SURVEY REPORT

EVALUATING THE PUBLIC'S KNOWLEDGE AND ATTITUDES TOWARD GENDER-BASED VIOLENCE AND CLIENT SATISFACTION WITH ONE-STOP SERVICE CENTRES/TEMPORARY SHELTERS

NATIONAL STATISTICAL OFFICE

REPORT ON THE SURVEY EVALUATING THE PUBLIC'S KNOWLEDGE AND ATTITUDES TOWARD GENDER-BASED VIOLENCE AND CLIENT SATISFACTION WITH ONE-STOP SERVICE CENTRES/TEMPORARY SHELTERS

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LIST OF ABBREVIATIONS

BZD	Bayanzurkh District
DV	Domestic violence
DFCYD	Department of Family, Children and Youth Development
NTORC	National Trauma and Orthopedic Research Centre
GBV	Gender-based violence
GBVS	Gender-based violence survey
OSSC	One-stop service centre
UNFPA	United Nations Population Fund
SBD	Sukhbaatar District
SDC	Swiss Agency for Development and Cooperation
NSO	National Statistical Office
TS	Temporary shelter
KHUD	Khal-Uul District
PSSD	Population and social statistical department
NIFS	National Institute of Forensic Science

CHAPTER 1. ORGANISATION OF THE SURVEY

The survey, which evaluated client satisfaction with one-stop service centres (OSSC) and temporary shelters (TS) as well as public knowledge and attitudes towards gender-based violence (GBV), was conducted in 21 provinces and 6 districts of Ulaanbaatar.

The National Statistical Office of Mongolia conducted this survey with funding from the Swiss Agency for Development and Cooperation within the "Combating Gender-Based Violence in Mongolia" Project and in cooperation with UNFPA and the Government of Mongolia.

Survey Goal: This survey has the dual aim (1) of evaluating OSSCs and TSs based on client satisfaction, as well as based on an objective evaluation of the availability and quality of services; and (2) of assessing the level of public knowledge of GBV, inclulding their knowledge of available related services (OSSCs and TSs).

Objectives:

- To survey public knowledge and attitudes toward gender-based violence
- To identify the public's sources of information on GBV and DV
- To evaluate the current situation of OSSCs and TSs
- To assess the level of clients' satisfaction with services received from OSSCs and TSs

Planning: The survey was conducted through an approved plan. In November 2019, the questionnaire and the manual were developed, and the interviewers were trained. There are two versions of the questionnaire and each contains the following questions.

1. GENERAL EVALUATION OF ONE-STOP SERVICE CENTRES AND TEMPORARY SHELTERS (9 questions):

    a. Location section
    b. Construction date
    c. Number of the clients
    d. Number of the employees
    e. Capacity
    f. Necessary works to do in 2020
    g. Ratings of the interviewers
        - On the furnishing
        - On the service
    h. Necessary improvements to be made in OSSC/TS

2. CHANGES IN THE PUBLIC KNOWLEDGE AND ATTITUDE TOWARDS GBV (49 questions):
    a. Location section
    b. Socio-economic characteristics
    c. Knowledge of Gender-based violence
    d. Information about OSSC/TS
    e. Ratings from the OSSC/TS clients
    f. Future assessment
    g. Information of "Let's understand and respect each other" campaign

Data collection: The data collection process took place in December 2019. Data was collected from 5,000 people, with the composition of 150-180 people from all 21 provinces as well as approximately 1,600 people from 6 central districts of Ulaanbaatar. Data was also collected from clients of OSSCs and TSs to evaluate the availability and quality of services.

The data collection process was made possible through the support of the statistical offices of those districts and provinces, while local governments also assisted by providing necessary information.

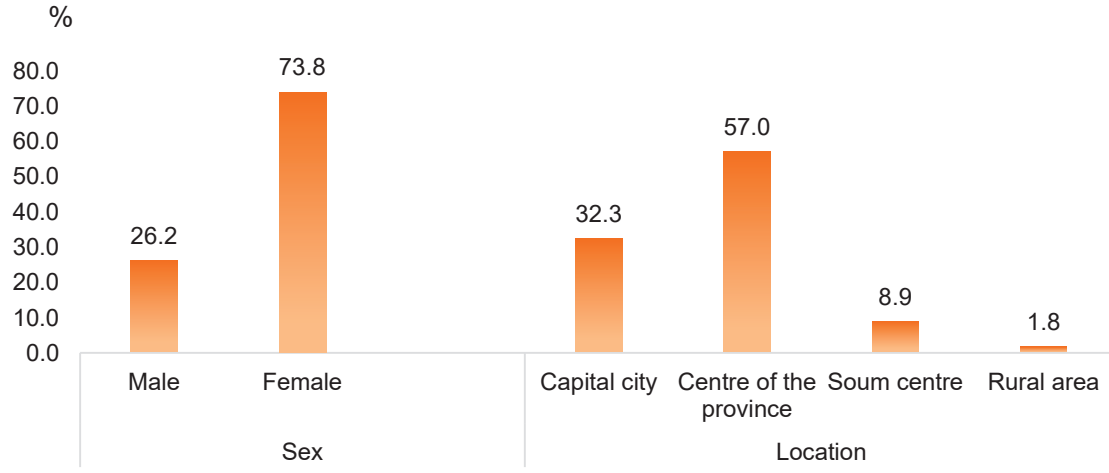
Data processing: The raw data input program was created using the CSPro program and all the raw data was inputted through the program into a single database. The single raw database was converted to the SPSS program and further analyzed into the results table.

CHAPTER 2. RESPONDENTS' DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

Questions about the age, sex, education level, and employment status of the respondents were included in the questionnaire to demonstrate their demographic and socioeconomic characteristics.

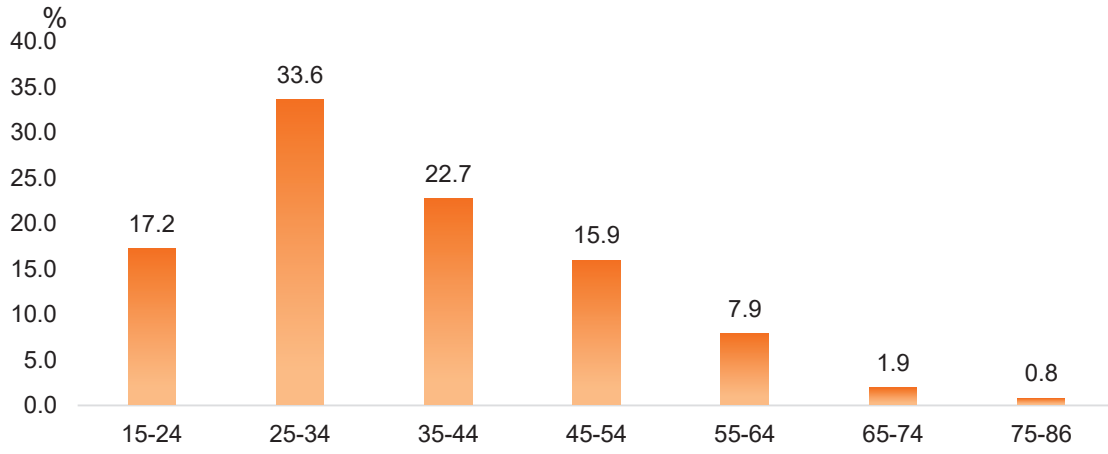
A total number of 5,000 respondents were surveyed, and this is composed of 150 to 180 people from each of the 21 provinces, and 200 to 300 people selected from each of the 6 central districts of Ulaanbaatar. Further breaking down the respondents' residential location, 32.3 per cent are from the capital city of Ulaanbaatar, 57.0 per cent are from the provincial center, 8.9 per cent are from the soum center, while 1.8 per cent are from rural areas. From the total number of respondents, 26.2 per cent are men and 73.8 per cent are women.

Figure 2.1. Respondents, by sex and location (%)



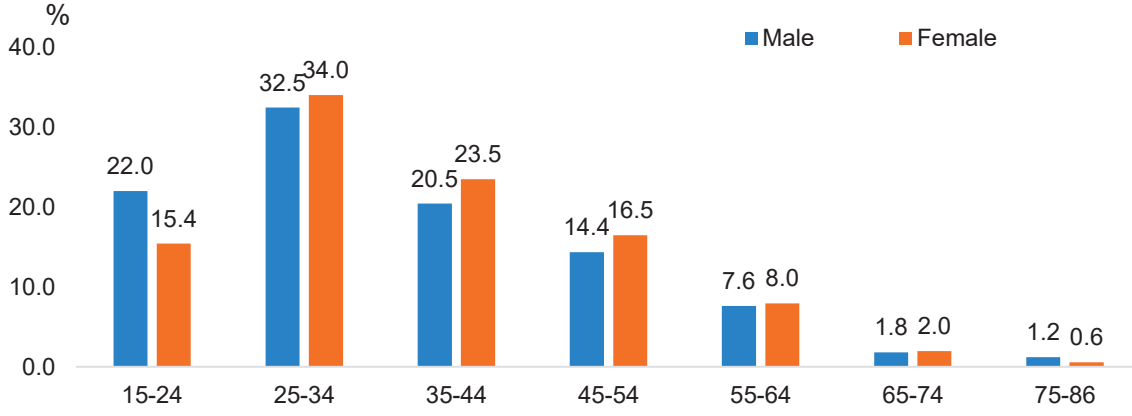
In terms of age groups (Figure 2.2), the 25-34 years age group is the most represented at 33.6 per cent of the total respondents. This is followed by the 35-44 years age group at 22.7 per cent, the 15-24 years age group at 17.2 per cent, and the 45-54 years age group at 15.9 per cent. People aged 55 years or more comprises 10.6 per cent of the total respondents.

Figure 2.2. Respondents, by age group (%)



Looking at the respondents by sex and age group, men were the majority in the age groups of 15-24 and 75-86, while in the rest of the age groups, women were the majority (Figure 2.3).

Figure 2.3. Respondents, by age group and sex (%)



In terms of education level, people with a diploma or bachelor's degree comprises 41.9 per cent of the total respondents, while people with secondary education comprises 29.8 per cent. People with basic education, technical, professional and vocational degrees comprises up 5.8 to 6.9 per cent each while people with no schooling and with lower primary education comprises only 2.0 to 3.1 per cent each.

Figure 2.4. Respondents, by education level (%)

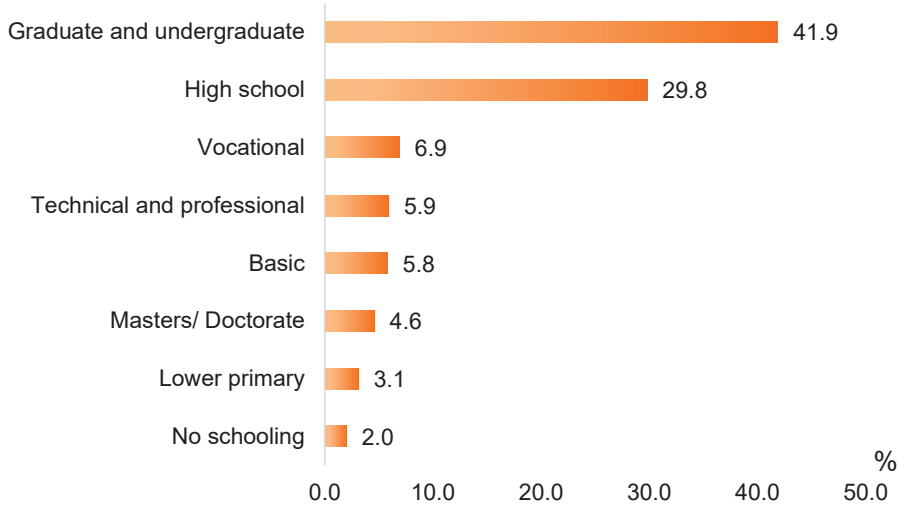


Figure 2.5 shows that when the education level of respondents are disaggregated by sex, respondents with a master's or doctorate degree, a graduate or undergraduate degree, or a vocational diploma were more likely to be women.

Figure 2.5. Respondents, by education level and sex (%)

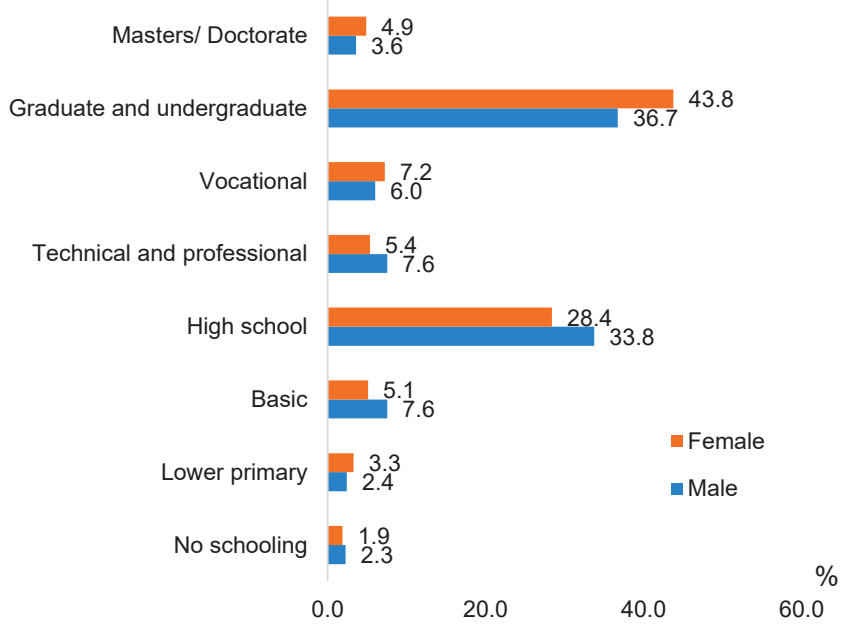
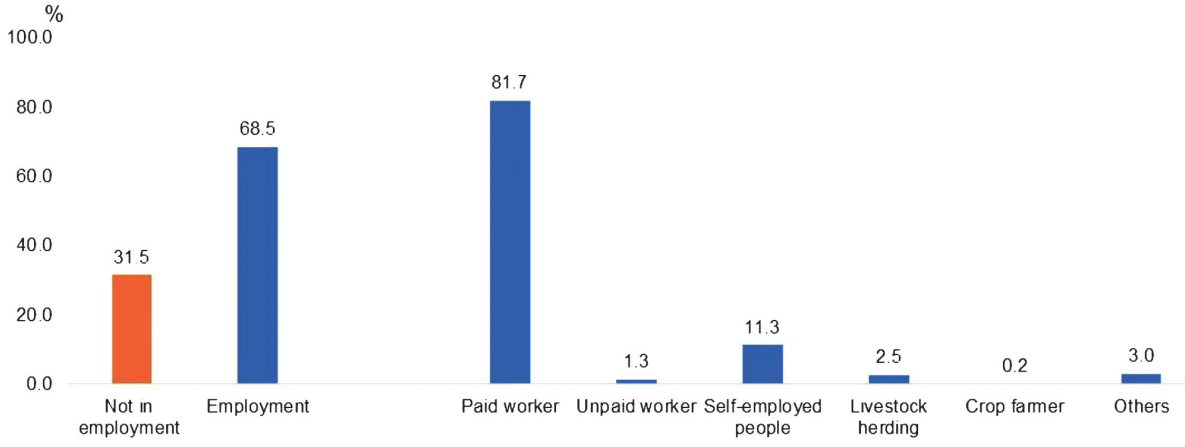


Figure 2.6 shows that the unemployed respondents comprise 31.5 per cent, while employed respondents comprise 68.5 per cent. Among those who are employed, 81.7 per cent are paid workers, while 11.3 per cent are self-employed. Of those who are self-employed, 0.2 per cent work in crop farming, 2.5 per cent herd livestock, 1.3 per cent work at home, whereas 3.0 per cent work in other fields.

Figure 2.6. Employment status of respondents (%)

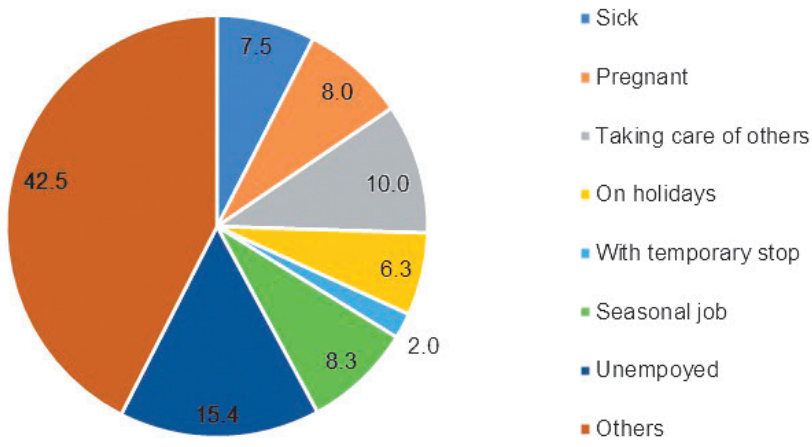


As seen in Figure 2.7, sex does not seem to impact the respondents' employment profile.

Figure 2.7. Employment status of respondents, by sex (%)

A total of 1557 respondents stated that they were unemployed, and Figure 2.8 shows the reasons for their unemployment. The "Others" category includes a variety of reasons, such as old age and retirement, and currently studying.

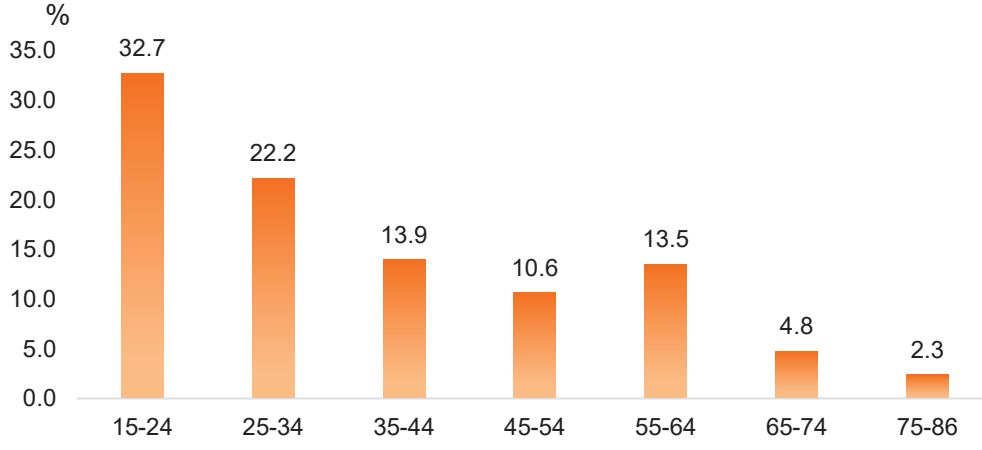
Figure 2.8. Reasons for economically inactive (%)



The biggest reason for the unemployment of respondents was the reasons that are not listed in the questionnaire compromising 42.5 per cent which consist mainly of the reasons which are retirement and old age. Furthermore, it includes people without any degree or people who are currently studying.

When the unemployed respondents were asked whether they have attempted to look for a job in the last week, the majority of 86.4 per cent said no while only 13.6 per cent said yes.

Figure 2.9. Respondents who have not looked for a job and unemployed, by age group (%)



Comparing the result by age-group, the majority of respondents who said that they did not look for a job in the last week are from the 15-24 years age group, and the primary reason is that they are currently students in different types of educational institutions. It must be noted that 22.2 per cent of unemployed respondents who have not looked for a job in the last week are in the 25-34 years age group, and this is a significant number that makes up the second largest age group in this category.

Figure 2.10. Respondents who have looked for a job, by the method (%)

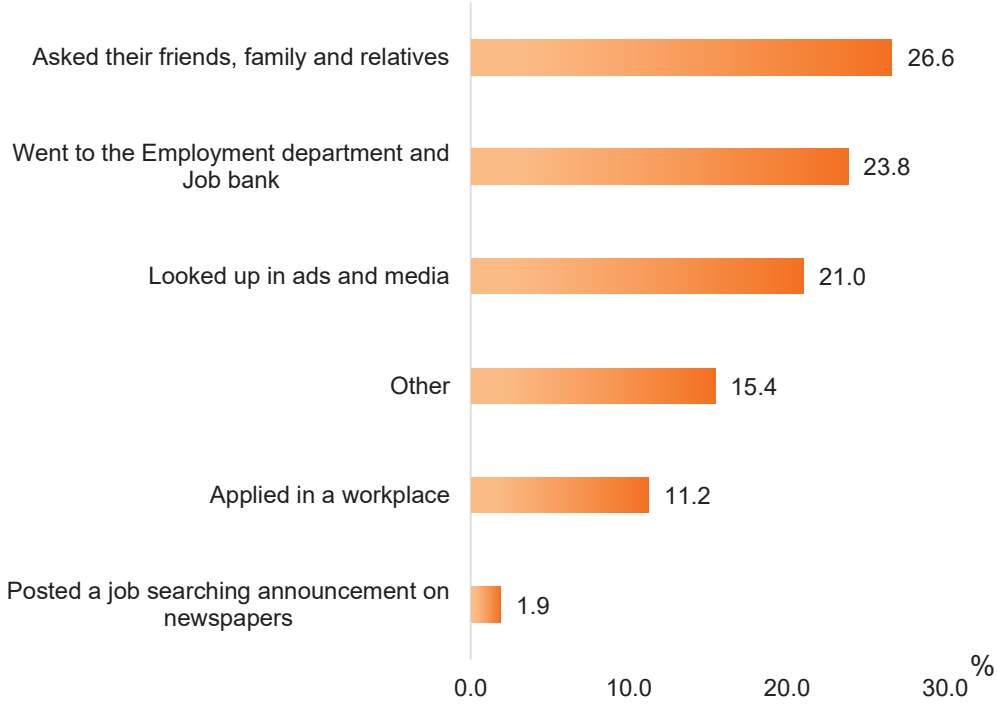
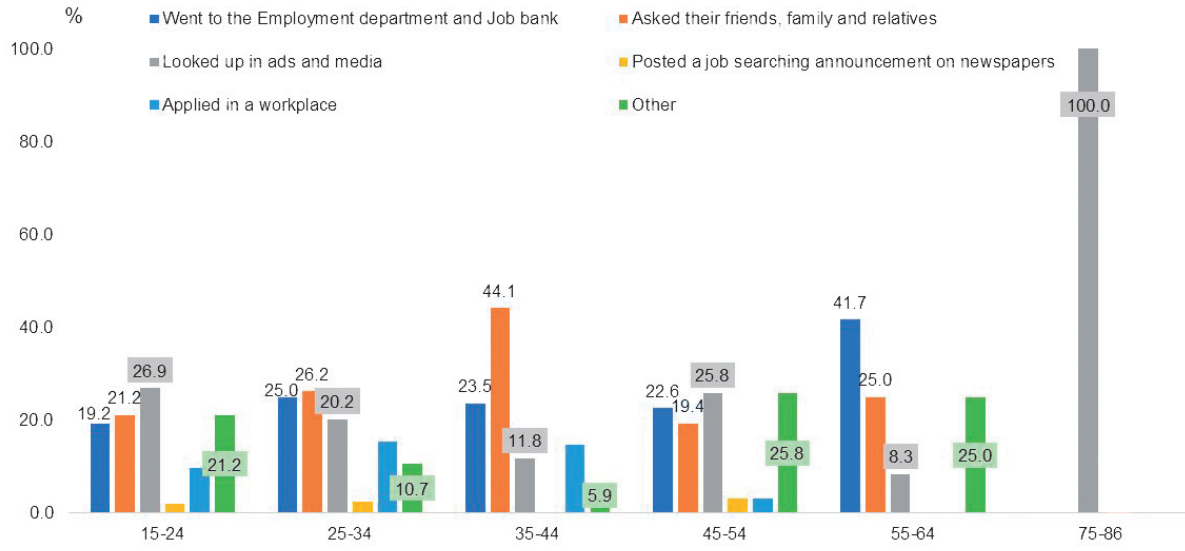


Figure 2.10 shows the methods to look for a job by the unemployed respondents. Respondents rely on information from their network to find a job, while seeking help from the employment department and job bank is the second most frequently used method. The media also plays a role in their job search as 21.0 per cent finds employment opportunities in ads, while 1.9 per cent posts job searching announcements in newspapers. Applying directly to workplaces was also a method used by 11.2 per cent of the respondents.

Breaking down the methods for looking for a job by age group, Figure 2.11 shows that the 15-24 age group most commonly utilized the media, while the 25-34 years age group most commonly asked their networks or went to the Employment Department or Job Banks. Among the 35-44 years age group, the majority reached out to their friends, family and relatives, while most of the respondents in the 55-64 age group chose to go to the Employment Department or Job Banks. Those in the 45-54 years age group almost equally favored reaching out to their networks, going to the Employment Department or Job Banks, and utilizing the media. As Figure 2.11 shows, respondents aged 75 and above still looked at ads and the media to find jobs that suit their qualifications.

Figure 2.11. Respondents who have looked for a job, by age group and method (%)



Similar to the overall employment profiles, sex does not seem to impact the respondents' methods of a looking for a job.

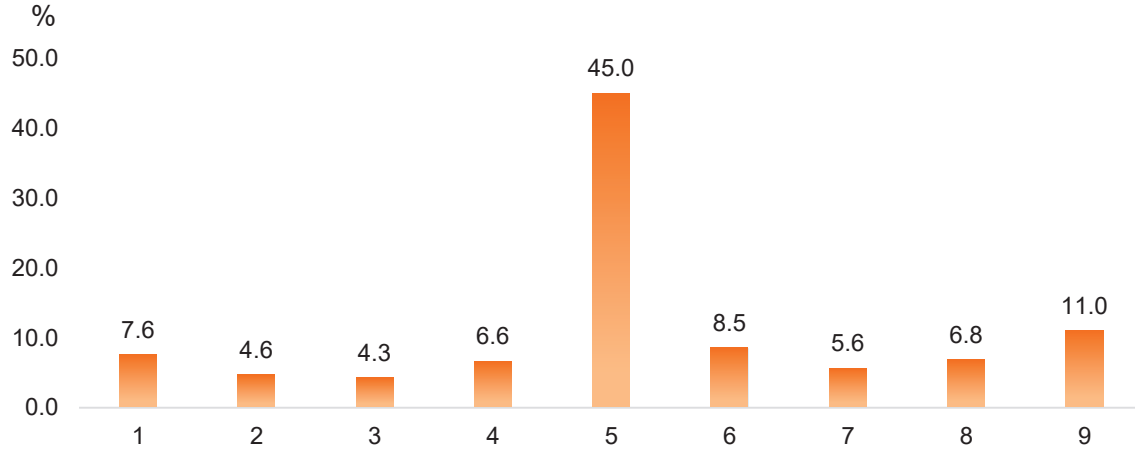
CHAPTER 3. PUBLIC KNOWLEDGE AND ATTITUDES TOWARDS GENDER-BASED VIOLENCE

The survey included 49 questions to ascertain the public's level of knowledge about GBV and DV, including the root causes and contributing factors to GBV, and whether they know that it is both a human rights violation and a crime. This chapter expounds on the information collected using these questions.

3.A. Level of Public Knowledge About Gender-Based Violence

Figure 3.1. shows the distribution of responses when the respondents were asked to rate their understanding of GBV and DV ("how much do you think you know about GBV and DV?") on a scale of 1 to 9. A total of 2248 respondents (45.0 per cent) indicated that they have a self-reported "average" (5) level of knowledge about GBV and DV. In contrast, 23.1 per cent of the respondents rated their level of knowledge as "below average" (1-4) while 31.9 per cent rated their knowledge as "above average" (6-9).

Figure 3.1. Self-assessment on their level of knowledge about GBV and DV (%)

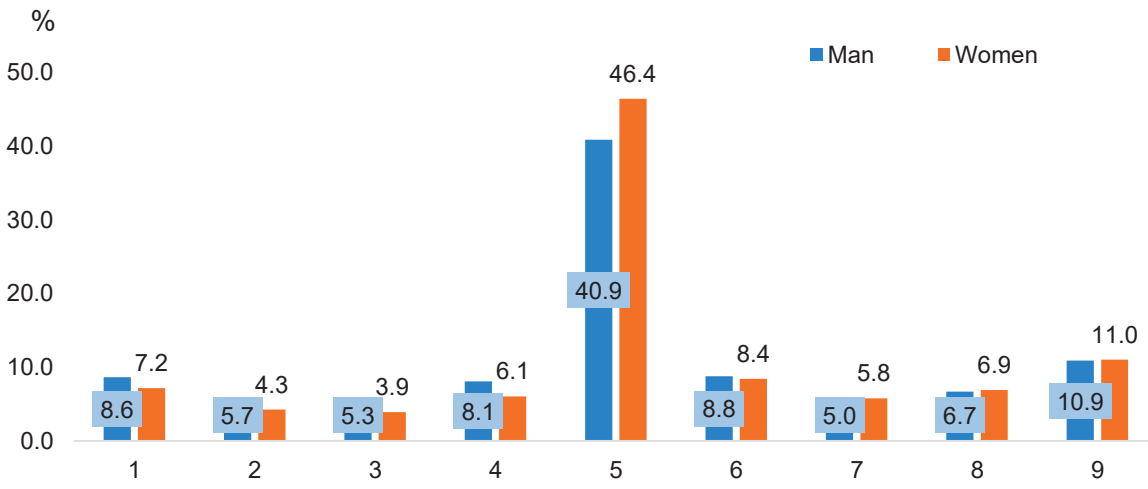


These results suggest that the public's confidence in their knowledge of GBV and DV is low as the majority of respondents (68.1 per cent) rated their knowledge as average or below average. However, it is important to note that this question measures the respondents' personal and subjective assessment of their knowledge and is not an objective assessment of the level and accuracy of their knowledge.

Breaking down these results by sex, Figure 3.2 shows that women were more likely to rate their knowledge of GBV and DV as average or above average (5-9) compared

to men. A total of 27.7 per cent of male respondents rated their knowledge as below average (1-4) compared to the 21.5 per cent of female respondents.

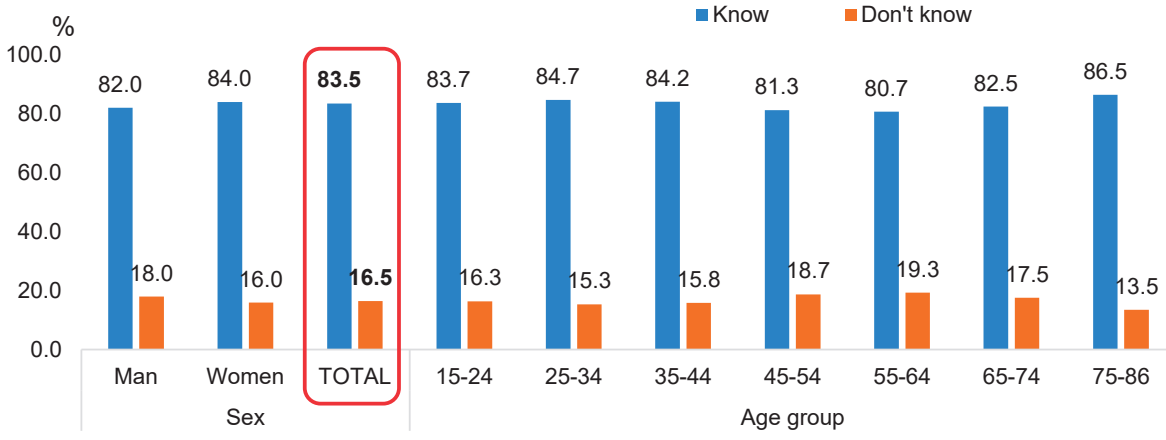
Figure 3.2. Self-assessment on their level of knowledge about GBV and DV, by sex (%)



The survey also asked respondents if they knew the main cause of GBV and DV. Out of all the respondents, 824 or 16.5 per cent indicated that they have no idea, while the remaining 83.5 per cent identified various factors. In terms of respondents' sex, 18.0 per cent of men and 16.0 per cent of women indicated that they don't know.

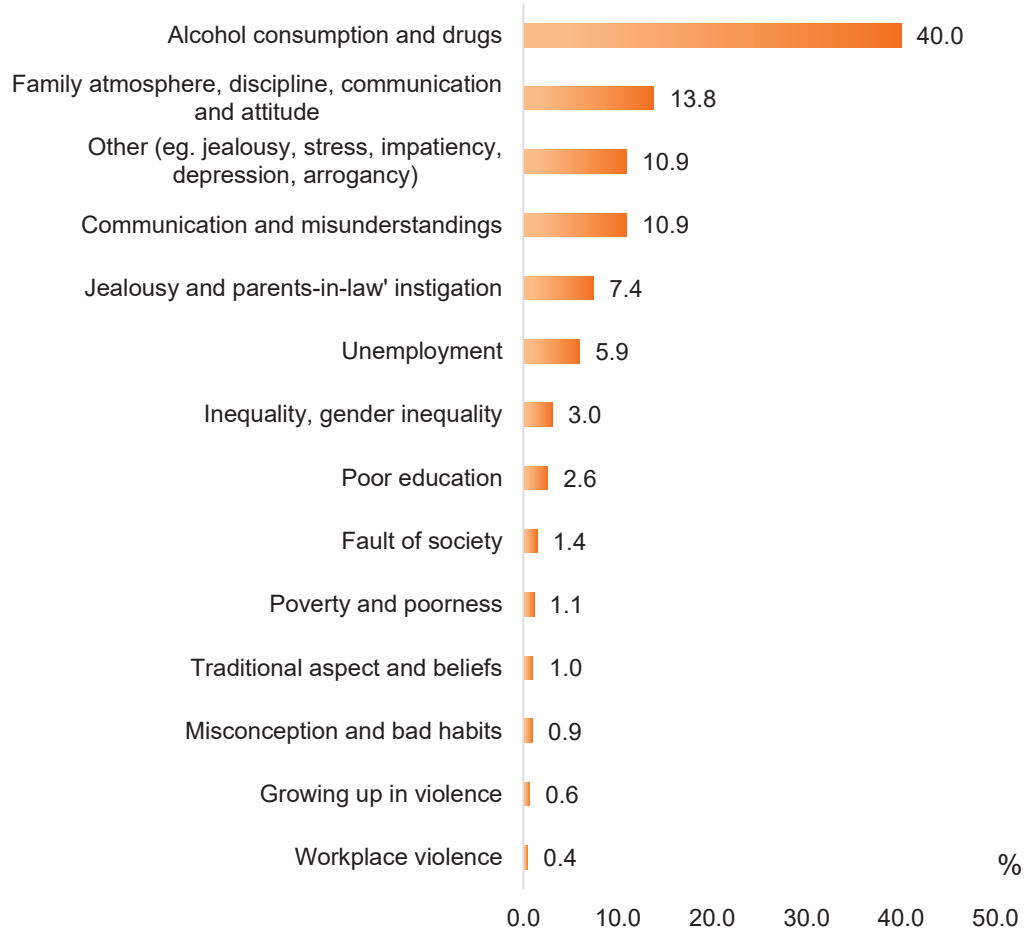
The differences between sexes are minimal, with women slightly more likely to have an opinion on the main cause of GBV and DV than men. There are also minimal differences among age groups, with the 75-86 years age group slightly most likely to have an opinion on the main cause, while the 55-64 years age group is slightly most likely to say that they have no idea.

Figure 3.3. Respondents with an opinion on the main cause of GBV and DV, by sex and age group (%)



Respondents gave a variety of answers when asked what the main cause of GBV and DV is. The breakdown is seen in Figure 3.4.

Figure 3.4. Opinion on the main cause of GBV and DV (%)



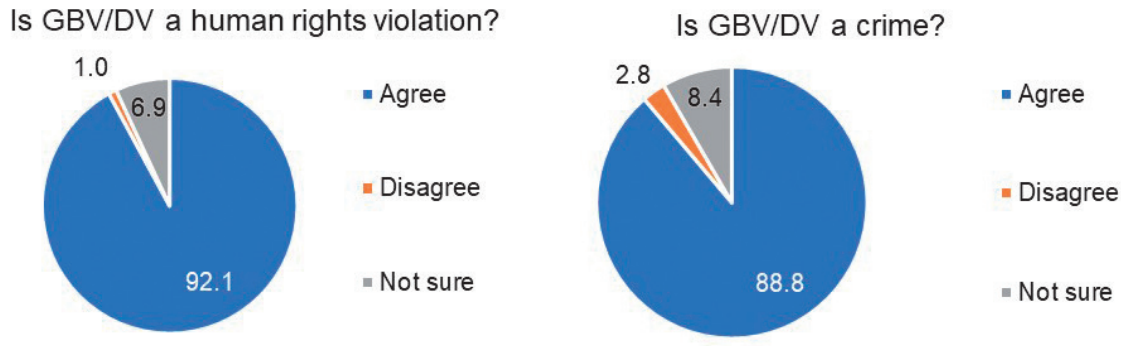
The majority of the respondents (40.0 per cent) indicated that the main factor leading to GBV and DV is alcoholism and substance abuse. Many respondents identified more interpersonal and emotional factors such as family relationships and dynamics (13.8 per cent), negative feelings in relationships (e.g., jealousy, stress, impatience, etc.) (10.9 per cent), miscommunication and misunderstandings (10.9 per cent), and the instigation or meddling of in-laws (7.4 per cent). A smaller number of respondents blamed societal factors (1.4 per cent), including unemployment (5.9 per cent), poor education (2.6 per cent), poverty (1.1 per cent).

None of the respondents were able to give a clear and categorically correct answer when asked what the main reasons of GBV and DV are. However, some respondents were able to identify partially correct answers, such as the 3.0 per cent that identified gender inequality and the 1.0 per cent that identified traditional beliefs. The rest of the respondents' answers were actually not main causes but are instead factors that

affect or trigger GBV and DV. This suggests a disconnect between the self-reported assessment of the public's level of knowledge about GBV and DV (31.9 per cent rated their understanding as above average) and the objective assessment of the accuracy of their knowledge with such questions. It also suggests that the public's knowledge about GBV issues, particularly its root causes, are still lacking and must be improved as these misconceptions about the causes of violence can lead to its justification, the lack of accountability among perpetrators, and most importantly, prevention interventions may fail if they only target the triggers instead of the root causes of GBV.

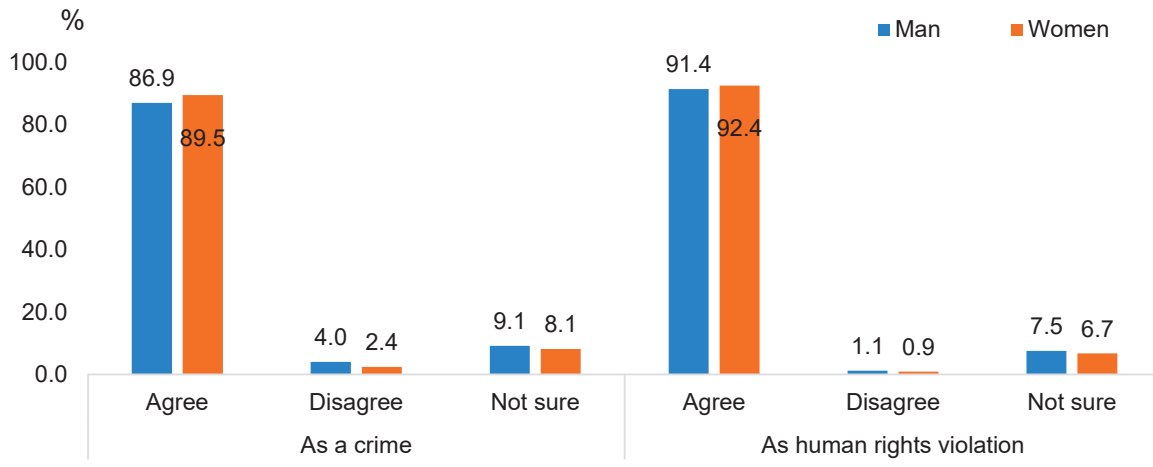
The survey also asked respondents about whether they think that GBV and DV is a crime and a human rights violation. The majority of the respondents (92.1 per cent) of the respondents knew that GBV/DV is a human rights violation, while a slightly smaller majority (88.8 per cent) knew that GBV/DV is a crime. A total of 392 (7.9 per cent) respondents answered "no" or "not sure" to the question of "is GBV/DV a human rights violation?", while a total of 560 (11.2 per cent) respondents indicated "no" or "not sure" to the question of "is GBV/DV a crime?" This disparity suggests that public information efforts on the Law to Combat Domestic Violence and other related laws should be pursued to increase awareness about the criminal nature and consequences of GBV and DV.

Figure 3.5 . Opinion on whether GBV and DV are Human rights violations and Crimes (%)



Disaggregating these results by sex (Figure 3.6), the percentage of men who did not know that GBV/DV is a human rights violation and/or a crime is greater than the percentage of women. In particular, 4.0 per cent of the total male respondents answered that GBV/DV is not a crime while only 2.4 per cent of female respondents answered similarly. Moreover, 1.1 per cent of the total male respondents said that GBV/DV is not a human rights violation while 0.9 per cent of female respondents answered similarly.

Figure 3.6. Opinion on whether GBV and DV are Human rights violations and Crimes, by sex (%)



Further breaking down the profile of respondents who indicated "no" or "not sure" when asked whether GBV and DV are human rights violations, it is seen that the 25-34 years age group are more likely than any other age group to indicate that GBV and DV are not human rights violations (35.4 per cent) or that they are not sure (32. per cent). However, it must be noted that this age group also makes up the 33.6 per cent of the total respondents. What is interesting to note that the 15-24 years age group includes the second highest number of respondents who answered "no" despite not being the second most represented age group in the total respondents. This thus highlights the importance of targeting the youth in information dissemination efforts.

Figure 3.7. Negative and uncertain opinion on whether GBV and DV are human rights violations, by age group (%)

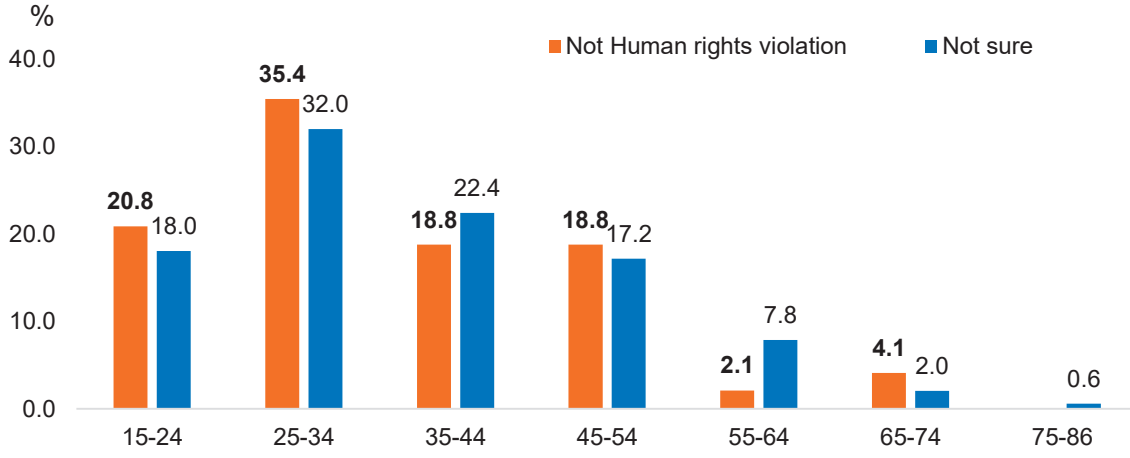
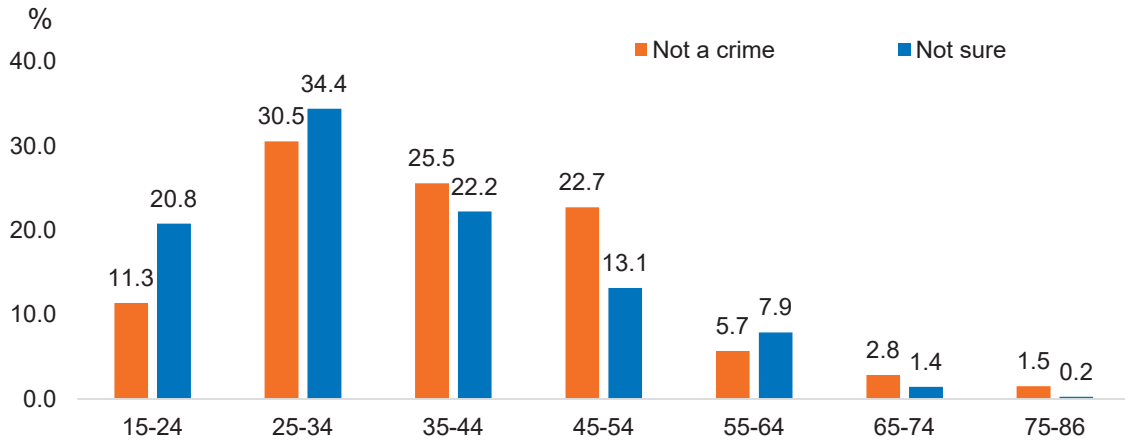


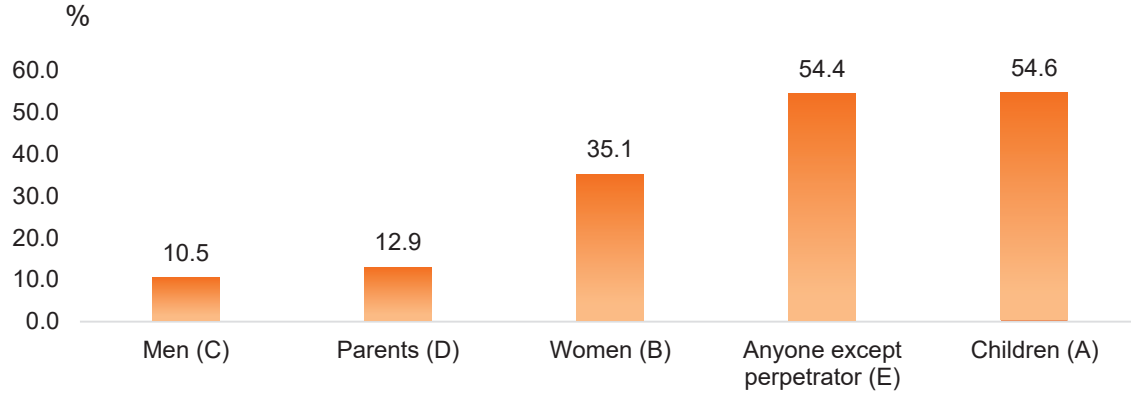
Figure 3.8. Negative and uncertain opinion on whether GBV and DV are crimes, by age group (%)



A comparable breakdown is seen among respondents who answered "no" or "not sure" when asked whether GBV and DV are crimes, with the 25-34 years age group making up a third of those who answered "no" (30.5 per cent) and "not sure (34.4 per cent). However, respondents from the 15-24 years age group were twice less likely to answer "no" than respondents from the 35-44 years (25.5 per cent) and the 45-54 (22.7 per cent) years age groups.

The survey also included questions to understand the public's perceptions about survivors and perpetrators of GBV and DV. First, respondents were asked who they think could be a survivor/victim of GBV and DV, and they were allowed to select multiple answers from the five choices seen in Figure 3.9.

Figure 3.9. Opinion on who can be a survivor of GBV and DV (%)

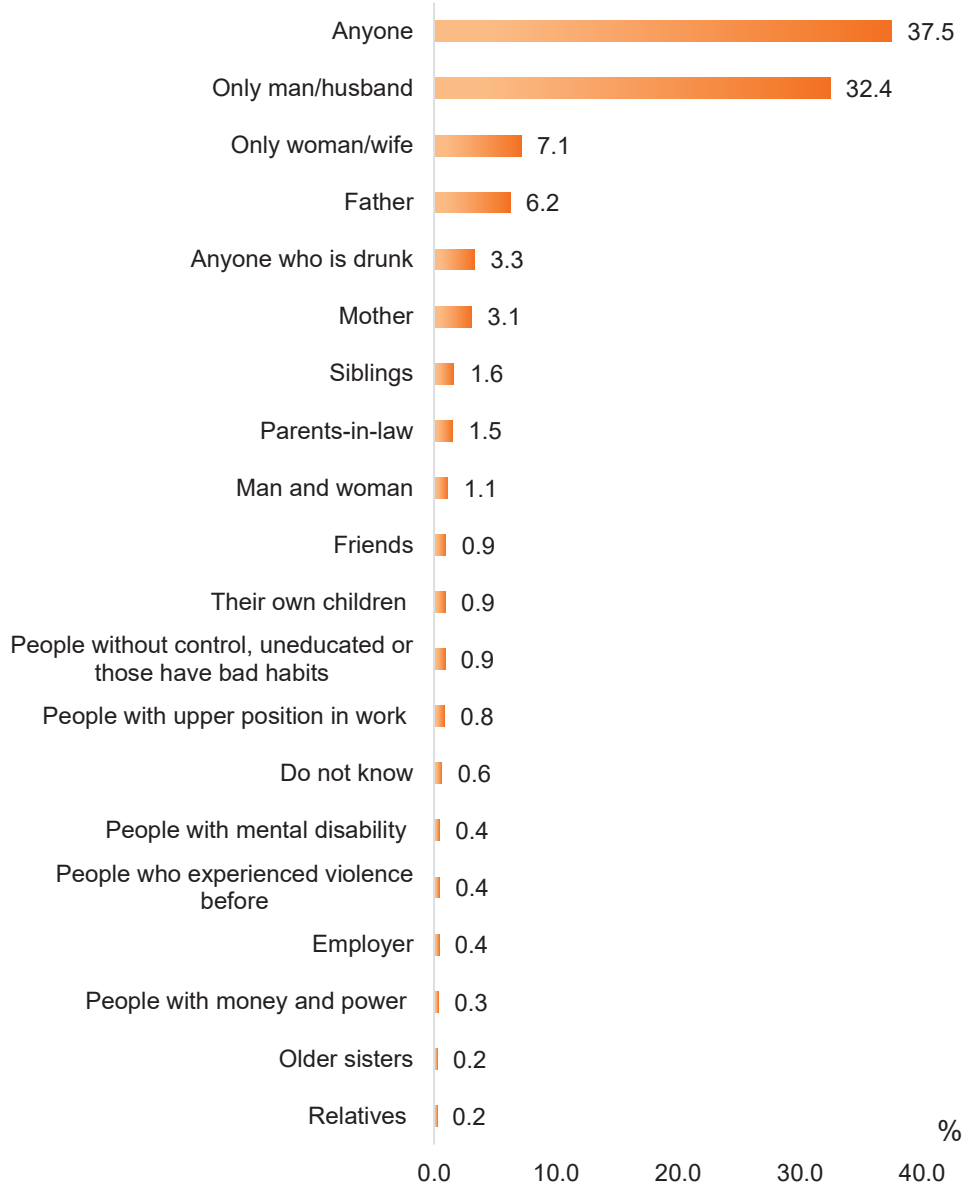


Most respondents believe that anyone can be a GBV survivor (54.4 per cent), especially children (54.6 per cent) and women (35.1 per cent). Respondents were also

given a chance to supply their own answer to the question, and many highlighted that people with disabilities as well as the elderly are also at risk of GBV.

Second, the respondents were asked who they think could be perpetrators of GBV, and for this question, they were not supplied with any choices. Out of all the respondents, 37.5 per cent said that anyone could be a GBV perpetrator (Figure 3.10). The results also show that more respondents believe that perpetrators are men. Among the gendered answers, men are more commonly cited as a possible perpetrator versus women: 32.4 per cent believed that only men or husbands can be perpetrators versus 7.1 per cent who believe than only women or wives can be perpetrators; additionally, 6.2 per cent cited fathers as possible perpetrators versus only 3.1 who cited mothers.

Figure 3.10. Opinion on who can be a perpetrator of GBV and DV (%)



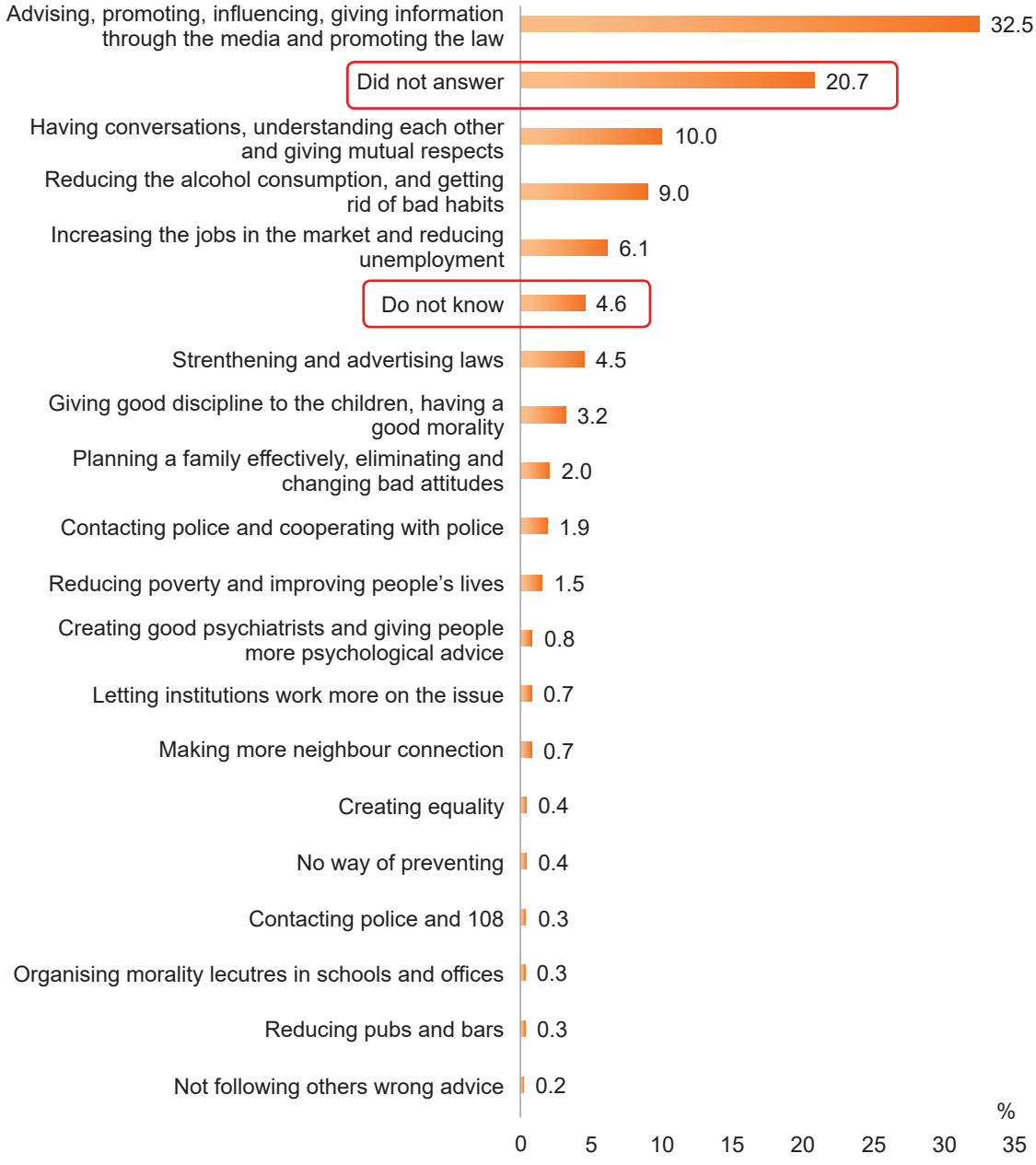
It is also worth noting that respondents identified factors that contribute to GBV perpetration in this question. For instance, alcohol abuse (3.3 per cent), the lack of education and self-control (0.9 per cent), mental disabilities (0.4 per cent), prior experience of violence as a survivor (0.4 per cent), and power imbalances (0.3 per cent) were all associated with GBV perpetration.

In particular, prior experience with GBV as a survivor aligns with the results of the National GBV Survey, which found that 32.4 per cent of women who experienced partner violence had partner-perpetrators who also experienced violence as a child. Women whose mothers were also subjected to partner violence were also more likely to experience partner violence themselves. This suggests that childhood experience of violence is a risk factor for future experiences of violence as both a perpetrator and a survivor.

Finally, respondents were also asked what they believe are the best methods to prevent GBV and DV. The most common answer given by the respondents is the need to increase the public's knowledge about GBV and DV issues and laws through advertisements, promotions, and other communication initiatives (32.5 per cent). This suggests that the public feels that it does not have enough information about GBV and DV, which reflects the findings that 68.1 per cent of the respondents feel that their knowledge of GBV and DV is average to below average. This may also be the reason why 20.7 percent of the respondents were unable to give an answer when asked for their opinion on the methods to end GBV and DV, while 4.6 per cent said that they do not know how to prevent GBV and DV.

Respondents also acknowledged the importance of improving interpersonal relationships to prevent GBV and DV, such as having conversations to understand and respect each other (10.0 per cent), reducing alcohol consumption to remove bad habits (9.0 per cent) discipline children well to develop a strong sense of morals (3.2 per cent), improving family planning (2.0 per cent), and improving relationships with neighbors (0.7 per cent). Respondents also suggested improving societal conditions to prevent GBV and DV, such as creating more jobs (6.1 per cent), strengthening laws (4.5 per cent), reporting GBV to the police (1.9 per cent), reducing poverty (1.5 per cent), increasing the number of institutions that work on the issue (0.7 per cent), and overall improving equality (0.4 per cent). Respondents also mentioned that information on GBV and DV should be included in school curricula and textbooks, while seminars about GBV and DV should be organized in workplaces. It must be noted, however, that none of the respondents suggested addressing the root cause of GBV - gender inequalities and power imbalances.

Figure 3.11. Methods of GBV and DV prevention (%)

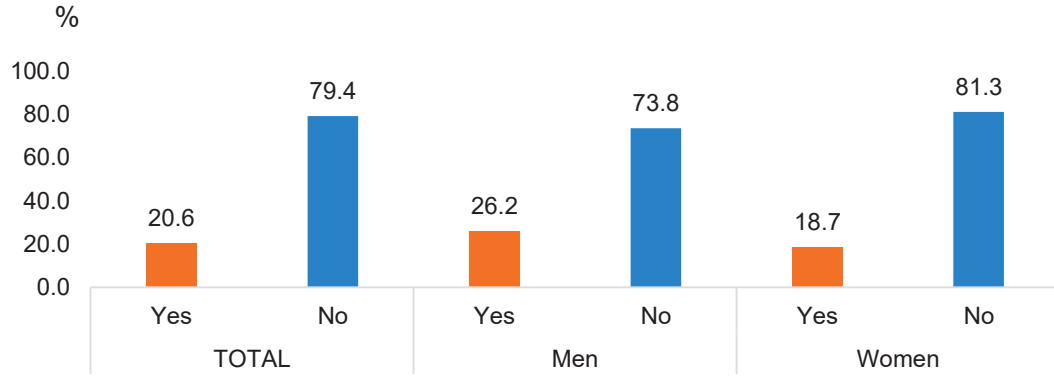


3.B. Attitudes and Beliefs Toward Gender-Based Violence

The survey also examined the public's attitudes and beliefs toward GBV and DV through a series of questions that describe certain circumstances with which the respondents can agree or disagree.

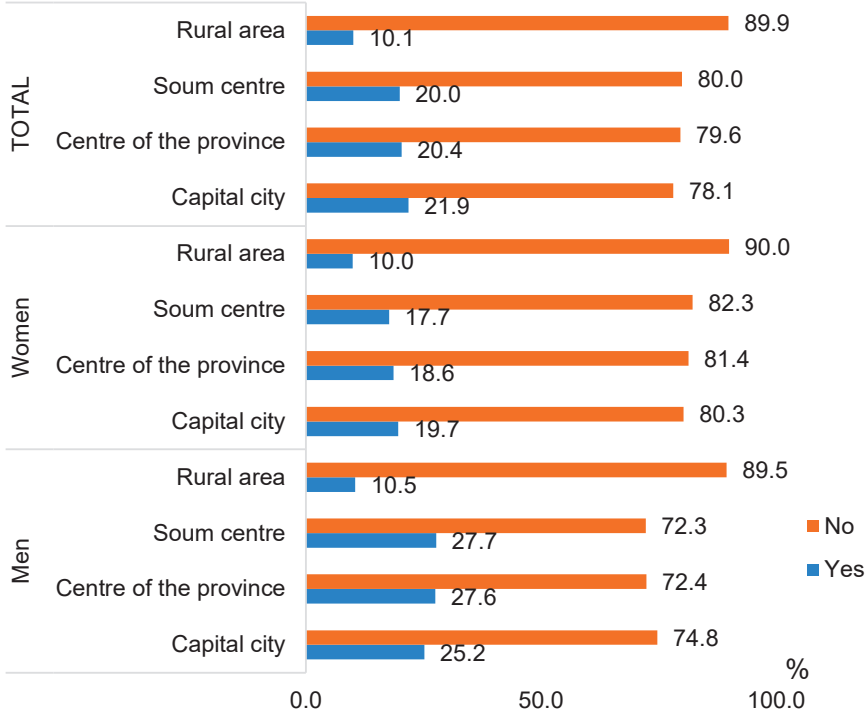
When asked the question, "Do you agree that women themselves are to be blamed for GBV and DV?", a total of 3968 respondents (79.4 per cent) disagreed, while a total of 1032 respondents (20.6 per cent) agreed. When disaggregated by sex (Figure 3.12), the results show that men are more likely to agree (26.2 per cent) with this statement than women (18.7 per cent) with a difference of 7.5 percentage points.

Figure 3.12. Respondents who agreed that women themselves are to be blamed for GBV and DV, by sex (%)



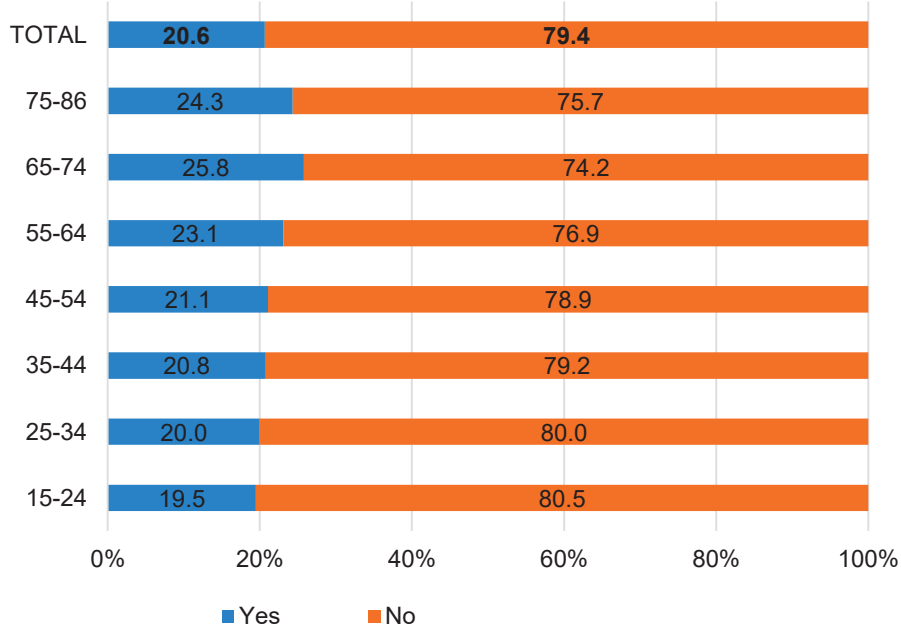
There were also notable differences in results based on the location of respondents. Respondents living in urban areas were twice more likely to agree with the statement than those who live in rural areas (10.1 per cent). More women living in the capital city (19.7 per cent) agreed with the statement compared to other locations, while men living in provincial (27.6 per cent) and soum (27.7 per cent) centers agreed more than men in the capital city.

Figure 3.13. Respondents who agreed that women themselves are to be blamed for GBV and DV, by location and sex (%)



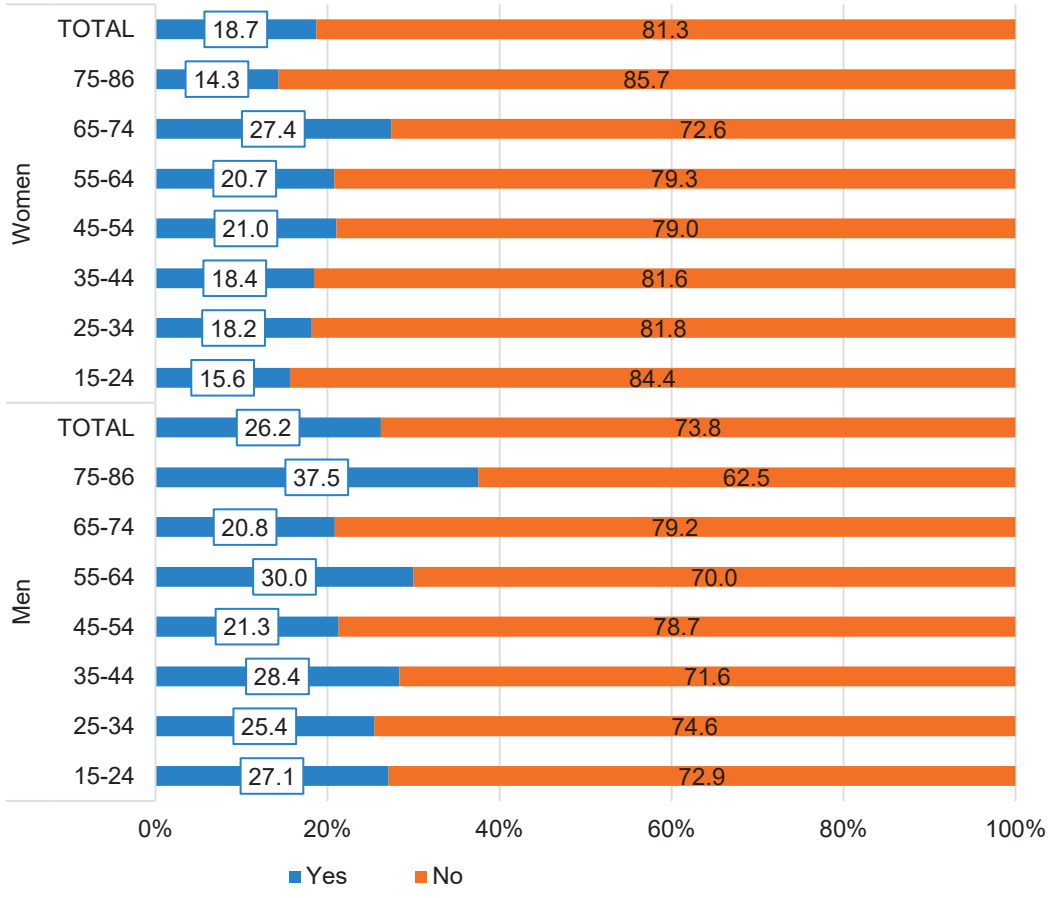
Disaggregating the results by age group, respondents tend to agree more with the statement as their age increases (Figure 3.14).

Figure 3.14. Respondents who agreed that women themselves are to be blamed for GBV and DV, by age group (%)



Further breaking this down by sex and age group (Figure 3.15), the results show that men from the 75-86 years age group has the biggest share (37.5 per cent) of respondents who agreed with the statement compared to any other age group, which is the age group with the smallest share (14.3 per cent) among women respondents. On the other hand, among women respondents, the 65-74 years age group had the biggest share (27.4 per cent) compared to all other age groups, which also is the age group with the smallest share (20.8 per cent) among male respondents.

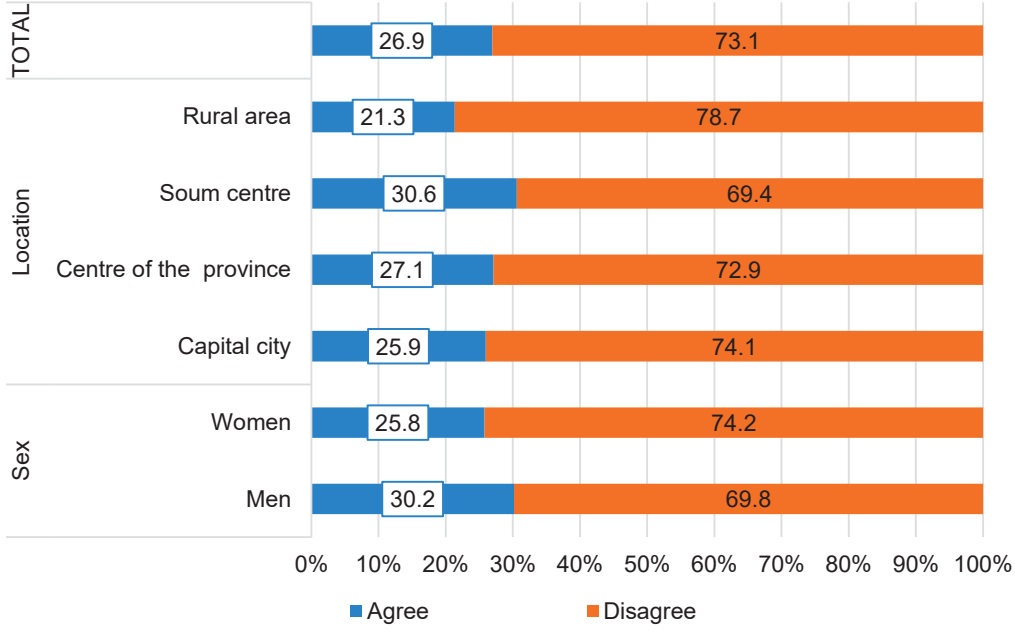
Figure 3.15. Respondents who agreed that women themselves are to be blamed for GBV and DV, by sex and age group (%)



Respondents were also asked the question, "Do you agree that a good wife supports her husband's ideas even if she disagrees with it?", and 73.1 per cent of the total respondents disagreed while 26.9 per cent agreed. This question was also asked in the National Gender-Based Violence Survey conducted by the National Statistics Office in 2017, in which 48.7 per cent of women agreed with the statement; the percentage of women who agreed in the National GBV Survey was also greater among those who have experienced GBV in their lifetime (55.4 per cent) compared to those who have not (47.6 per cent).

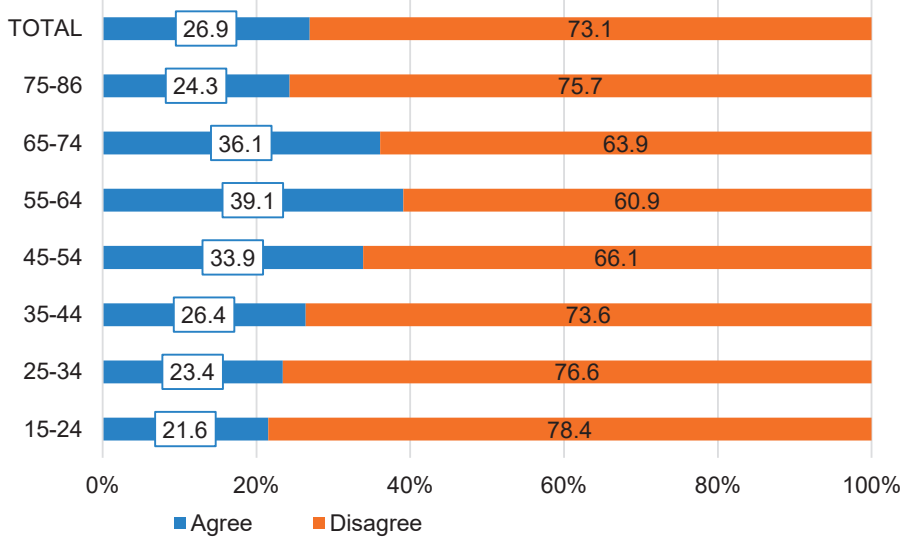
Breaking down these results further, a bigger share of male respondents (30.2 per cent) agreed with the statement compared to female respondents (25.8 per cent). Additionally, respondents who resided in soum centers were more likely to agree (30.6 per cent) with this statement compared to any other location, while respondents from the rural areas were least likely to agree (21.3 per cent) with the statement.

Figure 3.16. Respondents who agree that a good wife supports her husband's ideas even if she disagrees with it, by location and sex (%)



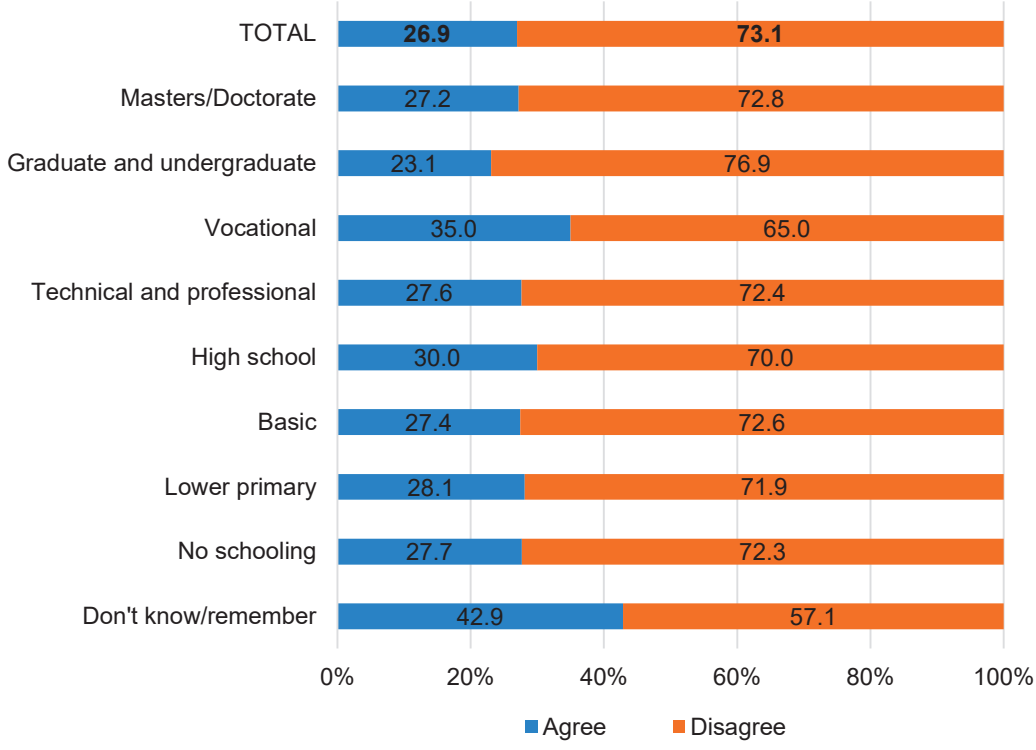
Disaggregating the results by age (Figure 3.17) also revealed that the older the respondent, the more likely they are to agree with this statement. Among all age groups, the 55-64 years age group has the biggest share of respondents who agree (39.1 per cent), followed by the 65-74 years age group (36.1 per cent). However, respondents aged 75 years and older were significantly less likely to agree with the statement (24.3 per cent) than the other age groups except respondents aged 34 and below.

Figure 3.17. Respondents who agree that a good wife supports her husband's ideas even if she disagrees with it, by age group (%)



When comparing respondents based on their education level (Figure 3.18), the results showed that people with higher education, particularly graduate and undergraduate degrees (23.1 per cent) including master's and doctorate degrees (27.2 per cent) are less likely to agree with the statement than other profiles. On the other hand, respondents who do not know or cannot remember their education experience (42.9 per cent) and respondents with vocational education (35.0 per cent) were most likely to agree with the statement.

Figure 3.18. Respondents who agree that a good wife supports her husband's ideas even if she disagrees with it, by education level (%)

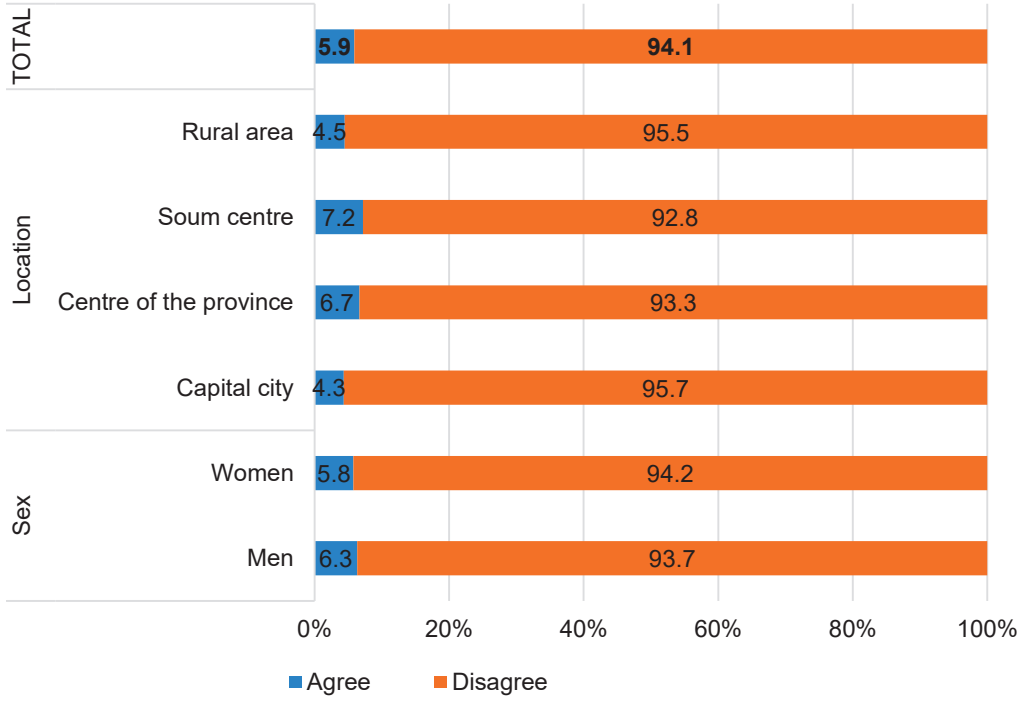


The analysis that women were less likely to agree with this statement as their education level rises is backed by the results of the National GBV Survey. While there are differences between women who have ever experienced GBV and women who have not, generally, a significantly bigger percentage (67.7 to 79.7 per cent) of women without schooling agreed with the statement compared to the percentage of women with higher education who agreed with it (34.5 to 42.4 per cent).

As mentioned, overall, there is a smaller percentage of women who agreed with this statement (25.8 per cent) in this survey conducted in 2019 compared to the percentage of women who agreed with it (47.6 to 55.4 per cent) in the National GBV Survey conducted in 2017. While there are differences in the methodology that may impact the true prevalence of the belief in this statement, the difference is large enough to be able to conclude that there have been improvements in the gender attitudes and beliefs of Mongolian women in the last two years.

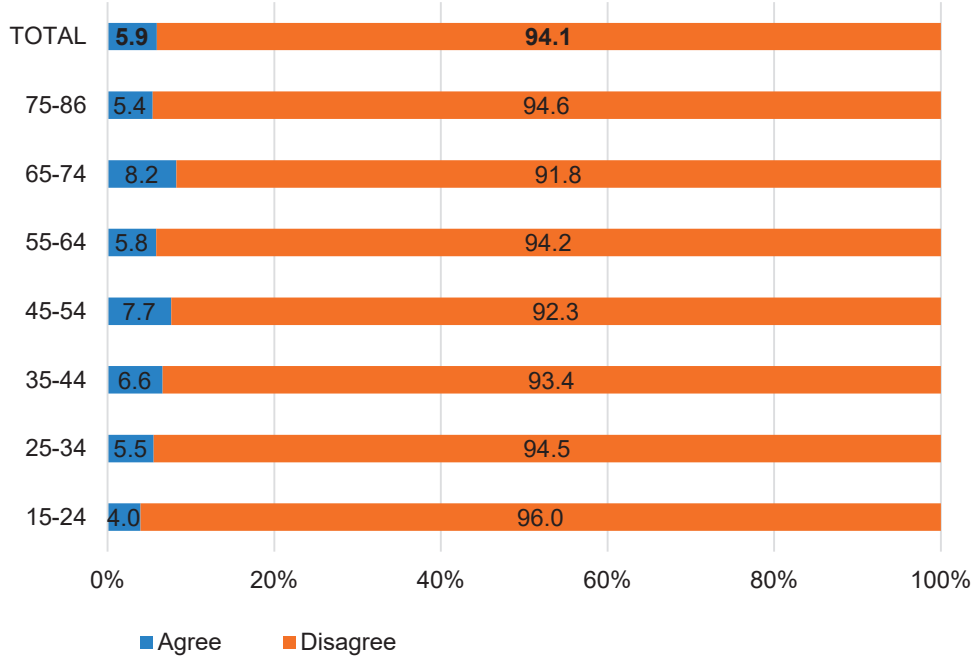
When asked if they agree "That if a wife makes a mistake, then her husband can blame, punish and beat her up", the majority of the respondents (94.1 per cent) said they disagree with the statement. There are no significant differences (≤ percentage points) in the results when respondents are disaggregated by location, sex, age, or employment status.

Figure 3.19. Respondents who agree that if a wife makes a mistake, her husband can blame, punish and beat up her, by sex and location (%)



Demonstrating the results by sex, 93.7 per cent of men, 94.2 per cent of women said that they disagree. Also, in terms of location, 95.5 per cent of the people who reside whether in the capital or the rural area said that they disagree with the statement.

Figure 3.20. Respondents who agree that if a wife makes a mistake, her husband can blame, punish and beat up her, by age group (%)



Comparing the results by age group, 94.5 to 96.0 per cent of youths said that they disagree while 91.8 per cent of 65 to 74 year-olds disagreed with the statement which was the least disagreed age group.

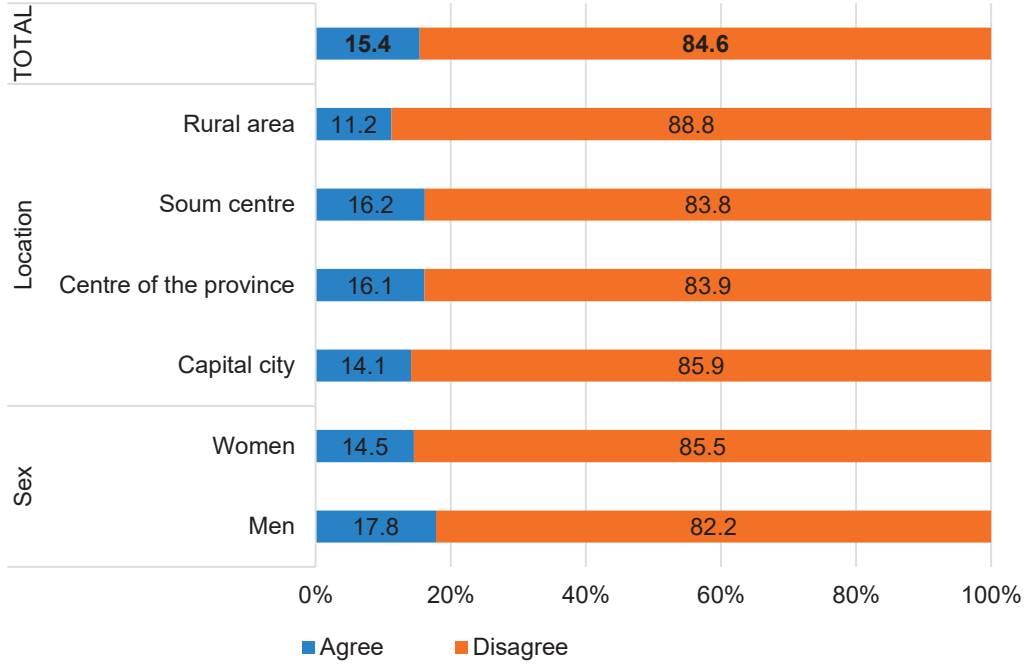
However, looking at the results by whether they are employed or unemployed, the employment status does not seem to have a notable influence. In particular, 94.4 per cent of the people who are employed disagreed with the statement while 93.3 per cent of the unemployed people disagreed with the statement.

While the specific questions of "Do you agree that if a wife makes a mistake, then her husband can blame, punish and beat her up?" and "Do you agree that there are some circumstances when violence is justified?" were not explicitly included in the National GBV Survey, the respondents of this 2017 survey were asked if a man is justified in hitting his wife under circumstances, including when she has been unfaithful (22.2 to 35.5 per cent of the respondents agreed), when she does not take care of the children (6.1 to 10.1 per cent agreed), when she disobeys him (4.2 to 7.9 per cent agreed), among other scenarios. The difference between the results of this survey and the National GBV Survey, while not fully comparable, nonetheless suggests an increasing intolerance to GBV and DV.

In relation to this, the survey also included the question, "Do you agree that there are some circumstances when violence is justified?", to which 15.4 per cent of the respondents agreed with the statement while 84.6 per cent disagreed. Comparing the results by sex, there were more male respondents (17.8 per cent) who agreed with the statement compared to female respondents (14.5 per cent) who agreed. In terms

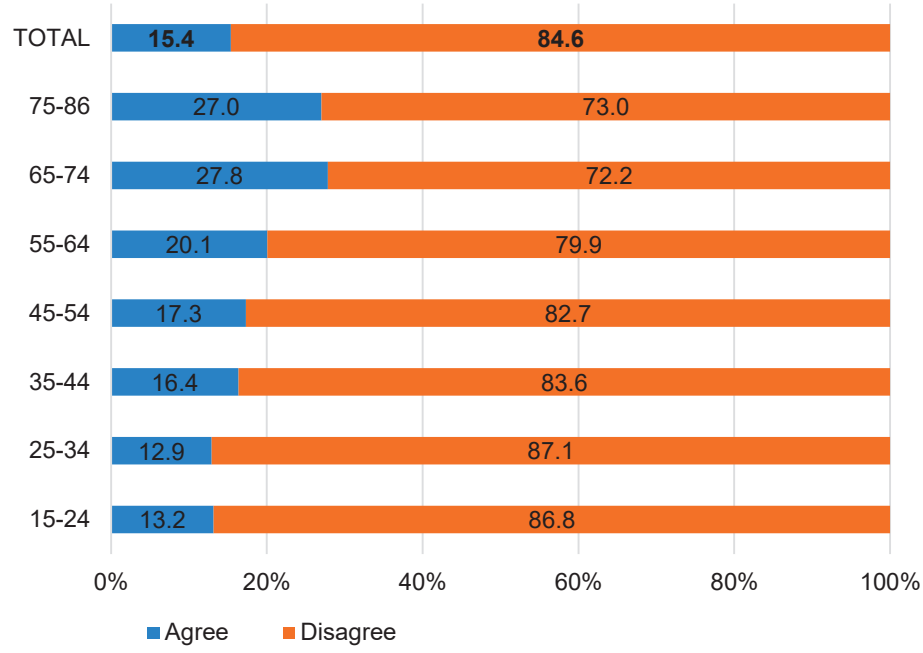
of differences by location, the largest percentage of respondents who agreed with the statement were among people residing in provincial or soum centers (16.1 and 16.2 per cent, respectively), while the smallest percentage was among respondents living in rural areas (11.2 per cent).

Figure 3.21 Respondents who agree that there are some circumstances when violence is justified, by sex and location (%)



As with previous questions regarding attitudes and beliefs toward GBV, the disaggregation by age group of responses to this question also showed that people are more likely to agree with this statement as they become older (Figure 3.20). People aged 65 years and above had the biggest share of respondents who agreed (27.0 to 27.8 per cent), while respondents aged 34 and below had the smallest share of respondents who agreed (12.9 to 13.2 per cent).

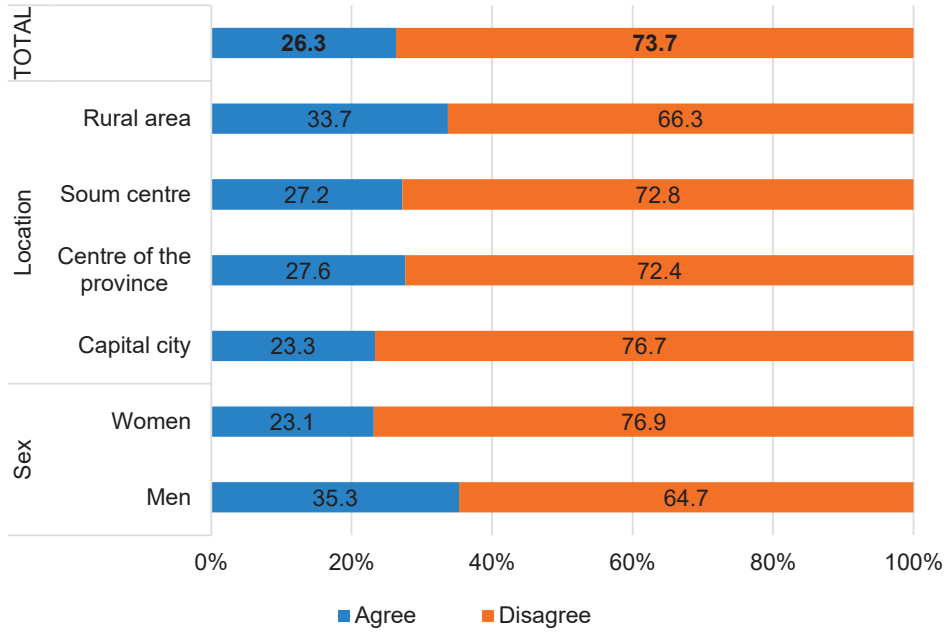
Figure 3.22. Respondents who agree that there are some circumstances when violence is justified, by age group (%)



When asked whether they agree that "Tolerating violence can save the family and protect their children from orphaning", 73.7 per cent of the total respondents indicated that they disagree while 26.3 per cent agreed. This is a cause for concern as belief that tolerating violence can save the family may be an important contributing factor to survivors' decision to hide and endure DV.

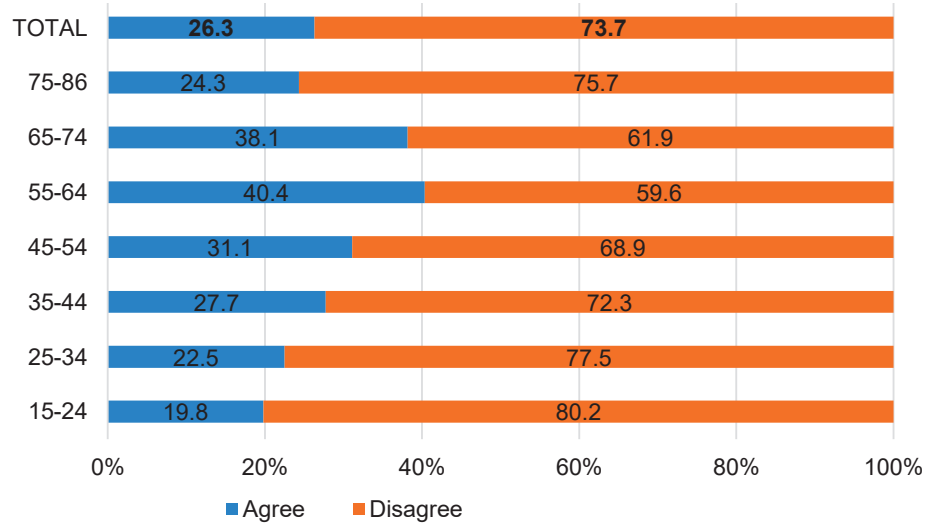
When breaking down the responses by sex, it is shown that a one in every three male respondents (35.3 per cent) agreed with the statement, compared to one in every four (23.1 per cent) female respondents. Contrary to the trend seen in the other questions exploring attitudes and beliefs toward GBV, for this particular question, the biggest share of respondents who agreed lived in rural areas (33.7 per cent), while the smallest share lived in the capital city (23.3 per cent).

Figure 3.23. Respondents who agree that tolerating violence can save the family and protect children from orphaning, by sex and location (%)



Breaking down the results by age (Figure 3.24), 19.8 per cent of respondents in the 15-24 year age group agreed with the statement, and the percentage of respondents who agreed within an age group generally increases as the people grow older, except among the 75-86 years age group where the percentage of respondents who agree is at the third-lowest at 24.3 per cent. Respondents belonging to the 55-64 years and 65-74 years age groups had the highest share of people who agree with the statement (40.4 and 38.1 per cent, respectively).

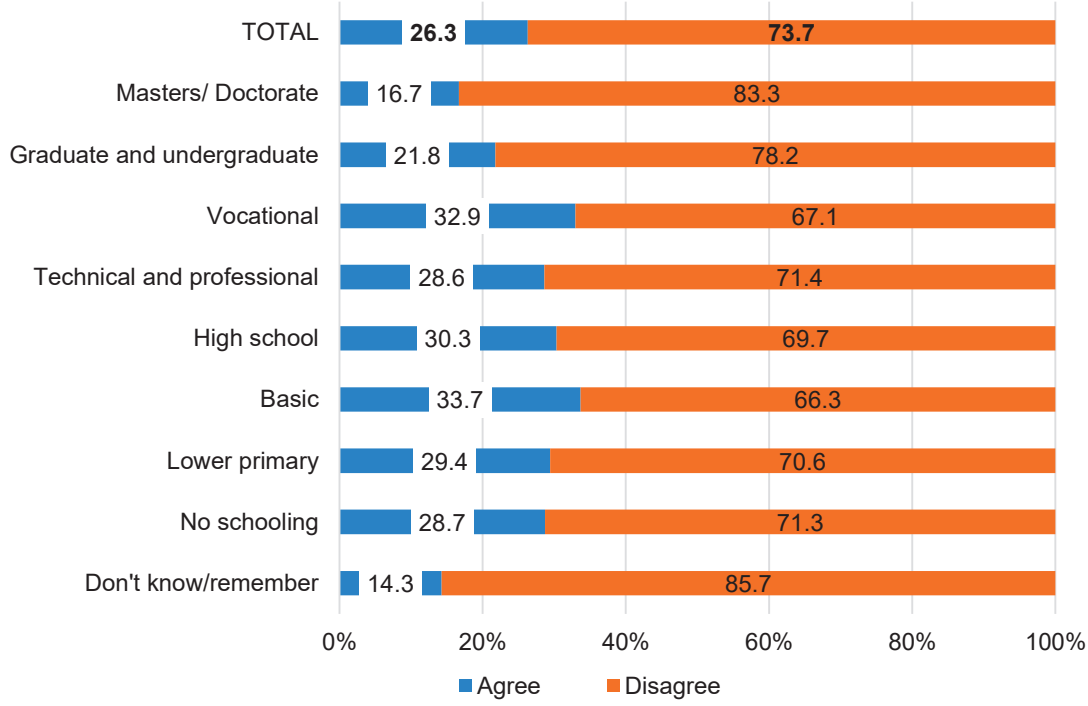
Figure 3.24. Respondents who agree that tolerating violence can save the family and protect children from orphaning, by age group (%)



Despite the exception among the oldest respondents, this suggests that traditional beliefs about gender are still deeply ingrained among the older generations, while more gender equitable beliefs are held by younger generations.

When disaggregating the results by education level, there is no clear pattern of differences among various education levels. People with a master's or doctorate degree as well as respondents who do not know or remember their education experiences have the smallest share of respondents who agree with the statement (16.7 and 14.3 per cent, respectively). On the other hand, people with basic education has the biggest share of respondents who agree (33.7 per cent), which is 5 percentage points higher than among people with no schooling at all (28.7 per cent).

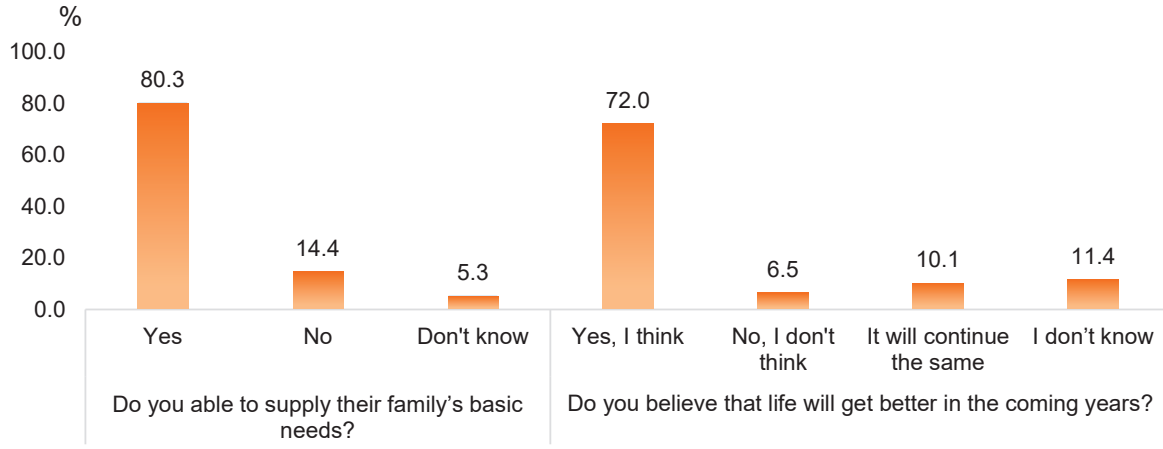
Figure 3.25. Respondents who agree that tolerating violence can save the family and protect children from orphaning, by education level (%)



Finally, the survey also included questions to assess the respondents' overall outlook and optimism for the future. First, respondents were asked whether they were confident in their ability to provide for the basic needs of their family, and 80.3 per cent of the respondents indicated that they are confident, 14.4 per cent said that they are not confident in their ability, while 5.3 per cent are not sure if they will be able to or not. Respondents were also asked if they believe that life will improve in the coming years, and 72.0 per cent of the respondents said that they are optimistic about the future. In response to this question, 10.1 per cent of the respondents think that the future will neither improve not improve, 6.5 per cent are pessimistic about the future, while 11.4 per cent are unsure. It must be highlighted, however, that data collection

for this survey happened in December 2019, which was months before the onset of the impacts of the COVID-19 pandemic to the country's economy.

Figure 3.26. Optimism about the future (%)



As seen in figure 3.27, there are minimal differences between sexes in their confidence in their ability to provide for their family's basic needs. In terms of location, people from soum centers (29.2 per cent) and rural areas (24.7 per cent) have the largest share of respondents who believe that they cannot provide for their family's basic needs or who are unsure of their ability to do so. Respondents from the capital city are the most confident in their ability to provide for their family (85.5 per cent).

Figure 3.27. Confidence in ability to provide for family's basic needs, by sex and location (%)

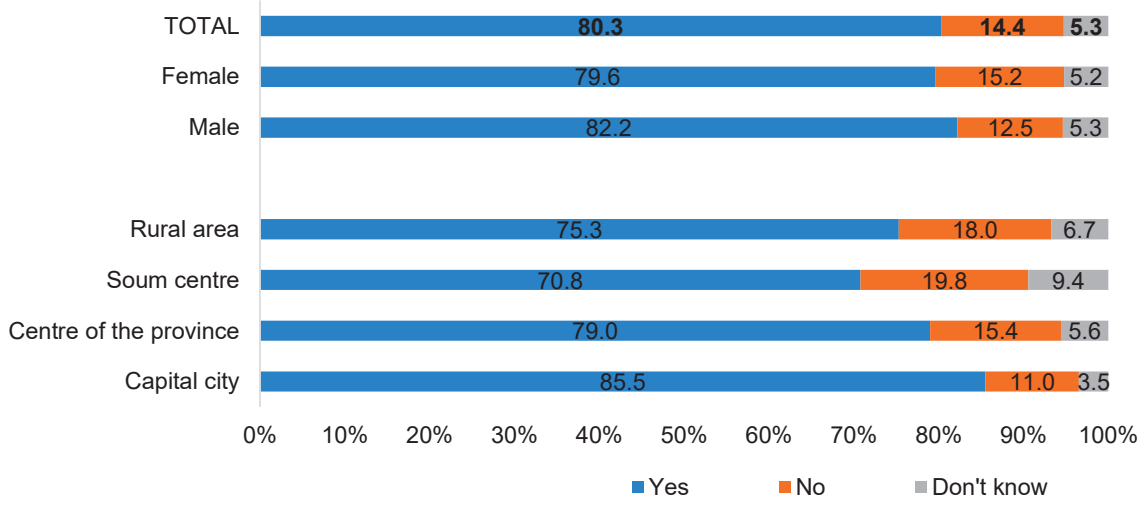
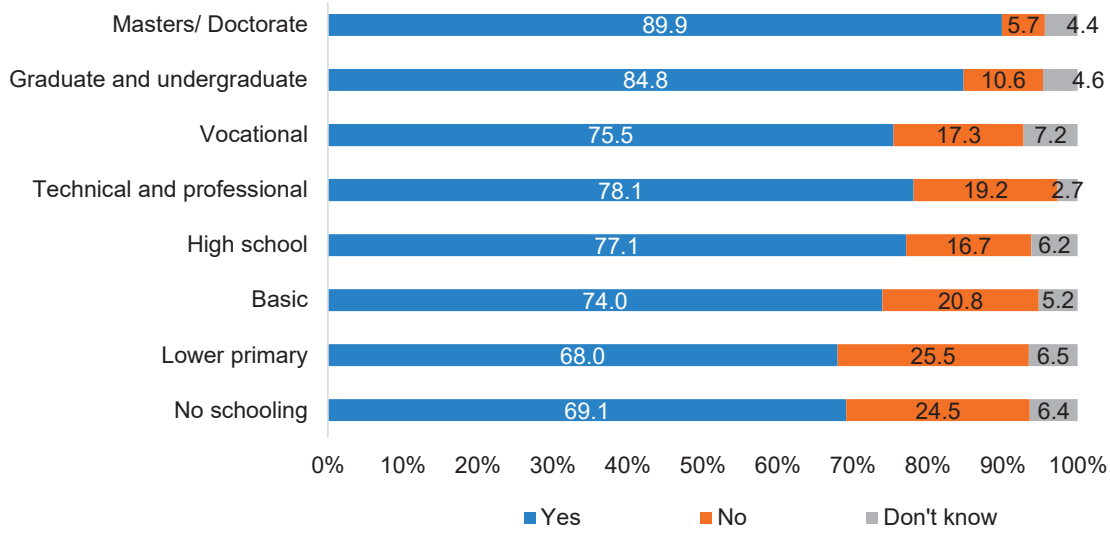


Figure 3.28 shows that as the respondents' education level rises, so does their confidence in their ability to provide for their family's basic needs. Respondents with college degrees and higher are the most confident in their ability (84.8 to 89.9 per

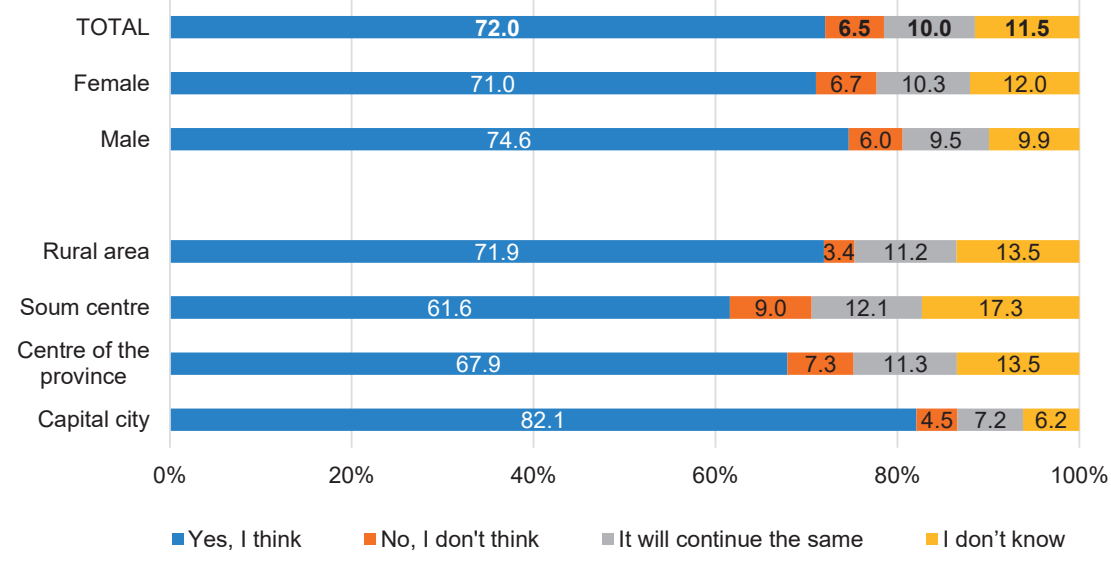
cent), while respondents with lower primary to no schooling are the least confident in their ability (24.5 to 25.5 per cent).

Figure 3.28. Confidence in ability to provide for family's basic needs, by education level (%)



There are also minimal differences between sexes in their optimism in the future, with male respondents (74.6 per cent) slightly more optimistic than female respondents (71.0 per cent). In terms of location, respondents from the capital city are the most optimistic about the future (82.1 per cent), while people from soum centers had the smallest share of respondents who believe that life will get better in the coming years (61.6 per cent). There were also minimal differences in the level of optimism in the future among the different education levels.

Figure 3.29. Belief that life will get better in the coming years, by sex and location (%)

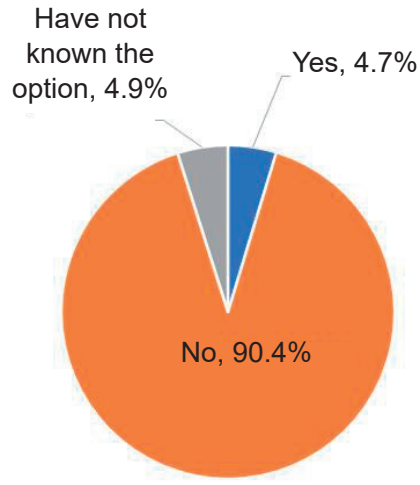


CHAPTER 4. PUBLIC INFORMATION AND ENGAGEMENT ON GBV AND DV ISSUES

The survey also asked respondents about their experiences engaging with relevant government agencies, including through national communication campaigns.

The respondents were asked whether they have ever contacted the National Human Rights Commission (NHRC) for any human rights concern beyond GBV/DV. In response, 90.4 per cent of the total respondents said "no", 4.7 per cent said "yes", while the remaining 4.9 per cent indicated that they were not aware of this possibility and/or how to contact the NHRC. The age group and sex of the respondents do not seem to have any significant impact on the results.

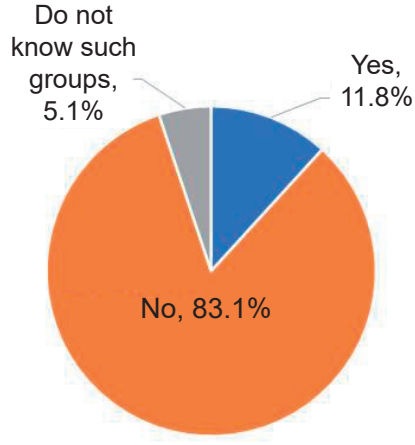
Figure 4.1. Respondents who have contacted the National human rights commission, (%)



At first glance, these results seem to suggest a disconnect between the public's knowledge that GBV and DV are human rights violations, and their decision to act on it by reporting GBV and DV to the NHRC. However, it is important to note that the majority of the respondents also indicated that they know that GBV and DV are crimes, and as such, may reach out to the police and other service providers to report and/or escape GBV and DV. The same can be said of other human rights violations, most of which are also considered crimes in Mongolia. As such, these results can be interpreted as suggesting that the NHRC is not the top-of-mind government body for reporting human rights violations, and not that the public do not report or seek help for human rights violations at all. Thus, there is an opportunity for the NHRC to increase its efforts to raise awareness about its role in safeguarding human rights, as well as on the different ways that the public can access them for assistance and support.

The survey also asked respondents whether they have ever participated in activities organized by the Coordination Council for Crime Prevention (CCCP), which is operates at the national and sub-national levels to coordinate multi-sectoral response to crimes including GBV and DV, or other NGOs. The results showed that more respondents (11.8 per cent) are aware of and have engaged with CCCP and/or NGO activities compared to NHRC (4.7 per cent), but slightly more respondents (5.1 per cent) are not aware of CCCP (5.1 per cent) compared to the NHRC (4.9 per cent). The age group and sex of the respondents do not seem to have any significant impact on the results.

Figure 4.2. Respondent's knowledge about the activities organised by the Coordination council for crime prevention and other NGOs (%)

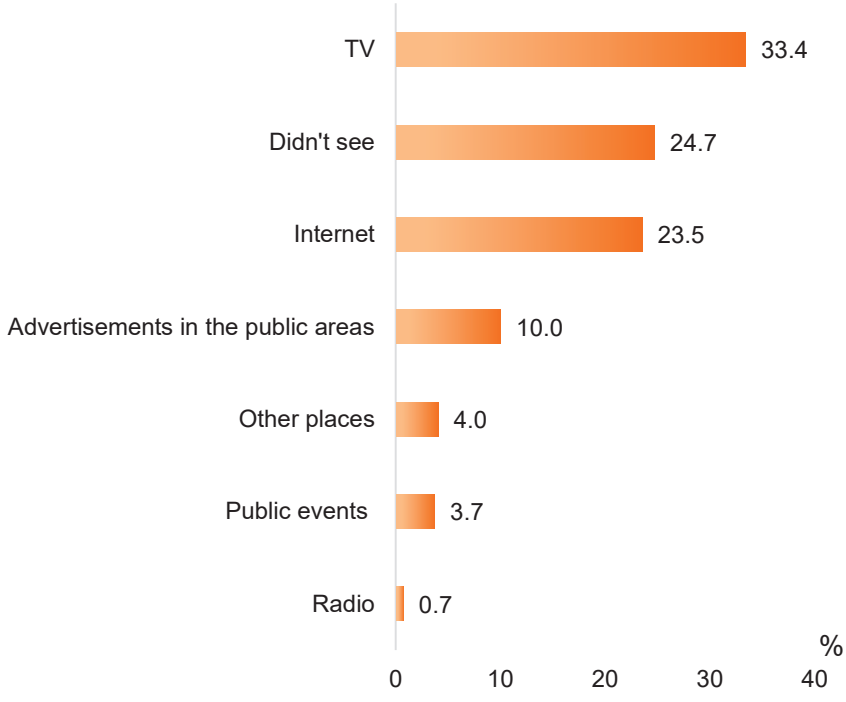


To further understand how information can be effectively disseminated to the public, the survey also included questions on the "16 days of activism against Gender-based violence" 2019 campaign, which was currently being rolled out during the data collection process of this survey. The nationwide campaign had the theme, "Let's understand and respect each other", and included several initiatives to reach the public.

Figure 4.3. The 16 days of activism against GBV campaign for 2019 with the theme "Let's understand and respect each other"

In response to the questions of whether they have seen the campaign, 75.3 per cent of the respondents have knew about the campaign while only 24.7 per cent have never seen or heard about the campaign. When asked through what channel they first saw or heard about the campaign (Figure 4.4), 33.4 per cent of the respondents indicated that they saw it on television, 23.5 per cent saw it on the internet, 10.0 per cent saw it in advertisements in public areas, 3.7 per cent learned of it through a public event, and 0.7 per cent heard it on the radio. Additionally, 4.0 per cent of the respondents said they saw it through other channels, such as billboards, bus stop advertisements, and car stickers.

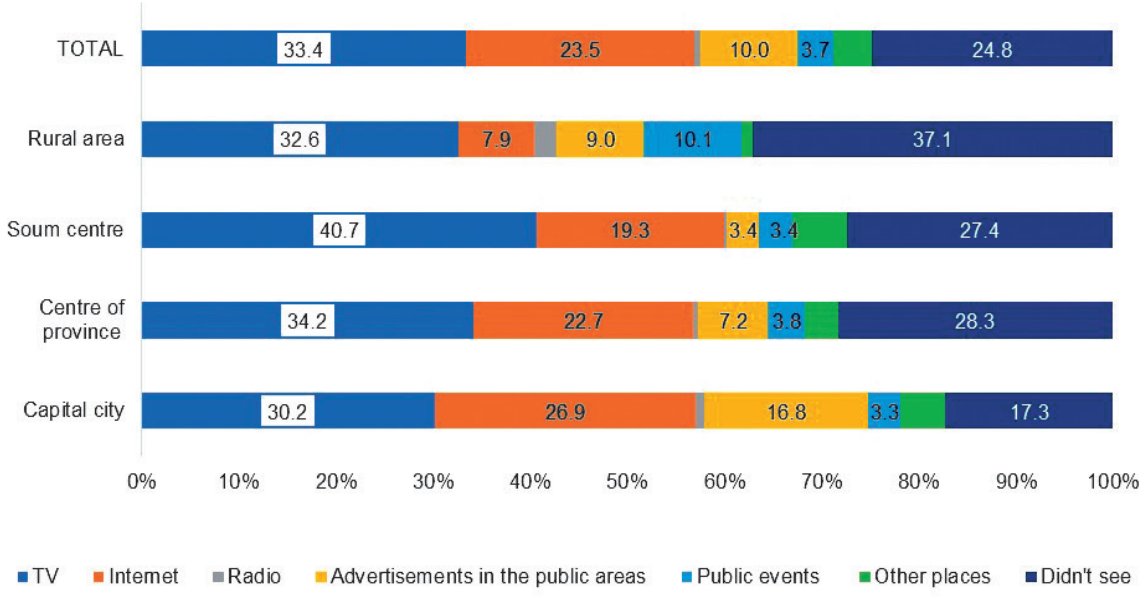
Figure 4.4. Source of respondent's knowledge of the "Let's understand and respect each other" campaign, (%)



Breaking this down further, Figure 4.5 shows that people from the capital city had the smallest share of respondents who have never seen the campaign (17.3 per cent), while people from rural areas had the largest share with more than 1 in every 3 people (37.1 per cent) indicating that they are not aware of the campaign.

Across all four locations, television is the most common channel through which people saw the campaign, with the largest percentage in soum centers (40.7 per cent). Respondents from the capital city are also more likely to have seen the campaign on the internet (26.9 per cent) than respondents from any other location, particularly compared to respondents from the country side of which only 7.9 per cent indicated that they saw the campaign online. People in the capital city are also more likely to have seen the campaign through posters or flyers (16.8 per cent) compared to other respondents, which may be due to the fact that there are more posters put up in Ulaanbaatar than elsewhere in the country. This may also explain why more respondents from the capital city are aware of the campaign (82.7 per cent) compared to respondents from any other location. On the other hand, respondents from the rural area are more likely to have seen or heard about the campaign on the radio or through public events (10.1 per cent) compared to respondents from any other location.

Figure 4.5. Source of respondent's knowledge of the "Let's understand and respect each other" campaign, by location (%)



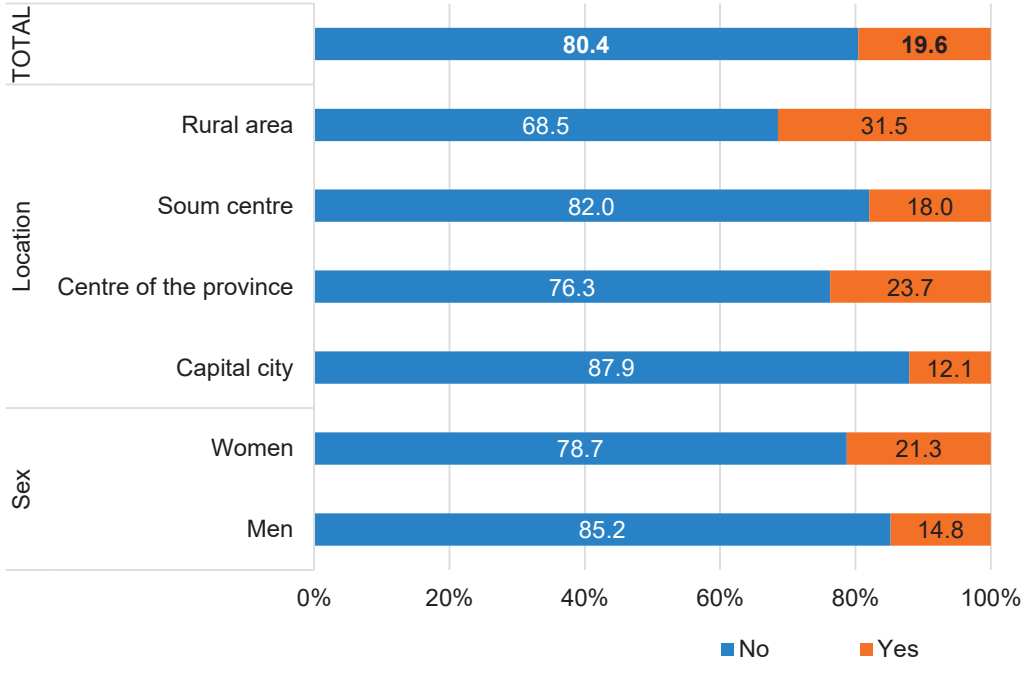
These results show that television is the most effective channel for information dissemination to the public. The internet, particularly social medial, is also a growing source of information in urban areas, while rural areas can be reached through public events, posters and flyers, and the radio. Additionally, people who reside in rural areas can also be effectively informed through phone calls and other direct methods of communication.

CHAPTER 5. CLIENT EXPERIENCE AND SATISFACTION WITH ONE STOP SERVICE CENTERS AND TEMPORARY SHELTERS

The survey also delves into the respondents' knowledge of, experiences and satisfaction with OSSCs and TSs.

When asked whether they have ever experienced GBV or DV, 80.4 per cent (4020 people) of the respondents indicated that they have no experience of GBV or DV, while 19.6 per cent (980 people) reported that they have had some experience of GBV or DV. Disaggregated by sex, 21.3 per cent of women respondents indicated that they have experienced GBV or DV, while 14.8 per cent of the male respondents indicated the same. People in the capital city also have the smallest share of respondents who have experienced GBV or DV (12.1 per cent) while the rural area has the biggest share (31.5 per cent).

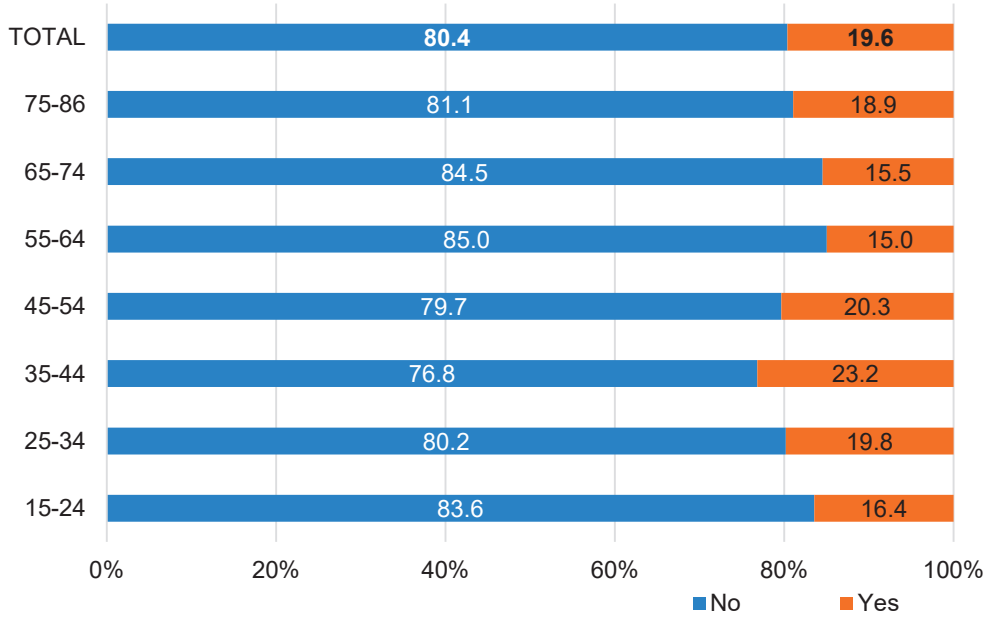
Figure 5.1. Experience of GBV and DV, by location and sex (%)



Breaking down the responses by age group, the 35-44 years age group had the biggest percentage of respondents who experienced violence (23.2 per cent), followed closely by the 45-54 years age group (20.3 per cent). In contrast, respondents aged 55 to 74 years were least likely to have experienced GBV or DV (15.0 to 15.5 per cent), followed closely by respondents aged 15 to 24 years (16.4 per cent). Whereas, when

demonstrating by age group 23.2 per cent of the respondents aged 35-44 years have experienced the violence most.

Figure 5.2. Experience of GBV and DV, by age group (%)



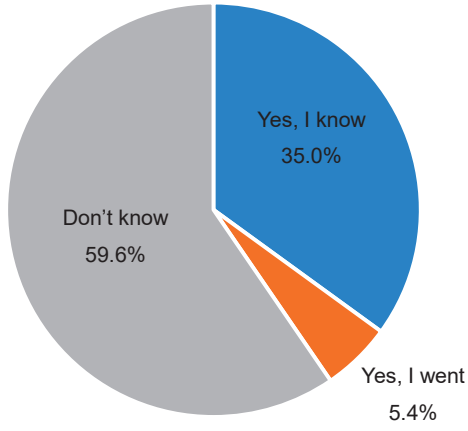
It must be noted that the prevalence rate of lifetime experience with GBV and DV found in this survey (19.6 per cent) differs significantly from the prevalence rate found by the National GBV Survey that showed that 57.9 per cent of women in Mongolia have experienced some form of GBV or DV perpetrated by their partner at least once in their lifetime. Disaggregating the results of this survey and the National GBV survey also show differences in the prevalence distribution by location, age, and other factors.

This discrepancy may be attributed to the difference in methodology, including the method for selecting respondents as well as how the questions were phrased. In this survey, the respondents were asked, "have you ever experienced GBV or DV?", whereas in the National GBV Survey, the respondents were asked if they have ever experienced specific acts of violence under the five forms of GBV (physical, sexual, emotional/psychological, economic, and controlling behaviors).

The purpose of this survey is to understand the experiences of people, especially survivors, with GBV and DV response services. The respondents' experience with GBV and DV serves only as a demographic marker for more nuanced analysis of the results of this study. When referring to the prevalence rate of GBV in Mongolia, the results of the National GBV Survey must be cited.

The survey also asked the respondents about their knowledge of OSSCs and TSs in their area of residence. Figure 5.3 shows that the majority of respondents indicated that they have no knowledge of OSSCs and TSs nearby (59.6 per cent). On the other hand, 35 per cent of the respondents answered that they know of an OSSC and/or TS in their area, while 5.4 per cent said that they have actually been to an OSSC and/or TS.

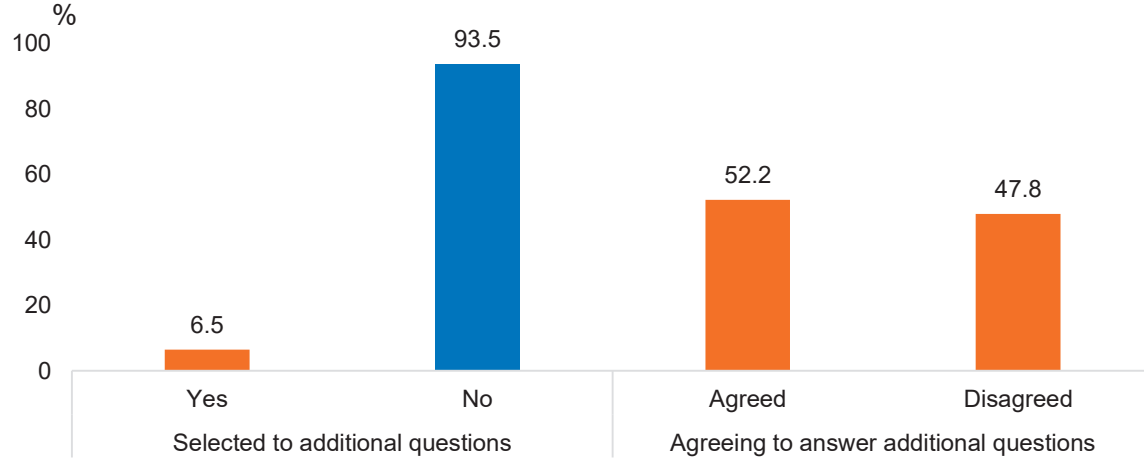
Figure 5.3. Respondent's knowledge of OSSCs and TSs in their residential area (%)



5.A. Profile of Respondents of the Additional Questions on Their Experience with One Stop Service Centers and Temporary Shelters

To better understand clients' experience and satisfaction with OSSCs and TSs, respondents who have both experienced violence and sought help at an OSSC or TS were asked to answer additional questions. Out of the 324 respondents (6.5 per cent of the total respondents) who met both of the two criteria, 196 people (52.2 per cent) agreed to answer additional questions (Figure 5.4). This section breaks down the profile of the respondents for these additional questions.

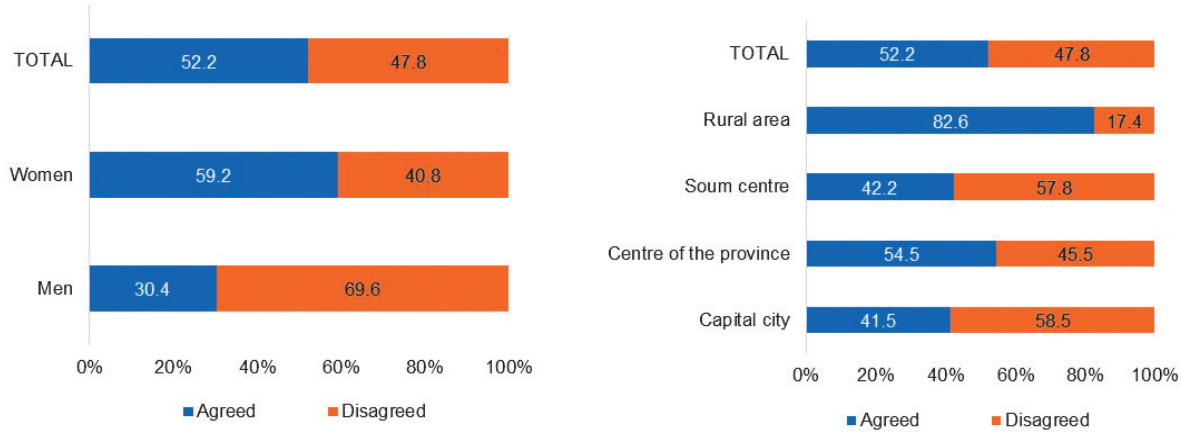
Figure 5.4. Respondents chosen to answer additional questions and their agreement rate (%)



Within this smaller group of respondents who answered the additional questions, 85.8 per cent were women while 14.2 per cent were men. People from the rural areas are also the most represented with 11.2 per cent of respondents, compared to the 11.2

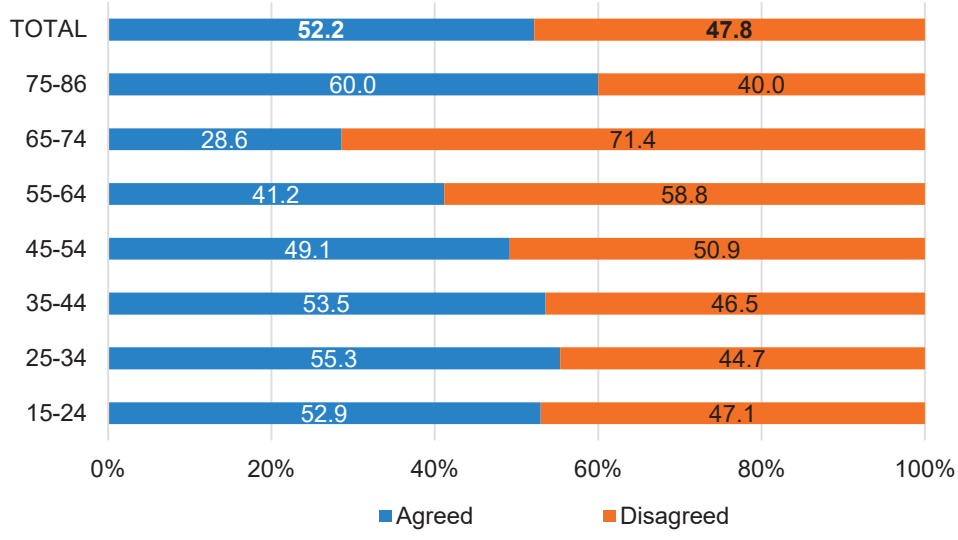
per cent from soum centers, 61.5 per cent from provincial centers, and the 16.0 per cent from the capital city.

Figure 5.5. Respondents of the additional questions, by sex and location (%)



In terms of distribution by age group, the 25-34 years age group was the most represented comprising 33.7 per cent of the total respondents within this smaller group, while the 65-74 years age group has the fewest respondents at 1.2 per cent.

Figure 5.6. Respondents of the additional questions, by age group (%)



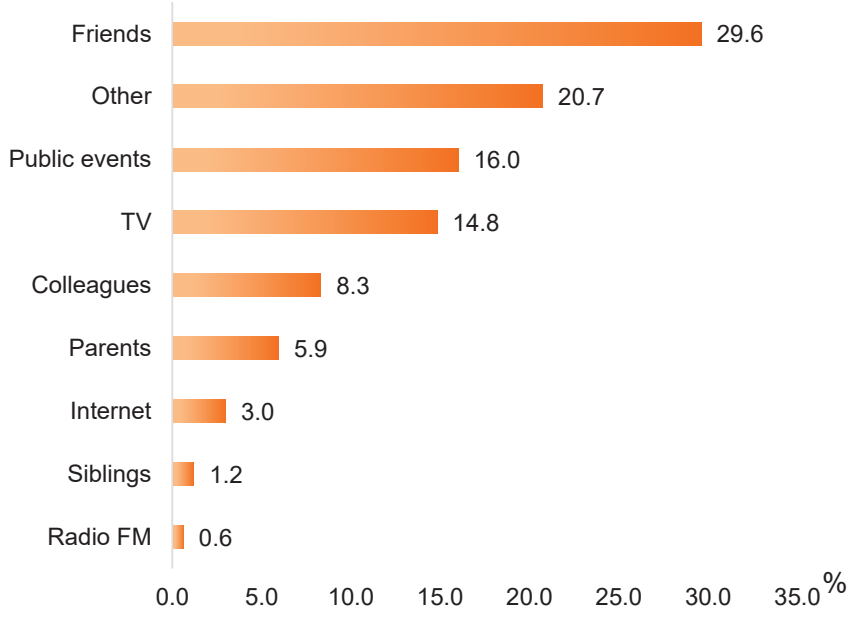
5.B. Client Experience and Satisfaction with One Stop Service Centers and Temporary Shelters

This smaller group of respondents described in the previous section were asked to answer additional questions about their experience seeking help from OSSCs and TSs, including how they learned about OSSCs and TSs as well as their level of satisfaction

with the services they received in these facilities. Currently, there are a total of 29 OSSCs and TSs operating in the country, with 9 in the capital city of Ulaanbaatar and the remaining 20 in the provinces. Of these, 17 OSSCs and TSs (6 in Ulaanbaatar and 11 in the provinces) were evaluated by both the respondents and surveyors for this study.

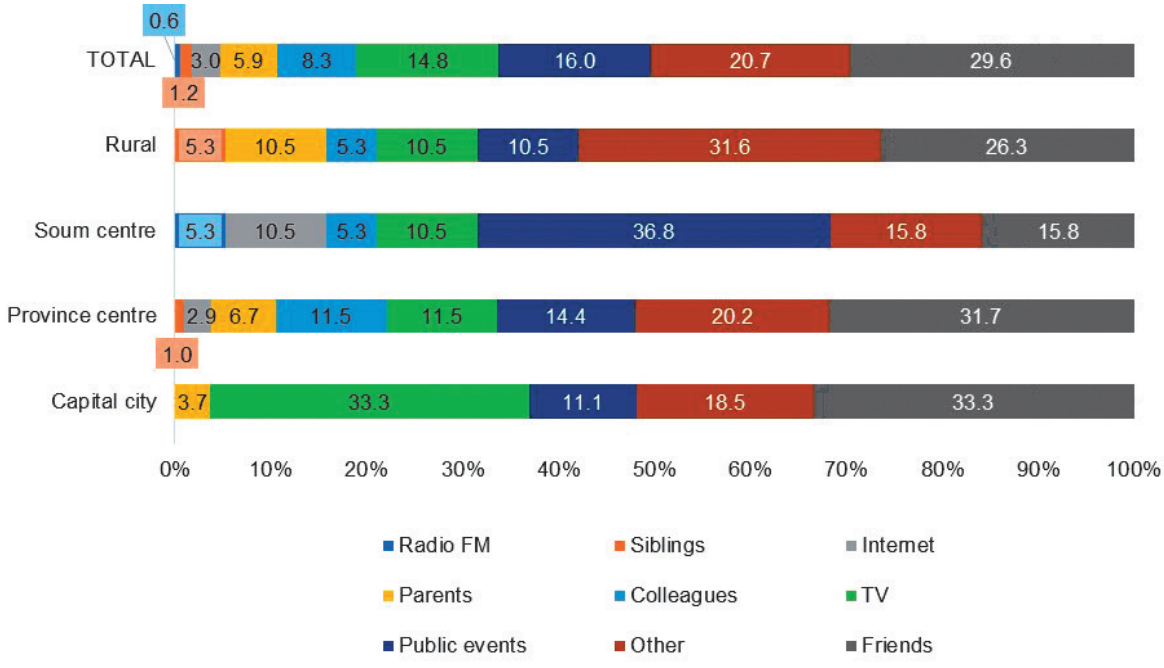
First of all, respondents were asked where or how they learned about OSSCs and TSs. Figure 5.7 shows that word of mouth – such as hearing through friends (29.6 per cent), colleagues (8.3 per cent), parents (5.9 per cent), and siblings (1.2 per cent) – is the most common source of information. However, more formal or official initiatives to raise awareness through media channels – such as television (14.8 per cent), the internet (3.0 per cent), and the radio (0.6 per cent) – as well as through public events (16.0 per cent) are still important in informing survivors about where they can ask for help.

Figure 5.7. Sources of information about OSSCs and TSs (%)



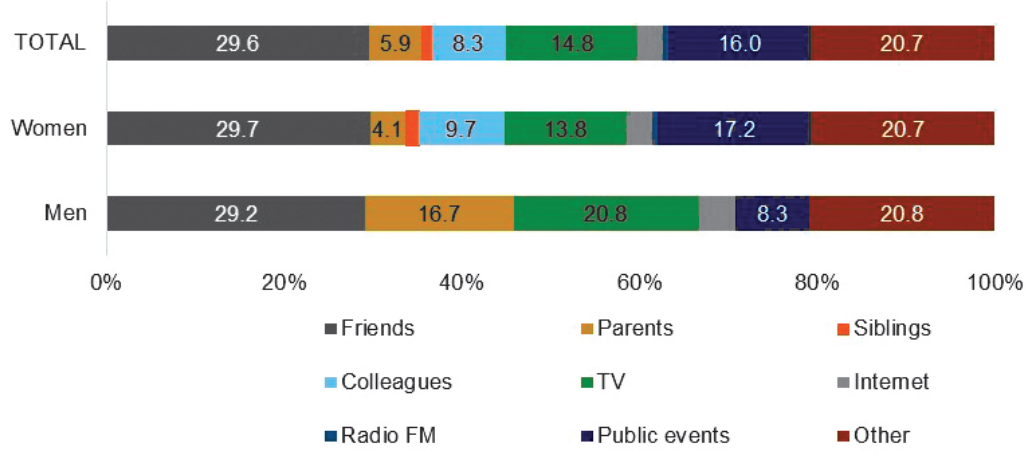
Breaking this down by location, the respondents' friends are the most prevalent source of information about OSSCs and TSs in the capital city (33.3 per cent), provincial centers (31.7 per cent) and rural areas (26.3 per cent). However, television is also a top information source of respondents from the capital city (33.3 per cent), but this is not the case in other locations. Among respondents from provincial centers, public events (14.4 per cent), television (11.5 per cent) and the respondents' colleagues (11.5 per cent) are almost equally prevalent as sources of information, while among respondents from soum centers, public events are the top source of information (36.8 per cent) followed by the respondents' friends (15.8 per cent). Public events (10.5 per cent) and television (10.5 per cent) are also key sources of information about OSSCs and TSs among respondents from rural areas. Some respondents also indicated that they learned about OSSCs and TSs in other ways, such as through local government employees, teachers, the police, and hospitals.

Figure 5.8. Sources of information about OSSCs and TSs, by location (%)



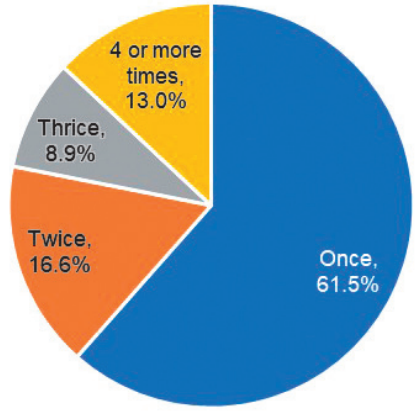
Comparing the results by sex (Figure 5.9), male and female respondents were just as likely to receive information about OSSCs and TSs through friends (28.2 to 29.7 per cent). Television was also an important source of information for both the women (13.8 per cent) and the men (20.8 per cent), albeit in different degrees. However, public events (17.2 per cent) was a key source of information among female respondents, while many male respondents learned about OSSCs and TSs from their family (16.7 per cent).

Figure 5.9. Sources of information about OSSCs and TSs, by sex (%)



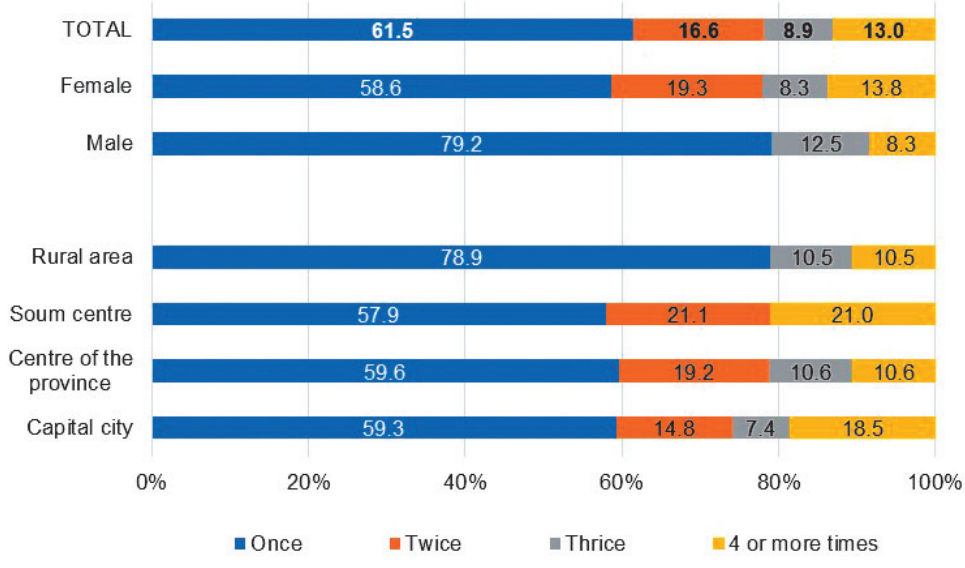
Respondents were also asked about how many times they have visited OSSCs or TSs. The majority of the respondents have only visited once (61.6), 16.6 percent visited twice, 8.9 per cent visited thrice, while 13.0 per cent have visited four or more times.

Figure 5.10. Frequency of visits to OSSCs or TSs (%)



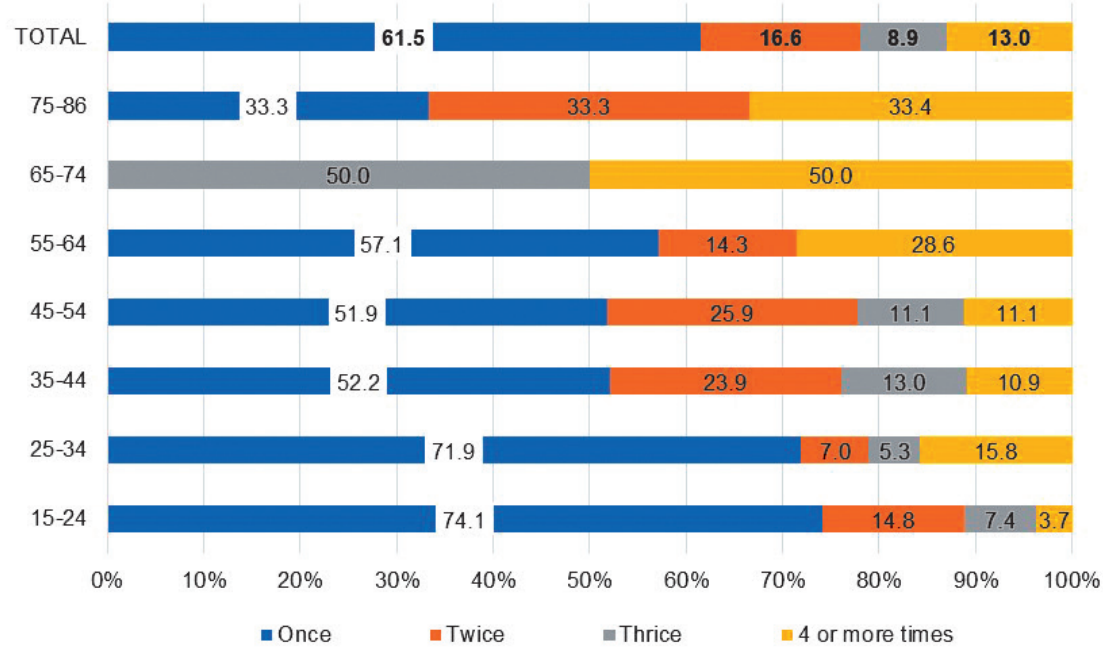
Disaggregating these results by sex, more male respondents have visited an OSSC or TS only once (79.2 per cent) compared to female respondents (58.6 per cent). Almost half of female respondents have sought help at OSSCs or TSs twice or more times. In terms of location, respondents living in rural areas are more likely to have visited an OSSC or TS only once (78.9 per cent) compared to any other location where almost half of the respondents (40.4 to 42.1 per cent) have sought help twice or more times. These results suggest that in the experience of more than a third of the respondents, GBV and DV were perpetrated repeatedly against the same survivor over time.

Figure 5.11. Respondents who have visited OSSC or Temporary shelter, by sex, location and frequency (%)



Breaking down these results further by age, Figure 5.12 shows that older respondents (aged 55 years and above) are more likely to have visited OSSCs or TSs four or more times compared to younger respondents. The most at-risk age group among respondents for multiple visits to OSSCs and TSs are from the 65-74 years age group, where all respondents have sought help three or more times. In comparison, younger age groups (aged 34 and below) had a bigger share of respondents who have sought help at an OSSC or TS only once (71.9 – 74.1 per cent).

Figure 5.12. Frequency of visits to OSSCs or TSs, by age group (%)

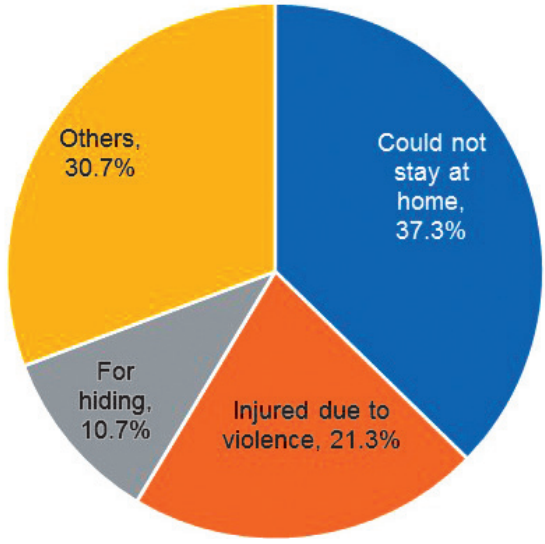


Two conclusions may be drawn from these results. First, while most of the respondents among younger age groups have only visited an OSSC or TS once, it is nonetheless alarming that they are already survivors at such a young age. There is also a risk that as they grow older, the frequency of their visits to OSSCs may also increase due to continued or repeated victimization. Second, because most OSSCs and TSs were only established in the last ten years or so, then it is reasonable to conclude that most of the visits of the elderly respondents also happened within this timeframe. As such, it highlights the vulnerability of the elderly against GBV and DV, which could be perpetrated by their children.

The survey also asked respondents about the circumstances that they were in that prompted them to seek help at an OSSC or TS. One third (37.3 per cent) of the respondents that they visited an OSSC or TS because they could not stay at home, while 21.3 per cent needed medical attention for injuries due to violence and 10.7 per cent needed to hide from the perpetrators. Respondents also mentioned other less grave circumstances that prompted them to visit an OSSC or TS, such as doing relevant

paperwork, seeking advice or counseling, participating in surveys, and getting non-emergency medical care.

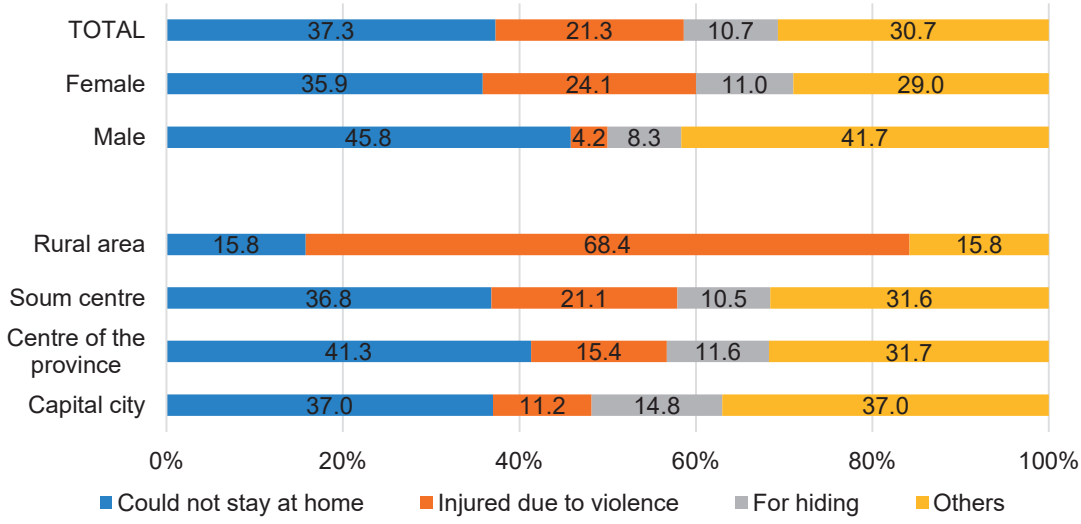
Figure 5.13. Circumstances that prompted visits to OSSCs or TSs (%)



In terms of distribution by sex, more male respondents (45.8 per cent) found themselves in a situation where they could not stay at home than female respondents (35.9 per cent). However, significantly more women were prompted to visit an OSSC or TS to seek medical care for injuries due to violence (24.1 per cent) or to hide from perpetrators (11.0 per cent) compared to men (4.2 per cent and 8.3 per cent, respectively).

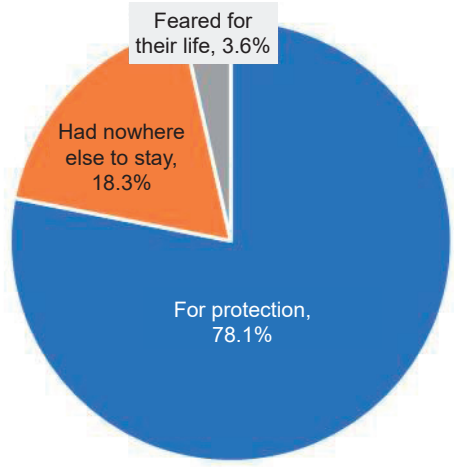
Disaggregating these results by location, Figure 5.14 shows that respondents from rural areas are more likely to sustain injuries due to violence (68.4 per cent) that prompted them to visit an OSSC or TS compared to respondents from any other location. This suggests that for rural area residents, OSSCs and TSs plays a crucial role in providing medical services to survivors of GBV. Respondents from urban residents are most likely to seek help from an OSSC or shelter when they could not stay at home. Hiding from the perpetrator (14.8 per cent) is the second most common situation for respondents in the capital city, while seeking medical help for injuries due to violence is the second most common situation for respondents in provincial (15.4 per cent) and soum (21.1 per cent) centers.

Figure 5.14. Circumstances that prompted visits to OSSCs or TSs, by sex and location (%)



Given these abovementioned circumstances of the respondents that prompted them to visit OSSCs and TSs, it follows that the majority of respondents (78.1 per cent) said that they visited or stayed at an OSSC or TS to seek protection from perpetrators, while 18.3 per cent that they sought help at an OSSC or shelter because had nowhere else to go or stay. Moreover, 3.6 per cent of the respondents said that they sought help at an OSSC or TS because they feared for their lives if they stayed at home. This highlights the importance of OSSCs and TSs and the role they play in preventing deaths of GBV and DV survivors.

Figure 5.15. Reasons for visiting an OSSC or TS (%)

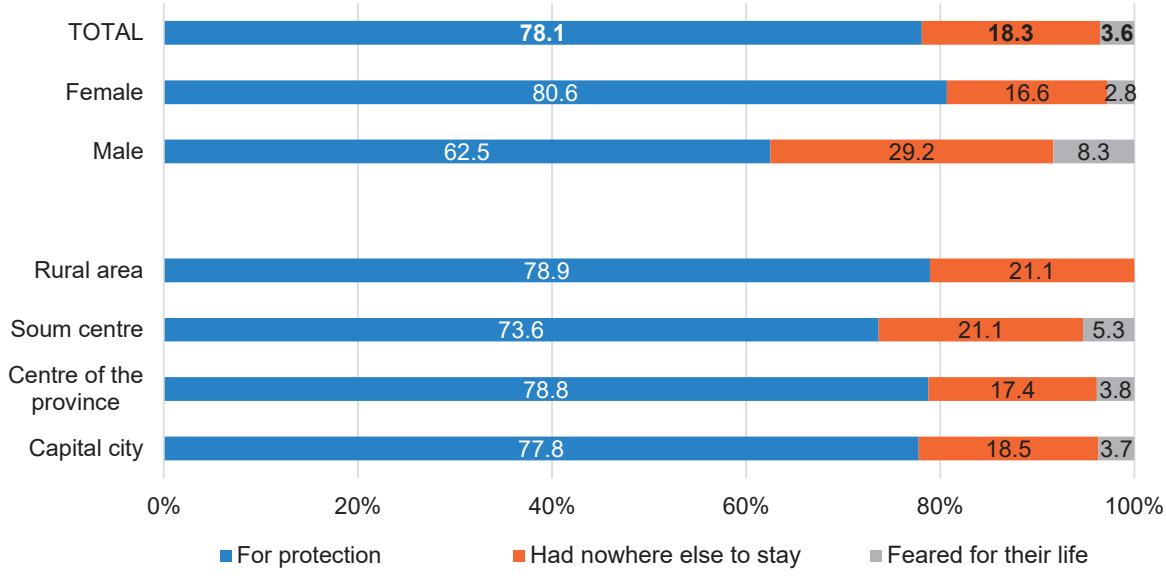


Breaking down the results by sex, the majority of both men (62.5 per cent) and women (80.6 per cent) cited the need for protection as their primary reason for visiting an OSSC or TS, but more male respondents indicated that they sought help at an OSSC

or TS because they had nowhere else to go (29.2 per cent) or because they feared for their life (8.3 per cent) compared to female respondents (16.6 per cent and 2.8 per cent, respectively).

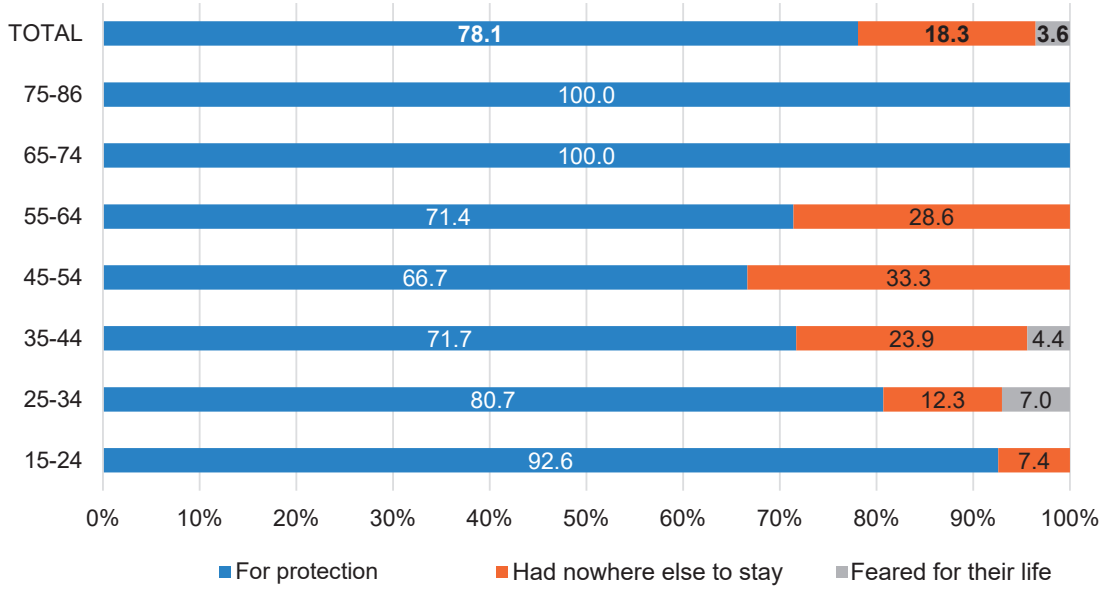
There are no significant differences among respondents from different locations. However, none of the respondents living in a rural area who indicated that they sought help at an OSSC or TS because their feared for their life, while this share was largest among respondents from soum centers (5.3 per cent).

Figure 5.16. Reasons for visiting an OSSC or TS , by sex and location (%)



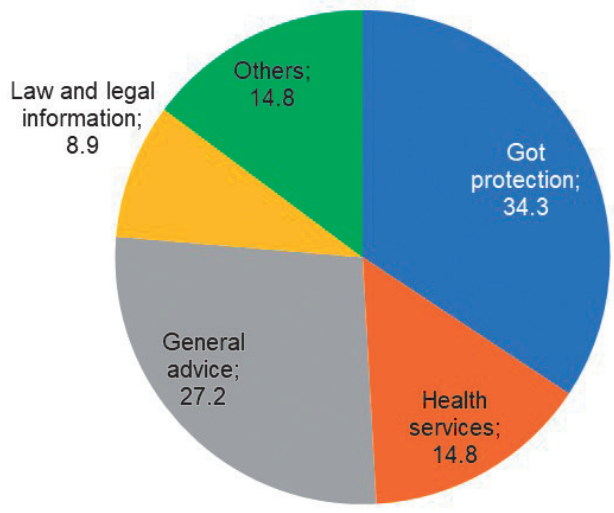
Disaggregating the results by age, Figure 5.17 shows that most respondents visit OSSCs and TSs exclusively for protection, and this is especially true for elderly respondents (aged 65 years and above). Respondents from all other age groups also visit OSSCs and shelters because they have nowhere else to go, but only respondents from the 25-34 years and 35-44 years age groups indicated that they sought help because they feared for their lives.

Figure 5.17. Reasons for visiting an OSSC or TS , by age group (%)



Respondents were also asked about the type of services that they received from the OSSCs and TSs, as well as their level of satisfaction with these services. One-third of the respondents (34.3 per cent) received protection services, 27.2 per cent received general advice, 14.8 per cent received health services, and 8.9 per cent received legal information and advice.

Figure 5.18 . Services received at OSSCs and TSs (%)

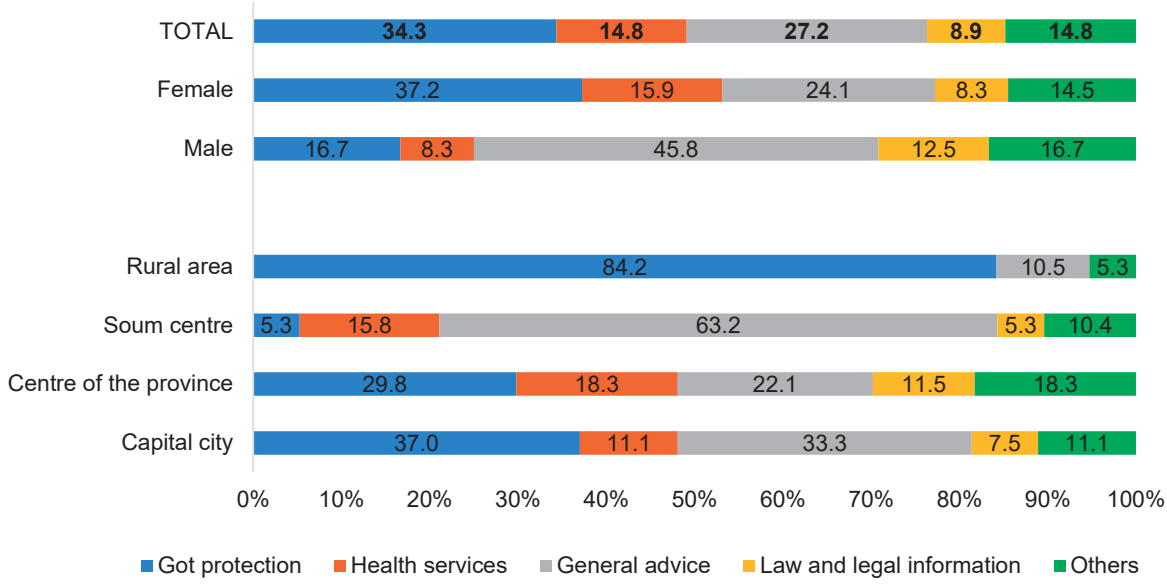


Protection services were the most common service received by female respondents (37.2 per cent), while almost half of male respondents (45.8 per cent) received advice at OSSCs and TSs. Women were also twice more likely (15.9 per cent) than men to

receive health services, while more men reported that they received legal advice and information (12.5 per cent) compared to women.

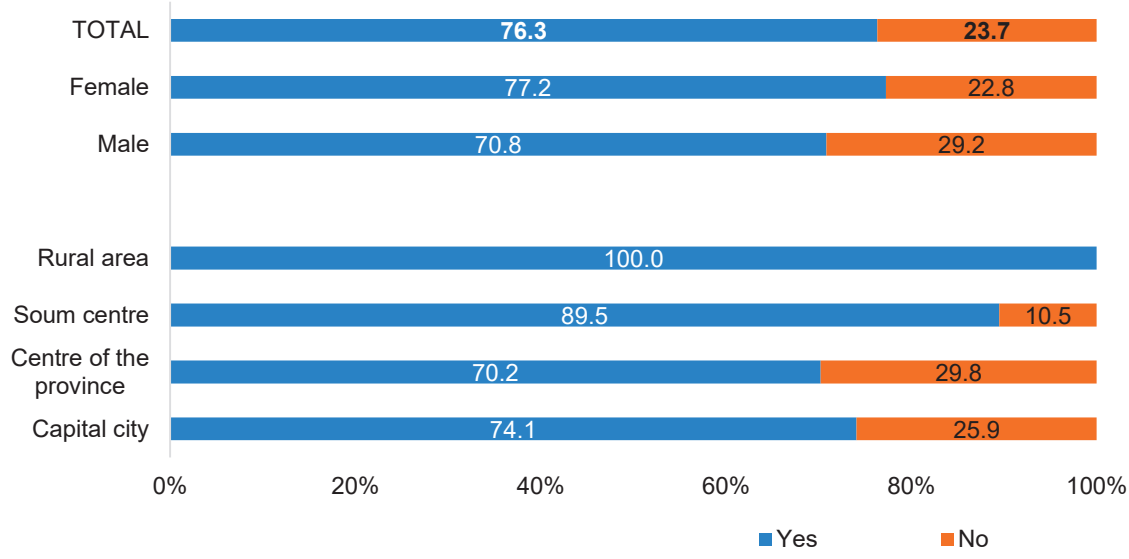
In terms of location, the overwhelming majority of respondents from rural areas indicated that they received protection services (84.2 per cent) in OSSCs and TSs, while a significantly smaller percentage received general advice (10.5 per cent) and other services beyond the four main services (5.3 per cent). On the other hand, majority of the respondents from soum centers received advice at OSSCs and TSs (63.2 per cent), while respondents from provincial centers and the capital city most commonly received protection services (29.8 per cent and 37.0 per cent, respectively) and advice (22.1 per cent and 33.1 per cent).

Figure 5.19. Services received at OSSCs and TSs , by sex and location (%)



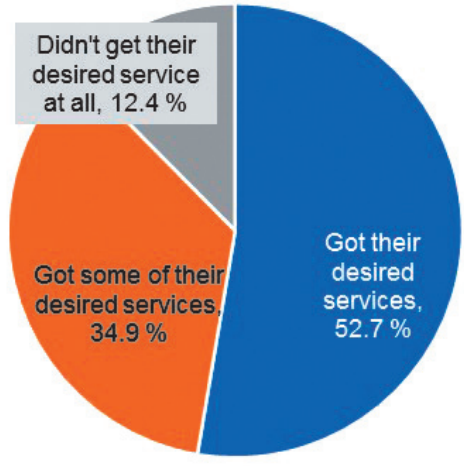
When asked whether they think that OSSCs and TSs were able to give them the all the services that they needed, 76.3 per cent of the respondents answered that they received the all services they needed, while 23.7 per cent said that they did not. There were slightly more male respondents (29.2 per cent) than female respondents (22.8 per cent) who said that they did not receive their desired services. In terms of location, all respondents from rural areas as well as the majority of respondents from urban areas (70.2 to 74.1 per cent) said that they received all their desired services. However, 29.8 per cent of respondents from provincial centers, 25.9 percent from the capital city, and 10.5 per cent from soum centers indicated that they did not receive all their desired services.

Figure 5.20. Successful reception of all desired services at OSSCs and TSs, by location and sex (%)



In relation to this, the survey also asked respondents whether they were able to receive their desired services from OSSCs and TSs. Majority of the respondents (52.7 per cent) indicated that they completely received their desired services, 34.9 per cent said they only partially received their desired services, while 12.4 per cent indicated that they did not receive their desired services at all.

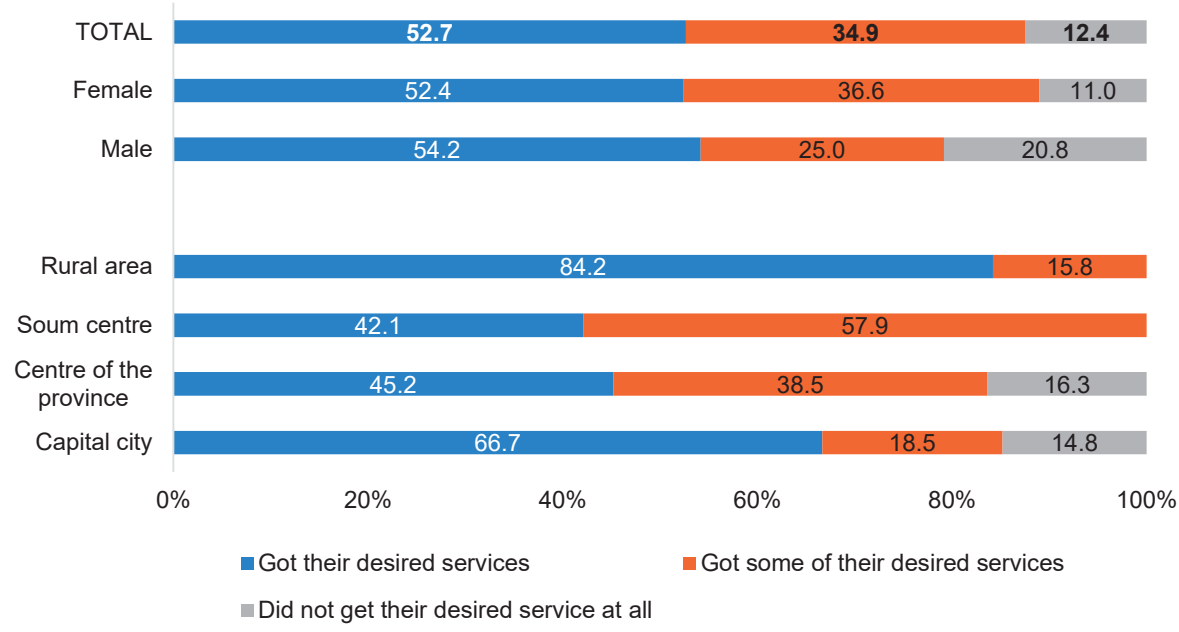
Figure 5.21. Successful reception of desired services at OSSCs and TSs (%)



Furthermore, comparing the results by sex, 52.4 per cent of women and 54.2 per cent of men got their desired services completely while 11.0 per cent of the women who ever visited these places and 20.8 per cent of men indicated that they didn't get their desired services at all.

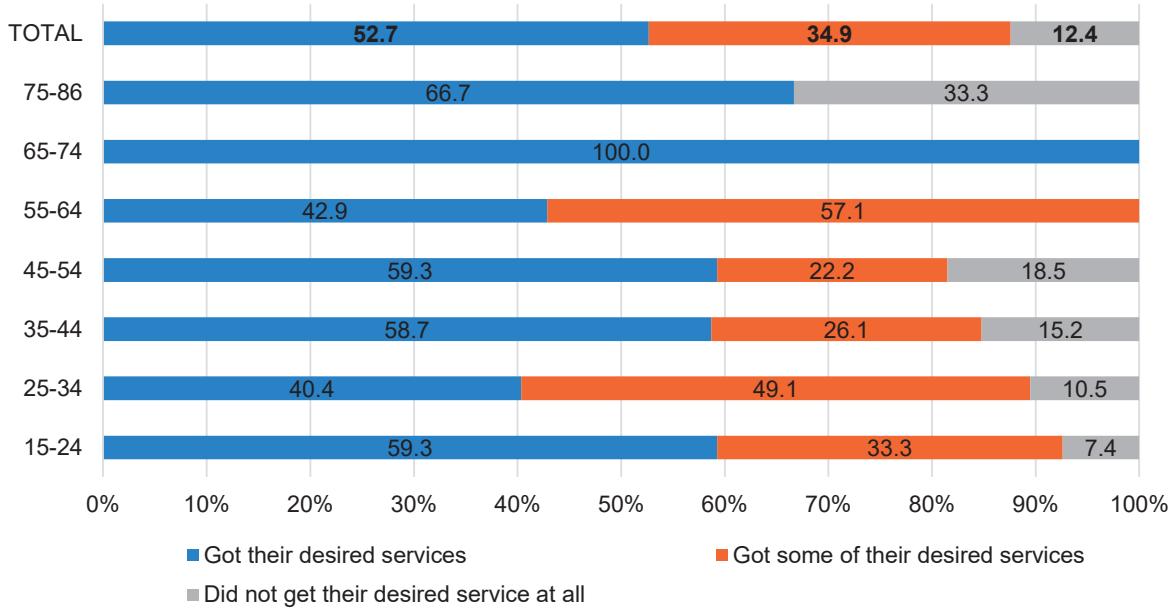
In terms of location, the majority of respondents in rural areas indicated that they fully received their desired services (84.2 per cent), while the rest at least partially received their desired services (15.8 per cent). In soum centers, 42.1 per cent of the respondents fully received their desired services while 57.9 indicated that they received some of their desired services. Some of the respondents from both the capital city and the provincial center indicated that they did not receive their desired services at all (14.8 to 16.3 per cent), but the majority fully or partially received their desired services.

Figure 5.22. Successful reception of desired services at OSSCs and TSs, by sex and location (%)



In terms of age, all respondents in the 65-74 years age group reported that they completely received their desired services, while respondents in the 75-86 years age group either fully received their desired services (66.7 per cent) or did not receive them at all (33.3 per cent). Most respondents aged 55 years and below completely or partially received their desired services, but 18.5 per cent of the 45.54 years age group, 15.2 percent of the 35-44 years age group, 10.5 percent of the 25-34 years age group, and 7.4 per cent of the 15-24 years age group indicated that they did not receive their desired services at all.

Figure 5.23. Successful reception of desired services at OSSCs and TSs, by age (%)



Respondents who indicated that they were unable to receive their desired services were also asked which services they would have wanted to receive in OSSCs and TSs. Their answers included fear, lack of emotional support, lack of access to healthcare, and lack of access to some services such as taking legal action against their spouse.

The survey also asked respondents to rate their satisfaction of OSSCs and TSs on a scale of 1 to 9 (with 9 being the highest) based on five areas: (1) attitude and communication skills of service providers; (2) knowledge and experience of service providers; (3) overall quality of the service provided; (4) physical environment of the OSSC and TS; and (5) privacy and security in the OSSC and TS.

It is worth noting that across all five areas, OSSCs and TSs were most commonly rated either 5 (25.3 to 30.8 per cent) or 9 (22.5 to 27.8 per cent), but in general, majority of the respondents gave the OSSCs and TSs above average (6 to 9) scores.

Figure 5.24. Rating of attitude, communication skills of service provider of OSSCs and TSs, by points (%)

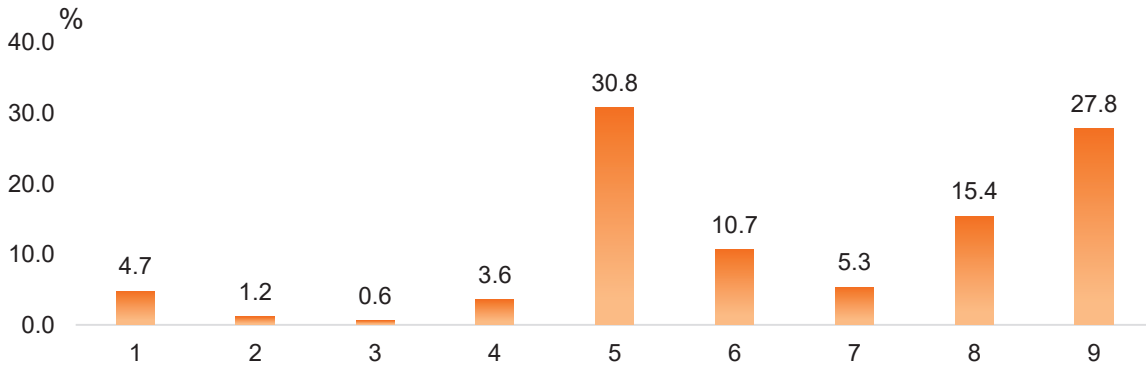


Figure 5.25. Rating of knowledge and experience of service provider of OSSCs and TSs, by points (%)

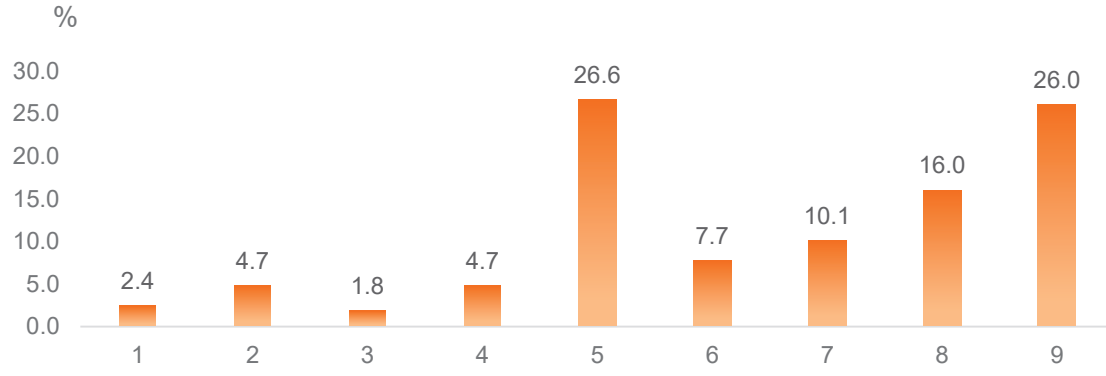


Figure 5.26. Rating of service provided of OSSCs and TSs, by points (%)

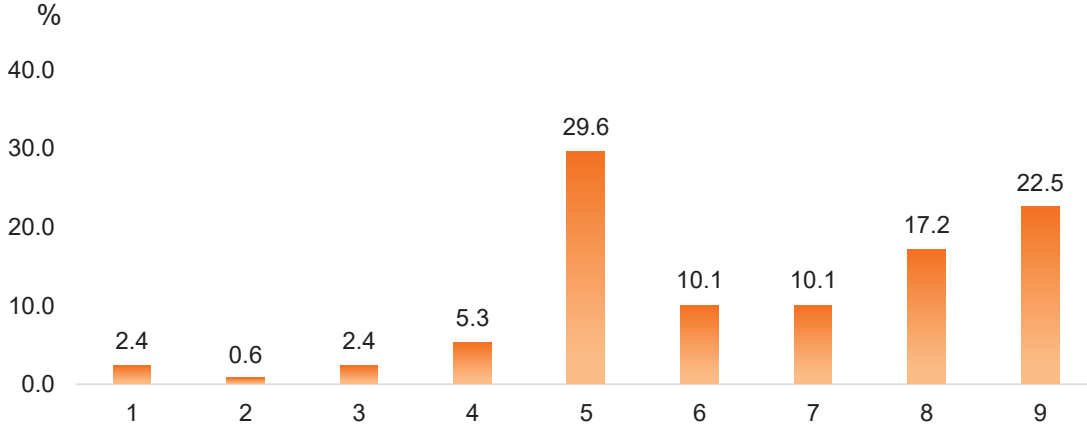


Figure 5.27. Rating of physical environment of OSSCs and TSs, by points (%)

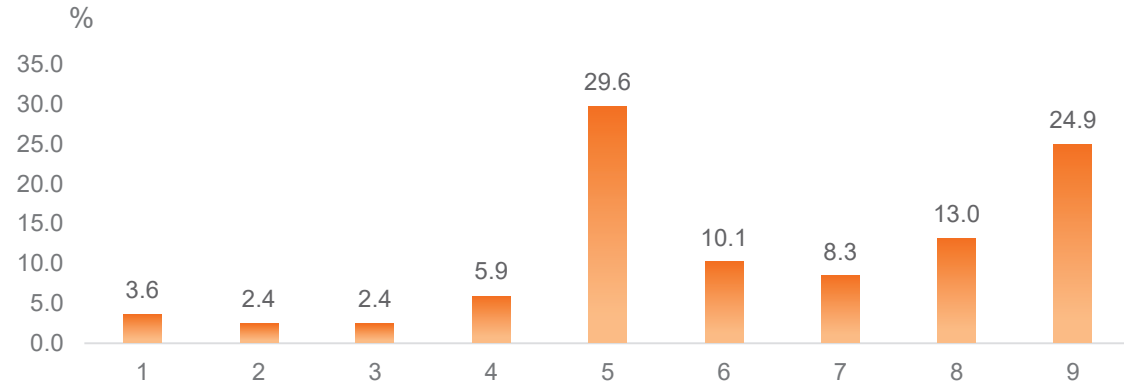
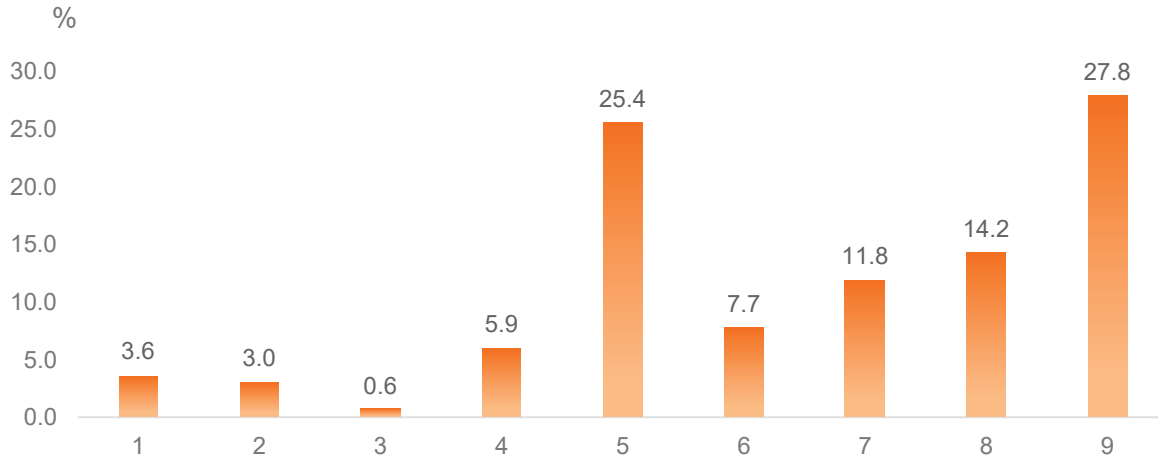


Figure 5.28. Rating of privacy and security of OSSCs and TSs, by points (%)



When rating the attitude and communications skills of service providers, 30.8 per cent of the respondents scored the OSSCs and TSs as "average" (5) and 10.1 per cent scored them "below average" (1 to 4), while the majority (59.2 per cent) scored them as "above average" (6 to 9). With regard to the knowledge and experience of service providers, 26.6 per cent of respondents gave an "average" score, 13.6 per cent gave a "below average" score, and 59.8 per cent gave an "above average" score. As for the overall quality of the services provided, 29.6 per cent rated them as "average", 10.7 per cent gave a "below average" score, while 59.9 per cent gave an "above average" score. When rating the physical environment of the OSSC and TS, 29.6 per cent of the respondents gave an "average" score, 14.3 per cent rated it "below average", and 56.3 per cent rated it as "above average". Finally, when asked to rate the privacy and security of the OSSC or TS, 25.4 per cent of the respondents gave an "average" score, 13.1 per cent gave a "below average" score, while 61.5 per cent gave an "above average" score.

Overall, the physical environment of the OSSC and TS had the largest share of "below average" ratings across the five areas, while the privacy and security of the OSSC and TS had the largest share of "above average" ratings. Additionally, both the privacy and security of the OSSC and TS as well as the attitudes and communication skills of service providers were given a score of 9 by the most percentage of respondents.

Breaking down these results by location (Figure 5.29-5.33), it is shown that respondents from rural areas are more likely to score OSSCs and TSs "above average" (84.2 to 94.7 per cent) than respondents from any other area. Across all five areas, respondents from soum centers are most likely to give "average" ratings (26.3 to 52.6 per cent), while respondents from the capital city (11.1 to 22.2 per cent) and provincial centers (12.5 to 17.3 per cent) were most likely to give "below average" scores.

Figure 5.29. Rating of attitude, communication skills of service provider of OSSCs and TSs, by location (%)

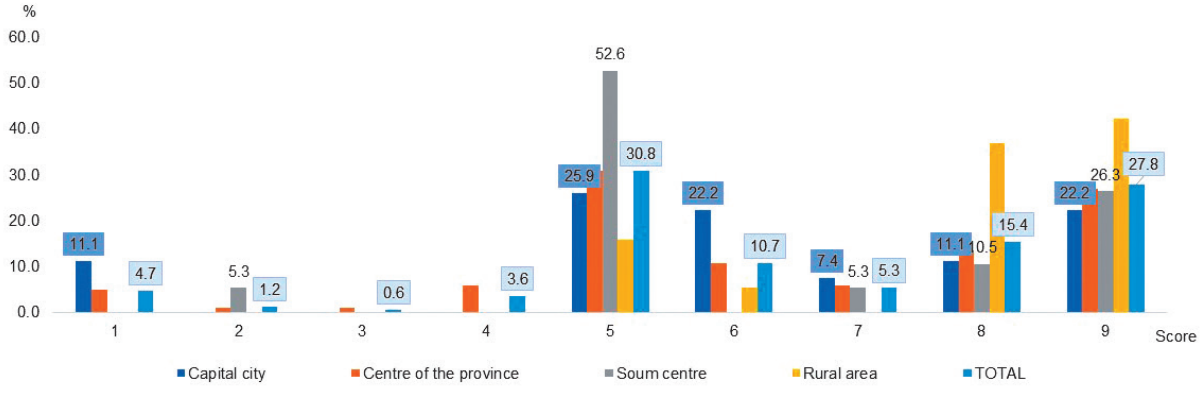


Figure 5.30. Rating of knowledge and experience of service provider of OSSCs and TSs, by location (%)

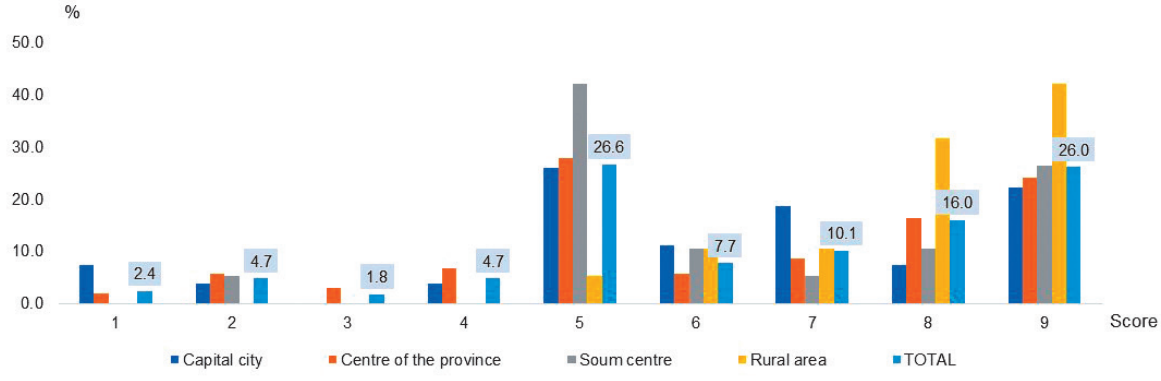


Figure 5.31. Rating of service provided of OSSCs and TSs, by location (%)

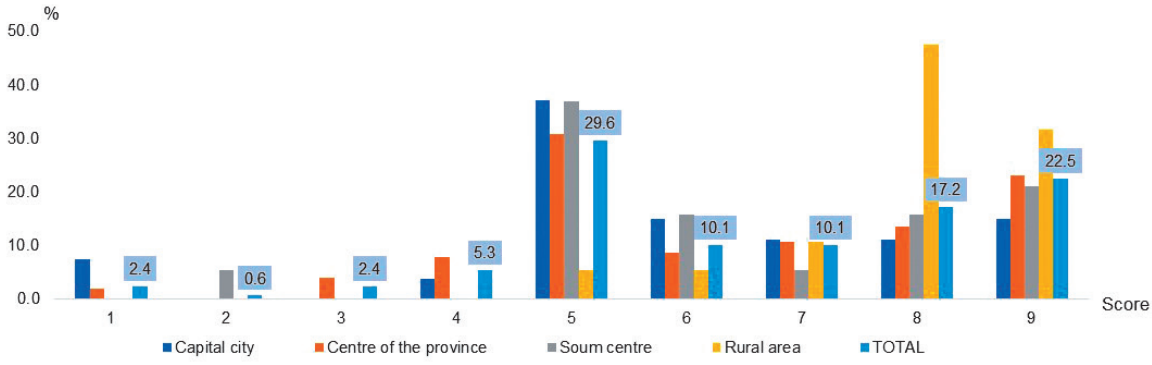


Figure 5.32. Rating of physical environment of OSSCs and TSs, by location (%)

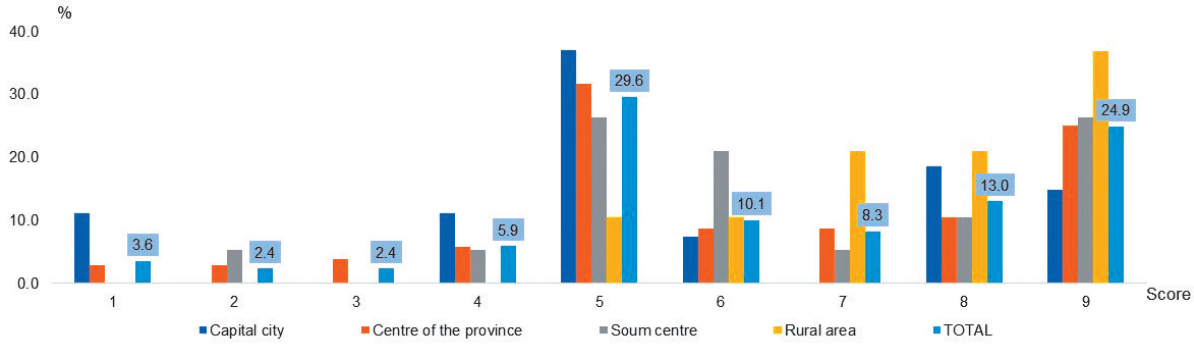
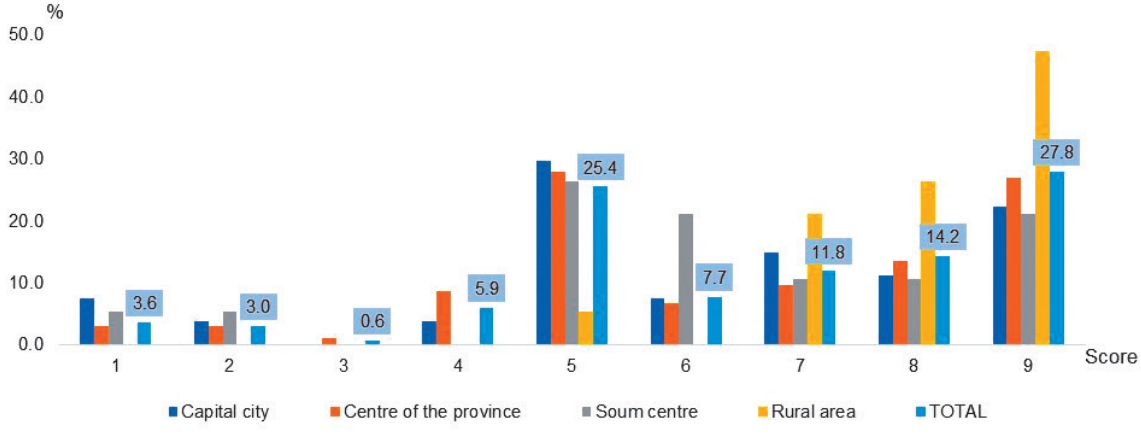


Figure 5.33. Rating of privacy and security of OSSCs and TSs, by location (%)



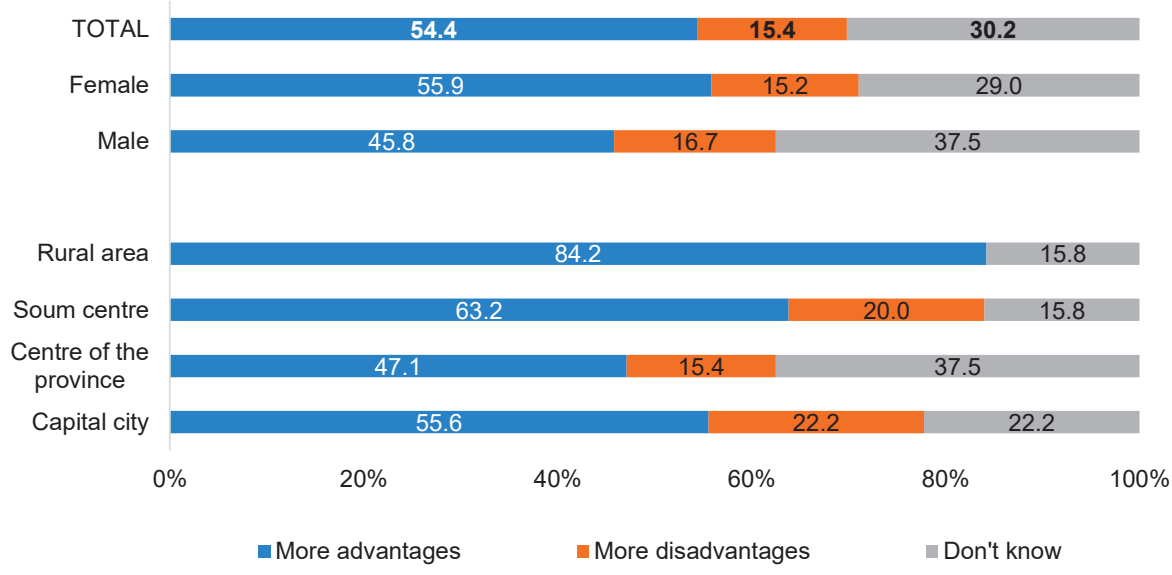
According to the survey results, 13.6 to 14.2 per cent of the people who visited these places, gave the ratings of 1 to 4 or not sufficient to their knowledge and experience and the environment or the building which were the highest percentage. Concluding from the above, there is a necessity of improvement in the environment,

services and capacity of OSSC and TSs and the skills, knowledge of their human resource. Also, there are several answers that people didn't get medical services in these places.

The respondents were also asked whether they believe that there are more advantages than disadvantages to the services they receive in OSSCs, the majority (54.4 per cent) answered that they still believe that there are more advantages. Only 15.4 percent answered that they believe that there are more disadvantages, while 30.2 per cent indicated that they did not know. Fewer male respondents (45.8 per cent) compared to female respondents (55.9 per cent) indicated that they believe that OSSCs and TSs offer more advantages than disadvantages, but more male respondents (37.5 per cent) than female respondents (29.0 per cent) indicated that they did not know the answer to this question.

Examining the results by location, the overwhelming majority of respondents from rural areas (84.2 per cent) answered that OSSCs and TSs offer more advantages, In comparison, one in every five respondents from the capital city (22.2 per cent) and soum centers (20.0 per cent) believe that OSSCs and TSs have more disadvantages.

Figure 5.34. Rating of the advantages and disadvantages of OSSCs and TSs, by sex and location (%)

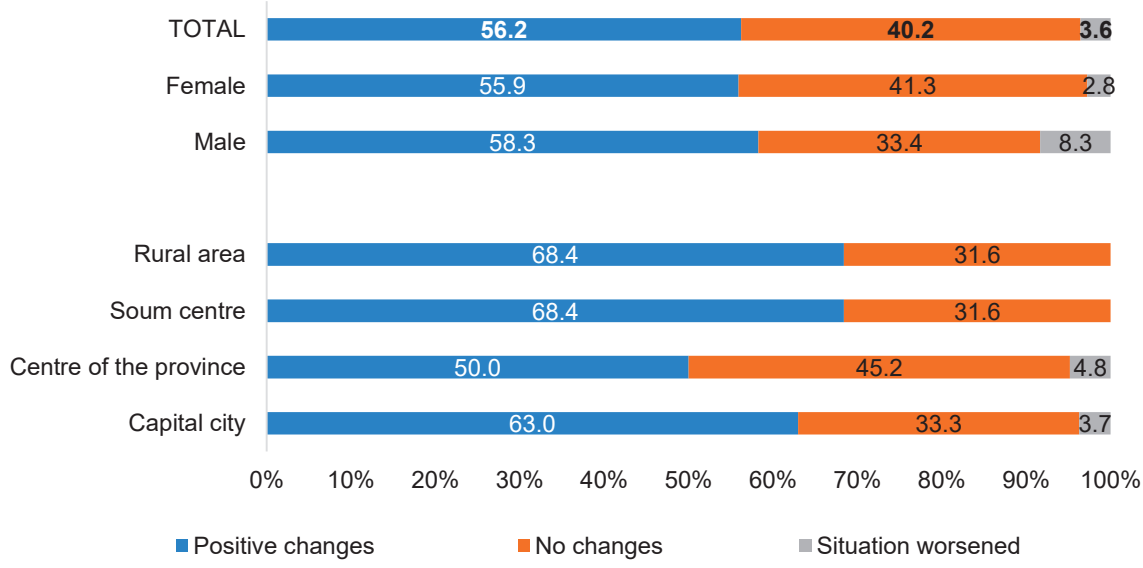


When asked whether their visit to an OSSC or TS brought about any change – both positive and negative – in their lives, majority of the respondents answered that their situation improved (56.2 per cent), while 40.2 per cent indicated that their situations did not change at all. Only a small percentage of respondents said that their situation worsened (3.6 per cent). In terms of differences between sexes, more female respondents (41.3 per cent) than male respondents (33.4 per cent) answered that their visit to an OSSC or TS did not lead to any change in their lives, while more male

respondents (58.3 per cent) than female respondents (55.9 per cent) answered that their visit led to positive changes in their lives. However, more male respondents (8.3 per cent) than female respondents (2.8 per cent) also said that their visit to an OSSC or TS made their situations worse.

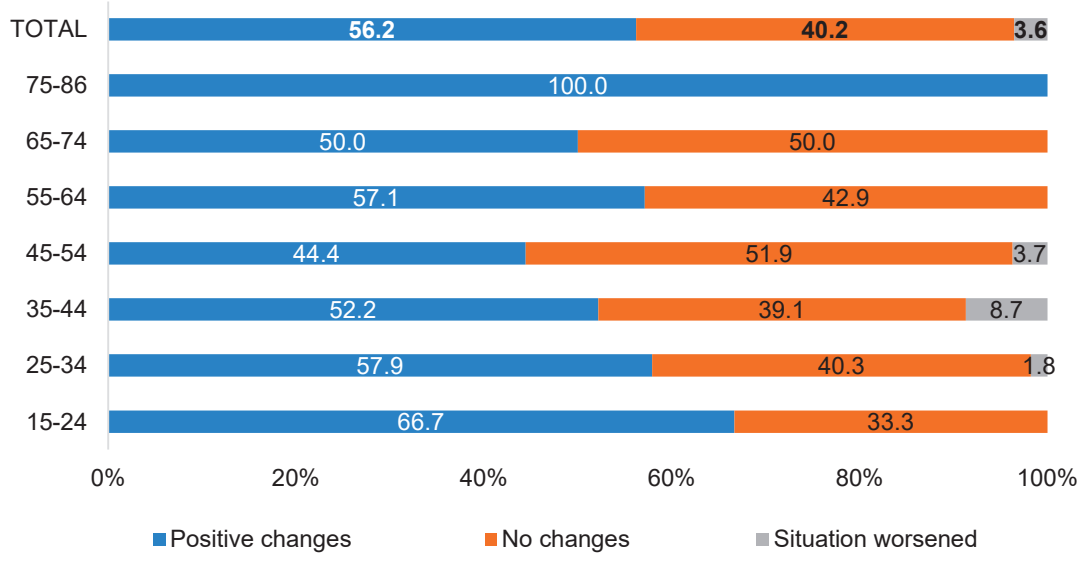
Disaggregating the results by location shows that only respondents from provincial centers (4.8 per cent) and the capital city (3.7 per cent) reported that their situation worsened after their visit to an OSSC or TS. However, across all locations, the majority of all respondents reported that their situation improved (50.0 to 68.4 per cent), while the rest reported no changes to their lives (31.6 to 45.2 per cent).

Figure 5.35. Changes in the respondent's life after visiting an OSSC or TS, by sex and location (%)



Breaking down the results further by age, Figure 5.36 shows that only the 75-86 years age group reported only positive changes to their lives after their visit to an OSSC or shelter while only respondents from the 35-44 years age group (8.8 per cent), the 45 to 54 years age group (3.7 per cent), and the 25-34 years age group (1.8 per cent) reported that their situation worsened after their visit. It must be noted that for respondents aged 45 to 74 years, the likelihood that a visit to an OSSC or TS will improve their situation (44.4 to 57.1 per cent) is almost equal to the likelihood that it will create no change in the lives of the respondents (42.9 to 51.9 per cent). This aligns with the findings that the older a respondent is, the more likely they are to have visited OSSC multiple times (Figure 5.12), which may suggest that they continue to be subjected to violence despite seeking help at OSSCs and TSs multiple times.

Figure 5.36. Changes in the respondent's life after visiting an OSSC or TS , by age group (%)



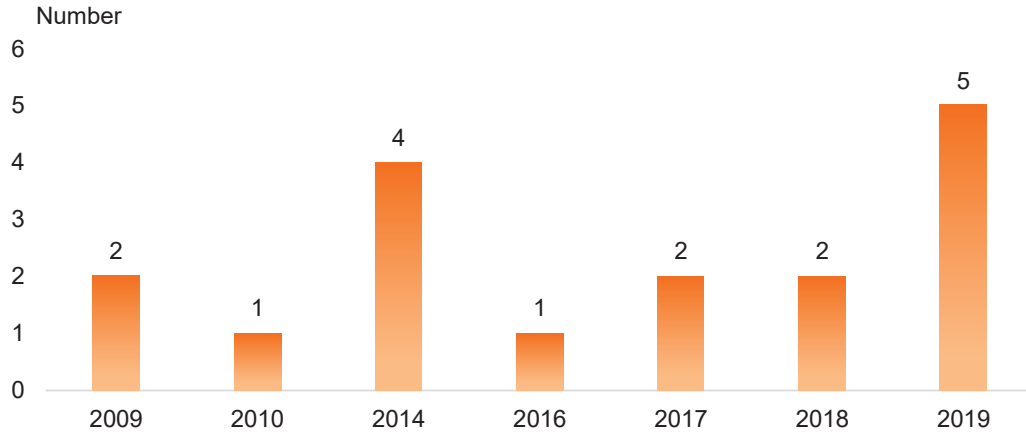
When asked about the positive changes to their situations following their visit to an OSSC or TS, respondents shared that their lives changed in three ways. First, their mental health improved in that they feel more stable and peaceful, they gained self-confidence, and their perspective or outlook improved. Second, their family situations improved in that children were more safe, spouses became more understanding of each other, arguments decreased, and perpetrators quit drinking and improved their bad habits. Finally, the respondents also reported that they became more informed and educated about GBV and DV issues and the services available to them, which in turn gave them the confidence to educate others about the topic, including their partners.

CHAPTER 6. EVALUATION OF ONE STOP SERVICE CENTERS AND TEMPORARY SHELTERS

To complement the survey, an evaluation of 17 OSSCs and TSs was conducted by surveyors through a review of administrative data supplementing with the surveyor's own observations and assessments based on a set of criteria. This section includes the results of this evaluation.

Out of all 29 OSSCs and TSs (9 in Ulaanbaatar and 20 in the provinces), most were established in the last 5 years alone, with 9 established from 2018 to 2019. A total of 15 OSSCs were established with UNFPA support (6 in Ulaanbaatar and 9 in various provinces), while a total of 17 OSSCs and TSs continue to be supported by UNFPA.

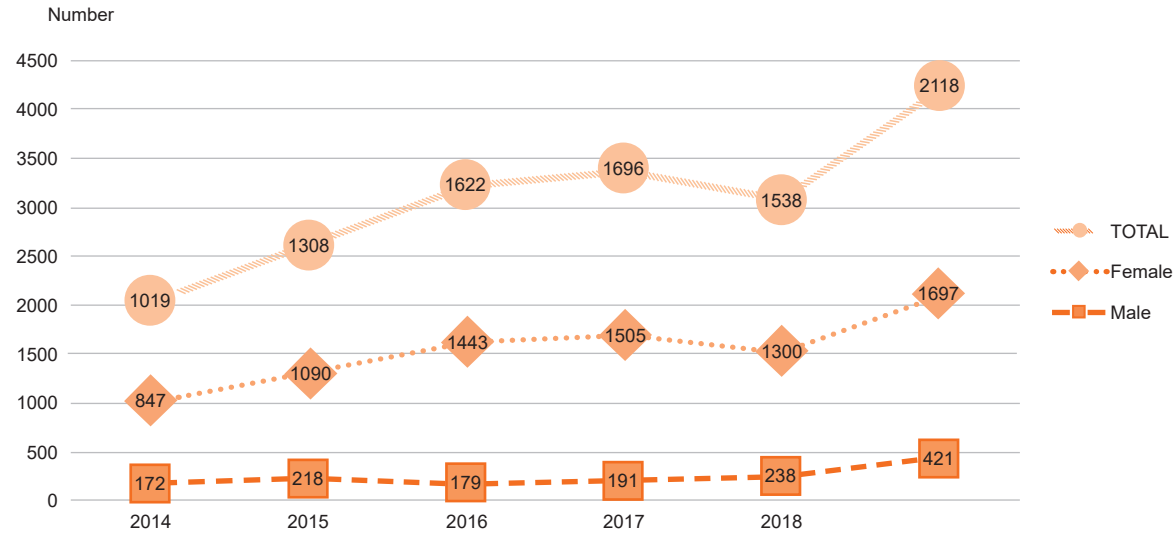
Figure 6.1. Number of OSSCs and TSs established by year



As Figure 6.2 shows the number of clients have been steadily increasing in the last six years; for instance, between 2014 and 2019, there was a 107.9 per cent increase in the number of clients. This may be largely attributed to the increase in number of OSSCs and TSs especially in the last two years, hence the largest jump in the number of clients between 2018 and 2019 (37.7 per cent), as well as proactive efforts to raise awareness about these services.

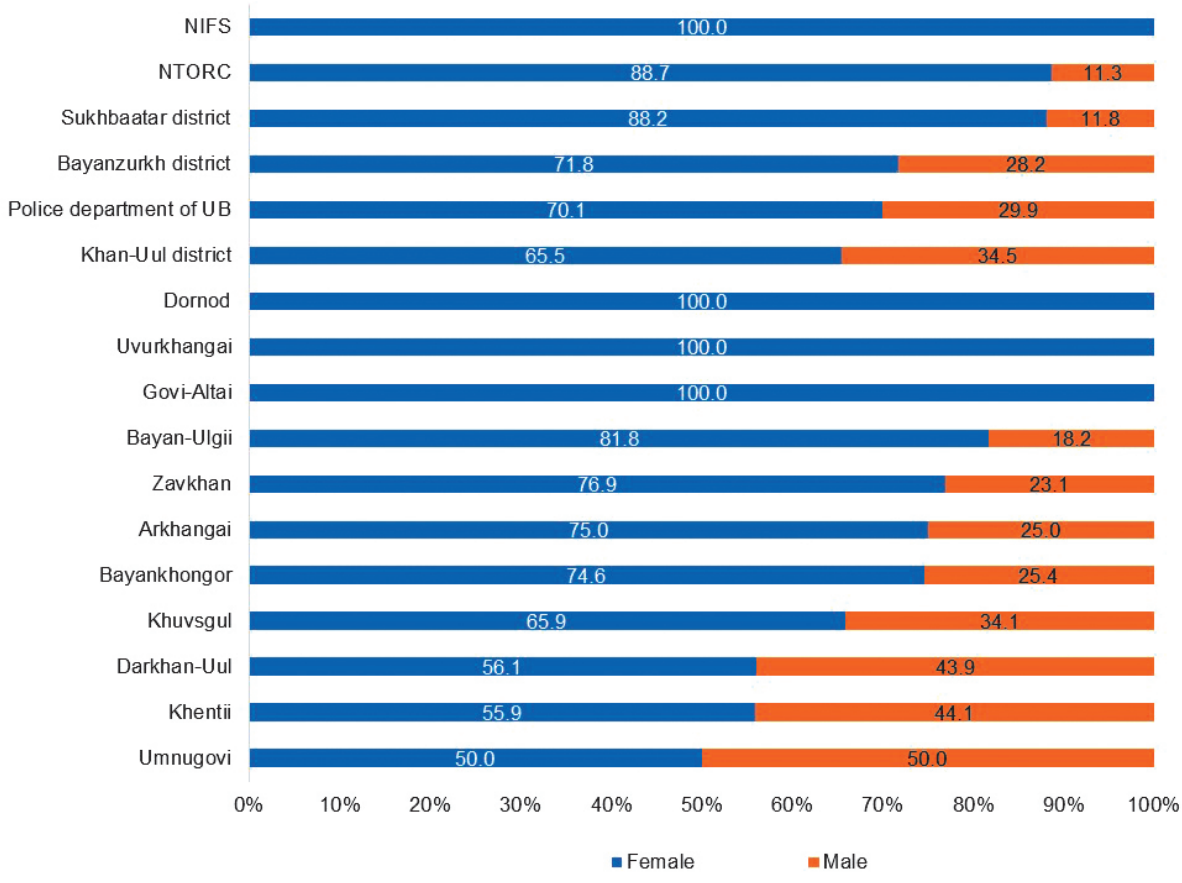
Disaggregating this by sex, the number of male clients increased more rapidly (144.8 per cent) than the number of female clients (100.4 per cent) between 2014 and 2019. However, the surveyors found that many of the male clients were actually children. As such, this increase in male clients can be more correctly interpreted as an increase in the number of child survivors rather than adult male survivors. For instance, the OSSC in the Khan-Uul district of Ulaanbaatar is under the Agency for Family, Children and Youth Development (AFCYD), and in 2019, 88.2 per cent of its total clients are children.

Figure 6.2. Number of people who got service from OSSCs and TSs between 2014 and 2019



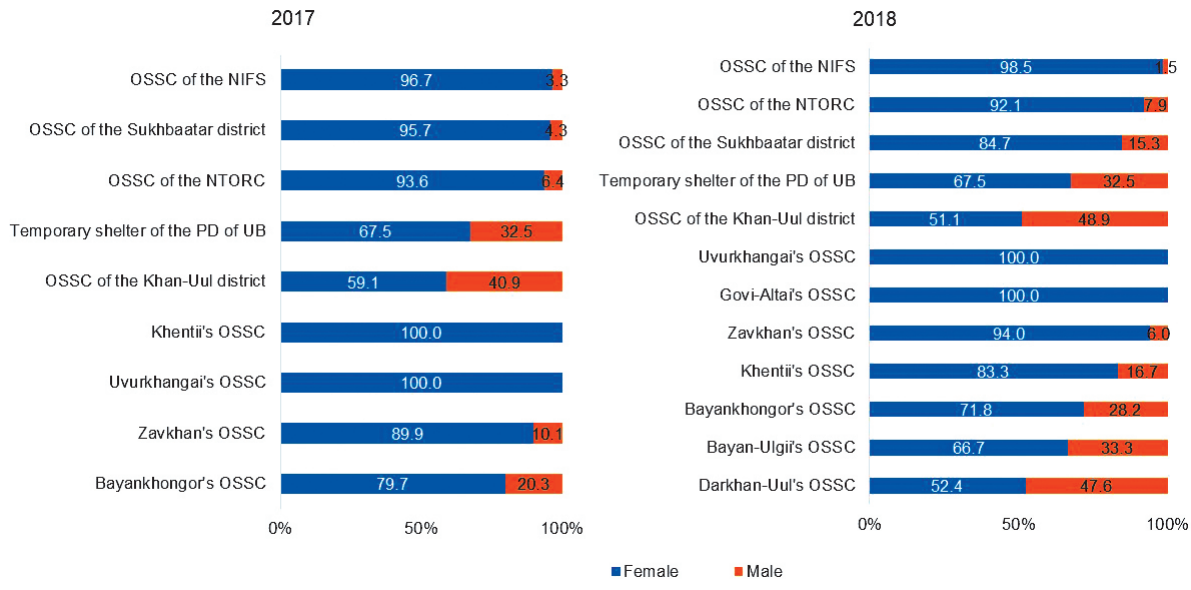
Delving deeper into the data from 2019, a total of 2118 clients sought help in OSSCs and TSs. Of this number, the majority (80.1 per cent or 1697 clients) are women while 19.9 per cent (421 clients) are men. Figure 6.3 shows the percentage of male and female clients in the 17 assessed OSSCs. As most survivors of GBV and DV are women, it is thus unsurprising that the majority of clients are also women. In fact, in the OSSCs and TSs in the NIFS, and in the provinces of Dornod, Uvurkhanagi, and Govi-Altai, all clients were women. In contrast, in the OSSCs and TSs in the provinces of Umnogovi, Khentii, and Darkhan-Uul, there were almost as many male clients (50.0 per cent, 44.1 per cent, and 43.9 per cent, respectively) as there were female clients (50 per cent, 55.9 per cent, and 56.1 per cent, respectively).

Figure 6.3. Distribution of clients of OSSCs and TSs, by sex (%)



Breaking this down further by year, Figure 6.4. shows that in 2017, the overwhelming majority of clients were women, while 2018 saw a growing number of male clients up to 48.9 per cent of total clients, as in the case of the OSSC in the Khan-Uul district of Ulaanbaatar, which, as mentioned, is under the AFCYD and thus services a significant number of children as well as disabled men.

Figure 6.4. Distribution of clients of OSSCs and TSs in 2017-2018, by sex (%)



Aside from information about the clients served by the OSSCs and TSs, the surveyors also assessed the capacity and resources of OSSCs and TSs. First, the physical infrastructure of the OSSCs and TSs were assessed by looking into the size of the OSSCs and TSs (both the building and the total land area), the number of beds, as well as the available of kitchens, rooms specifically for children, and rooms specifically for leisure time.

Table 6.1 lists the available information on the sizes of the OSSCs and TSs, which excludes OSSCs and TSs that do not have standalone buildings (e.g., those operating inside hospitals). As the table shows, the buildings of the OSSCs in the provinces of Khuvsgul (465m^2) and Darkhan-Uul (400m^2) are significantly larger than the buildings of the other OSSCs and TSs, which ranged from 32m^2 to 204m^2. The Table also shows the sizes of the outdoor spaces of the OSSCs and TSs, which are important in maintaining the privacy and security of its clients. Out of the 12 OSSCs and TSs with available data, the Police Shelter in Ulaanbaatar had significantly more outdoor space at 4,063m^2, followed by the OSSCs in the province of Khentii (1,600m^2) and the National Institute for Forensic Science (NIFS, 1,600m^2).

Table 6.1. Size of OSSCs and TSs

№	OSSC and Temporary shelter	Size of the buildings (m^2)	Size of the outer land (m^2)
1	Khuvsgul's OSSC	465	-
2	Darkhan-Uul's OSSC	400	700
3	Uvurkhangai's OSSC	204	300
4	Zavkhan's OSSC	192	600
5	OSSC of the Khan-Uul district	134	185
6	Bayankhongor's OSSC	120	428
7	Arkhangai's OSSC	112	120
8	Umnugovi's OSSC	104	400
9	Khentii's OSSC	80	1600
10	Govi-Altai's OSSC	60	-
11	OSSC of the NTORC	35	-
12	OSSC of the NIFS	32	1600
13	OSSC of the Sukhbaatar district	-	-
14	Dornod's OSSC	-	-
15	Temporary shelter of the PD of UB	-	4063
16	Bayan-Ulgii's OSSC	-	-
17	OSSC of the Bayanzurkh district	-	228

The surveyors also assessed the capacity of the different OSSCs and TSs by looking into the number of beds, as well as the availability of separate rooms for children, rooms for leisure activities, and kitchens. Table 6.2 shows that the Police Shelter in Ulaanbaatar has the largest capacity in terms of the number of beds (30), followed closely by the OSSC in the province of Darkhan (24). The rest of the OSSCs and TSs had 4-12 beds, except the OSSC in the Sukhbaatar District of Ulaanbaatar that only had 2 beds and the OSSC in NIFS that had no beds.

Initially, the NIFS had a room with 4 beds for GBV and DV survivors, but in 2019, the hospital administrators reassigned the room as an office with the justification that clients do not have to stay overnight in the NIFS. The OSSC in the National Trauma and Orthopedic National Center (NTORC) also initially had 5 fully equipped and secure rooms that were based on model OSSCs in the Philippines. However, in 2017, the hospital administrators also reassigned 3 of these rooms and turned them into offices, which left the OSSC with only 2 rooms.

Only 41.1 per cent (7 OSSCs and TSs) of the assessed facilities had separate rooms for children, and these were the OSSCs in the provinces of Arkhangai, Darkhan-Uul, Govi-Altai, Khentii, Khuvsgul, Uvurkhangai, and Zavkhan. On the other hand, 52.9 per cent (9 OSSCs and TSs) of the assessed facilities had separate rooms for leisure, and these were the OSSCs in the provinces of Arkhangai, Bayan-Ulgii, Darkhan-Uul, Govi-Altai, Umugovi, Uvurkhangai, and Zavkhan, as well as the districts of Bayanzurkh and Khan-Uul in Ulaanbaatar. Almost all OSSCs and TSs (82.3 per cent or 14 OSScs and TSs) had kitchens, except for the OSSCs in the NTORC, the NIFS, and the Sukhbaatar District

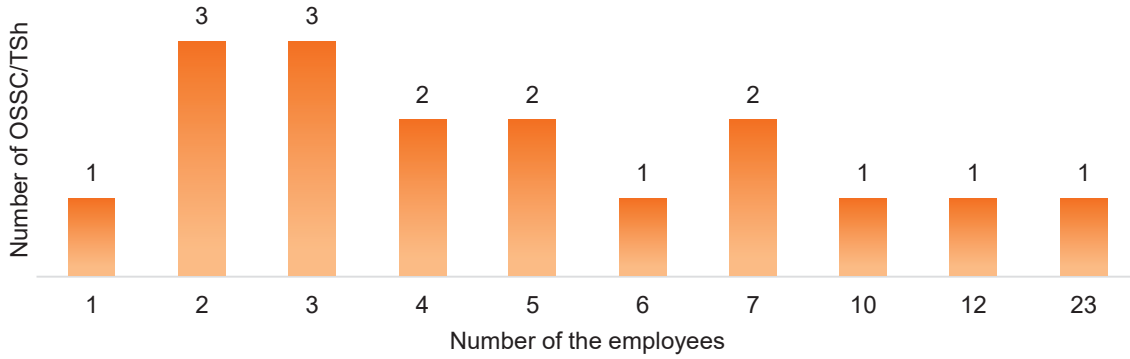
of Ulaanbaatar. In sum, a total of 23.5 per cent (4 OSSCs and TSs) have all standalone rooms, and these are the OSSCs in the provinces of Arkhangai, Darkhan-Uul, Govi-Altai, and Uvurkhangai.

Table 6.2. The capacity and facilities of OSSCs and TSs

№	OSSC and Temporary shelter	Number of beds	Kitchen rooms	Rooms for children	Rooms for leisure time
			Yes=1, No=2		
1	Temporary shelter of the PD of UB	30	1	2	2
2	Darkhan-Uul's OSSC	24	1	1	1
3	Bayan-Ulgii's OSSC	12	1	2	1
4	Arkhangai's OSSC	12	1	1	1
5	OSSC of the Khan-Uul district	10	1	2	1
6	Uvurkhangai's OSSC	10	1	1	1
7	Govi-Altai's OSSC	8	1	1	1
8	Bayankhongor's OSSC	8	1	2	2
9	Khuvsgul's OSSC	8	1	1	2
10	Zavkhan's OSSC	6	1	1	1
11	Dornod's OSSC	6	1	2	2
12	OSSC of the NTORC	4	2	2	2
13	Khentii's OSSC	4	1	1	2
14	Umnugovi's OSSC	4	1	2	1
15	OSSC of the Bayanzurkh district	4	1	2	1
16	OSSC of the Sukhbaatar district	2	2	2	2
17	OSSC of the NIFS	0	2	2	2
	TOTAL	152	14	7	9
	Share to total		82.4	41.2	52.9

Aside from the physical environment, the surveyors also assess the human resources of each OSSC and TS. The number of staff needed in an OSSC or TS depends on the size of the community they service and the average number of clients they receive. However, it is important to ensure that there are enough staff to provide 24/7 care to clients, as well as to provide the various services that may be needed by the survivors. The surveyors looked into the number of employees in OSSCs and found that 11 out of the 17 assessed OSSCs and TSs had 5 or fewer employees. This suggests that the majority of the assessed OSSCs may be understaffed, which could pose a challenge in ensuring access quality services for GBV and DV survivors.

Figure 6.5. The number and the frequency of the employees in OSSCs and TSs



Aside from the collection of information about the capacity of the OSSCs and TSs, the surveyors also rated the facilities and the services of the assessed OSSCs and TSs on a scale of 1 to 9 (9 being the highest). With regard to the facilities (Table 6.3), the surveyors looked at five key areas: (1) overall environment and furnishing; (2) stability of operations; (3) availability of information materials; (4) utilization of information boards; and (5) privacy and security.

Across the five areas considered in the assessment of facilities, the majority of OSSCs and TSs (64.7 to 94.1 per cent) were given "above average" rating (6-9) by the surveyors. The OSSCs and TSs were collectively most highly rated for the stability of their operations with 94.1 per cent or 16 OSSCs and TSs given "above average" scores, followed by their overall environment and furnishing (82.4 per cent or 14 OSSCs and TSs), then privacy and security (76.5 per cent or 13 OSSCs and TSs. The OSSCs and TSs collectively received the fewest "above average" ratings for their utilization of information boards (70.6 per cent or 12 OSSCs and TSs) and the availability of information materials (64.7 per cent or 11 OSSCs and TSs).

With regard to the privacy and security of the facility, most OSSCs were given high ratings due to their location near or connected to the local police station. Only the OSSC in the Khan-Uul District of Ulaanbaatar received a "below average" score (1), and this is because the OSSC does not have much outdoor space so windows are accessible from the outside.

Table 6.3. Surveyors' ratings of OSSC and TS facilities

№	OSSCs and TSs	Indicators				
		Overall environment and furnishing	Stability of operation	Availability of information materials	Utilization of information boards	Privacy and Security
1	Temporary shelter of the PD of UB	6	9	6	5	9
2	OSSC of the NTORC	6	9	9	9	5
3	OSSC of the Khan-Uul district	5	9	5	7	1
4	OSSC of the Sukhbaatar district	6	8	5	6	5
5	OSSC of the NIFS	2	9	2	2	9
6	OSSC of the Bayanzurkh district	9	9	6	6	9
7	Arkhangai's OSSC	4	6	5	7	7
8	Bayan-Ulgii's OSSC	7	7	7	1	9
9	Bayankhongor's OSSC	6	8	5	5	7
10	Govi-Altai's OSSC	8	8	9	8	7
11	Zavkhan's OSSC	8	5	5	5	5
12	Darkhan-Uul's OSSC	9	9	9	9	9
13	Dornod's OSSC	9	8	9	9	9
14	Uvurkhangai's OSSC	9	8	8	8	9
15	Umnugovi's OSSC	8	6	8	8	8
16	Khuvsgul's OSSC	9	9	8	8	8
17	Khentii's OSSC	8	8	7	7	8

With regard to the services (Table 6.4), the surveyors assessed seven key areas: (1) protection services; (2) medical and health services; (3) psychological services; (4) social assistance services; (5) child protection services; (6) legal services; and (7) mediation services.

Table 6.4 shows that across all seven areas, OSSCs and TSs were consistently scored at least "average" (5.1 to 17.6 per cent, or 1 to 3 OSSCs and TSs), while the majority were scored "above average" (76.5 to 94.1 per cent, or 13 to 16 OSSCs and TSs) for the services they provided. OSSCs and TSs collectively received the highest ratings for psychological services, legal services, and mediation services. Only two service areas had one OSSC or TS each that were rated "below average", with the Khan-Uul district's OSSC given a score of 1 for its protection services and given a score of 4 for its medical and health services.

The reason for this centre to get the lowest rating was that it does not have outer space, incapable of furnishing and the windows are accessible from outside and there are no protections to the windows preventing from outside. In contrast, the interior of the building is moderate, they operate stable and have customers consistently. This lowest rating on outer space and security does not indicate that the operation of this

OSSC is bad, but indicates that there is a necessity of further improvements on these issues.

Table 6.4. Surveyors' ratings of the services provided in OSSCs and TSs

№	OSSCs and TSs	Indicators						
		Privacy and protection	Medical aid and service	Psychiartic service	Social assistance service	Children protection service	Legal advice service	Mediating service
1	Temporary shelter of the PD of UB	9	8	9	8	8	8	9
2	OSSC of the NTORC	8	9	9	6	8	7	8
3	OSSC of the Khan-Uul district	1	4	8	7	6	8	8
4	OSSC of the Sukhbaatar district	5	9	6	5	5	6	6
5	OSSC of the NIFS	9	9	9	9	8	9	9
6	OSSC of the Bayanzurkh district	9	8	8	6	8	7	8
7	Arkhangai's OSSC	9	8	9	7	8	8	8
8	Bayan-Ulgii's OSSC	9	9	9	9	9	9	9
9	Bayankhongor's OSSC	7	5	8	6	5	6	7
10	Govi-Altai's OSSC	8	9	9	5	9	8	8
11	Zavkhan's OSSC	5	5	5	5	5	5	5
12	Darkhan-Uul's OSSC	9	9	9	9	9	9	9
13	Dornod's OSSC	8	8	8	8	8	8	8
14	Uvurkhangai's OSSC	9	8	9	9	9	9	9
15	Umnugovi's OSSC	8	5	7	8	8	8	8
16	Khuvsgul's OSSC	8	8	8	8	8	8	8
17	Khentii's OSSC	8	8	8	8	8	8	8

While the surveyors gave OSSCs and TSs generally “above average” ratings, it must be noted that "below average" scores for one or more area does not mean that the operations of the OSSCs are necessarily bad, but rather indicates the areas for further improvement to address these issues. As such, surveyors also compiled a list of areas (Table 6.5) that require attention for each OSSC and TS so that services and facilities may be improved further.

Table 6.5. Necessary works of the OSSCs and TSs

№	OSSC and Temporary shelter	Necessary works of the OSSCs and TSs				
		1	2	3	4	5
1	Arkhangai's OSSC	Furnishing	Professional human resource	Budget to sustain stable operation		
2	Bayan-Ulgii's OSSC	Create libraray (Create environment to make people be busy)	Internet	To have sewing-machine	To have full-time employee	To have social worker
3	Bayankhongor's OSSC	To set iron protection in front of the 2nd floor windows	To have maintanace repair	To furnish health worker's room (With equipments)	To have a vehicle	To increase the budget
4	OSSC of the Bayanzurkh district	To get a car				
5	Govi-Altai's OSSC	Department of finance	To set cameras and to connect with police	To furnish the building and to have their own building	To organise course to locals	
6	OSSC of the NTORC	Room of private advice	The standard of building is no longer sustained	To fullfil human resource (Psychiatrist etc.)	Urgently solve the financial issue of OSSC	
7	Darkhan-Uul's OSSC	To have green house	Improvement to the yard	School textbooks (1-12th grade)	Sewing-machine for course of life skills	
8	Dornod's OSSC	To extend human resource to 4	To improve the heating system/to connect to central system	To improve children playground	Urgently set alerting system	
9	Zavkhan's OSSC	To furnish the ambulatory room and children play room	Budget of OSSC (rural)	Course materials	Some equipments (Computer, camera)	
10	Temporary shelter of the PD of UB	To set budget of OSSC (Financing)	To own the located building			
11	Uvurkhangai's OSSC	To solve the maximum limit of human resource	To develop their human resource	Employees to work stably	To protect safety of the employees	
12	Umnugovi's OSSC					
13	OSSC of the Sukhbaatar district	Financing and human resource	Furnishing of the protection room (digital system and internet)	Study desks of children	Study tools	Soft ground layer for children to sit and play
14	OSSC of the Khan-Uul district	Improvement of the yard (Closed fences, Iron protection of windows)	To repair building foundation and roof (The building is out-dated)	Children's toys, clothes and tools	To have outer fence and space to have a walk	Increase the human resource (physicits, guard etc.)
15	Khuvsgul's OSSC	Repairment to meet the standards	Salary of the employees	To solve the issue of the social insurance taxation and operation cost		
16	Khentii's OSSC	To extend human resource				
17	OSSC of the NIFS	To create a room for psychiartic advice, to create rooms				

It is important to highlight that the capacity of the OSSCs and TSs largely depends on the administration of the agencies and organizations that operates them, as well as on political decision-makers at the national and sub-national allocating the budgets for these services. OSSCs and shelters will only be able to maintain or expand its capacity through the sustainable allocation of sufficient budget for both the facilities and for human resources, and this can only be achieved if decision-makers value and prioritize addressing GBV and DV. As such, advocacy efforts toward these decision-makers are important in ensuring that survivors of GBV and DV continue to receive the quality services that they need.

CHAPTER 7. CONCLUSIONS AND RECOMMENDATIONS

The National Statistics Office conducted a survey to evaluate the public's knowledge and attitudes toward gender-based violence and domestic violence, as well as to assess the quality of One Stop Service Centers and temporary shelters for GBV and DV survivors across the country. This survey, which was conducted from November to December 2019, includes responses from 5,000 people with various demographic and socioeconomic characteristics in 21 provinces and 6 central districts of Ulaanbaatar. It also includes observations and evaluations of trained surveyors on the availability and quality of facilities and services of OSSCs and TSs.

Below are the key findings and conclusions that can be drawn from them.

Public Knowledge and Attitudes toward Gender-Based Violence and Domestic Violence

- When asked to rate their own understanding of GBV and DV, 45.0 per cent of the respondents indicated that they have an "average" level of knowledge, 31.9 per cent rated their knowledge as "above average", while the remaining 23.1 per cent said that they have "below average" levels of knowledge about GBV and DV. However, when asked objective questions about GBV and DV, many of the respondents were unable to give clear and categorically correct answers. This suggests a disconnect between what they perceive to be their own level of knowledge versus their actual knowledge about GBV and DV issues and concepts. **This means that initiatives to increase awareness on GBV and DV must not only supply the public with new information, but constantly correct misconceptions as well.**

- Gender inequality and power imbalances are the root causes of GBV, but respondents in this survey were unable to correctly identify these when asked what they believe the main cause of GBV and DV is. Alcohol and substance abuse was mistakenly identified by 40.0 per cent of the respondents, while 43.0 per cent identified a variety of interpersonal and emotional factors. The remaining respondents blamed societal factors, including unemployment (5.9 per cent), poor education (2.6 per cent), and poverty (1.1 per cent), among others.

- While the majority of respondents (54.4 per cent) believe that anyone could be a GBV or DV survivor, only 37.5 per cent of the respondents recognize that anyone can be a perpetrator. More respondents also believe that perpetrators are men, such as husbands (32.4 per cent) or fathers (6.2 per cent), compared to those who believe that perpetrators are women, such as wives (7.1 per

cent) or mothers (3.1 per cent). Respondents also believe that key factors can turn anyone into a perpetrator, such as alcohol abuse (3.3 per cent) and metal disabilities (0.4 per cent).

- The survey also examined the public's attitudes and beliefs toward GBV and DV by presenting the respondents with a series of gender inequitable statements (e.g., women are to be blamed for GBV and DV, violence is justified in certain circumstances, etc.) that they could either agree or disagree with. It is encouraging to note that the overwhelming majority of respondents disagreed with all the gender inequitable statements (73.1 to 84.6 per cent).

    - While there are differences in the methodology as well as in the phrasing of the questions that limits direct comparison, it is nonetheless important to note the significant difference in the percentage of people who agreed with gender inequitable statements in the National GBV Survey (47.6 to 55.4 per cent) conducted in 2017 compared to this survey conducted in 2019. **This suggests that there have been improvements in the gender attitudes and beliefs of Mongolians in the last two years.**

- When asked about the best methods for GBV and DV prevention, the most common answer given by the respondents is the need to increase the public's awareness and knowledge. This suggests that the public feels that it does not have enough information about GBV and DV, which reflects the findings that 68.8 per cent of the respondents feel that their knowledge of GBV and DV is average to below average. As such, **public information and communication campaigns should be implemented more frequently and/or with greater reach to help prevent GBV and DV.**

- When asked whether they know of any OSSC or TS in their area of residents, the majority of respondents (56.9 per cent) claimed that they have no knowledge of OSSCs and TSs nearby. On the other hand, 35 per cent of the respondents answered that they know of an OSSC and/or TS in their area, while 5.4 per cent said that they have actually been to an OSSC and/or TS. **The large number of respondents with no information about OSSCs and TSs suggest that there is a need to raise awareness at the community level about the availability of services for GBV and DV survivors, but this must be done in a way that does not endanger the survivors' safety and privacy, such as by not publicizing the full address of the OSSC and TS.**

Client Experiences and Satisfaction with One Stop Service Centers and Temporary Shelters

To better understand clients' experiences and satisfaction with OSSCs and TSs, respondents who have both experienced GBV or DV *and* sought help at an OSSC or TS

were asked to answer additional questions. Out of all the respondents who met both criteria, a total of 196 people of various demographic and socioeconomic profiles agreed to answer additional questions.

- Out of all the respondents, 61.5 per cent have been to an OSSC or TS only once, while 38.5 percent have visited two or more times, and this proportion is greater among women (41.4 per cent). These results suggest that GBV and DV were perpetrated repeatedly against the same survivor over time. It was also observed that the older respondents get, the more likely they are to have visited an OSSC or TS four or more times. This suggests two things. First, **there is a risk that as young people they grow older, the frequency of their visits to OSSCs may also increase due to continued or repeated victimization.** Second, because most OSSCs and TSs were only established in the last ten years or so, then it is reasonable to conclude that most of the visits of the elderly respondents also happened within this timeframe. As such, **it highlights the vulnerability of the elderly against GBV and DV, which could be perpetrated by their children.**

- When asked about the circumstances that prompted them to seek help at an OSSC or TS, 37.3 per cent said they can no longer stay at home, 21.3 per cent said that they needed medical attention for injuries due to violence, and 10.7 per cent needed to hide from their perpetrators. Given these numbers, it follows that the majority of respondents (78.1 per cent) cited the need for protection as their primary reason for visiting an OSSC or TS. Additionally, 18.3 per cent indicated that their main reason was to find a place to stay, while 3.6 per cent escaped to an OSSC or TS because they feared for their lives. **This highlights the importance of OSSCs and TSs and the role they play in preventing deaths of GBV and DV survivors.**

- Protection services are the most commonly availed of service (34.3 per cent) among the respondents. This is followed by general advice (27.2 per cent), health services (14.8 per cent), legal information and advice (8.9 per cent), among other services. However, 12.4 per cent of the respondents said that they did not receive their desired services at OSSCs and TSs, while 34.9 per cent indicated they only partially received their desired services.

- Respondents were also asked to rate their satisfaction with OSSCs and TSs based on five areas: (1) attitude and communication skills of service providers; (2) knowledge and experience of service providers; (3) overall quality of the service provided; (4) physical environment of the OSSC and TS; and (5) privacy and security in the OSSC and TS. The majority of the respondents rated OSSCs and TSs "above average" across all five areas (56.3 to 61.5 per cent), while a minority of the respondents gave "below average" ratings (10.1 to 14.3 per cent). **Nonetheless, these results show that investments in human resources and**

in the facilities must be made to provide quality services to GBV survivors.

- When asked whether their visit to an OSSC or TS brought about any change – both positive and negative – in their lives, majority of the respondents answered that their situation improved (56.2 per cent), while 40.2 per cent indicated that their situations did not change at all. Only a small percentage of respondents said that their situation worsened (3.6 per cent). **These results further emphasize the importance of OSSCs and TSs in not only protecting GBV survivors, but also in creating longer term positive impacts in their lives.**

- When asked where or how they learned about OSSCs, word of mouth was the most commonly indicated source of information (45.0 per cent), but 34.4 per cent of the respondents received information through mass media and public events. Public events are particularly important in rural areas, while the internet and social media are important in reaching Ulaanbaatar residents.

Evaluation of One Stop Service Centers and Temporary Shelters

To complement the survey, an evaluation of 17 OSSCs and TSs was conducted by surveyors through a review of administrative data supplementing with the surveyor's own observations and assessments based on a set of criteria.

- There are a total of 29 OSSCs and TSs in the country (9 in Ulaanbaatar and 20 in the provinces), and they cumulatively served 2,118 clients (1,697 women and 421 men) in 2019 alone. In the last 6 years, the number of clients has been increasing, with the largest jump (37.7 per cent) between 2018 and 2019.

- In assessing the capacity and facilities of the 17 OSSCs and TSs, the surveyors found that thirteen had between 4-12 beds, while two had over 20 beds, while two had 2 or fewer beds. Additionally, only seven had a separate room for children, nine had a separate room for leisure, and 14 had a separate kitchen. Only four OSSCs (Arkhangai, Darkhan-Uul, Govi-Altai, and Uvurkhangai) had separate rooms for these 3 purposes.

- In assessing the human resources available to each OSSCs and TS, the surveyors found that 11 of the 17 assessed OSSCs and TSs had 5 or fewer employees. The number of staff needed in an OSSC or TS depends on the size of the community they service and the average number of clients they receive, but it is important to ensure that there are enough staff to provide 24/7 care and a variety of services to survivors. **The small number of employees working in these OSSCs and TSs suggest that they are understaffed, which could pose a challenge in providing accessible and quality services to GBV survivors.**

- Surveyors also rated the OSSC and TS facilities, with particular attention to five areas: (1) overall environment and furnishing; (2) stability of operations; (3)

availability of information materials; (4) utilization of information boards; and (5) privacy and security. Across all five areas, the majority of the OSSCs and TSs were given an "above average" score, with the highest rated being the stability of operations (94.1 per cent) followed by overall environment and furnishing (82.4 per cent). On the other hand, OSSCs and TSs received the least proportion of "above average" ratings for the availability of information materials in the center.

- Surveyors also assessed the seven types of services provided by OSSCs and TSs: (1) protection services; (2) medical and health services; (3) psychological services; (4) social assistance services; (5) child protection services; (6) legal services; and (7) mediation services. As with the assessment of facilities, all seven service types received primarily "above average" scores. The highest rated services were psychological, legal and mediation services. On the other hand, two OSSCs were rated "below average" for one service area each, with the XXX OSSC given a score of 1 for its protection services and the XXX OSSC given a score of 4 for its medical and health services.

Lessons Learned & Recommendations to Improve One Stop Service Centers and Temporary Shelters

- The capacity of the OSSCs and TSs largely depends on the administration of the agencies and organizations that operates them, as well as on political decision-makers at the national and sub-national allocating the budgets for these services. OSSCs and shelters will only be able to maintain or expand its capacity through the sustainable allocation of sufficient budget for both the facilities and for human resources, and this can only be achieved if decision-makers value and prioritize addressing GBV and DV. As such, advocacy efforts toward these decision-makers are important in ensuring that survivors of GBV and DV continue to receive the quality services that they need.

- Staff of OSSCs and TSs also shared the following challenges and recommendations to the surveyors who assessed their facilities and services:

  - Insufficient or unsustainable budget allocations pose difficulties in their sustained operations as well as in their ability to provide quality services.

  - A registration system should be developed and used in all OSSCs and TSs for consistency, as well as to allow for better aggregation of GBV and DV data at the national level.

  - Facilities should be improved to allow for a better environment for the survivors, such as through the construction of children's rooms, the improvement of outdoor spaces, the provision of leisure facilities (library and

cable television), and the improvement of the infrastructure for the safety and security of the survivors and staff.

- Employees should be consistently trained to be able to provide better services. Additionally, the mental health of employees should also be given attention as working with survivors may cause mental health issues that may also affect their ability to help themselves as well as those in need.

- There is a demand for professional psychologists and psychiatrists, especially for OSSCs and TSs in the provinces. There is also a need for resources, such as videos, to help survivors cope with daily life after they leave an OSSC or TS.

ANNEX 1 – LIST OF PERSONNEL INVOLVED IN THE SURVEY

Organizers of the Survey:

A.Ariunzaya	Chairperson, NSO Mongolia
A.Amarbal	Director of Department Population and Social Statistics, NSO Mongolia
B.Oyun	National Programme Officer on Gender, UNFPA Mongolia
Nastasha Francesca Jimenez	Gender-Based Violence Project Officer, UNFPA Mongolia
L.Bilguun	Gender-Based Violence Project Assistant, UNFPA Mongolia
N.Doljinsuren	Senior Statistician of Department of Population and Social Statistics, NSO Mongolia
L.Zultsetseg	Survey member
G.Uranbaigali	Survey member
D.Ganchimeg	Survey member
G.Erdene	Survey member

Field Staff and Data Entry Staff:

Provinces	Interviewers	Ulaanbaatar Interviewers
Arkhangai	B. Azzaya	M. Azjargal
Bayan-Ulgii	B. Janar	Kh. Anudari
Bayankhongor	T. Oyungerel	B. Buyan-Orgil
Bulgan	M. Daariimaa	E. Dolgorsuren
Govi-Altai	B. Battseren	B. Khishigbaigali
Govisümber	N. Sereeter	B. Khishigtogtokh
Darkhan-Uul	D. Batjargal	B. Misheel
Dornod	D. Munkhbolor	O. Mungunzul
Dornogovi	E. Boldkhurel	D. Nurmaa
Dundgovi	G. Bayasgalan	B. Otgonchimeg
Zavkhan	B. Sevjidmaa	A. Oyunbold
Orkhon	M. Lkhagvajargal	E. Undarmaa
Uvurkhangai	O. Byambadulam	E. Tserenbat
Umnugovi	M. Baasanjav	E. Enkhbold
Sükhbaatar	B. Gerelmaa	
Selenge	P. Enkhchimeg	
Tuv	S. Batbayar	
Uvs	B. Tsedenbal	
Khovd	T. Ankhbayar	
Khuvsgul	O. Badamgarav	
Khentii	G. Perenleidorj	

ANNEX 2 – SURVEY QUESTIONNAIRES

Changes occurred in the public know ledge, understanding and attitude - 2019

The changes appeared due to the results of the work of increasing the public attitude and knowledge

H1. Name and code of the Province/District

H2. Questionnaire number

H3. Name and code of the Surveyor

H4. The results of the survey

(Complete - 1, Incomplete - 2, Refused - 3)

H5. Respondent's residing location (Capital - 1, Centre of the province - 2, Centre of the soum - 3, Rural area - 4)

Survey taken Month/Day and Hour/Minute ___ / ___ ___ : ___

№	QUESTION	ANSWER		STEP
G1	How old are you?	Full age		
G2	What is your sex?	Male	1	
		Female	2	
G3	What is your highest education level?	No schooling	1	
		Basic	2	
		Foundation	3	
		High school	4	
		Professional and Technical	5	
		Vocational	6	
		Diploma and bachelor	7	
		Master/Doctor	8	
		Do not know/remember	9	
G4	Did you do work last week?	Yes	1	
		No	2	G5
	In which category does the work you had previous week belong?	Paid work	1	
		Unpaid work	2	
		Self-employment:	3	
		Livestock herding	4	
		Crop farming	5	
		Other	6	M1
G5	What is the reason for your non-employment?	Sick	1	
		Pregnant	2	
		Taking care of others	3	
		On holidays	4	
		Temporary stop	5	
		Seasonal job	6	
		Could not find a job	7	
		Other	8	
G6	Have you looked for a job last week?	Yes	1	
		No	2	G8
G7	Which method did you use to look for a job?	Going to the Employment department and Job bank	1	
		Asking friends, family, and relatives	2	
		Looking at the announcements in the media press	3	
		Posting a job searching announcement on newspapers	4	
		Applying for a job in a workplace	5	
		Other	6	M1

	QUESTION	ANSWER	STEP
G8	What is the reason you have not looked for a job last week?	Student 1 Elderly person 2 Having a house work, taking care of chilc 3 Waiting for a job 4 Can not find a suitable job 5 Taking care of a sick person 6 Disabled person 7 Other 8 →	M1
G9	Did you register in the Employment Department or a Job Bank?	Yes 1 No 2	
	Questions regarding Gender-based Violence		
M1	How much do you think think you know about gender-based violence and domestic violence?	Do not know … Average … Very well 1 2 3 4 5 6 7 8 9	
M2	**Will explain what they understand. Then will ask questions.** What is the main factor for GBV and DV in your opinion. Fill in order.	1 ☐☐ 2 ☐☐ 3 ☐☐ 4 ☐☐ 5 ☐☐ Have no idea 6	
M3	What are the affecting factors for GBV and DV?	1 ☐☐ 2 ☐☐ 3 ☐☐ Have no idea 6	
M4	Is GBV/DV human rights violations?	Yes, it is 1 No, it is not 2 Not sure 8	
M5	Is GBV/DV a crime?	Yes, it is 1 No, it is not 2 Not sure 8	
M6	Have you ever contacted the Human Rights Commision?	Yes 1 No 2 Do not know the method 8	
M7	Have you attended the group of supporting public, organized by the Cooperation group and the NGO?	Yes 1 No 2 Do not know the method 8	
M8	What is you opinion on the prevention method for GBV and DV?	1 ☐☐ 2 ☐☐ 3 ☐☐	

	QUESTION	ANSWER	STEP
M9	Do you agree that women themselves are the main guilt of GBV and DV? Why did you agree? Why did you disagree?	Yes 1 why No 2 why	
M10	Do you agree that a good wife supports her husband's idea even if they disagree with it? Why?	Agree 1 why Disagree 2 why	
M11	Do you agree that if a wife makes a mistake, her husband can blame, punish and beat up her? Why?	Agree 1 why Disagree 2 why	
M12	Do you agree that tolerating with violence can save the family and protect their children from orphanages? Why?	Agree 1 why Disagree 2 why	
M13	Do you agree that sometimes there are reasons to justify violations? Why?	Agree 1 why Disagree 2 why	
M14	Who do you think could be a victim of GBV and DV?	Children A Women B Men C Parents D Anyone except the perpetrator E	
M15	Who do you think could be a perpetrator of GBV and DV?	1 2 3	

	QUESTION	ANSWER	STEP
M16	Have you ever experienced GBV/DV? How do you know?	No 1 Yes 2	
M17	What do you know about the marks of GBV/DV, common characters of a perpetrator and the methods that they use?		
M18	Is there any OSSC/TSh in your residing Province/District? Do you know it?	Yes, I know 1 Yes, I have visited 2 Do not know 3	
Q1	Selected in the additional survey section	Yes 1 No 2	→ Q14
Q2	Agreed to answer in the additional survey section	Agreed 1 Disagreed 2	→ Q14
Q3	How did you get the information of One-stop Service Centre firstly?	Friends 1 Parents 2 Siblings 3 Colleagues and other people I know 4 TV 5 Internet 6 Radio FM 7 Paper advertisements 8 Public event 9 Other 10	
Q4	How many times have you visited the "One-stop Service Centre"?	Once 1 Twice 2 Thrice 3 4 or more times 4	
Q5	In which purpose/With what wanted service have you visited the OSSC?	Get protection 1 Have no place to go 2 To stay alive 3	
Q6	In what situation have you visited the OSSC? In other words, why have you visited? For particular - Really, have no place to go, - Got some injuries, need a first aid service - Were hiding from something, escaped from critial situation etc.	Can not stay at home 1 Injured from violence 2 To hide 3 Other (write) 4	
Q7	What services have you got from the OSSC?	Protected 1 Health services 2 General advice 3 Law and legal information 4 Other (write) 5	

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	QUESTION	ANSWER	STEP
Q8	Do you have any service you wanted, but you have not get it while visitng the OSSC? Do you have any service you could not get? **Write the service you could not get**	Got complete service 1 Got some service 2 Did not get 3	
Q9A	If you give ratings in general on the service of the OSSC	Very bad 1 2 3 4 Average 5 6 7 8 Very good 9	
	1. Attitude and communication, skill of the service provider	1 2 3 4 5 6 7 8 9	
	2. Knowledge, experience	1 2 3 4 5 6 7 8 9	
	3. Service quality	1 2 3 4 5 6 7 8 9	
	4. Environment of the building	1 2 3 4 5 6 7 8 9	
	5. Privacy and security	1 2 3 4 5 6 7 8 9	
Q9B	Do you think that they give you a complete service?	Yes 1 No 2	
Q10	Advantages and disadvantages of the service provided in the OSSC	Advantages are greater 1 Disadvantages are greater 2 Do not know 3	
Q11	Your opinion on how to improve the service of OSSC		
Q12	Were there any changes to your life after you got service from OSSC and TS?	Positive changes 1 No changes 2 Negative changes 3	
Q13	In one word, how do you describe the change?		
Q14	Are you able to supply your family's basic needs?	Yes 1 No 2 Do not know 8	
Q15	Do you think that life will get better in the coming years?	Yes, I agree 1 No, I disagree 2 Will continue the same 3 Do not know 4	
Q16	Have you seen this campaign? Asking while presenting the paper advertisement.	TV 1 Internet 2 Radio FM 3 Paper advertisement 4 Public event 5 Other 6 Have not seen 7	
	Questionnaire completed hour and minute	__ : __	

The changes appeared due to the results of the work of increasing the public attitude and knowledge

Questionnaire for evaluating the general assesment of One-stop Service Centre

H1. Name and code of the Province/District ☐☐

H2. Adress of the assesed OSSC _____

_____

	QUESTION	ANSWER
A1	Founded year of the One-stop service centre	year ☐☐☐☐
A2	The number of customers of the centre	Total / Men / Women
	A. 2019	☐☐☐ / ☐☐ / ☐☐
	B. 2018	☐☐☐ / ☐☐ / ☐☐
	C. 2017	☐☐☐ / ☐☐ / ☐☐
	D. 2016	☐☐☐ / ☐☐ / ☐☐
	E. 2014	☐☐☐ / ☐☐ / ☐☐
	F. 2013	☐☐☐ / ☐☐ / ☐☐
A3	The number of employees (by 2019)	Total ☐☐ / Men ☐☐ / Women ☐☐
A4	The capacity of the One-stop service centre	The capacity of receiving customers ☐☐☐
	1 The number of beds of the Centre	☐☐
	2 Have a kitchen	(Yes 1, No 2) ☐
	3 Have a children room	(Yes 1, No 2) ☐
	4 Have a leisure room	(Yes 1, No 2) ☐
	5 Have a room for children	(Yes 1, No 2) ☐
	6 Total size of the building	m^2 ☐☐☐☐
	7 Total size of the yard	m^2 ☐☐☐☐
	8 The building is with the centre's ownership	(Yes 1, No 2) ☐
A5	If the OSSC has any urgent necessary works that needs to be done in 2020	Yes 1 No 2

	QUESTION	ANSWER
S1	Conclusion by the surveyor	Very bad 1 2 3 4 Average 5 6 7 8 9 Very good
	For the environment	
1	Furnishing of the OSSC	1 2 3 4 5 6 7 8 9
2	Stability of operation	1 2 3 4 5 6 7 8 9
3	Advertisement and information materials, handbooks	1 2 3 4 5 6 7 8 9
4	Usage and update of the a board of information and advertisement	1 2 3 4 5 6 7 8 9
5	Security and privacy of the building	1 2 3 4 5 6 7 8 9
	For the service	
1	Privacy and protection	1 2 3 4 5 6 7 8 9
2	Medical aid and service	1 2 3 4 5 6 7 8 9
3	Psychiartic service	1 2 3 4 5 6 7 8 9
4	Social assistance service	1 2 3 4 5 6 7 8 9
5	Children protection service	1 2 3 4 5 6 7 8 9
6	Legal advice service	1 2 3 4 5 6 7 8 9
7	Mediating service	1 2 3 4 5 6 7 8 9
S2	What are the most necessary works for the OSSC? Fill in order.	1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Survey taken Month/Day ☐☐ / ☐☐

Begun hour, minute ☐☐ : ☐☐

Completed hour, minute ☐☐ : ☐☐

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