

# Mongolia

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>2.80 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>1.94 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>0.85 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>1.52%</b>
<b>Gross domestic product USD (2012)<sup>b</sup></b>	<b>10.27 billion</b>

<sup>a</sup> World Population Prospects: The 2012 Revision, UNDESA 2013.

<sup>b</sup> World Development Indicators, World Bank 2013.

## HEALTH ESTIMATES

<b>Infant mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>23</b>
<b>Under 5 mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>27.5</b>
<b>Life expectancy at birth (2012)<sup>d</sup></b>	<b>67 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>e</sup></b>	<b>85</b>

<sup>c</sup> Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

<sup>d</sup> World Health Statistics, WHO 2014.

<sup>e</sup> Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

## SANITATION AND DRINKING-WATER ESTIMATES

<b>Use of improved sanitation facilities (2012)<sup>f</sup></b>	<b>56%</b>
<b>Use of drinking-water from improved sources (2012)<sup>f</sup></b>	<b>85%</b>

<sup>f</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

## Sanitation, drinking-water and hygiene status overview

At the 2014 Sanitation and Water for All High Level Meeting (SWA HLM), the Government of Mongolia made eight commitments for improving the water, sanitation and hygiene sector. The commitments covered areas such as political prioritization, evidence-based decision-making, and country processes.

There are national plans/policies in place for sanitation and drinking-water in urban and rural areas. The Government of Mongolia worked to strengthen the policies and plans through SWA commitments, including improving the legislative document for the WASH sector and having better coordination to improve existing plans.

While the Ministry of Health is the lead for hygiene promotion, another SWA commitment focused having the Ministry of Health take on more responsibility. The commitment was to ensure that the related accountable institution, which is the Ministry of Health, takes clear leadership of the national sanitation portfolio, and promotes sanitation, hygiene and education.

According to another SWA commitment, the Ministry of Construction and Urban Development will take the lead on annually evaluating and tracking water and sanitation indicators in close collaboration with the Ministry of Health and the Ministry of Education and sectoral partners, such as UNICEF, UNDP and WHO to update the national water and sanitation database.

Mongolia has an agreed upon finance plan in place, however, overall financing is considered low. One of Mongolia's SWA HLM commitments was to invest over 622 billion Mongolian Tugriks in water and sanitation, with about 70% of this amount committed to sanitation between 2014 to 2016. This investment would contribute to 60% of the total population using safe and sustainable sanitation services.

Another SWA HLM commitment regarding sanitation focused on coordination and public review. The Ministry of Construction and Urban Development, in collaboration with the Ministry of Finance, commits to hold regular public expenditure reviews to monitor the actual budget expenditure from domestic resources allocated to the drinking-water and sanitation sector.

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# Highlights based on country reported GLAAS 2013/2014 data<sup>1</sup>

## I. Governance

Two ministries and institutions share the lead for drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
National Water Committee		✓	
Ministry of Environment and Green Development		✓	
Ministry of Construction and Urban Development	✓		
Ministry of Health			✓

Number of ministries and national institutions with responsibilities in WASH: **8**

Coordination between WASH actors includes: ✓ All ministries and government agencies  
 ✗ Nongovernmental agencies  
 ✓ Evidence supported decisions based on national plan and documentation of process

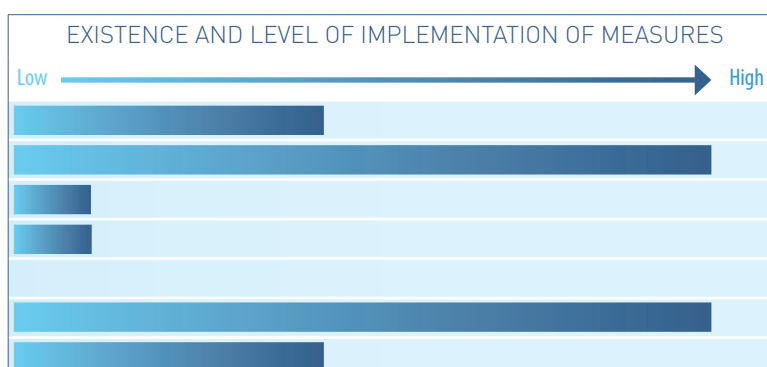
PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	*	2021
Rural sanitation	✓	*	2015
Sanitation in schools	✗	*	2015
Sanitation in health facilities	✗	*	2015
Urban drinking-water supply	✓	*	2021
Rural drinking-water supply	✓	*	2021
Drinking-water in schools	✓	*	2021
Drinking-water in health facilities	✓	*	2021
Hygiene promotion	✓	*	2021
Hygiene promotion in schools	✓	*	2021
Hygiene promotion in health facilities	✓	*	2011

\* Targets exist, but are not expressed in terms of percentages.

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply and ensuring drinking-water quality meets national standards.

### SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES<sup>a</sup>

Keep rural water supply functioning over long-term
Improve reliability/continuity of urban water supply
To rehabilitate broken public latrines
Safely empty or replace latrines when full
Reuse of wastewater or septage
Ensure DWQ meets national standards
Address resilience to climate change



<sup>a</sup> Including implementation.

<sup>1</sup> All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

## II. Monitoring

There is a high level of data availability reported for decision-making and response to WASH related disease outbreak. There is, however, a reported weak environment for auditing, resulting in insufficient or no independent surveillance of drinking-water quality.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
<b>Latest national assessment</b>	2013		2013		2013
<b>Use of performance indicators<sup>a</sup></b>	●		●		●
<b>Data availability for decision-making<sup>a</sup></b>					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	✓		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
<b>Surveillance<sup>b</sup></b>	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✗	✗	
Independent auditing management procedures with verification	NA	NA	✗	✗	
Internal monitoring of formal service providers	✓	●	✓	●	
<b>Communication<sup>a</sup></b>					
Performance reviews made public	●	●	●	●	
Customer satisfaction reviews made public	✗	✗	●	●	

<sup>a</sup> ✗ Few. ● Some. ✓ Most.

<sup>b</sup> ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

## III. Human resources

Human resource strategies are developed for sanitation and drinking-water, though some gaps and follow-up actions have not been identified. The most important constraints identified are the preference of skilled graduates to work in other sectors and encouraging skilled workers to work in rural areas.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
<b>Human resource strategy developed<sup>a</sup></b>	✓	✓	✓
<b>Strategy defines gaps and actions needed to improve<sup>a</sup></b>	✗	✓	✗
<b>Human resource constraints for WASH<sup>b</sup></b>			
Availability of financial resources for staff costs	●	●	●
Availability of education/training organisations	●	●	●
Skilled graduates	✗	●	✓
Preference by skilled graduates to work in other sectors	✗	✗	●
Emigration of skilled workers abroad	✓	✓	✓
Skilled workers do not want to live and work in rural areas	✗	✗	✗
Recruitment practices	✓	✓	✓
Other			

<sup>a</sup> ✗ No. ● In development. ✓ Yes.

<sup>b</sup> ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

## IV. Financing

A financing plan is in place and used; however, there are reported difficulties in absorption of donor and domestic commitments due to low financing. There is also an insufficiency of funds to meet MDG targets.

### FINANCING

Financing plan for WASH
Assessment of financing sources and strategies <sup>a</sup>
Use of available funding (absorption)
Estimated % of domestic commitments used <sup>b</sup>
Estimated % of donor commitments used <sup>b</sup>
Sufficiency of finance
WASH finance sufficient to meet MDG targets <sup>b</sup>

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
✓	✓	✓	✓
✗	✗	✗	✗
●	●	✗	✗
✗	✗	●	✗

<sup>a</sup> ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

<sup>b</sup> ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

### WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure <sup>1</sup>	
2010–2012	1.67 M.USD
Expenditure as a % GDP	
Education <sup>2</sup>	5.4
Health <sup>2</sup>	6.2
WASH <sup>3</sup>	0.02

<sup>1</sup> Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

<sup>2</sup> Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

<sup>3</sup> Based on Government and ODA WASH expenditure from country response GLAAS 2013, GDP Average (2010–2012) – World Development Indicators, World Bank 2013

NA: Not available.

## V. Equity

As a step towards addressing equity in access to WASH services, six disadvantaged groups are identified in WASH plans.

### EQUITY IN GOVERNANCE

Laws
Recognize human right in legislation
Participation and reporting <sup>a</sup>
Clearly defined procedures for participation
Extent to which users participate in planning
Effective complaint mechanisms

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
✓	✓	✓	✓
✓	✓	✓	✓
●	✗	●	✗
●	✗	●	✗

<sup>a</sup> ✗ Low/few. ● Moderate/some. ✓ High/most.

### DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. Remote populations
3. Indigenous populations
4. Displaced populations
5. Ethnic minorities
6. People living with disabilities

### EQUITY IN FINANCE

**Figure 1.** Urban vs. rural WASH funding

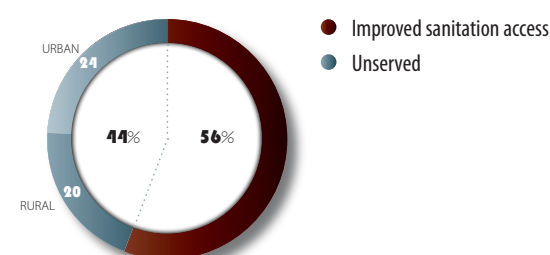
**Figure 2.** Disaggregated WASH expenditure

[ No data available. ]

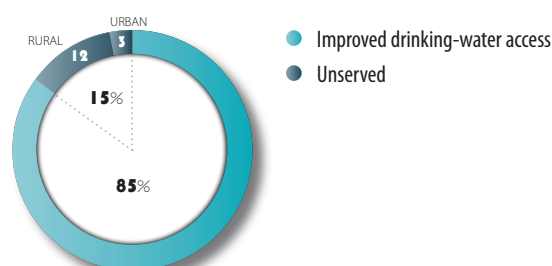
[ No data available. ]

### EQUITY IN ACCESS<sup>1</sup>

**Figure 3.** Population with access to improved sanitation facilities



**Figure 4.** Population with access to improved drinking-water sources



<sup>1</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.