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RAPID ASSESSMENT ON THE IMPACT OF COVID-19 ON THE GBV/DV SITUATION AND SURVIVOR PROTECTION SERVICES IN MONGOLIA REPORT

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ONE. BACKGROUND

In December 2019, the novel coronavirus (COVID-19) was reported in Wuhan, a city in Eastern China. Due to the outbreak, stringent restriction measures took effect in Mongolia at an early stage that included closing down all levels of educational facilities and institutions as well as all the borders with no inbound and outbound international flights. The implementation period of these precautionary measures has been routinely extended in response to the global situation and are currently extended up to June 30, 2020. As of 1 June 2020, 185 confirmed cases have been reported in the country. All the cases are imported and have been contained due largely to the country's early response.

As a result of the precautionary measures, approx. 900,000 kindergarteners and schoolchildren are staying at home as regular classes have been replaced by televised lessons. However, because many parents have to work, a number of children are left at home by themselves without any supervision. Although some organizations allow their staff to work from home, the restriction measures brought dramatic changes into daily lives of thousands of people and increased the levels of stress among the population. Because the restrictive measures also cover public facilities and recreational centers such as cinemas, fitness centers, and arcades, there are also very few options for relaxation and entertainment, while the limited operating hours of bars, karaoke, and night clubs have caused a rise in alcoholism at home.

During the period of heightened restrictions, the number of reported crimes, including domestic violence (DV) crimes, are reducing. However, according to data from the National Police Authority, the number of DV misconduct offenses (61.6 per cent) well as cases of violence against children have significantly increased in the same period. The number of clients served by the One Stop Service Centers (OSSCs) and shelters also increased by 88.7 percent compared to the same period in 2019.

Being free from violence, including gender-based violence (GBV), is a fundamental human right. It is vital to ensure the human rights and dignity is respected and monitored even during the emergency. Therefore, it is worth assessing how the COVID-19 pandemic and response has affected the situation of GBV/DV in the country as well as the availability, accessibility, and quality of service provision for survivors during this restriction period. This information will be key ensuring that service provision continues in a safe and effective way, and other interventions are implemented to address any impacts of COVID-19 on GBV/DV in the country.

TWO. PURPOSE OF THE RAPID ASSESSMENT

This study aimed to assess the impacts of the COVID-19 pandemic and restriction measures on (1) GBV, especially DV and violence against children; and (2) the service capacity of the OSSCs and shelters during the emergency period. As a result of these findings, the study also

aims to help identify areas and issues that require immediate actions to ensure the continued provision of essential services at the required standards.

THREE. SCOPE OF THE STUDY.

The following tasks were accomplished during the course of consultancy to complete this rapid assessment:

1. Developed the data template to compile information from the eGBV database and from OSSCs and shelters; collected the data as per the developed template and conducted a thorough analysis to identify where the COVID 19 pandemic and preventive measures affected the GBV/DV situation and service provision system.

2. Identified the impacts of the COVID-19 pandemic and restriction measures on the GBV/DV, including violence against children, situation as well as on survivor protection service provision. The following activities were conducted:

- Individual interviews with experts working in GBV/DV prevention and response to identify socioeconomic and other factors that influence the increase of GBV/DV, challenges encountered in the provision of services to survivors, and further actions needed to ensure continuous service provision during the emergency situation. Interviews were conducted with a total of **46 experts** from the following: key ministries, particularly Ministry of Labour and Social Protection (MoLSP), Ministry of Justice and Home Affairs (MoJHA), Ministry of Health (MoH), and the Ministry of Education, Culture, Science and Sports (MoECSS); and other government and non-governmental agencies, such as Court Decision Implementing agency (Correction Center), Family, Youth and Child Development Agency (FYCDA), National Center Against Violence, among others.
- Individual interviews with **14 GBV/DV survivors** (various ages and sexes) who are staying at or visiting an OSSC/shelter to identify factors that influenced GBV/DV perpetrated against the survivor, the nature of the violence, the quality of the services provided at the OSSC/shelter, as well as areas for improvement in service delivery.
- Individual interviews with **10 GBV/DV perpetrators** (various ages and sexes) detained at the Correctional Center of Court Decision Implementing Agency to identify the causes and triggers for committing DV, including specific conditions and factors that influenced them, as well as their feedback on the services provided at the Correctional Center, particularly the mandatory behavior change program conducted at the Correctional Center.
- Individual interviews with **9 service providers**, including NGO staff working on GBV/DV prevention and service as well as members of the multidisciplinary team working at the khoroo-level in Ulaanbaatar.

- Visits to **7 OSSCs and shelters**, particularly the provincial OSSCs in Darkhan-Uul and Khuvsgul, the district OSSCs in Bayanzurkh and Khan-Uul in Ulaanbaatar, the Trauma Hospital OSSC, as well as 2 shelters in Ulaanbaatar operated by the Ulaanbaatar City police and the National Center Against.

3. Prepared the recommendations of actions to mitigate the anticipated risk identified by the assessment which should be further taken during the emergency.

FOUR. METHODOLOGY.

The methodology of the rapid assessment was developed with technical assistance from UNFPA Mongolia and the UNFPA Asia-Pacific Regional Office (APRO). UNFPA APRO provided technical guidelines on data collection during the COVID-19 pandemic, while experts¹ provided their input on the development of the terms of references (TOR) and methodology. Such input from local and international experts is important as collecting data on GBV/DV is very sensitive task with the potential to put survivors at risk of further harm, especially during a lockdown period.

The rapid assessment uses qualitative methods, which includes desk review, analysis of service provision data, and individual interviews. The interviews included key informant interview (programme managers, service providers and NGO staff), as well as interviews with survivors in OSSCs/shelters and perpetrators detained at Correctional Centers.

Women's safety was prioritized over the data collection. As such, interviews with survivors were limited to those who are staying at OSSCs and shelters in order to ensure their safety and to avoid risking the safety of survivors who are staying at home. Leveraging the strong partnership between the Court Decision Implementing Agency and UNFPA, the researchers managed to interview 10 perpetrators detained. As noted above, the Correctional Center falls under the purview of the Court Decision Implementing Agency, with which UNFPA is also collaborating to strengthen the quality of the mandatory behavior change rehabilitation program for perpetrators.

During the analysis of the available data from service providers, it was highly emphasized that the eGBV data and service provision data cannot be used as proxy data for prevalence of GBV. Instead, it can only be used and analyzed to see trends in GBV/DV (increases and decreases) in the limited context of COVID-19.

It was observed that there were challenges in finding GBV/DV survivors in OSSCs and shelters as the number of survivors visiting to OSSCs and shelters has decreased in April after the initial spike (88.7 per cent) in OSSC and shelter clients in the first quarter (Q1) of 2020, which was when the

¹ Ingrid Fitzgerald (Gender and Human Rights Adviser), Henrica Jansen (Technical Advisor on VAW/R&D) Sujata Tuladhar (GBV Technical Specialist)

restrictions started and were at their strictest. After. However, in May 2020, an increase in clients was observed again. Explanations for this trend are provided in the findings below.

The following questions were considered in developing the methodology:

- Analyzing the eGBV and service provision data, what are the trends about the reported and served GBV cases that may be influenced by the COVID-19 pandemic and related measures, such as restrictions on movements, closure of schools and other educational institutions as well as public places, restrictions on public events, as well as the economic and psychological impacts of these measures? If there are increases in the number of cases, what are the factors related to the COVID-19 measures that influenced it? If there are increases that are not attributable to the COVID-19 measures, what are the causes?
- Did the number of clients served at OSSCs and shelters increase or decrease? What are the factors that affected this increase/decrease?
- Were OSSCs and shelters able to provide all the necessary and essential services to those who sought help at OSSCs and shelters? Were they able to continue providing services?
- How have OSSCs and shelters managed the sudden influx of clients, especially in Q1 2020?
- Given this influx, were they able to provide quality and essential services within their current human resource and financial capacity? If not, what were the challenges faced?
- Did the OSSCs and shelters have an emergency and business continuity plans?
- Do the OSSCs and shelters know how to respond when a client with COVID-19 symptoms visits the center?
- How can they improve further in the remaining period of 2020?

The following standards and ethical considerations were also strictly followed:

- Particular care should be taken to ensure the safety of those who are interviewed at OSSCs or shelters as well as those who call hotlines for assistance. Always prioritize women's safety over data collection.
- Be mindful of protecting the privacy and confidentiality of respondents. Therefore, before the interview starts, the purpose and ground rules were explained, and consent forms were signed by the interviewees.
- The mental health conditions and stress levels of clients must be considered carefully when asking questions. Interviews should be stopped if they are causing distress.

SIX. LIMITATIONS OF THE RAPID ASSESSMENT.

The goal of this rapid assessment is to gather as much information and insights as possible within a short period of time to guide and inform interventions and policies in this critical and time-sensitive setting. Given this, the rapid assessment has three key limitations that must be considered in the interpretation of its findings:

- First, the timeframe, available human resources, and coverage of the assessment were limited in relation to the desired scope of the assessment. Only agencies working in Ulaanbaatar and in 4 out of the 21 provinces were covered by the assessment, and interviews were conducted within this scope. Only two consultants were recruited to conduct the assessment, and travel restrictions imposed by the government was an added challenge to visiting provincial and remote district centers and shelters.
- Second, the number of survivors and perpetrators interviewed were limited to only those who are stayed within the institutional setting such as in OSSCs, shelters and correctional centers, due to considerations for the safety and security as both survivors and perpetrators.
- Third, the available data – i.e., eGBV statistics and OSSC and shelter service provision data - cannot be used as proxy data for prevalence of GBV. Therefore, it was not possible to understand the full extent of the impacts of COVID-19 on GBV and DV in the country and instead, only trends in reporting and service delivery were observed (increases and decreases) in the context of the COVID-19 pandemic and related measures.

SEVEN. KEY FINDINGS.

1. Reports of domestic violence increased during the implementation of COVID-19 restrictions. The following conditions influenced in the increase of violence:
 - a. COVID-19 restrictions increased the risk of DV due to increased economic and psychological stress, increased time spent in same place with all the members of the family, the lack of support during this time, and the lack of opportunities to escape violent homes. These factors led to the increase in reporting and the provision of services at OSSCs and shelters.
 - b. The economic downturn caused by COVID-19 has substantial implications on gender equality, employment, household relations, and mental health of the people, which has leads to spikes in GBV cases. Among the COVID-19 restrictions implemented by the government are the closure or reduced business hours of businesses, which led to a rise in unemployment or reduced income for households. This created financial and psychological stress in families, which brought tension in relationships and stress in the family that in turn triggered GBV/DV. Critical economic impacts include:

- i. Many of the affected businesses are in the service sector, such as restaurants, bars, shops, and other businesses in the hospitality industry. The service sector employs a high proportion of female workers, and the loss of job or reduction in pay significantly impacted family incomes.
 - ii. The mining and construction sectors also suspended or reduced their operations due to limitations on border movements and trade, particularly with China. Work in this sector normally reaches its peak in spring, which was when the restrictions were at its strictest. During this time, companies did not pay salaries to their mostly male employees, many of whom are breadwinners of the household. The lack of things to do, as well as the partial or complete loss of income increased the financial and psychological stress within families.
 - iii. Herders who are highly dependent on animal husbandry faced huge economic challenges due to the decreased demand and this price fall of fur and cashmere. This caused an increase in debt, which in turn caused great financial stress.
 - c. The closures of schools and kindergartens as well as the work-from-home setups for many employees substantially increased the childcare needed. This is taking a toll on parents, especially women who disproportionately take on the care work at home. As a result, there is an increase in psychological stress and tensions in family relations, which triggers GBV/DV and violence against children.
 - i. Women who are pregnant or with small babies in particular were provided the opportunity to work from home. This increased the workload of women as they have to manage their work responsibilities while also taking care of their children and completing unpaid domestic work. This led to additional stress in the household, which may lead to violence.
 - ii. These impacts are also felt by single parent households, as well as the approx. 19,468 households headed by men.
 - iii. In some of these cases, when parents need to work outside the household, so children sometimes stay at home without supervision, occasionally without food, or are left with other people. It causes risks for accidents, negligence, and even violence.
 - iv. During this time, children are also experiencing their own stress which could lead to them acting out. The already stressed parents are more likely to respond to their children's anxious behaviors or demands in aggressive or abusive ways or take out their frustrations on their partners. Many parents also find it difficult to help their children with their schoolwork, especially as the children no longer have the structure of physically going to school. This further makes children more vulnerable to maltreatment and abuse and increases the conflicts between children and parents. It also creates tension in family relations when the parent or other guardians are

unable to teach or supervise the children's learning. All these lead to elevated stress levels and increase in tensions, which would lead to violence.

- v. It was observed that the nature of the calls to the Children's Helpline (108) changed during the COVID-19 pandemic. In the past, the most common topics covered in calls included peer pressure, love, and relationships. This type of calls decreased by 59.3 percent during Q1 2020. In contrast, calls related to family relationship issues increased by 56.4 percent during the same period. Additionally, questions related to the tele-lessons and on how to help children do schoolwork were the second most frequent content of calls.
 - d. Major changes in daily life, including the sudden need to spend so much time with partners in confined spaces has led to stress and tension, which when not effectively managed by the couple, can escalate to DV.
 - e. Quarantines and stay-at-home orders also forced women to stay with perpetrators around the clock, and other people are not around to spot signs of violence and intervene. Survivors are constantly under the control of perpetrators, and the violence escalates over time with repeated and possibly worsening occurrences and the lack of protection for survivors. Usually, the severe violence is identified and reported when the survivor approaches the police or hospital or is spotted by teachers or doctors. During the restriction period, it has become even more difficult for women as they cannot go out and approach duty-bearers to ask for assistance and protection.
 - f. Due to the closure or limited operating hours of bars, restaurants and other public places, there was an increase of alcohol consumption taking place at home. Many survivors also consume alcohol with their husbands at home, which lead to fights that turn violent. This can trigger GBV/DV as well as cause the neglect of young children.
 - i. According to Police statistics, the percentage of DV cases committed by a drunk perpetrator increased from 56.3 percent in Q1, 2019 to 61.8 percent in Q1 2020. This is also confirmed by data on the profile of clients served at the Trauma Hospital OSSC, which often receives clients with serious injuries.
2. In Q1 2020, the number of clients served in OSSCs and shelters increased 88.7 percent compared to Q1 2019. Starting mid-April, however, the number of clients who stayed at the OSSC/shelter decreased while calls to hotlines as well as calls and short-term visits for consultation and counselling increased until May 2020. The following reasons were found to explain this:
- a. Police Shelter Hotline (107) data showed that the calls for counselling increased by 40.8 percent in Q1 2020 compared to Q1 2019. Therefore, it is necessary to

provide survivors with remote services, such as hotline and online services. OSSCs and shelters should also be ready to provide immediate services to those who are only able to escape their homes for a short period.

- b. Many long-term survivors in chronically violent environments who finally sought help at OSSCs during the COVID-19 pandemic have already chosen to stay in the centers.
- c. The increase in reports of DV cases led to a 98.7 percent increase in arrests made, particularly for misconduct offenders, in Q1 2020 compared to the same period of 2019. This is believed to have influenced the reduction of the number of survivors staying at the OSSC and shelters because after a risk assessment conducted by the police, many of the perpetrators are removed from the household while survivors who are not in critical condition stay home.
- d. The spike in DV-related misconduct cases, which covers first-time perpetrators, is interpreted as indicative of a rise of many first-time survivors. These new survivors are struggling to directly come to OSSCs and shelters to seek help for this situation. Factors leading to this hesitation include: stigma surrounding GBV/DV, belief that they should protect their family reputation; fear of the perpetrators as well as retaliation; uncertainty about the protection of their security and privacy in OSSCs; and the lack of accurate information about OSSCs and available services.
- e. The uncertainty brought about by the COVID-19 pandemic also led to issues from the service provider perspective:
 - i. Existing OSSCs do not have any clear protocol or guidance on continued service delivery during the pandemic. They did not know whether they should continue to accept clients, and what kind of measures they must take when a client displays symptoms, tests positive or comes into contact with a COVID-19 patient. The service providers themselves felt significant uncertainty and insecurity, which led to them being less proactive in service delivery, or in the worst cases, even refusing new clients. However, most of the OSSCs and shelters still continued to provide both in-person and remote services.
 - ii. Staff of OSSCs and shelters also had experienced an increase in stress due to the increased workload, occasionally handling at least 3-5 cases per day, on top of all the other challenges faced by the general public that they face as well. The stress and tension accumulated and has impacted their productivity as well as their personal life.

EIGHT. RECOMMENDATIONS

Based on the key findings from the analysis of the information gathered, the following recommendations are prepared and put forth:

1. Recommendations for OSSC and Shelter Preparedness for COVID-19
 - a. A policy or guidelines for OSSC/shelter preparedness and continuity of services during an emergency (COVID-19) must be developed to ensure the sustained access to services while ensuring the safety of staff and clients. These guidelines should include multi-sectoral response to GBV and alternative referral pathways in the context of COVID-19, and the document should be cascaded to relevant staff. Contingency plan for specific OSSCs and shelters can also be developed in consultation with relevant parties and should include safety measures as needed.
 - b. OSSC and shelters must consider the trend that women usually come with their children (3 and up). As such, rooms and facilities should be prepared accordingly.
 - c. Necessary items for women and girls staying at the OSSCs and shelters (basic sanitation and hygiene items, etc.) as well as personal protective equipment for staff and clients must be made available.
 - d. Innovative ways of remote service provision should be created or expanded with careful consideration of the safety and security of the survivors. This may include chatbots, online, phone or SMS counselling, etc.
 - e. Training should be held for relevant personnel, including MDT members and OSSC/shelter staff, should include information on providing services during the COVID-19 pandemic. This should include stress management as well as psychological counseling.
2. Recommendations for Public Awareness Initiatives
 - a. Advertising the hotline numbers through which clients can connect with the existing OSSCs and shelters is highly encouraged to ensure the survivors are aware of the available services if needed. Particular attention should be also given how the information will reach herders living in remote areas.
 - b. Public awareness campaigns should be implemented to raise awareness on the impact of COVID-19 on family relationships and GBV/DV, as well as on how to manage stress and promote good family relationships in domestic.
3. General Recommendations
 - a. The necessary funding for the OSSC/shelter's operational costs and service provision to survivors must be allocated within the local budget, and it needs to be flexible enough to allow revisions during an emergency situation.
 - b. Data collection by different agencies must go through quality assurance for accuracy. Information sharing should also be coordinated well among the relevant agencies.
 - c. Many of the existing OSSCs and shelters employ staff under a service contract that has limited benefits as well as no job security. As such, there is high risk of losing trained and experienced staff, which would impact the quality of services available to survivors. Therefore, it is important to ensure that OSSC and shelter staff have permanent posts with job security and better benefits to reduce the high staff turnover.

- d. Since the establishment of OSSCs and shelters in the country, including the 13 established in 2009 with UNFPA technical and financial support, these centers have contributed significantly to creating the survivor protection mechanism in the country, which in turn has saved and changed the lives of many women and children. Therefore, it is important to ensure their sustainability by institutionalizing the allocation of funding and human resources to these centers within the agencies under which they operate.

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