of the body. Anaemia, the micronutrient deficiency caused by lack of sufficient iron in the diet, contributes to maternal mortality, miscarriage, premature delivery, and infant mortality. The series of national nutrition surveys have indicated that foetuses and infants born to anaemic mothers are likewise anaemic, weaker, and prone to more frequent illnesses. According to the 1999 National Nutrition Survey, children born to mothers with anaemia were more than twice at risk of being anaemic as children born

to healthy mothers. Despite the impressive decline in levels of anaemia between 1999 and 2003, the 2003 National Nutrition Survey revealed that 29 percent of pregnant women did not take iron supplements, and 43 percent of pregnant women took iron supplements irregularly. Thus, a large percentage of pregnant women were not participating in adequate measures for prevention of anaemia.

Table 3.3 Iron Deficiency Anemia in Mongolia

Year	Percentage of Mothers
1999	59% of mothers with children under age 5 years had anaemia
2000	Survey conducted in 3 aimags (Khovd, Dornod, and Uvurkhangai): 29% of mothers with children aged 0 - 1 years had anaemia.
2001	17% of mothers with children under age 5 years
2003	29% of the pregnant women did not take iron supplements. 43% of the pregnant women took iron supplements irregularly.
2004	10% of mothers with children under age 5 years had anaemia.

Source: Ministry of Health (1999, 2001a, 2003a, 2004c), National Nutrition Surveys, Ulaanbaatar

■ Challenge Ahead for Hunger/Malnutrition

The target for 2015 is 0 percent of the population - particularly children - suffering from hunger and malnutrition. How will Mongolia be able to reduce the percentage of underweight children by half during the subsequent 10 years, between 2005 and 2015, if Mongolia had a decrease 50 percent for underweight children during the 5 years between 2000 and 2005?

■ Overall Challenge Ahead for Poverty and Hunger/Malnutrition

Mongolian Targets 3 and 4 express the key challenges for achieving Mongolian Target 1 for poverty reduction and Mongolian Target 2 for hunger/malnutrition reduction. These targets collectively acknowledge the links between poverty, hunger/malnutrition, and unemployment for Mongolian citizens in their

reproductive years -- unemployed people become entrenched in poverty and lack the financial means to procure the components of an adequate diet.

Mongolian Target 3 focuses on formulating and implementing strategies for decent and productive work for youth through: (i) enhancing opportunities for land use, (ii) simplifying the procedure for starting small and medium enterprises, and (iii) creating opportunities for unemployed citizens to get micro credit. Mongolian Target 4 is to reduce the negative effects of rural-to-urban migration and the consequent population concentration in urban areas by: (i) creating a legal environment to protect the interests of migrant citizens (who are often denied social entitlements because of the lack of civil registration in their new location), (ii) providing jobs (since lack of livelihood motivates migration for the purpose of finding means of income generation), and (iii) improving access of migrants to medical, education, cultural and other social services.

Overall, the key challenges include: (i) accelerating the rate of economic growth, (ii) reversing the rise in disparity, (iii) addressing urban poverty, (iv) involving local communities and civil society organizations, (v) managing disaster risks, (vi) ensuring adequate social protection, (v) increasing access to adequate quantities of food for the poor especially during seasonal disaster-induced periods of deprivation, (vi) tackling urban-rural disparities in malnutrition, (vii) improving food safety, (viii) enhancing awareness of good nutritional practice, (ix) breaking the vicious cycle of "poverty - hunger - illness, (x) closing the reverse gender gap in enrolment and drop-out rates, (xi) accelerating employment generation for youths in urban areas, and (xii) explicitly addressing employment issues in macroeconomic analysis (GOM 2004).

3.2 Mongolian MDG #2: Achieve Universal Primary Education



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■ Current Situation of School Enrollment

Mongolian Target 5 is to provide primary education to all children -- girls and boys -- by 2015. The fourth Mongolian indicator is the Net Enrolment Ratio (NER) in primary education, which has decreased over the past 15 years from 98 percent in 1990, to 91-95 percent (depending on source) in 2000, to 90 percent in 2005. In 2004, the net primary school attendance rate showed gender equality, with 85.1 percent of boys and 87.5 percent girls attending (NSO 2005).

The Gross Enrollment Ratio (GER) was 96.0 percent in 2003-04 (with an NER of 90.4 percent in 2003-04), increased to 97.6 percent in 2004-05, but then decreased to 92.3 percent

in 2005-2006. This decrease can be explained by the general school education shift to an 11-year education system. During the 2005-06 academic years, a total of 556,900 children accessed 724 general educational schools (75 primary schools, 240 lower secondary schools, and 409 higher secondary schools) - higher by 29,000 children compared to the 2002-03 academic year but lower by 4,000 children compared to the 2004-05 academic year.

Figure 3.3. Gross Enrollment Ratio of Basic Education (%), Mongolia, 1990-2005



Source: Ministry of Education, Culture, and Science (1990 - 2005), Ulaanbaatar

Table 3.4 School Enrollment of Children by Age in 2003-04

Age of Children	Percentage of Children Enrolled in School
8-year-olds	90
9-year-olds	92
10-year-olds	80
11-year-olds	89
12-year-olds	91
13-year-olds	97
14-year-olds	97
15-year-olds	89

Source: Ministry of Education, Culture, and Science (2004), Ulaanbaatar

Table 3.5 Lack of School Enrolment of Children by Age, 2003-04

Age of Children	Percentage of Children Not Enrolled in School Who Should Have Been Enrolled
8 - 11 year olds	12.6
12 - 15 year olds	6.9
8 - 15 year old	9.6
23.7% of these children had never attended school.	

Source: Ministry of Education, Culture, and Science (2004), Ulaanbaatar

School enrolment rates show an urban-rural disparity. According to the 2002-2003 Labour Force Survey, the school enrolment level among 7-19 year-olds was 89 percent in the more affluent urban areas and 68 percent in rural areas (NSO and ADB, 2004). Lower school enrolment rates in rural aimags are correlated with higher poverty level.

■ Current Situation of School Drop-Outs

The fifth Mongolian indicator is the proportion of pupils starting Grade 1 who reach Grade 5. Primary school graduates receive the fifth-grade certificate. Calculations based on 2003 - 04 data from the Ministry of Education, Culture, and Science (MECS) suggest that the primary school graduation rate was 87.9 percent (calculated as 100% minus drop-out percentages for Grades 1-5). This calculation implies that approximately 12 in 100 children who enrolled in the first grade were not able to complete fifth grade at the expected age.

Table 3.6 Percentage of Grade Progress, Re-sit, Drop-out, 2003-04

School completion	Grade							
	I	II	III	IV	V	VI	VII	VIII
Progress	93.1	97.5	97.0	99.0	98.9	99.2	98.1	96.6
Re-sit	1.3	0.5	0.3	0.2	0.1	0.1	0.1	0.0
Drop out	5.6	2.0	2.7	0.8	1.0	0.7	1.8	3.4

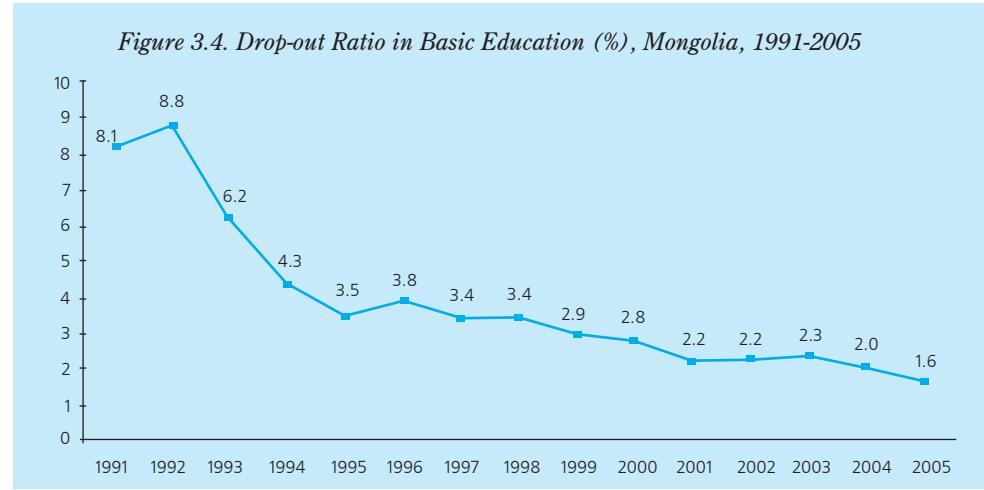
Source: Ministry of Education, Culture, and Science (2004), Ulaanbaatar

The school drop-out rate is an important indicator of both accessibility and quality of education. The withdrawal of Soviet Era support for social services in 1990 at the beginning of the transition period resulted in steep increase of school drop-out rates. During the past decade, the school dropout rate has significantly decreased as outcomes of effective socio-economic and education policies. The MECS conducted surveys in 1992- 93 and in 2003-04 which showed that the school drop-out rate decreased by one-third from 8.8 percent (33,900 children) during the 1992-93 academic year to 2.3 percent (11,900) during the 2003-04 academic year.

Of the total number of children aged 8-15 years who were not enrolled in school, 4 out of 5 children were from rural areas, and rural areas accounted for 5 out of 6 total school drop-outs (MECS 2004).

■ Current Situation of Non-formal Education

According to the report on the first stage of implementation (1997-2000) of the Non-formal Education Development (NFED) Program, a total of 49,803 children and youths who had previously dropped out of schools were enrolled in re-training courses. The school completion statistics for this cohort of non-formal education students are as follows: 18 percent of students completed primary education, 13 percent of students completed basic education, 5 percent of students completed full secondary education, 28 percent of students transferred to formal basic education schools, and 36 percent of students improved their general level of education.



Source: Ministry of Education, Culture, and Science (1990 - 05), Ulaanbaatar

■ Current Situation of Literacy

The sixth Mongolian indicator is the literacy rate of 15-24 year olds, the youth of Mongolia. The literacy level of this age group has remained stably high: 99 percent in 1990 and 98 percent in 2000.

■ Causation of Negative Education Trends

The key underlying causes of negative education trends are poverty, low population density, and rural-to-urban migration. Though drop-out rates have shown this national tendency to decline during these later transition years, these rates still remain an area of concern because of the urban-rural disparities in Mongolia. School drop-out rates tend to be higher in rural areas because of high levels of unemployment and poverty. Since school finances are linked to the number of students enrolled, rural schools with low levels of enrolment may lack adequate financial resources.

The State budget allocates public funds to the Ministry of Education Science and Culture (MESC), which in turn allocates funds both to urban schools and to rural schools. Because of the low population density in Mongolia, the school buildings are dispersed across the vastness of the countryside. In rural areas, a disproportionately high amount of available education funds provides for the costs of energy provision (for lighting and heating) and building maintenance as school infrastructure. Considering both rural and urban areas in 2000, ten years into the transition, 90.0 percent of school buildings and 80.0 percent of school dormitories required repairs. In contrast, a disproportionately low amount of available educational funds remain for upgrading the skills of teachers and the quality of curriculum (from an out-dated scholastic approach to a modern life skills/livelihood approach). Rural-to-urban migration transfers children from the lesser quality rural educational system to the higher quality urban educational system. In urban areas, where the children are concentrated instead of dispersed, classrooms are overcrowded. Some children opt for dropping out of school instead of fitting into the urban three-shift educational structure designed to tackle the overcrowding problem (GOM 2004).

Child labour is more widespread amongst school drop-outs under the following conditions: (i) in aimags with higher levels of poverty, (ii) among children of herders in remote soums and bags, (iii) among children of female-headed households or poor households with many children, and (iv) among orphans or semi-orphans.

Table 3.7 Reasons for Children Leaving School in 2004

Reasons	Percentage of Children aged 10 - 14 years	Percentage of Children aged 15 - 17 years
To help with domestic work	20	29
Because of academic failure or Because of lack of desire to study	20	19
Because they could not afford school supplies and clothes	18	11
To contribute to the household income	8	19
Because of illness	13	6
Because of disability	8	3
Because of remoteness of school from their home	4	3
Because of other reasons: * unheated, cold schools /dormitories * inadequate food for boarders * lack of support from teachers especially for weaker students	7 – 9	10
Total	100	100

Source: National Statistics Office and Asian Development Bank (2004b), "National Labor Force Survey", Ulaanbaatar.

■ Challenge Ahead for School Enrollment, School Drop-Outs, and Literacy

The target for 2015 is 100 percent NER. How will Mongolia achieve universal primary education - 100 percent NER - when this rate has decreased by 9 percent -- from 98 percent in 1990 to 90 percent in 2005 -- instead of increasing over the past 15 years?

The target for 2015 is 100 percent of pupils starting Grade 1 and reaching Grade 5. In 2005, the primary school graduation rate was 87.9 percent. How many years will pass before Mongolia regains and then surpasses the 1990 level of 91 percent for Grade 1 to Grade 5 progression?

The target for 2015 is 100 percent literacy for youth age 15 - 24 years. Over the subsequent decade, Mongolia can increase the literacy rate by 2 percent in order to progress from 98 percent to 100 percent literacy for youth.

The key challenges for achieving MDG #2 by 2015 include: (i) reducing the family financial burden of schooling for low-income households, (ii) improving the physical infrastructure of schools and dormitories, (iii) upgrading the training of teachers (iv) reforming the curriculum to fit the social context of post-transition Mongolia (life skills courses and vocational certification courses), (v) providing equal access to education for potentially marginalized groups of children (very poor, development difficulties), (vi) motivating school drop-outs to re-enter the formal education system or to participate in the non-formal education system (vii) linking in-school activities to extra-curricular activities such as interest clubs and sports through community participation in broader educational initiatives (viii) monitoring and evaluation (GOM 2004).

3.3 Mongolian MDG #3: Gender Equality and Empower Women

■ Current Situation of Gender Equality and Women Empowerment

The gender distribution of the population is 50.4 percent female to 49.6 percent male, and the life expectancy at birth is 66.5 years for females and 60.8 years for males (GOM and UNDP 2003). The 2003 Human Development Report of Mongolia has concluded that "women in Mongolia, unlike in many other countries, do not face a serious problem of gender discrimination" because of the similarity of the Human Development Index (HDI) to Gender Development Index (GDI) -- "indicating at the macro level at least a lack of gender disparities" (GOM and UNDP 2003).

Mongolian Target 6 is to eliminate gender disparity in primary and secondary education by 2005 and at all levels of education no later than 2015. The seventh, eighth, and ninth Mongolian indicators are the ratios of girls to boys in primary school, secondary school, and higher education. In Mongolia, the ratio of girls to boys in primary school has been stable at 1.01 for 1990, 2000 and 2005 - indicating a slight advantage for girls. The ratio of girls to boys in secondary school was 1.12 for 1990, 1.20 for 2000, and 1.11 for 2005 - indicating a moderate advantage for girls. The ratio of girls to boys in higher education was 1.56 in 1990, 1.72 in 2000, and 1.59 in 2005 -- indicating a high advantage for girls. The tenth Mongolian indicator is the ratio of literate women to men 15 - 24 years old, which has remained stable at the ideal equality levels of 0.99 in 1990 and 1.0 in both 2000 and 2005.

Table 3.8 Gender Development Indicators (2002-03)

Indicators	Female	Male
Gender Distribution of Population (2003)	50.4%	49.6%
Life Expectancy (at birth)	66.5 жил	60.8 жил
Combined Gross School Enrollment Ratio (for primary/secondary/tertiary)	73.0%	66.3%
Adult Literacy Rate (15 years old or more)	97.5%	98.0%
Tertiary School Enrollment	70.0%	30.0%
Labor Force (2002)	51.3%	48.7%
Gross Domestic Product per Capita (purchasing power parity)	2,303.20	1,950.70

Source: United Nations Development Program (2003), Human Development Report, Geneva

Source: United Nations Development Program and Government of Mongolia (2003), Human Development Report Mongolia 2003: Urban-Rural Disparities in Mongolia, Ulaanbaatar

The eleventh Mongolian indicator is the share of women in wage employment in the non-agricultural sector, which has remained stable at the nearly ideal equality levels of 51.1 percent in 1990, 50.4 percent in 2000, and 53.1 percent in 2005 (GOM 2004).

The twelfth Mongolian indicator is the proportion of seats held by women in National Parliament, which has fluctuated from a low of 4.0 percent in 1990 and 1992, tripling to 12.0 percent in 2000 and halving to 6.7 percent in 2005 (GOM 2004). In Mongolia, there is low representation of women in the political sphere as evidenced by low participation of women in all public sector establishments. In 2000, women comprised 12.0 percent of legislators, 31.0 percent of senior officials in government agencies, and 13.0 percent of governors and heads of local self-governing bodies, 26.0 percent of directors and executive directors, and 39.0 percent of management in services, divisions, and bureaus. The 2002 Gender Empowerment Measure (GEM) of 0.458 indicates that "women's participation in political and economic life is low and [that] they lack authority in the public sphere."

■ Causation of Gender Inequality and Disempowerment of Women

The underlying cause of gender-based disparities is gender-based stigma (negative attitudes) and discrimination (negative behaviours) emanating from childhood through cultural traditions and social norms followed in the home and the community.

The more immediate cause of gender-based disparities can be viewed from the top-down and the bottom-up perspectives. From the top-down perspective, under the pre-1991 socialist system, a quota system "promoted women's participation in decision-making." During this political/economic/social transition period, women have faced barriers to obtaining high-level positions in

national and local government. From the bottom-up perspective, the ability of women to pursue employment has declined in parallel with the decline in State provision of childcare, resulting in the closing of cruches/kindergartens and the rising of demand-based cost for private child care. Additionally, women who had formerly worked for State-run industries during the socialist period -- with guaranteed employment benefits such as for maternity leave -- have turned to the less secure private informal sector for income generation during the transition period.

The poverty gap between females and males had increased across the geopolitical divisions of Mongolia -- as indicated in 1998 data by the incidence of poverty in female-headed households (43.8 percent in Ulaanbaatar, 53.2 percent in the aimags, 51.7 percent in the soums) as compared to male-headed households (21.4 percent in Ulaanbaatar, 39.1 percent in the aimags, and 28.5 percent in the soums) (GOM and UNDP 2003).

Table 3.9 1998 Poverty Level in Mongolian Households

Geopolitical Division	Percentage of Female-headed households living in poverty	Percentage of Male-headed households living in poverty
Ulaanbaatar	43.8	21.4
Aimag	53.2	39.1
Soum	51.7	28.5

Source: Government of Mongolia and United Nations Development Program (2003), Human Development Report Mongolia 2003: Urban-Rural Disparities in Mongolia, Ulaanbaatar

■ Challenge Ahead for Gender Equality and Empowerment of Women

The target for 2015 is a ratio of 1.0 for girls to boys in primary, secondary, and higher education - indicating equal opportunity. Mongolia must aim to progress from the 2005 ratios of 1.01 for primary school, 1.11 for secondary school, and 1.56 for higher education to this ideal 1.0 ratio over the next decade.

The target for 2015 is a ratio of 1.0 literate woman to men - indicating an equal opportunity which has already been achieved by Mongolia as of 2000.

The target set for 2015 is 50 percent of women in non-agricultural wage employment, which had been achieved at a level of 50.4 percent in 2000 and which has been surpassed at a level of 53.1 percent in 2005.

The target set for 2015 is 30 percent of National Parliament seats held by women. From the 2005 level of 6.7 percent, Mongolia must increase the number of women in the State Great Khural by almost five-fold over the subsequent 10 years. Alternatively, the target set for 2015 can be expressed as 45 percent of women in power and in decision-making roles.

The key challenges for achieving MDG #3 by 2015 include: (i) demands of the nomadic lifestyle on family labour needs, (ii) increased gender gap in high schools since more girls than boys complete primary school, (iii) discrimination against women for employment and for promotion into management positions, (iv) women in the private sector overcoming formal economic sector obstacles by entering the informal economic sector, (v) low participation of women in public sector at local government and national government levels, and (vi) correlation between increasing education and employment opportunities of women with increasing domestic violence and divorce rates (GOM 2004).

3.4 Mongolian MDG #4 and #5: Reduce Child Mortality and Improve Maternal Health

The health status of the child is integrally linked to the health status of the mother, since morbidity (illness) of the mother can result in mortality (death) for the mother herself, in morbidity for her child or in mortality for her child during the pregnancy,



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infancy, or under-age five years. Respecting these links, MDG #4 concerning child health issues and MDG #5 concerning maternal health issues are considered together.

3.4.1 Mongolian MDG #4: Reduce Child Mortality

Mongolian Target 7 is to reduce by two-thirds, between 1990 and 2015, the under-five mortality rate. The thirteenth Mongolian indicator is Infant Mortality Rate (IMR, death of children under age 12 months, expressed as per 1,000 live births), the fourteenth Mongolian indicator is Under-Five Mortality Rate (U5M, death of children under age 5 years, expressed as per 1,000 live births), and the fifteenth Mongolian indicator is the proportion of 1-year-old children immunised against measles.

For morbidity and mortality statistics on children, there are overlaps for the first day of life, the perinatal period (within the

first week of life), neonatal period (within the first 28 days of life), infancy period (from birth to age 1 year), early childhood period (from birth to age 2 years), preschool period (age 3-5 years), and under age five years.

■ Current Situation of Child Morbidity

In Mongolia, the main causes of child morbidity in descending order are: (i) respiratory diseases, (ii) diarrhoea, (iii) perinatal pathologies from complications during the child birth process, (iv) injuries and poisoning, (v) infectious and parasitic diseases, and (vi) skin diseases.

Considering the urban-rural disparity in morbidity of infants (age birth to 12 months) in 2005, respiratory diseases are 2.7 times higher for rural infants (16.5 percent urban versus 45.4 percent rural); digestive tract diseases are 2.0 times higher for rural infants (4.8 percent urban versus 9.5 percent rural); perinatal pathologies are 4.4 times lower for rural infants (3.1 percent urban versus 0.7 percent rural); traumas and poisoning are 1.7 times lower for rural infants (1.2 percent urban versus 0.7 percent rural); infectious and parasitic diseases are 2.7 times lower for rural infants (0.8 percent urban versus 0.3 percent rural); and skin diseases are 1.3 times lower for rural infants (2.1 percent urban versus 2.8 percent rural) (MOH 2006).

Considering the urban-rural disparity in morbidity of children under age 5 years in 2005, respiratory diseases are 2.2 times higher for rural infants (18.4 percent urban versus 41.7 percent rural); digestive tract diseases are 1.8 times higher for rural infants (4.7 percent urban versus 8.5 percent rural); traumas and poisoning are 3.1 times lower for rural infants (4.1 percent urban versus 1.3 percent rural); infectious and parasitic diseases are 1.3 times lower for rural infants (2.5 percent urban versus 1.9 percent rural); and skin diseases are 1.2 times lower for rural infants (3.2 percent urban versus 2.6 percent rural) (MOH 2006).

Table 3.10 Infant and Child Morbidity by reason and location, 2005 (percent)

	Children age 0-1 year		Children age 1-4 years	
	Urban	Rural	Urban	Rural
Respiratory system diseases	16.5	45.4	18.4	41.7
Digestive system diseases	4.8	9.5	4.7	8.5
Perinatal pathologies	3.1	0.7	0	0
Traumas and poisoning and consequences of other external cause	1.2	0.7	4.1	1.3
Infectious and parasitic diseases	0.8	0.3	2.5	1.9
Skin diseases	2.8	2.1	3.2	2.6

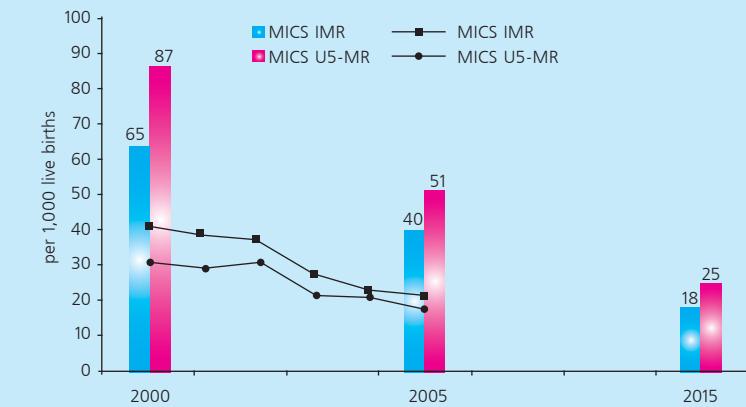
Source: Ministry of Health (2006), Health Indicators 2005, Ulaanbaatar

■ Current Situation of Child Mortality

Both IMR and the U5-MR have decreased significantly over the past five years. Comparing 2000 to 2005, the IMR has declined by 36 percent - from 64 per 1,000 live births in 2000 to an estimated 40 per 1,000 live births in 2005, and the U5-MR has declined by 41 percent - from 87 deaths per 1,000 live births in 2000 to 51 deaths per 1,000 live births in 2005 (MICS 2005). If this trend can be sustained it should be possible to reach the recently revised and ambitious MDG goals for IMR and U5-MR.

Regarding the IMR, while MICS data and MOH data agree on the trend in the falling IMR, even lower mortality levels are reported through the Ministry of Health sentinel site information system. The reason for these even lower mortality level can partly be explained by underreporting of neonatal deaths in the routine data system. In Mongolia, close to half of all infant deaths (46 of every 100) take place during the neonatal period - the first month of life. Parents have had a tendency to delay in registration of births of their infants. Corresponding to this delay in birth registration is the underreporting of child deaths. So, different infant mortality statistics do not directly reflect deficits in the quality of MOH monitoring systems.

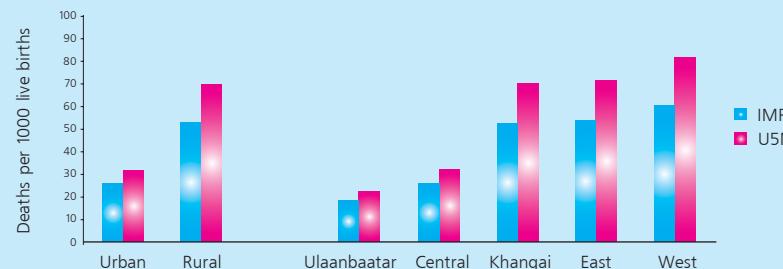
Figure 3.5: IMR and U5MR, 2000-2005, 2015 target



Source: Ministry of Health, Health Indicators 2000-2005, Ulaanbaatar. National Statistical Office, Mongolia Child and Development 2005, Multiple Indicator Cluster Survey 3 (MICS3), Ulaanbaatar

Both the IMR and U5-MR vary across Mongolia depending on the geographical location, education level, and socio-economic status of the mothers. Considering IMR and U5-MR by geographical location, the significant urban-rural disparity is highlighted by the IMR of 25 deaths per 1000 live births in urban areas compared to 52 deaths per 1000 live births in rural areas - more than twice as high in rural areas - and by the U5-MR of 31 in urban areas compared to 69 deaths per 1000 live births in rural areas - again more than twice as high in rural areas. More specifically, the Western Zone has twice the rates as the Central Zone and thrice the rates of Ulaanbaatar (see Figure 3.6). The IMR is 18 infant deaths per 1000 live births in Ulaanbaatar compared to 59 infant deaths per 1000 live births in the Western Zone - 3.2 times higher. The U5-MR is 22 deaths per 1000 live births in Ulaanbaatar compared to a significantly higher 80 deaths per 1000 live births in the Western Zone - 3.6 times higher. The IMR and U5-MR decrease with lower educational levels and lower socioeconomic status of the mother.

Figure 3.6: Infant and under five mortality rates, by region and rural/urban, 2005



Source: National Statistical Office, Mongolia Child and Development 2005, Multiple Indicator Cluster Survey 3 (MICS3), Ulaanbaatar

■ Causation for Child Morbidity and Mortality

The overall factors influencing the morbidity rates and the morbidity rates for infants and children under age 5 years include: (i) poverty, (ii) specific vulnerabilities, (iii) community monitoring for safety and security, (iv) home environment through lifestyle of parents, (v) child care services, (vi) food and nutrition status, (vii) quality of water and sanitation, (viii) quality of medical services and assistance, (ix) access to preschool education, and (x) child protection services.

■ Challenge Ahead for Child Morbidity and Mortality

The 36 percent decline in IMR and 41 percent decline in U5M during the five years between 2000 and 2005 are positive trends that, if sustained, should enable reaching this 67 percent target by 2015. The immunization rate, at 98.8 percent in 2005, is close to the ideal 100 percent which could be achieved by 2015.

The challenges for U5M include: (i) implementing foetal, peri-natal, neo-natal, and infant care measures, (ii) implementing IMCI-linked child health programs, (iii) decreasing urban/rural disparities, (iv) decreasing intra-urban disparities especially regarding the ger districts, (v) improving parental education, and

(vi) promoting reproductive health through implementation of the National Reproductive Health Program (GOM, 2004).

3.4.2 Mongolian MDG #5: Improve Maternal Health

■ Current Situation of Maternal Health

Mongolian Target 8 is to provide access for all individuals of appropriate age to required reproductive health services, and to reduce by three-quarters, between 1990 and 2015, the maternal mortality rate. The sixteenth Mongolian indicator is the Maternal Mortality Ratio (MMR, expressed as per 1000 live births), and the seventeenth Mongolian indicator the proportion of live births attended by skilled health personnel.

Considering the sixteenth Mongolian indicator, the MMR deteriorated sharply during the initial years of transition have since then improved considerably. The MMR was at a high of 259 per 100,000 live births in 1993 - decreasing almost by half to 158 per 100,000 live births in 2000, decreasing to 98.8 per 100,000 births in 2004 and decreasing further to 93.0 per 100,000 live births in 2005 (MOH 2005). By location in 2003, there were 134 maternal deaths per 100,000 live births in Ulaanbaatar compared to 93.7 maternal deaths per 100,000 live births in the aimags (MOH 2003a).

Table 3.11 Maternal Mortality Ratio in Mongolia by Year

Year	Maternal Mortality Rate (number of maternal deaths per 100,000 live births)
1990	89 versus 122
1992	129
1993	259
2000	158
2003	177
2004	98.8
2005	93.0

Source: Ministry of Health (2005), Health Statistics, Ulaanbaatar

■ Current Situation of Access to Maternal Health Services

Considering the seventeenth Mongolian indicator, the proportion of births attended by skilled health personnel has remained relatively stable at 99.9 percent in 1990, 99.8 percent in 2000, and 99.2 percent in 2005 (MOH 2005). These national figures on childbirth are comforting but misleading -- disaggregation of data by type of facility, geopolitical location, and trimester of pregnancy reveals cause for concern. Further, this indicator tigers questions about general access to health care services by women of reproductive age for both pregnancy and childbirth.

■ Care during Pregnancy

Attendance in medical clinics in the early stages of pregnancy and monitoring of pregnancy by specialists through delivery are crucial to preventing complications during pregnancy and childbirth. Access to health services by pregnant women for the entire period of pregnancy increased during the initial years of this decade from 91 percent in 2000 to 96 percent in 2003; increased during the first trimester (conception to 3 months gestation) from 66 percent in 2000 to 74 percent in 2003; decreased during the second trimester (4 to 6 months of gestation) from 24.5 percent in 2000 to 20.9 percent in 2003; and decreased during the second trimester (7-9 months of gestation) from 9.8 percent in 2000 to 5.3 percent in 2003.

Table 3.12 2000-03 Trend in Access to Medical Services by Pregnant Women

Year	Percentage of Pregnant Women under Medical Observation			
	Entire Pregnancy	First Trimester	Second Trimester	Third Trimester
2000	91	66	24.5	9.8
2003	96	74	20.9	5.3

Source: Ministry of Health (2001c, 2004d), Ulaanbaatar

■ Type of Facilities for Childbirth

Between 1998 and 2003, childbirth at home declined by 50 percent, childbirth with assistance of midwives declined by 13 percent, but childbirth under observation of physicians increased by 19 percent (MOH, 2003b). However, numbers of women are still giving birth in an environment not meeting sanitary requirements, in places without professional doctors, at high risk.

In 2003, 69.6 percent of childbirths occurred in general hospitals with a full staff of obstetricians - both in cities and in aimags; 29 percent of childbirths occurred in soum hospitals; 0.8 of childbirths occurred at home; 0.5 percent of childbirths occurred in private clinics; 0.1 percent of childbirths occurred in the medical assistant's room. 0.4 percent of women gave birth without receiving any medical assistance. In 2003, 10 percent of pregnant women required a Caesarean section; out of this 10 percent, of operative childbirths, 66 percent occurred in urban areas, 17 percent occurred in Ulaanbaatar, and 14 percent occurred in rural areas; again out of this 10 percent of operative childbirths, 78 percent occurred for younger women and 22 percent occurred for older women (MOH 2004d).

■ Spatial Distribution of Childbirth

With one-third of the population living in remote areas as nomads, Mongolia has recorded its successes in reducing maternal morbidity and mortality primarily through the establishment of maternity waiting homes for pregnant women. Ministry of Health data for 2003 indicated that one-fifth of pregnant women nationally and one-fourth of women in rural areas opted for use of a maternity waiting home. In 2003, the numbers of maternity waiting homes were: 335 nationally, 313 in soum centres, 20 in aimag centres, and 2 in other places. Out of these 335 maternity waiting homes nationally, 228 are located within hospitals and

107 are located in separate special buildings. Compared to 2002, the number of maternity waiting homes located in separate special buildings increased by 18.1 percent nationally in 2003.

■ Current Situation of Adolescent Health

The reproductive years are generally considered to span ages 15 to 49 years. Adolescence spans ages 10 to 19 years, a period which overlaps the early reproductive years. The knowledge, skills, and care which early adolescents (age 10-14 years) and late adolescents (age 15-19 years) receive can have profound effects on maternal morbidity and mortality. For Mongolia, the most pressing problems of adolescent health include injuries (especially car accidents), sexual and reproductive health, alcohol and tobacco consumption, and suicides.

Considering general adolescent morbidity, in 2003, 30 percent of early adolescents and 18 percent of late adolescents suffered from respiratory system diseases; 19 percent of early adolescents and 16 percent of late adolescents suffered from digestive tract diseases; 13 percent of early adolescents and 15 percent of late adolescents suffered from urinary tract diseases; other causes of illnesses affected 38 percent of early adolescents and 51 percent of late adolescents. Regarding injuries, in 2004, nearly 75 percent of children involved in car accidents were of school age.

More specifically considering sexual reproductive health, adolescent girls are vulnerable and require greater attention since they are not physically, emotionally, or psychologically prepared for pregnancy, childbirth, and handling the challenges of motherhood for infants and young children. The statistical data emphasize the imperative of ensuring greater attention towards the issues of pregnancy, childbirth, and abortion trends among adolescent girls.

Table 3.13 2003 Location of Childbirth and Type of Assistance during Childbirth

Year	Location and Type of Assistance	Percentage of Mothers Giving Birth under Specified Conditions
1998 - 2003	At home With assistance of midwives Under the observation of professional percent	Declined by 50% Declined by 13% Increased by 19%
2003	General hospitals in cities and aimags with a full staff of professional obstetricians Soum hospitals Private clinic At home In medical assistant's room Did not receive any medical assistance at birth	69.6% 29% 0.5% 0.8% 0.1% 0.4%
2003	Caesarean section in rural areas in Ulaanbaatar in other urban areas among older women among younger women	10% 14% of this 10% 17% of this 10% 69% of this 10% 22% of this 10% 78% of this 10%

Source: Ministry of Health (2001b, 2002, 2003b "Public Health Statistical Indicators", Ulaanbaatar

■ Adolescent Pregnancy Rates

Considering pregnancies in girls under age 20 years compared to pregnancies in all reproductive age females in Mongolia, girls under age 20 years accounted for 7 percent of all pregnancies in 2000 and 5 percent of all pregnancies in 2003 (MOH 2004d). The 2003 Reproductive Health Survey showed that, 77 girls aged 15-19 years were married and 91 percent had knowledge of contraception methods.

■ Adolescent Childbirth Rates

At the beginning of the political/economic/social transition in 1990, the childbirth rate for girls under age 20 years was 6

percent, but this rate increased to 10 percent by 1997. Since then, there has been a decline in the adolescent pregnancy rates and a corresponding decrease in childbirth rates among these adolescents. From the 10 percent high in 1997, the childbirth rates among girls under age 20 year declined to 7.41 percent in 1998 and then to 6.9 percent in 2003 (with 1 percent of these births occurring among girls under age 15 years and with 5.9 percent of these births occurring among girls age 15-19 years) (MOH 2004d).

The 2003 Reproductive Health Survey revealed that, of pregnant adolescent girls aged 15-19 years, 57 percent tended to have complications during delivery. Considering all age groups, the number of deliveries at home was the highest within this 15-19 year age group of pregnant women

■ Adolescent Abortion Rates

In 2003, girls under age 20 years constituted 6.1 percent of the total pregnant women, 8.3 percent of the total women opting for abortion, and 6.8 percent of the total women giving birth. Further disaggregating the 2003 abortion data reveals that girls under age 20 years accounted for 8.3 percent (up from 6.6 percent in 2002), women aged 20-34 accounted for 65.7 percent, and women over age 35 years accounted for 26 percent (slight decrease from 2002) of total abortions in Mongolia (MOH 2004d).

■ Causation of Negative Factors in Maternal Health

The causes of maternal morbidity and mortality are political, economic, social, and individual (physiological/anatomical, psychological, and emotional).

Considering the political and economic causes, during the initial years of the transition in Mongolia, the Soviet Era support

for health services collapsed, including the ante-natal care facilities and the maternity hospitals for childbirth. Between 1990 and 1993, the MMR more than doubled. However, in recent years, the MMR has decreased as a result of new policies and programmes implemented by the Government of Mongolia, with economic and technical assistance from United Nations agencies and other donor organizations. By 2003, the MMR had decreased but was still above the 1990 Soviet Era level. Nevertheless, this decrease was a significant achievement given the logistical challenges of having to cope with severe weather conditions, low density of population, and limited resources.

The urban-rural disparity in access to quality medical services has persisted even though the Government of Mongolia has allocated a larger amount of health sector resources in the remote aimags. Since 2000, per capita expenditure on health has been higher than the national average by about 2-15 percent in the Western aimags and by 18-29 percent in the Eastern aimags. The Western aimags, where around 17 percent of the population resides, accounted for one-fourth of maternal deaths, whereas the Eastern aimags, where 8 percent of the population lives, accounted for one-tenth of maternal deaths (NSO 2003b).

Considering the social causes, during the last half of the 1990s, herder women accounted for 29 percent of the total number of pregnant women in Mongolia, but herder women accounted for 49 percent of the total number of mothers who died (MOH, 2003b). In 2003, Ulaanbaatar accounted for 40 percent of all maternal deaths nation-wide (MOH 2003b). This proportion is to be expected since women with complicated cases of delivery from rural areas - aimags, soums, and baghs - come to Ulaanbaatar in order to give birth.

Considering the physiological/anatomical causes, in 2003, 59 percent of women had pregnancy complications, 2 percent of women had delivery complications, and 13 percent of women

had post-delivery complications - with the remaining 26 percent of women having no complications (MOH 2003b).

■ Challenge Ahead for Improving Maternal Health

Over the subsequent decade, Mongolia must halve the MMR from the current 99 maternal deaths per 100,000 live births to the target of 50 maternal deaths per 100,000 live births set for 2015. How can Mongolia achieve this target?

Since the target for 2015 is 99.8 percent of births attended by skilled health personnel, Mongolia had achieved this level already in 1990 and 2000, with only a 0.6 percent decrease by 2005.

The general challenges for improving maternal health include: (i) providing access to quality health care in both urban and rural areas during the pre-conception, ante-natal, peri-natal, and post-natal periods, (ii) addressing problems posed by budgetary constraints and limited resources of rural clinics and hospitals, (iii) providing continuing medical education through distance learning centres for health care providers in rural areas, (iv) improving the consistency of transport for pharmaceuticals, medical supplies, medical equipment (with maintenance), (v) improving referral systems from primary care to secondary care to tertiary care, (vi) promoting reproductive health and family planning for high-risk groups, (vii) developing the infrastructure for emergency obstetric care, (viii) raising awareness on maternal health issues across the population, especially adolescents and vulnerable groups, and (ix) building partnerships with communities (GOM 2004).

3.5 Mongolian MDG #6: Combat STI/HIV/AIDS and Tuberculosis, and Reverse Other Diseases

There is a direct causal relationship between sexually transmitted infections (STI) and between Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). There is now strong evidence that other STIs increase the risk of HIV transmission. STIs and HIV can be co-transmitted. Also, a person living with HIV/AIDS is at greater risk for acquiring tuberculosis as an opportunistic infection, and a tuberculosis patient is at greater risk for acquiring HIV transmission because of having a weakened immune system.

3.5.1 HIV/AIDS and STIs

■ Current Situation of HIV/AIDS

Mongolian Target 9 is to halt by 2015 the spread of HIV/AIDS and prevent form spreading. The first case of HIV in Mongolia was reported in 1992, and the Mongolian Parliament passed the Law of Mongolia on AIDS Prevention in 1994. The second, third, and fourth cases of HIV were officially reported in 1997, 2001, and 2003, respectively. The National Strategy to Respond to HIV/AIDS in Mongolia was approved in 2003 by the Public Health National Committee, which coordinates and monitors the National Program for Infectious Disease Control and its Sub-programme on HIV/AIDS/STI Prevention for 2002-10 (MOH 2004b). The HIV/AIDS law was revised in early 2004, and the fifth case of HIV was reported in late 2004. Thus, over a twelve-year period, Mongolia had only five HIV cases officially reported. Then in 2005, there was an escalation, with eleven new HIV cases officially reported, combined with sensationalizing of the situation by the media. In 2006, the Government of Mongolia has undertaken a few essential steps in adopting the principle of "Three Ones". In this regard, the National AIDS Committee chaired by the Deputy Prime-Minister of Mongolia was re-established,

National AIDS programme monitoring and evaluation indicators were set and the National AIDS strategy was revised in 2006.

Between 1992 and October 2006, Mongolia has officially reported 25 HIV cases including four AIDS-related deaths. The country has maintained its low prevalence HIV/AIDS status, with HIV adult prevalence rate of 0.001 percent (MOH 2006).

■ Risk Factors for HIV Transmission

Risk factors for HIV transmission include the high rates of sexually transmitted infections (STIs) and tuberculosis, the low rate of condom usage, alcohol misuse and abuse, domestic violence, increased internal migration of the population, and open borders with two countries having concentrated HIV/AIDS epidemics (the Russian Federation to the north and with the People's Republic of China to the south). Poverty is the foundational risk factor.

■ Current Situation of STIs

The most significant risk factor for HIV/AIDS transmission in Mongolia is the escalating rates of STIs. According to Human Development Report Mongolia 2003 and Health Statistics 2005, during this political/economic/social transition between 1991 and 2000 and 2005, syphilis incidence increased from 3.7 to 6.92 to 9.42 cases per 10,000 population, and gonorrhoea increased from 9.4 to 23.06 to 25.15 cases per 10,000 populations, with "almost half" of these increasing rates occurring in the unemployed and homeless segments of the Mongolian population (MOH 2006). The Directorate of Medical Services under the Ministry of Health stated that, of all reported infectious diseases, STIs represented 35.9 percent in 1998, 42.2 percent in 2002, 43.3 percent in 2003, and 47.4 percent in 2005 (reported for syphilis, gonorrhoea, and trichomonas).

■ Causation for STIs

The sharp rise of STIs in recent years is related to: (i) increased diagnosis and reporting of STIs attributable to significant changes in public attitude toward STIs and HIV/AIDS as well as inclusion of the STI tests in the content of antenatal care, (ii) the limited capacities of diagnostic laboratories and the shortage of pharmaceuticals for standard STI treatment due to State budgetary constraints, (iii) increasing poverty, (iv) unemployment, (v) internal and external migration, (vi) the decreasing age of girls involved in sex work, (vii) the spread of sex work especially across urban areas, (viii) and increasing alcoholism. So, social and economic factors strongly influence the high STI rates in Mongolia.

■ Current Situation for Prevention of HIV/STI Transmission

Condoms -- male condoms and female condoms -- are the only barrier method for HIV/STI transmission prevention. According to the MICS, the use of traditional (rhythm/calendar) or modern (condom, injection, intrauterine device, and pill) contraceptive methods – increased overall in Mongolia from 54 percent in 2002 to 66 percent in 2005. In 2005 in Ulaanbaatar alone, the use specifically of modern contraceptive methods was 55 percent. The use of modern contraceptives may be increasing in Mongolia, but the selection of condoms as the type of modern contraceptive is generally decreasing in the population. According to Ministry of Health statistics, condom use decreased overall in Mongolia from 26.2 percent in 2002 to 18.0 percent in 2003 but then increased to 27 percent in 2005. Condom use also decreased in Ulaanbaatar from 39.2 percent in 2002 to 23.1 percent in 2003 but then increased to 34.6 in 2005 (MOH 2002, 2003b and 2006).

3.5.2 Tuberculosis

Mongolian Target 10 is to reverse the spread of tuberculosis by 2015. The eighteenth Mongolian indicator is the prevalence rates associated with tuberculosis Expressed as per 100,000 populations; the prevalence rate of tuberculosis in Mongolia has increased markedly from 79 in 1990, to 121 versus 125 in 2000, to 177 in 2004, to 178.8 in 2005. In 2005, children accounted for 14.5 percent of all detected tuberculosis cases. The nineteenth Mongolian indicator is the death rates associated with tuberculosis. Expressed as per 100,000 populations, the death rate of tuberculosis in Mongolia populations has fluctuated from 4.9 in 1990, to 3.2 in 2000, to 3.8 in 2005. The twentieth Mongolian indicator is the proportion of tuberculosis cases detected and cured under Directly-Observed Treatment Short Course (DOTS). The proportion of tuberculosis cases detected and cured under DOTS in Mongolia has increased steadily from 31.4 in 1990, to 80.9 in 2000 and to 83.8 in 2005.

■ Challenge Ahead for STI/HIV/AIDS and Tuberculosis

During 24 - 27 October 2006, Mongolia hosted in Ulaanbaatar the "Low to Zero: First Asia-Pacific Conference on Universal Access to HIV Prevention, Treatment, Care, and Support in Low Prevalence Countries. How can Mongolia maintain its low prevalence rate of HIV/AIDS?

The challenges for STI/HIV/AIDS include: (i) strengthening control over the high STI prevalence rates, (ii) improving surveillance, research, and monitoring systems to facilitate early detection of STI/HIV/AIDS, (iii) establishing modern diagnostic laboratories that are reliably functional at primary, secondary, and tertiary levels of health care, (iv) strengthening partnerships between governmental organizations, non-governmental organizations, and the private sector for raising awareness on STI/HIV/AIDS, (v) enhancing the involvement of non-health

sector organizations in the response to STI/HIV/AIDS, (vi) scaling up BCC interventions for youth and high-risk groups (including access to barrier contraception methods such as male condoms and female condoms), and (vii) improving the understanding of confidentiality among health care providers (GOM 2004).

How can Mongolia decrease the prevalence rate of tuberculosis from the high of 178.8 tuberculosis cases per 100,000 populations in 2005 down to the target of 100 tuberculosis cases per 100,000 population set for 2015? There must be reconciliation between the expectation by 2015 of 0 tuberculosis deaths per 100,000 population and 100 percent of tuberculosis cases detected and cured. If tuberculosis is not cured, the disease process results in worsening pulmonary function, milliary dissemination to other organ systems, and eventual death.

The challenges for tuberculosis include: (i) improving the detection of tuberculosis amongst high-risk groups, (ii) extending coverage of DOTS to soums, (iii) increasing the use of DOTS by family doctors, and (iv) covering the families of herders and migrants with BCG vaccination (GOM 2004).

3.6 Millennium Declaration: Protecting the Vulnerable -- Child Protection

"Protecting the Vulnerable" is covered in the Millennium Declaration under Clause VI, Paragraph 26. There is no separate global or Mongolian MDG for protecting vulnerable children.

3.6.1 Child Protection Issues

Child protection calls for assuring all children an 18-year period of growth and development consisting of: (i) affection and care in the family (ii) support of the community, and (iii) freedom from abuse and violence. According to the UN



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Convention on the Rights of the Child (CRC), all children less than 18 years old have a right to be protected from: (i) economic exploitation, (ii) hazardous and forced labour, (iii) physical, sexual or psychological abuse, (iv) prostitution, (v) mobilization in armed conflicts, (vi) trafficking, and (vii) sexual exploitation.

The child protection issues most relevant to Mongolia are: (i) child labour, (ii) children with development difficulties, (iii) children without caregivers: orphans, street children, care centres, (iv) sexual exploitation of children, (v) trafficking of women and children, and (vi) child abuse, violence, and crime: child victims and child perpetrators.

Data from both governmental and non-governmental organizations have made the following estimates for children in need of protection in Mongolia:

Table 3. 14 Need for Child Protection in Mongolia

Category of children needing protection	Number of children by past years	Number of children by most recent year
Children under age 18 in Mongolia	-	Year 2005 ^a : 1,076,817
Children in care centres	-	1,186 ^d
Disabled children	Year 2000 ^a : 8,725	Year 2004 ^b : 7,673 (This figure represents a 12.1% decrease in 4 years)
Orphaned children	Year 2000 ^a : 4,312	Year 2005 ^a : 5,449 (This figure represents a 20.9% increase in 4 years)
Children engaged in economic activities	-	Year 2002-2003 ^c : 68,580 children = 10.1% of children aged 5-17 years. 61% boys : 39% girls 75% in school : 25% out-of-school
Children engaged in hazardous labour	-	1,871 ^c children 65% boys : 35% girls (Most of them are engaged in the informal mining)
Girl children engaged in sex work	Year 2001 ^d : 38	Year 2005 ^e : 215 (This figure represents an 82.3% increase over 4 years)
Children in conflict with the law	Year 2002 ^d : 1,703	Year 2005 ^d : 1,332 (This figure represents a 21.8% decrease over 3 years)

Source: a - National Statistical Office (2000a and 2005), Mongolian Statistical Yearbooks, Ulaanbaatar; b - MOECS and UNICEF (2006), Situation of the Children with Development Difficulties, Ulaanbaatar; c - National Statistical Office (2004), National Child Labour Survey, Ulaanbaatar; d - Ministry of Justice and Home Affairs (2005); e - Elimination of Child Pornography and Child Prostitution and Trafficking.

The 2001 National Poverty Inspection revealed that 47 percent of very poor Mongolian citizens are children, and one out of every five children of very poor households is a school drop-out (MSWL 2001). Due to poor family financial conditions, there is an increasing trend over recent years of children being denied an education and entering the workforce.

Considering traditional herder families, the education of both boys and girls requires attention so that the intellectual capacities of these children can develop and so that their choices can expand for their future adulthoods, especially concerning the diversification of means to generate a livelihood.

Considering children working in mines, a 2002 study conducted by the Public Health Institute revealed that 35 percent of these children were never enrolled in schools or dropped out of schools. However, 83 percent of school drop-outs, especially young children, were extremely interested in studying and continuing with their education (PTRC 2002b).

Considering children working in markets in Ulaanbaatar, approximately 50 percent did not attend school, although 40 percent of them expressed an interest to do so. The school enrolment rate of market-labourer children from migrant households is lower compared to other children - 21 percent of these migrant children fail to enrol themselves in school since they have no official civil registration (CSD 2002).

The Mongolian Red Cross Society conducted a survey on children working at waste disposal points and found that approximately 33 percent have never been enrolled in school and that two-thirds have dropped out of school.

10.1 percent of children were engaged in economic activities, representing 5.7 percent of the total children aged 5-17 years (See Table 3.17).

3.6.2 Child Labor

■ Children Working in the Household Economy

The Baseline Survey on Child Domestic Workers in Mongolia (PTRC 2005a) covered numbers and percentages of children working in the household economy for disaggregating by age, gender, and location. The mean age of children working in the household economy was age 13 years for boys and age 14 years for girls. By location, there were 6,148 children employed as domestic workers in the six central districts of Ulaanbaatar and that there were 30,427 children employed as domestic workers in rural aimags. The sex ratio for child domestic workers 130.9 girls per 100 hundred boys in Ulaanbaatar but was 180.9 girls per 100 boys in rural areas.

In rural areas, children ostensibly employed for herding the livestock of other families spend more time on housework than herding. Division of labour for boys and girls working for a herder family was very different. Girls were involved in indoor activities such as cleaning animal pens and preparing dairy product, while boys were involved in outdoor activities such as carrying water, preparing firewood, shearing wool, herding livestock, and looking for lost livestock.

■ Children Working Outside of the Household Economy

According to the Survey on Child Labour (NSO 2004a), 7 percent of children aged 5-9 years, 7 percent of those aged 10-14 years, and 19 percent of 15-17 year-olds were employed outside the household economy.

Half of the children employed outside the household started working when they were under 13 years old. 22 percent of these children reported working outside of the household in order to

acquire work practice and experience. Most of these children worked in pastures tending livestock, in fields tending agricultural crops, in their employer's house, in a shop, or at the market.

■ Self-employed Children

Looking at the informal sector in Mongolia, many children work there. One study (ME Consulting 2005) found that approximately 4,900 children aged 9-17 years old were working in the informal sector in Ulaanbaatar. Over 60 percent of children working in the informal sector were mainly engaged in activities such as retail/petty trading, porter services and selling newspapers and magazines.

■ Children with Paid Jobs

According to the Survey on Child Labour (NSO 2004a), children aged 15-17 years employed at paid jobs worked on average for over 50 hours per week - much more than the ILO-designated normal working hours per week for adults. Even though the number of children employed in such overtime work is relatively small, the survey report emphasized the need to focus on this labour conditions issue.

3.6.3 Children with Development Difficulties

A 2005 NSO study estimated that there were nearly 69,300 disabled people in Mongolia, including 7,673 disabled children age 0-19 years distributed across the following age groups: (i) 0.7 percent age 0-4 years, (ii) 2.1 percent age 5-9 years, (iii) 3.6 percent age 10-14 years, and (iv) 6.3 percent age 14-19 year. Of these 7,673 disabled children, boys accounted for 54 percent and girls made up 46 percent. Of these 7,673 disabled children, 72 percent had been disabled since birth, and 28 percent became disabled later in their lives. Of those who had become disabled later in life, 60 percent were boys, and 40 percent were girls. The proportion of children with mentally disability, visual impairment,

and physical handicaps was the highest among disabled children in the age group 0-15 years. At the national level, there were 5,672 children disabled children of school-going age (7-17 years) - 37 percent living in Ulaanbaatar, aimag centres and settlements and the remaining 63 percent living in rural areas, soums and baghs.

3.6.4 Orphans

Orphans represent an extremely vulnerable segment of society. Although the National Statistics Office publishes every year the total number of one parent deceased and full orphans (both parents deceased), there is a general lack of specialized information on the well-being of these orphans. Available data suggests that there has been an increase in the number of orphans since 2002. Comparing 2002 and 2005 data across Mongolia, the numbers of both parents deceased increased from 4,712 to 5,449 children, and the numbers of one parent deceased increased from 43,569 to 47,088 children.

The number of orphans among street children constitutes a small percentage, but this percentage increased from 20 to 38 percent between 1999 and 2004. This situation suggests indifference on the part of the local administration to identify appropriate caregivers for orphans or towards transferring them to State welfare institutions.

Although orphans are taken in by care centres operating in the three largest cities of Mongolia - Ulaanbaatar, Darkhan (in Darkhan Uul Aimag), and Erdenet (in Orkhon Aimag) - many orphans are left outside the framework of the social welfare system. Considering their available space and staffing, some care centres are simply over-crowded - with former street children, with children whose parents cannot provide for their needs, and with previously placed orphans. The Ulaanbaatar Orphanage, which has a capacity for only 102 children, provides services for nearly 270 children annually.

The State orphanages can consider children of kindergarten age to be eligible for adoption to various citizens. Prospective adoptive parents are evaluated based on the information provided by the governor of the district in which the prospective adoptive family resides. There are no specific provisions in the laws and regulations that identify the Ministry directly responsible for child adoption issues in Mongolia. The Law on Social Welfare has a provision for incentives which should be paid from the State social welfare fund to individuals who adopt children, but the law is unclear about how this incentive should be paid. Of great concern, there is no follow up monitoring of adopted children. Monitoring is essential, since bad treatment of adopted children would defeat the entire purpose of ensuring the realization of the rights of these children.

3.6.5 Street Children

Facts and figures on street children are contradictory. Until the political/economic/social transition begins in 1990, the phenomenon of "street children" was unknown in Mongolia. However, throughout the 1990s, the number of street children escalated as children became lost during migration, were abandoned, ran away from dysfunctional homes, or were orphaned. During 2000 - 03, "estimates given by various agencies and studies put the numbers of street children from 3,700 to 4,000, but the validity of these numbers is hard to substantiate" (MJHA 2003, MOH and UNFPA 2001, and World Bank 2001). Since 1999, there has probably been an overall decline in the number of children on the street due to interventions of social services centres operated both by governmental and non-governmental organizations. Many of the children who have grown up on the streets are adversely influencing the lives of new, younger street children. Currently, in order to guide these older street children, the State authorities are intensively registering street children aged 16 years and older in order to offer catch-up basic education and vocational training in special centres.

Between 1999 and 2004, the number of newly registered children in the Child Address Identification Centre (CAIC) went up by 38 percent because of intensified efforts to get the children off the streets, reunited with parents, or into care centres. In 2004, there were 903 street children registered at the national level - half the number in 2001 (MJHA 2005). If the former street children growing up in care centres were to be included, this number of registered street children would rise by at least 200 to 300 from 903 to 1200 or 1300 street children. Considering Mongolia as a whole, 75 percent of the street children reside in Ulaanbaatar.

According to CAIC data, 45 percent of street children reported choosing this lifestyle on their own, 34 percent reported living in the streets to escape domestic violence, and 21 percent reported living in or of the street for other reasons. Approximately 33 percent of the street children who ran away from home to escape domestic violence had been beaten by a family member. These children were under immense pressure from people closest to them like parents or siblings.

3.6.6 Child Care Centers

In Mongolia, care centres - 8 domestic and 24 foreign (MSWL 2005) - help to identify children who are not under the supervision of a parent, other relative, or guardian. The Child Address identification Centre (CAIC), the Child Care Centre (with its infant nursing home and kindergarten), the Child Labour Education and Training Centre (CLET), and the Living Skills Centre are four such institutions. Four institutions are financed from the State budget, and 23 such institutions operate in the capital city Ulaanbaatar (where 75 percent of the street children of Mongolia reside). In 2003, these institutions provided services to 1,030 street children, one-third of whom were provided services by State care centres and two-thirds of whom were

provided services by international and private care centres. In order to protect younger children from the adverse influence of older children who have lived on the street for many years, adolescent children aged 16 years and older are registered and educated in special training centres like the CLETC and the Living Skills Centre.

3.6.7 Sexual Exploitation of Children

Sex work is one of the most tragic forms of child labour that emerged during the transition years in Mongolia. Unfortunately, the numbers of young people in sex work seem to be rising. Since sexual exploitation of children is often hidden and rarely attracts attention from legal institutions, official statistics are likely to be a gross underestimate.

The involvement of underage girls in sex work is increasing in large urban centres with developed infrastructures - Ulaanbaatar, Darkhan-Uul Aimag with the large city Darkhan, Orkhon Aimag with the large city Erdenet, Selenge Aimag, Dornod Aimag, and Zamiin-Uud (city on border of People's Republic of China).

According to official statistics, 38 girls were sexually exploited in 2001. By 2004, the number had reached 215 (PRD of GPD 2005). According to a survey conducted by ECPAT (Elimination of Child Pornography and Child Prostitution and Trafficking) in 2004, of the 260 children and adult sex workers who were detained by the police, 25 percent were aged 13-18 years. According to another recent survey, two-thirds of the total number of sex workers was children who had run away from home, were living in the streets, and were not enrolled at school (PTRC 2002c).

Among the major factors leading girls, and especially underage girls, into sex work are: (i) family crises such as domestic violence, (ii) harsh economic conditions ("income poverty"), (iii) "quality of life" poverty, (iv) lack of knowledge, (v) higher prices

offered by clients for underage girls because of their virginity and their low probability of having STIs/HIV, and (vi) other social and cultural factors causing distress.

State and community organizations have begun to cooperate in order to prevent sexual exploitation of adolescent girls. In 2002, Mongolia ratified the United Nations Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography. In 2003, ECPAT - the national network of government and non-government organizations - was established to raise public awareness on sexual exploitation of children and to strengthen the national capacity for analyzing and fighting child prostitution and trafficking.

In a survey, sexually exploited girls emphasized their needs for: (i) a safer profession, (ii) availability of options for safe housing (perhaps returning home), and (iii) obtaining psychological counselling and emotional support for recovery from the exploitation experience. However, child protection workers lack requisite knowledge and skills for helping girls who have been sexually exploited - there is no system of counselling and support in place for these girls. NGO staff working in this field have raised awareness that there is no system for ameliorating the root causes which initially increased the risk for these girls to become victims of sexual exploitation - stress from poverty, from work or living in poor households, and from an abusive family situation. Such a preventative system could provide: (i) assistance for poor households, (ii) psychological support for distressed families, and (iii) awareness-raising of the impact of abuse in the home and in the community.

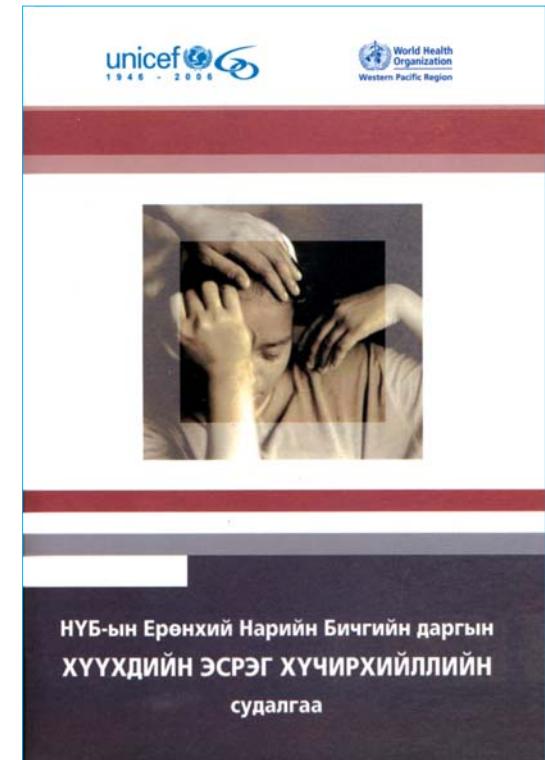
3.6.8 Trafficking of Women and Children

In the Asia-Pacific Region, women and children are trafficked for several possible reasons: (i) sexual exploitation, (ii) sex work, (iii) domestic labour, and 4) organ transplantation. There is increasing risk of trafficking of women and girl children from Mongolia to serve as sex workers in other countries because of: (i) the still relatively low risk of HIV/AIDS in Mongolia, (ii) the increasing number of Mongolian sex workers in settlements situated close to the borders of the Russian Federation and the People's Republic of China, and (iii) the lack of official monitoring and tracking mechanisms for Mongolian children (ILO/IPEC and MYDF 2001).

The Mongolian Centre for Human Rights and Development (CHRD) documented some trafficking cases. However, empirical data are scarce for trafficking of women and children, their places of origin, and the destinations of trafficking, as well as purposes of trafficking. Moreover, there are no estimates extrapolated from data generated through small sample sizes for specific trafficking studies or for other sociological studies. The CHRD survey on "Combating Human Trafficking in Mongolia: Issues and Opportunities" found that young, single women between the ages of 18 and 25 years are most at risk of being trafficked. Most of these women did not find out that they would be engaging in sex work until after arrival in the destination country, and none of them were prepared for the coercive working conditions that they encountered. All of the surveyed women worked in massage parlours or bars, where they were expected to provide massages as well as sexual services to customers.

In Mongolia, from the perspective of the women and children who are trafficked, the conditions leading to the increasing risk for this crime include: (i) the high level of poverty in the country, (ii) higher salaries offered abroad, (iii) the desire to live in other cultural environments, and (iv) the desire to become independent.

The craftiness of mediators in dissemination of inflated information (false advertising) deceives many girls and women, who become trapped in sex work abroad. According to CHRD anecdotal evidence, the women are recruited and transported abroad for the purpose of coerced sex work, after being deceived about the nature and/or conditions of the "employment" awaiting them. Most of these trafficked women were required to sign contracts, but the women were not told about the debts that they would "owe" or about the dangers that they might face. Ulaanbaatar, and other major urban centres, including Darkhan and Erdenet, and Er-lian (one of the cities in Inner Mongolia), are the main recruitment centres for traffickers, and China, Macao (a former Portuguese colony in southern China) and some other countries is the most common destination.



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3.6.9 Child Victims: Crime Committed against Children

Available official national data on crime against children reveal that, between 1999 and 2004, 686 children have died and 3,827 children have been injured as a result of crime. In 2004, 194 children lost their lives, and 667 children were injured as a result of crime. Ulaanbaatar accounts for 45 percent of the children who died and accounts 52 percent of the children who were injured as a result of crime. Although there is no data on the number of injured children who become disabled for life, children with physical handicaps account for 21 percent of disabled children (NSO 2004).

In Mongolia, children constitute one-sixth of all victims of domestic violence. One-third of children who run away from home and become street children (registered by the CAIC) have been beaten by a family member. These children have been under immense pressure from the people closest to them - their parents, siblings, or extended family members (MOH and UNFPA 2003).

Between 1995 and 2002, the National Centre against Violence (NCAV) attended to 6,310 victims of domestic violence, out of which 827 threatened women and 907 threatened children spent some time living under protection in shelters. Unfortunately, cases of child physical abuse and child sexual abuse often take place in the home amongst relatives - most of these incidents are seldom acknowledged or reported. Of the children covered by a survey conducted by NCAV and the Child's Rights Centre, 58 percent of children reported being victims of some type of abuse.

Children are more vulnerable to sexual abuse within the family home than elsewhere. Through a 2000-01 study, 86 cases of child rape were recorded - over half of these rapes were committed at home or in halls and basements of apartment buildings. According to another recent study, children accounted

for 60 percent of rape victims, distributed as 41 percent girls under age 15 years and 16 percent girls between 15-19 years. A further analysis of rapes committed from 2000 to the first half of 2002 showed that 60 percent of the perpetrators of rapes were strangers and 18 percent were acquaintances or stepfathers.

In a study conducted over seven months of 2002, 115 children aged 5-18 years were victims of rape. Children who do not study or work outside of the home seem to be easy targets of rape. From the study, the victims were 33 percent school drop-outs, 25 percent unemployed, and 20 percent school students. These child victims are also more at risk of suffering from health problems as a consequence of the rape. The 115 children were examined at the HIV/AIDS/STI Centre - 47 children had contracted STIs and 2 children had become pregnant.

Abuse among children themselves is widespread, extending beyond the home. A large proportion of children are subject to pressure and violence from their peers. A 2002 survey indicated that approximately 25 percent of children are more likely to suffer pressure from their peers than from any other social group (NCAV, GPD, and SCF 2002).

3.6.10 Children in Conflict with the Law

Between 2000 and 2004, data from the General Police Department (GPD) showed that the number of crimes committed by children declined slightly but that the actual number of children involved in crime increased. During this period, of the children involved in crime, 78 percent were age 14-15 years and 22 percent were age 16-17 years. In Ulaanbaatar, the number of crimes committed as well as the number of children involved in these crimes have increased, unlike in rural areas where only the number children involved in crime has increased.

A General Police Department report noted that children have recently become involved in serious and dangerous crimes like homicide, rape, theft, armed robbery, and arson. An analysis of the types of crimes committed by children revealed different crime patterns in rural areas versus urban areas and different crime patterns between categories of children.

During 2001-2004, in rural areas, crimes like homicide, rape and theft dominate, whereas in Ulaanbaatar crimes like mugging, robbery, hooliganism and crime against individual freedoms prevail.

Secondary school students accounted for 33 percent of the children in conflict with law, whereas street children accounted for 11 percent (one-ninth) of child-perpetrated crime.

During 2000-2001, of the children committing rape, 13-16 year olds accounted for 60 percent and 17-18 year olds accounted for the remaining 40 percent of the perpetrators. Approximately 80 percent of children committing rape were unemployed. The majority of victimized girls were out of school and unemployed.

During 2001-2004, theft, mugging/robbery, and hooliganism account for almost 70-80 percent of crimes committed by children. Although the number of cases of theft and hooliganism declined slightly, the actual number of children involved in these crimes remained relatively constant. Conversely, the actual number of children involved in mugging declined, but the number of cases of mugging remained relatively constant. The main of victims of hooliganism by children were their peers (NCAV, GPD, and SCF 2002). Also during this period, the number of homicides and "crimes against individual freedom" increased.

A 2001 survey by the National Human Rights Centre (NHRC) revealed that - of the nearly 70 children detained in the Gants Hudag Detention Centre - 60 percent of these children had been

detained without the legal assistance of an advocate because most of these children did not understand their rights and responsibilities. Also, most of the detained children belonged to low income families, and many of these children were one or both parents deceased without adequate extended family guidance in demanding their rights to access legal assistance from an advocate. Although expenses for legal assistance are provided by the courts to insolvent individuals, there have been cases in which these resources were diverted to other purposes. An unacceptably common practice of the courts is to appoint an advocate just before the court hearing, resulting in an inadequately prepared defence for the child.

The protection of rights of children in conflict with the law is an important element of child protection. During 2000-2003, the number of children under 16 years sentenced by the court increased by 10.8 percent, and the number of children with sentences other than imprisonment also increased. Then in 2004, these numbers decreased. Of the children sentenced by the court, over 10 percent are imprisoned, which leads to an annual increase by 150 to 200 in the number of children labelled as "juvenile delinquents". Of the sentenced juveniles, 30 percent tend to be illiterate and 10-15 percent is orphans and children who have run away from home (NHRC 2003).

3.7 Mongolian MDG #7: Environmental Sustainability

Mongolian Target 12 is to integrate the principles of sustainable development into country policies and programs. Without protection for the environment by adults now, the environmental degradation will have profound negative impacts on the lives of children later. The five Mongolian indicators will be discussed in terms of natural disasters and man-made disasters (affecting air, land, water, and sanitation issues) in Mongolia.



3.7.1 Natural Disasters

■ Current Situation of Natural Disasters

Mongolia, as a landlocked northern country, has extremely harsh natural conditions - especially climatic conditions - which significantly affect the lives of the population, children in particular. Natural disasters in Mongolia are frequent and are caused by: (i) severe rain storms, resulting in flooding which can wipe out "ger district" dwellings on hills in urban area, (ii) severe hail storms, resulting in crop damage in rural areas, (iii) severe snow falls, resulting in deep burying of forage, with consequent livestock death from starvation, (iv) drought, resulting in lack of growth of crops and livestock forage, and (v) sand and dust storms, resulting in sand from the Gobi Desert and dust from the grasslands blowing across settlements in both urban and rural areas, with consequent eye diseases and respiratory diseases.

The dzud is an environmentally devastating natural disaster in which heavy snowfall in winter is followed by severe drought in summer. As a consequence, livestock are unable to forage for vegetation and consequently starve to death.

During 1999 to 2002, Mongolia suffered severe droughts that affected over 60 percent of the nation's territory, and the associated dzuds destroyed more than one-third of the livestock in the countryside. During this three-year period, per capita livestock fell sharply from 16 to 9.7 animals per person - the lowest level in over 100 years. Approximately 2,369 households lost all their livestock, and over 10,000 households were left with less than 100 livestock (GOM and UNDP 2004). In rural areas in the year 2000 alone, nearly 450,000 people - mostly women and children - were affected by a dzud (MF and UNDP 2004).

There have been no comprehensive studies on the impact of natural disasters on the lives of children in Mongolia. Several recent small-scale studies have attempted to ascertain this impact: (i) the 2003 Survey on Determining Social and Psychological Needs of Children in Regions Affected by Dzud (UNDP 2003), (ii) the 2004 Report entitled "Effect of Natural and Climatic Changes and Evolution on Herder Household Livelihood" (MF and UNDP 2004), and (iii) the 2004 "Survey Report on Child Labour in Mongolia 2002-2003" (NSO 2004a). These studies point to increases in psychological stress, physical illness, and child labour.

As livestock die, the income of rural households declines. Children from rural herder households have suffered adverse symptoms after a dzud-induced loss of livestock. In a survey conducted among 276 children from four soums affected by dzud, 47 percent of the children revealed signs of psychological stress - characterized by expressions of disappointment, loss of self-confidence, nervousness and insomnia (UNFPA 2003).

An unfortunate consequence of livestock-depleted income loss has been the widespread increase in child labour. A recent survey (NSO 2004a) indicated that the share of working children in rural soums and bags is higher than that in urban districts - 22 times higher among children aged 5-9 years, 9 times higher among children 10-14 years, and 10 times higher among children 15-17 years. The dzud-induced increase in child labour has a gender bias. In rural areas, because sons tend the livestock in the fields with their fathers while daughters help with domestic tasks inside the ger with their mothers, the boys lose their herder role when the livestock die, and thus the number of boys seeking employment becomes higher than the number of girls seeking employment in the aftermath of a dzud (NSO 2004a).

3.7.2 Man-made Disasters

■ Current Situation of Air

Mongolian Target 12 includes combating air pollution in urban areas, especially in Ulaanbaatar. The twenty-third Mongolian indicator is the per capita carbon dioxide emissions (ton per person). Air pollution has been severely affecting the lives of children in Mongolia. Mongolia has one of the highest carbon dioxide emissions rates per capita in the Asia Region. In Ulaanbaatar, there are three power plants, over 250 small boiler rooms, and over 92,000 households using over 5 million tons of coal a year. Also, the streets of Ulaanbaatar have poorly maintained vehicles emitting exhaust, with the absolute number of vehicles in Ulaanbaatar having increased from 40,000 in year 2000 to 68,000 in year 2003. According to a 2002 survey conducted in Ulaanbaatar, the concentrations of certain air pollutants - sulphuric gas, nitric dioxide, and dust - are several times higher than standard levels. The highest daily average content of sulphuric gas in the air was several times higher than standard level (MNE 2003) The carbon dioxide emissions slightly increased from 4.08 tons per capita (9.9 percent) in 1990 to

4.19 tons per capita in 2000 (6.7 percent in 1998) but then increased by 1.4 tons to 5.61 tons per capita in 2005. The target for 2015 is 4.00 tons per capita.

The concentration of the air pollutants peak in the winter season, resulting in widespread respiratory diseases, which have emerged as the leading cause of children's illness. Surveys during 1998-2003 compared the affects of air pollution levels across the six central districts of Ulaanbaatar, and consistently the levels of respiratory diseases were highest in Bayanzurkh District. For 2003, the Ministry of Health reported that, of all children who feel ill, respiratory diseases accounted for 69 percent of children aged 0-1 years, 65 percent of children aged 1-4 years, 38 percent of children aged 5-9 years, 30 percent of children 10-14 years, and 18 percent of children 15-19 years (Udval 2003).

■ Current Situation of Land

The twenty-first Mongolian indicator is forested land as percentage of land area. In Mongolia, the percentage of land area covered by forest has remained relatively stable at 7.8 percent in 1990, 8.2 versus 8.5 percent in 2000, and decreasing back to 7.8 percent in 2005. Over the subsequent decade, Mongolia must increase the percentage of land area covered by forest from the current 7.8 percent up to the target of 9.0 percent set for 2015.

The twenty-second Mongolian indicator is the ratio of area protected to maintain biological diversity to surface area. The percentage of protected land area doubled or tripled from 3.6 percent versus 7.0 percent in 1990, to 13.1 percent versus 13.3 percent in 2000, to 13.4 percent in 2005. The target for 2015 is 30.0 percent. Over the subsequent decade, with a target of 30.0 percent set for 2015, Mongolia must almost triple the percentage of protected land from the current level of 13.4 percent.

■ Current Situation of Water

Mongolian Target 13 is to protect river and spring sources, and undertake rehabilitation measures for their protection. The 2003 Surface Water Measurement Study revealed that 12 percent of streams and rivers, 16 percent of water points, and 18 percent of ponds and lakes have dried up across Mongolia (MNE 2004).

Mongolian Target 14 is to halve, by 2015, the proportion of people without sustainable access to safe drinking water. The twenty-fourth Mongolian indicator 24 is the proportion of the population with sustainable access to an improved water source. In Mongolia, the proportion of the population with sustainable access to an improved water source increased from 30.8 percent versus 55 percent in 1990, to 37.0 percent versus 66 percent in 2000, to 66 percent in 2005. The target for 2015 is 70.0 percent.

The 2000 Survey on Sources of Water for the Mongolian Population revealed that 36 percent of the population uses wells and water supply points, 31 percent of the population uses a centralized water supply system, 25 percent of the population uses water delivered by special trucks, and 9 percent of the population depends on open natural water sources (streams, rivers, melted ice, or melted snow) (NSO 2001). However, across Mongolia in 2004, only 44.6 percent of the population had access to improved drinking water sources (GOM, UNDP, UNICEF, and WHO 2004).

A 2005 national survey of urban areas conducted by the Ministry of Health showed that only 27.7 percent of district schools and 16.1 percent of district hospitals had an institutional drinking water supply, but only 50 percent of these supplied institutions could meet the standard for safe water quality. Mongolia must increase by 4 percent the sustainable access to

an improved water source in order to progress from the current level of 66 percent to the 2015 target level of 70.0 percent.

■ Current Situation of Sanitation

Mongolian Target 15 is to achieve by 2015 a significant improvement in the lives of slum dwellers. The twenty-fifth Mongolian indicator is the proportion of the population with access to improved sanitation, which particularly concerns urban ger districts, which are underserved for community solid and liquid waste disposal.

In Mongolia, the percentage of the population with access to improved sanitation has remained relatively stable from 22.6 percent in 1990 to 23.0 percent versus 25.0 percent in 2000. The target for 2015 is 50 percent.

The results of a pilot study showed an urban-rural disparity regarding sanitation, with 42.6 percent of urban households but only 4.8 percent of rural households having access to improved sanitation facilities. In urban areas, the 2005 national survey showed that only 25 percent of district schools and 46.5 percent of district hospitals had an adequate sanitation system.

In the absence of statistics for 2005, over the subsequent decade, Mongolia must double from the 2000 level of 25 percent to the 2015 target of 50 percent the proportion of the population with access to improved sanitation.

■ Challenge Ahead for Environmental Sustainability

The challenges for reversing losses of environmental resources include: (i) developing appropriate institutions for pastureland management, (ii) reducing emissions from motor vehicles, (iii) using high-insulation building materials, converting from inefficient to efficient heating systems, and direct incentive

structures towards promoting conservation, (iv) protecting fragile ecosystems and wildlife, and (v) improving forest management (GOM 2004).

The challenges for access to safe drinking water include: (i) facilitating access to safe water for poor people in urban and rural areas, (ii) resolving ownership/management issues concerning deep water wells in rural areas in order to assign accountability for dysfunctional wells, (iii) rehabilitating water treatment facilities that were constructed two to three decades ago with now-outdated technology which requires high operating costs, and (iv) changing behavioural patterns concerning water use (such as awareness-raising on the need for conserving water and eliminating the harmful practice of using groundwater sources for consumption by both humans and livestock) (GOM 2004).

The challenges for improving lives of ger district dwellers include: (i) improving the housing conditions of low-to-medium income families and civil servants, (ii) improving living conditions in the ger districts, (iii) increasing public investment in sanitation and heating infrastructure, (iv) addressing issues of the homeless by providing shelter for people in extreme need, and (v) attracting local and foreign investment by public and private investors for the housing sector (GOM 2004).

3.8 Mongolian MDG #8: Global Partnership for Development

■ Current Situation of Global Partnership for Development

Mongolian MDG #8 is complex, with four targets and six indicators. Without a specified target number, the twenty-sixth Mongolian indicator tracks the proportion of Overseas Development Assistance (ODA) to basic social services (basic education, primary health care, safe water, and sanitation). The twenty-seventh Mongolian indicator tracks the unemployment

of 15-24 year olds. In Mongolia, the allocation of Overseas Development Assistance (ODA) to help build trade capacity has increased slightly from 0.0 percent at the start of transition in 1990, to 0.34 percent in 2000, to 0.41 percent in 2005. The allocation of ODA to basic social services has increased from 10.7 percent in 1990, to 18.9 percent in 2000, to 19.0 in 2005.

Mongolian Target 16 is to create favourable condition for achieving other MDGs through developing trading and financial systems. The twenty-eighth Mongolian indicator is the proportion of ODA provided to help build trade capacity. After joining the World Trade Organization (WTO) in 1997, Mongolia imposed a 5.0 percent tariff and a small tax on exports of raw materials - representing reductions from higher levels of import/export duties. However, Mongolia is the only WTO Member State which is not a party to any regional trade agreement.

Mongolian Target 17 is, in view of the special needs of a landlocked country, create favourable conditions to access the sea, improve the efficiency of transit transportation through the territory of foreign countries, and increase transit transportation through the territory of Mongolia. Mongolia has open borders with the Russian Federation to the north and with the People's Republic of China to the south. These open borders for trade-related transport also put children at risk for human trafficking. Therefore, border check-points must be vigilant about how and with whom children cross borders.

Mongolian Target 18 is to develop a debt strategy to ensure sustainability of external and internal debts for the long run and to study methods applied nationally and internationally to manage debt issues without adverse effects on the budget and economy of Mongolia. The twenty-ninth Mongolian indicator is debt service as percentage of exports of goods and services. At the beginning of 2004, Mongolia settled its debt problem with the former Soviet Union through bilateral negotiations which ended

with cancellation of 98.0 percent of the debt and with payment of the remaining 2.0 percent of the debt. However, during the transition, Mongolia has become one of the most dependent countries in the world, as illustrated by the ODA averaging 20 percent of the GDP. Between 1991 and 2003, the external debt of Mongolia increased from 6.0 percent to 10.2 percent of the GDP. The majority of debt is held by the Government of Japan, the Asian Development Bank, and the World Bank. The World Bank and the International Monetary Fund (IMF) consider this debt level to be sustainable (without requiring restructuring of debt service). However, by 2008, Mongolia could become a Highly Indebted Poor Country (HIPC).

Mongolian Target 19 is to introduce new information and communication technologies and to build an Information Society. The thirtieth Mongolian indicator is telephone lines and cellular subscribers (per 1,000 populations). The thirty-first Mongolian indicator is personal computer use and Internet users (per 1,000 populations). Mongolia is motivated to build a knowledge-based society" as the foundation for becoming an "Information Society" in order to compete in the world markets. During 1998-2003, the growth of the older fixed telephone technology (6.0 percent) was massively overtaken by the growth of the newer cellular phone technology (19.2 percent) in Mongolia. During the initial years of this decade, the number of Internet users showed a four-fold increase. The telephone lines and cellular subscribers per 1000 population have increased steadily from 30.8 percent in 1990, to 46.6 percent in 2000, to 60.2 percent in 2006. The use of personal computers and Internet per 1,000 populations increased markedly from 0.3 percent in 1990 to 12.6 percent in 2000 and then almost doubled to 23.8 percent in 2005.

■ Challenge Ahead for Global Partnerships for Development

The challenges for trade and financial system include:
(i) analyzing the poverty impact of trade liberalization, (ii)

diversifying exports and increasing competitiveness, (iii) improving transit transportation arrangements with neighbouring countries since Mongolia is landlocked, (iv) extending the outreach of microfinance institutions (credit, savings, insurance), (v) reinforcing the regulatory framework for financial services (banking, insurance), and (vi) integration into regional economic (trade and financial) structures (GOM, 2004).

The challenges for debt management include: (i) improving information systems for debt management, and (ii) systematically assessing ODA impact (using current program performance to guide future program design) (GOM, 2004).

The challenges for Information Communication Technology (ICT) development include: (i) develop and implement a set of laws on ICT, (ii) intensive development of ICT infrastructure, (iii) capacity building for users of ICT, and (iv) create opportunities for export of ICT software (GOM, 2004).

3.9 Mongolian MDG #9: Strengthen Human Rights and Foster Democratic Governance

■ Current Situation of Human Rights

Mongolian Target 20 is fully respect and uphold the Universal Declaration on Human Rights, and to ensure freedom of media and access to information. Mongolia has ratified over 30 major human rights treaties and protocols. It is among the first few countries to have ratified all the eight ILO core conventions that constitute the "Fundamental Principles and Rights at Work". In 2004, Mongolia also passed the Domestic Violence Law. Mongolia has made progress in submitting regular reports required as part of the international obligations. National Human Rights Commission of Mongolia (NHRCM) is an institution that deals with the entire spectrum of rights – civil, political, economic, social and cultural – across the nation irrespective of ethnicity, religion, political interest, geographic residence, or gender.

Mongolia ratified the UN Convention on the Rights of the Child (CRC) in 1992. According to the UN Convention on the Rights of the Child (CRC), all children less than 18 years old have the right to be protected from: (i) economic exploitation, (ii) hazardous and forced labour, (iii) physical, sexual or psychological abuse, (iv) sex work, (v) mobilization in armed conflicts, (vi) trafficking, and (vii) sexual exploitation. Protection for children living in vulnerable or difficult circumstances should include assuring rights to orphans, disabled children, and children in conflict with the law. These children in particular should be protected from all forms of discrimination.

The creation of a national and local legal environment - aligned with the international standard - must be followed by operationalization of societal programming that will prevent violation of the children's rights. Parents, guardians, child care workers, teachers, health care providers, community leaders, and the children themselves - all of these people require awareness raising on: (i) what are rights, (ii) what are the rights of the child, (iii) what are the obligations corresponding to these rights, (iv) how can children claim their entitlements, and (v) how can violations of these rights be reported and redressed within a legal framework of responsibility.

■ Current Situation of Democratic Governance

Mongolian Target 21 is to foster democratic values and culture of democracy. Mongolian Target 22 is to promote zero-tolerance to corruption. Mongolia hosted the "Fifth International Conference of New or Restored Democracies" (ICNRD-5) in Ulaanbaatar during 10-12 September 2003. The Follow-up ICNRD-5 Project aims to facilitate the implementation of ICNRD-5 recommendations in the conference outcome documents, the Ulaanbaatar Declaration, and the Plan of Action (GOM and UNDP 2006). As a follow-up to the ICNRD-5, the Government of Mongolia and the United Nations Development Program produced the September 2006 report entitled "Democratic Governance

Indicators: Assessing the State of Governance in Mongolia."

The democracy assessment tools of Mongolia include: (i) Democratic Governance Indicators (DGI), (ii) Country Information Note (CIN, using DGI research and independent sources of information), (iii) National Plan of Action (NPA) for Consolidating Democracy in Mongolia, (iv) Civil Society Index (produced as a follow-up of the ICNRD-5 Civil Society Forum and using 74 indicators and scored by the National Advisory group using a "citizen jury" approach), and (v) Urban Governance Index (produced as a follow-up of the ICNRD-5 with the cooperation of the Ulaanbaatar City Administration and UN-HABITAT).

Over the past 15 years, Mongolia has consolidated practice of democracy by both narrow and broad criteria ranging from elections to popular attitudes towards democracy. However, long-term prospects remain precarious. According to UNDP's Human Development Report 2002, the levels of political freedom, press freedom and participation in Mongolia are relatively high. The Parliamentary Resolution of April 21st, 2005 announcing an additional country-specific MDG 9 on "Fostering Democratic Governance and Strengthening Human Rights" reflects the country's commitment to accelerate responsible and democratic governance. However, Mongolia faces the immediate challenge of enhancing accountability of its new governing institutions and ensuring effective citizen participation in public affairs.

Much needs to be covered in respect to strengthening responsiveness, accountability and transparency in every sphere of Mongolian society. In the Transparency International's Corruption Perception Index 2004, Mongolia ranked 85th place out of total 146 countries. According to the results of a 2004 survey to monitor implementation of the National Program to Combat Corruption that has been adopted in 2002, 88.9 percent of respondents believed that corruption had become a widespread phenomenon in Mongolia. Study by USAID and Asia Foundation concluded that priority issue for Mongolia should be curbing the corruption that exists at both administrative and political levels.

NOTE

Mongolia has a vibrant and lively civil society with strong and large NGOs, particularly among journalists and women. Today, there are over 5,000 registered NGOs. More than 90 percent of them are, however, concentrated in Ulaanbaatar. These NGOs open up several possibilities of partnership with government to address many of the pressing problems of society. The involvement of the private sector in development activities is, however, new and somewhat limited. Particularly impressive in recent years has been the increasing participation of adolescents and young people in public affairs. The National Authority for Children (NAC) is committed to enhance children's participation in governance and building their capacities to participate through implementation of the new strategy of NAC approved and endorsed by the Government of Mongolia in 2004. In line with establishing children's Councils in all aimags, it also includes building capacities of child led organizations to promote children's meaningful participation in democratic citizenship.

■ Challenge ahead for Strengthen Human Rights and Foster Democratic Governance

Any sustainable progress made towards the development of Mongolian society must focus on the rights of children. Child protection is essential in Mongolia to fulfil its Constitutional obligation of providing equal opportunities for all children. Mongolia must develop a comprehensive legislative framework that will protect children who are especially vulnerable- poor, disabled, abused, neglected, orphaned, exploited and homeless.

The challenge to build democratic governance is to develop institutions and processes that are more responsive to the needs of ordinary citizens, including the poor. Over the past decade, Mongolia has achieved significant successes in strengthening human rights, developing democracy, eliminating corruption, yet more work is needed to empower public to participate in matters concerning them and to increase their access to information (UNDP, 2006).

ACRONYMS

Acronym	Expansion of Acronym		
ADB	Asian Development Bank	GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
ADRA	Adventist Development and Relief Association	GNI	Gross National Income
AIDS	Acquired Immune Deficiency Syndrome	GOM	Government of Mongolia
ANC	Ante-natal Care	GPD	General Police Department
ARI	Acute Respiratory Infection	HDI	Human Development Index
CAIC	Child Address Identification Centre	HDR	Human Development Report
CBIMS	Community-based Management Information System	HIPC	Highly Indebted Poor Country
CBO	Community-based Organization	HIV	Human Immunodeficiency Virus
CBSS	Convergent Basic Social Services	HMIEC	Health Management Information and Education Center
CCA	Common Country Assessment	HSSMP	Health Sector Strategic Master Plan
CHRD	Center for Human Rights and Development	ICNRD	International Conference for New or Restored Democracies
CIN	Country Information Note	ICT	Information Communication Technology
CMEA	Council for Mutual Economic Assistance	IMERP	Integrated Monetary and Research Plan
CPAP	Country Program Action Plan	IDD	Iron Deficiency Disorder
CRC	Convention on the Rights of the Child (United Nations treaty)	ILO	International Labour Organization
CSD	Center for Social Development	IMCI	Integrated Management of Childhood Illnesses
DGI	Democratic Governance Indicators	IMF	International Monetary Fund
DMS	Directorate of Medical Services (Implementing Agency of Ministry of Health)	IMR	Infant Mortality Ratio
DOTS	Directly Observed Treatment Short Course (for tuberculosis)	INGO	International Non-governmental Organization
DPM	Deputy Prime Minister	IPEC	International Programme on the Elimination of Child Labour
EFA	Education for All	JFPR	Japan Fund for Poverty Reduction
EGSPRS	Economic Growth Support and Poverty Reduction Strategy	JICWELS	Japanese International Corporation for Welfare Services
EmOC	Emergency Obstetric Care	LMVET	Law on Vocational Education and Training
EPI	Expanded Program for Immunization	LSBE	Life Skills-based Education
FBO	Faith-based Organization	MA	Millennium Agenda
FES	Family Empowerment Strategy	MANAS	Mongolian Adolescents Needs Assessment Survey Report
FFI	Fast Track Initiative	MARP	Most At Risk Populations
FHH	Female Headed Household	MCRC	Maternal and Child Research Center
FIFTA	Foreign Investment and Foreign Trade Industry	MD	Millennium Declaration
GDI	Gender Related Development Index	MDG	Millennium Development Goals
GDP	Gross Domestic Product	ME	Monitoring and Evaluation
GEC	Gender Equality Center	MESC	Ministry of Education, Science, and Culture
GEM	Gender Empowerment Measurement	MF	Ministry of Finance
GER	Gross Enrolment Ratio	MFA	Ministry of Foreign Affairs
		MFFC	"A Mongolia Fit For Children"
		MFI	Microfinance Institutions
		MFOS	Mongolian Foundation for Open Society of Soros Foundation
		MH	Ministry of Health (formerly Ministry of Health and Social Welfare)
		MICS	Multi-Indicator Cluster Survey

MJHA	Ministry of Justice and Home Affairs	SCF - UK	Save the Children Fund - United Kingdom
MMR	Maternal Mortality Ratio	SFP	School Feeding Program
MNE	Ministry of Nature and Environment	SME	Small and Medium-Sized Enterprises
MNT	Mongolian Tugrug (or Tugrik)	STD	Sexually Transmitted Disease
MPDA	Mongolian Population and Development Association	STI	Sexually Transmitted Infection
MRCS	Mongolian Red Cross Society	SW	Sex Workers
MSM	Men Having Sex with Men	TB	Tuberculosis
MSWL	Ministry of Social Welfare and Labour	TFR	Total Fertility Rate
MTSP	Medium Term Strategic Plan	U5MR	Under [Age] 5 [Years] Mortality Rate
MYDF	Mongolian Youth Development Foundation	UN	United Nations
NAC	National Authority for Children	UNAIDS	United Nations Joint Program on AIDS
NAF	National AIDS Foundation	UNCT	United Nations Country Team
NCAV	National Centre against Violence	UNDAF	United Nations Development Assistance Framework
NCB	National Board for Children	UNDP	United Nations Development Programme
NCC	National Council for Children	UNESCO	United Nations Education Science and Culture Organization
NCCD	National Center for Communicable Diseases	UNFPA	United Nations Population Fund
NCHD	National Center for Health Development	UNGASS	United Nations General Assembly Special Session
NDC	National Detoxification Center	UNICEF	United Nations [International] Children's [Emergency] Fund
NER	Net Enrolment Ratio	UNIFEM	United Nations [International] Fund for Women
NFE	Non-formal Education	UNHABITAT	United Nations HABITAT
NFED	National Program on Non-formal Education Development	UPE	Universal Primary Education
NHRC	National Human Rights Commission (of Mongolia)	USI	Universal Salt Iodization
NGO	Non-governmental Organization	VCT	Voluntary Counseling and Testing
NPA	National Programme of Action	VCCT	Voluntary Confidential Counseling and Testing
NSO	National Statistics Office	WASH	Water, Sanitation, and Hygiene Strategy
NUM	National University of Mongolia	WB	World Bank
ODA	Overseas Development Assistance	WFFC	"A World Fit For Children"
OHCHR	Office of the High Commission for Human Rights	WFP	World Food Program
PHI	Public Health Institute	WHO	World Health Organization
PMTCT	Prevention of Mother to Child Transmission	WTO	World Trade Organization
PPP	Purchasing Power Parity		
PR	Public Relations		
PRA	Public Relations Association		
PRD	Public Relations Department		
PTRC	Population Teaching and Research Center (National University of Mongolia)		
RDC	Regional Development Council		
RDS	Regional Development Strategy		
RHS	Reproductive Health Survey		

MONGOLIAN GLOSSARY AND GEOPOLITICAL DIVISIONS

Mongolian Glossary and Geopolitical Divisions

Urban Geopolitical Divisions

Khot	City/Center(largest)
Duureg	District (unit within Khot)
Khoroolol	Sub-district (unit within Duureg)
Khoroo	Sub-sub-district (unit within Duureg)
Kheseg	Micro-district (unit within Khoroo)

Rural Geopolitical Divisions

Aimag	Province (largest)
Soum	Sub-division of province (unit within Aimag)
Bagh	Sub-sub-division (unit within Soum)

Mongolian Terminology

Dzud	Harsh environmental conditions Caused by extremely cold snowy winter followed by summer drought
Ger	Yurt in the Russian language; Mongolian portable dwelling; Constructed wtih wooden lattice framework covered by felt and canvas for insulation and protection against cold and wet weather
Ikh Khural	Parliament
Khangai	Geographical areas with forested mountains
Narantuul	Former "Black Market" in Ulaanbaatar during Soviet Era; currently functions as a legitimate outdoor market
Tal	Steppe, Grasslands
Tugrug	Mongolian currency (MNT)
Uul	Mountain

MONGOLIAN MILLENNIUM DEVELOPMENT GOALS, TARGETS, AND INDICATORS

Mongolian Millennium Development Goals, Targets, and Indicators

9 Goals, 16 Targets, 31 Indicators

Source:

Government of Mongolia (2004) "Millennium Development Goals: National Report on the Status of Implementation in Mongolia", Ulaanbaatar.

MONGOLIAN GOAL #1:

Eradicate extreme poverty and hunger

Mongolian Target 1:

Halve, between 1990 and 2015, the proportion of people whose income is below the national poverty line.

Mongolian Indicator1 :

Reduce by half the proportion of people living below the living standard

Mongolian Indicator 2:

Share of poorest quintile in national income or consumption

Mongolian Target 2:

Halve, between 1990 and 2015, the proportion of people who suffer from malnutrition.

Mongolian Indicator 3 :

Prevalence of underweight children under five years of age

Mongolian Target 3:

Formulate and implement strategies for decent and productive work for youth.

Create jobs for unemployed people, especially for youth, through enhancing opportunities for land use, simplifying the procedures for starting small and medium enterprises, and creating opportunities for unemployed citizens to get microcredit.

Mongolian Target 4:

Reduce negative effects of migration and population concentration [in urban areas].

Create legal environment to protect interests of migrant citizens, provide jobs, and improve their access to medical, educational, cultural, and other social services.

MONGOLIAN GOAL #2:

Achieve universal primary education

Mongolian Target 5:

Provide primary education for all children by 2015.

Mongolian Indicator 4:

Net Enrolment Ratio in primary education

Mongolian Indicator 5:

Proportion of pupils starting Grade 1 who reach Grade 5

Mongolian Indicator 6:

Literacy rate of 15-24 year olds

MONGOLIAN GOAL #3:

Promote gender equality and empower women

Mongolian Target 6:

Eliminate gender disparity in primary and secondary education by 2005 and at all levels of education no later than 2015.

Mongolian Indicator 7:

Ratio of girls to boys in primary education

Mongolian Indicator 8:

Ratio of girls to boys in secondary education

Mongolian Indicator 9:

Ratio of girls to boys in tertiary education

Mongolian Indicator 10:

Ratio of literate women to men 15-24 years old

Mongolian Indicator 11:

Share of women in wage employment in the non-agricultural sector

Mongolian Indicator 12:

Proportion of seats held by women in the National Parliament

MONGOLIAN GOAL #4:

Reduce child mortality

Mongolian Target 7:

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Mongolian Indicator 13:

Under-Five Mortality Rate (per 1000 live births)

Mongolian Indicator 14:

Infant Mortality Rate (per 1000 live births)

Mongolian Indicator 15:

Proportion of 1-year-old children immunised against measles

MONGOLIAN GOAL #5:

Improve maternal health

Mongolian Target 8:

Provide access for all individuals of appropriate age to required reproductive health services.

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate.

Mongolian Indicator 16:

Maternal Mortality Ratio (per 1000 live births)

Mongolian Indicator 17:

Proportion of live births attended by skilled health personnel

MONGOLIAN GOAL #6:

Combat STI/HIV/AIDS and Tuberculosis, and Reverse other diseases

Mongolian Target 9:

Halt by 2015 the spread of HIV/AIDS.

Mongolian Target 10

Reverse the spread of tuberculosis by 2015.

Mongolian Indicator 18:

Prevalence rates associated with tuberculosis

Mongolian Indicator 19:

Death rates associated with tuberculosis

Mongolian Indicator 20:

Proportion of tuberculosis cases detected and cured under Directly-Observed Treatment Short Course

Mongolian Target 11:

Implement a separate program to control dental disease among the population.

MONGOLIAN GOAL #7:

Ensure environmental sustainability

Mongolian Target 12:

Integrate the principles of sustainable development into country policies and programs.

Combat air pollution in urban areas, especially in Ulaanbaatar.

Mongolian Indicator 21:

Forested land as percentage of land area

Mongolian Indicator 22:

Ratio of area protected to maintain biological diversity to surface area

Mongolian Indicator 23:

Per capita carbon dioxide emissions (ton per person)

Mongolian Target 13:

Protect river and spring sources, and undertake rehabilitation measures for their protection.

Mongolian Target 14:

Halve, by 2015, the proportion of people without sustainable access to safe drinking water.

Mongolian Indicator 24:

Proportion of the population with sustainable access to an improved water source

Mongolian Target 15:

Achieve by 2015 a significant improvement in the lives of slum dwellers.

Mongolian Indicator 25:

Proportion of the population with access to improved sanitation

MONGOLIAN GOAL #8:

Develop a global partnership for development

No Target:

Mongolian Indicator 26:

Proportion of Overseas Development Assistance (ODA) to basic social services

(basic education, primary health care, safe water, and sanitation)

Mongolian Indicator 27:

Unemployment of 15-24 year olds

Mongolian Target 16:

Create favourable condition for achieving other MDGs through developing trading and financial systems

Mongolian Indicator 28:

Proportion of ODA provided to help build trade capacity

Mongolian Target 17:

In view of the special needs of a landlocked country, create favourable conditions to access the sea, improve the efficiency of transit transportation through the territory of foreign countries, and increase transit transportation through the territory of Mongolia.

Mongolian Target 18:

Develop a debt strategy to ensure sustainability of external and internal debts for the long run.

Study methods applied nationally and internationally to manage debt issues without adverse effects on the budget and economy of Mongolia.

Mongolian Indicator 29:

Debt service as percentage of exports of goods and services

Mongolian Target 19:

Development of new information communication technologies, building an Information Society

Mongolian Indicator 30:

Telephone lines and cellular subscribers (per 1000 population)

Mongolian Indicator 31:

Personal computer use and Internet users (per 1000 population)

MONGOLIAN MDG #9:

Strengthen human rights and foster democratic governance

Human Rights:

Mongolian Target 20:

Fully respect and uphold the Universal Declaration on Human Rights.
Ensure freedom of media and access to information.

Democratic Governance:

Mongolian Target 21:

Foster democratic values and culture of democracy.

Mongolian Target 22:

Promote zero-tolerance to corruption.

(Source: Government of Mongolia and United Nations Development Program (2006) Democratic Governance Indicators: Assessing the State of Governance in Mongolia, Ulaanbaatar.)

Mongolian Indicator 32:

Citizenship, law, and rights

Mongolian Indicator 33:

Representative and accountable government

Mongolian Indicator 34:

Civil society and popular participation

Mongolian Indicator 35:

Democracy beyond the State

STATISTICAL TABLES OF KEY MONGOLIAN MILLENNIUM DEVELOPMENT INDICATORS

Goals and Indicators	1990	2000	2005
Goal 1: Eradicate extreme poverty and hunger			
Reduce by half the proportion of people living below the living standard	36.3	35.6	36.1
Prevalence of underweight children under five years of age	12.0	12.0	6.4
Share of poorest quintile in national income or consumption (World Bank)	7.5 (2002)		
Goal 2: Achieve universal primary education			
Net Enrolment Ratio in Primary Education	98%	95%	90%
Proportion of pupils starting Grade 1 who reach Grade 5	91%	84%	88%
Literacy rate of 15 - 124 year olds	99%	98%	98% (2000)
Goal 3: Promote gender equality and empower women			
Ratio of girls to boys in primary education	1.01	1.01	1.01
Ratio of girls and boys in secondary education	1.12	1.2	1.11
Ratio of girls and boys in higher education	1.56	1.72	1.59
Ratio of literate women to men 15 - 24 years old	0.99	1	1
Share of women in wage employment in the non-agricultural sector	51.1%	50.4%	53.1%
Proportion of seats held by women in National Parliaments	4%	12%	6.7%
Goal 4: Reduce child mortality			
Under-Five Mortality Rate (1000 live births)	87.5	42.4	29.1
Infant Mortality Rate (1000 live births)	64.4	32.8	22.8
Proportion of 1 year old children immunised against measles	82.6	92.4%	98.8
Goal 5: Improve maternal health			
Maternal Mortality Ratio (1000 live births)	120	158	99
Proportion of births attended by skilled health personnel	99.9%	99.8%	99.2%

Goal 6: Combat HIV/AIDS, malaria, and other diseases [STIs/STDs, TB]

Prevalence rates associated with tuberculosis	79	121	178.8
Death rates associated with tuberculosis	4.2	3.2	3.8
Proportion of tuberculosis cases detected and cured under Directly-Observed Treatment Short Course	31.4	80	83.8

Goal 7: Ensure environmental sustainability

Forested land as percentage of land area	7.8%	8.5 %	7.8%
Ratio of area protected to maintain biological diversity to surface area	3.6%	13.1%	13.4%
Per capita carbon dioxide emissions (tonn/person)	9.9%	6.7% (1998)	6.7 (1998)
Proportion of the population with sustainable access to an improved water source	55%	66%	66%
Proportion of the population with access to improved sanitation	22.6%	23%	23% (2000)

Goal 8: Develop a global partnership for development

Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation)	10.7	18.9	19.0
Proportion of ODA provided to help build trade capacity	0.0	0.34	0.41
Debt service as a percentage of exports of goods and services	0.3	0.6	
Unemployment of 15 - 24 year olds		4.4	3.6
Telephone lines and cellular subscribers per 1000 population	30.8	46.6	60.2
Personal computer use and internet users per 1000 population	0.3	12.6	23.8

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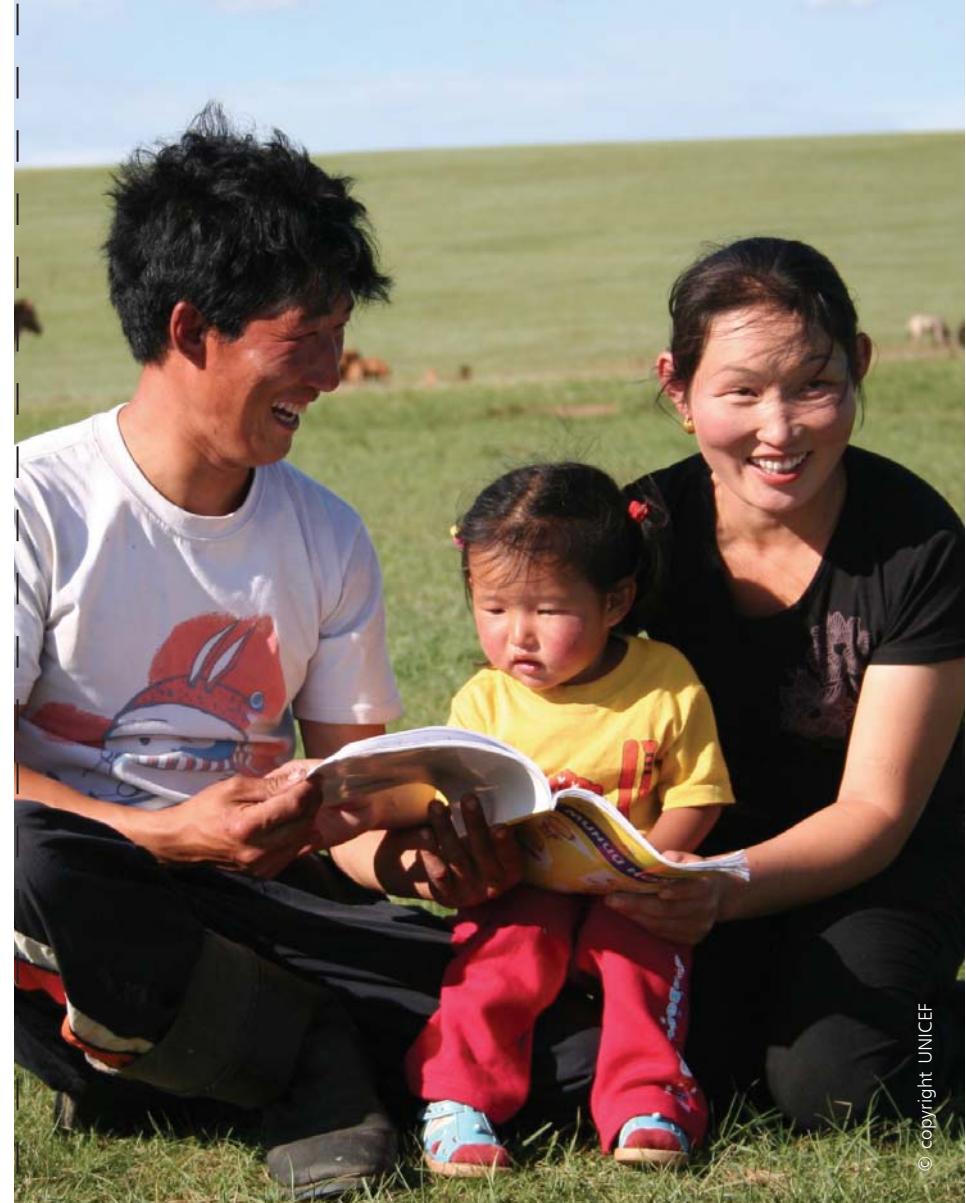
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