

# **GENDER-BASED VIOLENCE RAPID ASSESSMENT DURING DZUD**

**FINAL REPORT**



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## Glossary

Terms	Definition
<b>Disaster</b>	Severe snow and dust storms, droughts, zuds, floods, lightning, earthquakes, landslides, fires, outbreaks of highly contagious human, livestock, and animal diseases, epidemics, and spread of pests and rodents; (Law on Disaster Protection, Article 4.1.2)
<b>Physical violence</b>	Physical violence is any act or omission of a person specified in Article 3 of Law on Combatting Domestic Violence that has caused or may cause physical harm to the life and health of a person referred to this law. (Law on Combatting Domestic Violence, Article 6.2)
<b>Sexual harassment</b>	To express one's sexual desire in verbal, physical, and other ways against the will of a second party; or force victims to sexual coercion, making unbearable environment initiated by their sexual intentions and its consequences, victims lose their jobs, positions, possessions, and get damaged their mentality; threatened or suggested the sexual solicitation; (Law on Promotion of Gender Equality, Article 4.1.7)
<b>Sexual violence</b>	Sexual violence is any sexual act by violence or coercion performed by a person specified in Article 3 of this law against the person referred to this law that result in physical force taking advantage of his/her position. (Law on Combatting Domestic Violence, Article 6.5)
<b>Preparedness</b>	Comprehensive measures including integrated management, planning and organization of integrated management, planning and organization of anticipating the negative consequences of disasters and hazards and ensuring human life, health, livestock, environment, infrastructure, and socio-economic security and stability; (Law on Disaster Protection, Article 4.1.24)
<b>Gender</b>	General views and attitudes that can change during the history of what men and women ought to be in politics, economy, society, culture, and family; and their responsibilities and rights in their social status (Law on Promotion of Gender Equality, Article 4.1.1)
<b>Gender stereotype</b>	Distinctive views and attitudes of what men and women ought to be in politics, economy, society, culture, and family; and their responsibilities and rights in their social status, (Law on Promotion of Gender Equality, Article 4.1.3)
<b>Gender-based violence</b>	Already caused or possibly caused the physical, mental, and sexual or material damage based on their genders; (Law on Promotion of Gender Equality, Article 4.1.8)
<b>Dzud</b>	Lack of water and pasture in winter and spring due to weather difficulties; thus, many headcount livestock die or arise ready-to circumstances; (MNS 6010:2016 Disaster related terms and definitions, p.6)
<b>Domestic violence</b>	Any actions or omissions of a person specified in Article 3 of the Law on Combatting Domestic Violence that are directed against a person referred to this law, that result in physical, sexual, psychological, or economic harm or suffering, including threats of such acts, and deprivation of liberty. (Law on Combatting Domestic Violence, Article 5.1.1)
<b>A person applicable under the scope of the Law on Combatting Domestic Violence</b>	This law shall apply to the following entities: <ol style="list-style-type: none"> <li>1. wife, husband, other family members, cohabitants, guardians, dependents, persons who are under custody or care, and other persons who are presently residing within the family;</li> <li>2. natural child or adopted child, biological or adoptive parents, brothers, sisters, or younger siblings living separately;</li> <li>3. provisions of this law apply equally to divorced spouses, cohabitants, or persons who were in a family relationship or having or having had a child in common even without cohabitation; (Law on Combatting Domestic Violence, Article 3)</li> </ol>
<b>Victim of domestic violence</b>	A person who has suffered from domestic violence that result in psychological, economic, physical, and sexual harm and abuse; (Law on Combatting Domestic Violence, Article 5.1.2)

<b>Temporary shelter</b>	A standard place to accommodate a victim for a certain period of time and to provide services specified in this law; (Law on Combatting Domestic Violence, Article 5.1.5)
<b>Intermediary service</b>	A service to facilitate communication and cooperation with the related government and non-government organizations in order to eliminate negative consequences caused to a victim and his/her family members due to domestic violence, to recover victims from abuse into normal conditions, and to help in the healing process; (Law on Combatting Domestic Violence, Article 5.1.7)
<b>Potential risk of violence</b>	A situation that may lead to domestic violence or relapse.; (Law on Combatting Domestic Violence, Article 5.1.8)
<b>Disaster</b>	Loss of life or damage to the health of many people due to natural disasters and accidents, mass loss of livestock and animals, damage to property, historical and cultural monuments, and the environment beyond the internal and economic resources of the state and local communities; (Law on Disaster Protection, Article 4.1.1)
<b>Disaster protection activities</b>	The implementation of disaster prevention, search, rescue, mitigation, humanitarian assistance, and immediate reconstruction measures; (Law on Disaster Protection, Article 4.1.7)
<b>Disaster risk</b>	The probability of possible damage to the population, livestock, animals, property, and the environment as a result of a disaster; (Law on Disaster Protection, Article 4.1.5)
<b>Types of services provided to victims</b>	Types of services provided to victims are as follows: <ul style="list-style-type: none"> <li>• Security protection;</li> <li>• Medical care and service;</li> <li>• Psychological service;</li> <li>• Social welfare service;</li> <li>• Child protection service;</li> <li>• Legal assistance;</li> <li>• Intermediary service. (Law on Combatting Domestic Violence, Article 33)</li> </ul>
<b>Community capacity building approach</b>	Aiming to build capacity in the community to change society and gender-based relationships; and truce gender-based violence by disseminating the required knowledge, understanding, resources, and skills. Also, it has to ensure the involvement and formulation of an operation plan and strategy during a state of emergency. The goal of the method is to establish change and justice in society in both the short and long term. To do that, determining the rights, responsibilities, opportunities, demands, and needs of the public who fight against GBV is required. Furthermore, it's necessary to support the participation and initiation of the community for the planning and organization of GBV events as well as evaluating the benefits and effects by participant rate; (UNFPA, "Fighting against GBV during a state of emergency" handbook, page 6)
<b>Psychological violence</b>	Any acts of a person specified in Article 3 of this law that refer to threatening conduct against the wills of a person referred to this law, or coercion, ignorance, defamation, stalking, restricting communication with others, verbal insult or harassment, or that cause emotional pain in other ways. (Law on Combatting Domestic Violence, Article 6.3)
<b>Care and services to be provided to victims</b>	The following care and services shall be provided to the victims: <ul style="list-style-type: none"> <li>• health rehabilitation treatment;</li> <li>• mental rehabilitation treatment;</li> <li>• provide jobs or training;</li> <li>• legal assistance;</li> </ul> The diplomatic representative and consular offices representing Mongolia in foreign countries provide a victim with temporary accommodation and food and issue a foreign passport and similar documents, and bring him/her back to his/her homeland.; (Law on Combating Human Trafficking, Article 12)

<b>Victim-centred approach</b>	This method aims to build capacity for victims by solely focusing on them. Furthermore, it investigates individual, social, and cultural factors that impacted the victimization and types of on-demand assistance, frequency and examines their physical, mental, social, and cultural factors. (UNFPA, "Fighting against GBV during a state of emergency" handbook, page 6)
<b>Humanitarian assistance</b>	Money, equipment, materials, works, and services provided voluntarily by citizens, organizations, and legal entities for disaster protection activities; (Law on Disaster Protection, Article 4.1.21)
<b>Economic violence</b>	Any acts by a person specified in Article 3 of this law that result in economic dependency using violating the rights to access, use or dispose of salary, pension, allowance, or other equivalent resources, allocated or co-owned properties, and restricting access to financial resources, depriving of necessary needs, and not complying with economic responsibilities such as alimony and causing property and economic damages to persons referred to this law. (Law on Combatting Domestic Violence, Article 6.4)
<b>Vulnerability</b>	Exposure of people, animals, property, and the environment to disasters and accidents; (Law on Disaster Protection, Article 4.1.6)
<b>Rights-based approach</b>	Based on the principle that regardless of age, sex, origin, and social status every person has the right to live free, be valuable, and be apart from violence. To provide the above-mentioned rights, this approach assumes fundamental reasons for discrimination and inequality. In other words, it upholds the principle of protecting women, children, and vulnerable sections of society. (UNFPA, "Fighting against GBV during a state of emergency" handbook, page 5)
<b>Controlling behavior</b>	It is a behavior that isolating a person from friend, family members, not allowing to meet with them, to be jealous and questioning where and whom he/she goes, monitoring every action, including restricting the right to health and work. (Bare Truth of Violence research report, 2018)

## Executive summary

This rapid assessment of gender-based violence (GBV) during dzud aims to analyze protection issues and needs among target households that benefitted from the “Mongolia Dzud Emergency Response” funded by USAID’s Bureau for Humanitarian Assistance, assess potential protection issues, and identify gaps in the protection services for affected families (comparing the period of dzud and normal (non-dzud) conditions). To reach this objective, researchers conducted data collection using one-on-one and group discussions with the representatives of local governors and local people; those who received humanitarian aid and support that delivered to a total of 3665 households in 38 soums of 7 aimags by World Vision Mongolia. Within the framework of the assessment, a total of 382 households in 14 soums of seven aimags and local stakeholders at the aimag and soum levels. In addition, the researchers conducted three group discussions and three case studies by including representatives of the households exposed to dzud.

As shown in the findings of the rapid assessment, in Mongolia, legal provisions for overcoming natural disasters or prevention and protection from GBV are separate; thus possible mechanisms and services are incoherent. In the case of the combination of these circumstances, the prevention and protection system, planning, and resource spending on GBV during a disaster are insufficient. In connection with this, detailed instructions and guidelines are lacking on how to recognize and provide inspection, diagnosis, and services during a disaster or when certain challenges/obstructions are encountered, and resources are limited. Also, there are potential resources, plans, or alternative plans included in annual disaster plans - at local and nationwide level - regarding GBV. Even though the primary legal environment of the fight against GBV and disaster management is advanced in Mongolia, the information registration system is out-of-date, and technical capacity and flexibility during a disaster are weak. Also, victimization prevention and victims’ protection are poor, and providing services to prevent and protect victims continuously are crucial. From observations of general disaster circumstances, GBV is not the only problem. The assistance and services to be provided to herders during dzud is limited, and the budget is insufficient and inaccessible.

The majority of all herders are older. By their educational background, the majority of herders (92%) have graduated from their senior high school or below. The average number of members per household ranges from four to five. In most herder households, both men and women have equal power in their relationship. However, decision-making in finance and decisions regarding family affairs are noticeably different based on nationality and ethnicity. Men, especially Kazakh men, are predominantly making decisions on finance and family planning. 54.2% of all herders are joint-decision-making on their family planning, yet 27.9% of all participants of Kazakh herders do joint-decision making which is a relatively low percentage. Joint decision-making on finance of Kazakhs is 45.9% while the whole ethnic group percentage is 65.2%. The decision-making rate of Kazakh men (44.3%) is higher than other men of the whole ethnic group (19.4%). Apart from that, 29.9% of participating herders were in control which means they asked permission from their spouse/partner to go far from their home. By nationality and ethnic group, cooperative decision-making in the Kazakh households is low (60.7%) and the pattern of controlling behavior (29.5%) is stronger than other ethnic groups (9.8%) affected by included in the assessment.

When dzud-affected herders were asked about their understanding of GBV, the majority (79.8%) had never heard of the term “GBV” before or only heard it but with no understanding of the term GBV. Their knowledge and understanding of GBV were weak especially, among male herders, herders aged 45 years



and above, and less educated. 51% of herders considered that becoming a victim or survivor of GBV was caused by family factors such as an unpleasant atmosphere, alcohol addiction of a member of the family, divorce, and mental stress. Furthermore, 32% of herders thought the reasons for GBV were the lower standard of living, unemployment, poverty, low income, and unpaid labor. 38.2% of herders answered that if their close relatives made them unsafe and caused any harm, they would protect themselves and adapt to the circumstances. It shows the risk of herders getting used to dangers and harms and keeping cases of abuse hidden from the public eye.

Some negative impacts arose in the demand for mental, physical, financial, and other fundamental necessities during dzud. In the mental state of herders during dzud, 13.6% were anxious and fearful. A total of 61 herders (15.9% of all herders) were exposed to some type of violence during dzud. The occurrence of blaming, scolding, frightening, and intimidating of any member of the family was three times more than the normal (non-dzud) period. During dzud, 61 herders were exposed to some type of violence, and the occurrence of anger and blaming of any member of the family was the higher; three times higher than normal. During dzud, 15.0% of men and 11.1% of women were exposed to mental violence such as blaming, frightening, and threatening; and the cases of frightening, and threatening occurred similarly, irrespective of gender. In addition, cases of unwanted physical touching were 1.6%, and only men were exposed to it. In addition, the majority of these violence cases (62.3% of all cases) was cases of repeated incidents, and 37.7% (n=23) was newly emerged case during dzud. This was 6.0% of all respondents and these newly emerged cases, (4.2% were men and 1.8% were women) were not happening before the dzud and only emerged during dzud. These results show that there is a risk of the emergence of new problems dependent upon the effects of disastrous periods, especially new cases of violence within the family.

Another effect that impacts households is the unavailability to receive basic services. During dzud, 38 children (20 boys, 18 girls) from households, could not attend school because they had to assist family and had no one to carry them to school, or the road was closed. Also, fundamental medical requirements - such as medicines (45.3%), and sanitary items (35.8%) - were somewhat sufficient, or completely insufficient.

One out of 10 herders (9.2%) mentioned that they witnessed that their close associates were exposed to, at risk of exposure to, sexual violence and abuse, and indicates that this kind of crime is hidden. Out of 380 herders, 30 (with some duplication) had received aid and services regarding violation of rights and the majority of the herders who had been provided with services - 21 (67.7% of herders who received services) - were women. According to this, women are mostly exposed to GBV.

52.4% stated that they knew where to go if an unsafe and risky situation had arisen for them or their close relatives, 34.5% of herders had received information on potential services from mass media (TV, radio, webpages, etc.) and 21% received such from the social network (Facebook, Twitter, etc). In addition, only 17.5% of all the herders replied that they have received the information, instruction, and consultation on how to protect themselves in case they are in unsafe and risky situations; and they named mass media (32.8%) and social worker of bag (19.4%) as primary sources of information. 67.3% did not know about service provider organizations, to which they could go in case they were at risk of exposure to, or exposed to GBV. Moreover knowledge of temporary protection facility and emergency phones 1800-2000 - which provides consultation towards mental health - is insufficient.



During dzud, even though they asked for help from government organizations and families the most, only international organizations were able to provide services that met their needs. Even though 47.6% of herders had asked for help with hay (fodder and/or feed) for livestock, necessary medicines and injections, and food supply from soum and local municipality by informing their situation, 112 herders did not receive any support due to the insufficient budget and shortage of technical capacity to deliver such services to herder households. The most pressing matters during dzud were hay for livestock, mental breakdown, workload, health illness, physical overload, injury, and damage. Herder households received assistance from up to two organizations on average, and the main assistance or aid was provided by World Vision Mongolia during dzud. It was certainly worthwhile and optimal aid that addressed their needs and maintained them accordingly. In particular, cash and hay (fodder/feed) were the most demanded aids, and by supplying these, every household obtained their needs, and it was a highly effective aid option. Donor organizations have criteria to define their target segments to aid or donate, yet these organizations have limited resources and budgets. Thus, some incidents led to passing over households that incurred the dzud disaster.

In terms of governmental organization, there is a need to constitute the legislative and regulatory environment in order to take measures of prevention and protection from GBV during dzud and other disasters. In particular, it shall be more sustainable, if the support of governmental organizations would develop the methodology to take measures of prevention from, identification, and response action to GBV during the disaster as an immediate action. In addition, the local joint teams need to prepare a study on risky target groups. It also needs to update constantly information, by collecting data on at-risk populations, studying the ways and conditions to outreach and provide services to at-risk groups, and providing material and financial resources in advance. Furthermore, it is required to include the budget for sudden risk annually, in local and respective organizations, and there is a need to provide immediate aid support and outreach by constituting resources. In addition, it is possible to provide competency training and support towards presentation, prevention, and overcoming of the pressing matters with minimum risk during a disaster through herders' partnership and herders' group.

It is needed for international non-governmental organizations to provide technical assistance in the development of integrated methodical guidelines for prevention from and response to GBV during disasters, taking account of the distinctive features of each sector. In particular, there is an opportunity to prepare and deliver information and consultation on how to overcome mental breakdown during dzud, train professional psychologists towards providing consultation via phone, and cooperate. In addition to this, knowledge of necessary aid and services was inadequate, along with the lack of knowledge of herders regarding GBV. Therefore, it is required to organize training and promotion - with a methodology based on participation consistent with herders' distinctive features - in order to increase the understanding and knowledge of herders regarding GBV and prevent it. Also, it would be efficient to prepare information, instructions, and advice, on how to protect themselves in cases where herders were in unsafe and risky situations; in the form of content and place them on active social networks.

## 1. Background

Mongolia is an extremely susceptible country to climatic change due to its isolated geographical location, vulnerable ecosystem, and economic system dependent on nature and climate. Within the period of the last 40 years, the ecosystem of Mongolia has undergone a significant change due to global climatic change and human activities, and thus is being threatened by desertification, an increase of repeated drought and dzud, water resource issues, and scarcity of diverse biological species.<sup>1</sup>

In Mongolia, there have been occurrences of minor and major dzud 27 times since 1921. There was an occurrence of dzud every two to four years in Gobi aimags, and one time occurrences of dzud every 13 years nation-wide.<sup>2</sup> With the increase of frequency and intensity of natural and climatic hazardous and catastrophic phenomena (such as drought, dzud, deluge, hail, strong snowstorms, sandstorms, and torrential flood due to climatic change, and the considerable increase of resultant population accidents and incident) the damage caused to society and the economy has increased 2 times during the last 20 years.<sup>3</sup>

According to the studies that have been conducted since 1944, 1 to 9 million livestock of headcount dwindled at maximum due to the effect of dzud occurred in our country and it was occupying 2-33 percent of the total livestock quantity that was counted at the given year. There was a reduction of total of 21.1 million headcount livestock in the course of the last 30 years along with the the damage of MNT860 billion.<sup>4</sup>

As members of socially vulnerable groups are susceptible to violence during catastrophes, the issue of protecting them is emphasized globally. From this point of view, the Independent Research Institute of Mongolia (IRIM) collected information with the support of World Vision for the assessment 'Gender-based violence rapid assessment during dzud'. In doing so, the IRIM conducted key informant interviews and organized group discussions at locations of dzud in 2023, especially with representatives of aimags, local citizens, and those of soum municipality that had received humanitarian aid and support.

IRIM intended to determine the pressing matters of selected households, which are exposed to the circumstance of dzud; with analysis of social welfare and needs, urgent assistance for the victims of GBV, and protection and restoration services. Within the scope of the same objectives, IRIM performed the data collection of the assessment from within 14 soums of seven aimags (Bayan-Ulgii, Khovd, Gobi-Altai, Uvs, Zavkhan, Khentii, and Khuvsgul).

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<sup>1</sup> [https://www.mongolbank.mn/file/789b7e2a3a9ab3cacc372138a0727958/files/17\\_7.pdf](https://www.mongolbank.mn/file/789b7e2a3a9ab3cacc372138a0727958/files/17_7.pdf)

## 2. Rapid assessment methodology

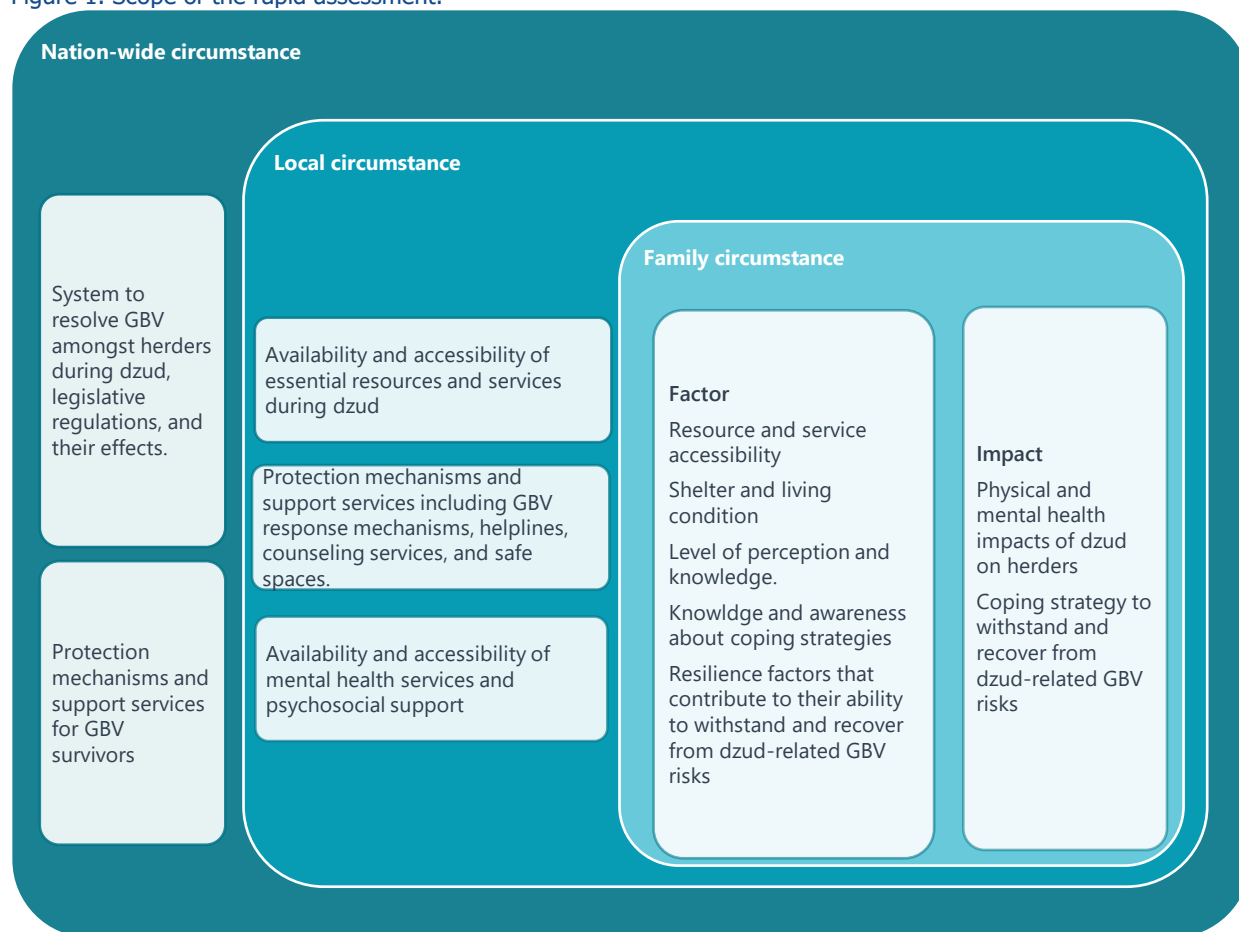
### 2.1. Objective and goals

The main objective of the assessment was to determine potential protection issues among affected families including minority groups such as Kazakh, Tuva, and others during dzud, with geographical, cultural, and traditional differences. The assessment result is expected to demonstrate protection gaps, especially during periods of natural disasters (comparing between the periods of dzud and normal – non-dzud - conditions). This rapid assessment of GBV during dzud was implemented within the scope of the following six goals:

- **Access to resources and services.** For example, the availability and accessibility of essential resources and services during dzud, including food, water, healthcare, education, and shelter. Examine how limited access to these resources may impact the risk of GBV among herders.
- **Shelter and living conditions for herding families during dzud.** Factors such as overcrowding, exposure to harsh weather conditions, and the availability of safe and secure housing, can have implications for GBV risks.
- **Protection mechanisms and support services including the availability and effectiveness of services for GBV survivors within herding communities during dzud.** The presence of GBV response mechanisms, helplines, counseling services, and safe spaces.
- **Health and mental well-being.** The physical and mental health impacts of dzud on herders, including stress, anxiety, depression, and trauma. Assess the availability and accessibility of mental health services and psychosocial support to address GBV-related consequences.
- **Knowledge and awareness levels within herders' communities regarding GBV, its causes, consequences, and available support services.** Cultural and linguistic barriers to accessing information tailored to the specific needs of herders.
- **Herders' understanding of coping strategies employed by herders and their families to navigate the challenges of dzud.** The resilience factors that contribute to their ability to withstand and recover from dzud-related GBV risks.

IRIM conducted the assessment according to the scope of the following general content which is consistent with the objectives of rapid assessment mentioned in the task assignment.

Figure 1. Scope of the rapid assessment.



Within the scope of the rapid assessment, not only the vulnerability during dzud but also the vulnerability to GBV during dzud was taken into account. In addition, not only the pressing matters of women or men during such circumstances, but also demographical and social characteristics such as age, location, and information accessibility were accounted for.

## 2.2. Sample size and scope

The data for rapid assessment was collected in a combination of quantitative and qualitative research methods. This sub-section presents the scope and size of quantitative and qualitative data collection.

**Quantitative sample size.** The sample size was estimated from 3,665 families of 38 soums of 7 provinces, which benefited from the project, to ensure the representation of quantitative data collection. A total of **382 families** were considered to be a fully representative sample. When selecting herders to be included in the rapid assessment, the distribution was conducted so that locations close to and far from aimag centers could be covered. In addition, two soums from each aimag were selected, and covered by the assessment based on the provided time and financial resources. In addition, a total of 115 participants from 5 soums of 3 provinces were surveyed in person, while 267 participants from the remaining provinces and soums were surveyed by phone (Sample details are shown in Table 1).

**Sample distribution.** When executing the sampling distribution, the proportional sampling method (the simplest and easiest way) was used. This was due to the number of families that benefited from the

project being different in each aimag and soum. The table below shows the collection distribution in detail.

Table 1. Distribution of Quantitative Study

Aimags	Soums	Number of beneficiaries	Proportion of beneficiary households (%)	Sample size	Data collection method
Bayan-Ulgii	Altantsugts	60	4	15	In person
	Deluun	150	11	42	By phone
Khovd	Buyant	120	8	31	By phone
	Tsetseg	70	5	19	By phone
Gobi-Altai	Khukhmorit	130	9	34	By phone
	Sharga	80	6	23	By phone
Uvs	Undurkhanghai	120	8	31	By phone
	Naranbulag	140	10	38	By phone
Zavkhan	Urgamal	96	7	27	By phone
	Erdenekhairkhan	96	7	27	By phone
Khentii	Jargaltkhaan	115	8	31	In person
	Batnorov	125	9	34	In person
Khuvsgul	Murun	60	4	15	In person
	Ikh-Uul	60	4	15	In person
<b>Total</b>		<b>1,422</b>	<b>100</b>	<b>382</b>	

**Size of qualitative data collection.** The primary objective of the qualitative study was to share in-depth and detailed information and experience in terms of circumstances, from stakeholders and beneficiaries. Accordingly, the collection of different actors (which comprised the stakeholders, cooperated within the scope of the project, and herders benefited from the project) was included in the assessment.

Table 2. Structure and size of qualitative study

Table 2. Structure and size of quantitative study			
Participant	KII	FGD	Case study
Key informants			
Local experts in charge of social security and emergencies Representatives of non-governmental organization	12	-	
Beneficiaries			
Herder families (herders)	-	3 (6-8 herders)	3
Total	12	13	

## 2.3. Data collection methods

In order to reach the rapid assessment objectives, methods of five types of data collection were used in combination with quantitative and qualitative approaches. The quantitative data collection methods targeted herders, while the qualitative method included key informant interviews, focus group discussions (FGDs) among herders, and case studies. Apart from this, document reviews of national and local legislative regulations, and actions conducted. Below is a review of each data collection method.

Table 3. Data collection methods; their objective and scope.

Methods	Objective and scope
<b>Document review</b> 	Before the inception of data collection of the project, researchers project documents. Moreover, existing practices of undertaking measures against GBV (during dzud) and practices of identifying emerging issues and assessing GBV were studied to determine assessment approaches and methods. In addition, laws on violence and disaster, legal protections, reporting procedures, and records were reviewed.
<b>Key informant interview</b> 	The main objective of the key informant was to give a picture of the types and extent of the resources available and services available including prevention programs, counseling, referrals, helplines, safe shelters legal/legislative advocacy, etc. Moreover, potential cooperation, available resources, advantages, and challenges were explored. A total of 12 key informants were interviewed in the assessment.
<b>Focus group discussions</b> 	Within the scope of group interviews, herders were divided into small groups and interviews took place; clarifying the circumstances of dzud occurrences in their local areas; the experiences overcoming these, and the resultant effects. Moreover, attitudes towards GBVs, community experience during the dzud, and protection/violence prevention were explored. A total of three focus group discussions were organized.
<b>Questionnaire (In person and via phone)</b> 	When performing the questionnaire and data collection of the quantitative study, researchers collected information from those beneficiary herders in the form of in-person and phone surveys. Attitudes towards GBVs, community experience during the dzud, and protection/violence prevention were discussed. The questionnaire lasted approximately 30 minutes. The number of herders representing those exposed to dzud as collection number or 382 herders were covered in the rapid assessment.
<b>Case study</b> 	Researchers conducted a case study by selecting women, who were at risk, and/or had suffered GBV; from among those families exposed to dzud. Herders' history of how they have overcome and overcame certain challenges and what support they have received before, during, and after the dzud. Within the scope of rapid assessment, a total of three case studies were conducted.

## 2.4. Limitations

This rapid assessment contains several restrictions concerning the provided period and budget.

- The assessment included beneficiary households affected by dzud in selected areas. Therefore, findings cannot represent situations among all herders in Mongolia. Similarly, findings disaggregated by ethnic groups are only can represent representatives of ethnic groups included in the assessment.
- Within the scope of rapid assessment, herders' experience of dealing with dzud which occurred three to four months before was assessed. Therefore, there may be biases and errors related to recall because the participant in the assessment does not remember the past completely and clearly.
- The majority of respondents of the rapid assessment were herder families living in isolated areas. Therefore, there were multiple cases in which the herder family was absent in the course of the visit for data collection or failed to connect with beneficiary families in the course of study while performing phone inquiry. Thus resulting in a delay from the planned period due to multiple calls.



- It was difficult to collect completely the qualitative information due to the start of the rotational vacation of public officers and professionals, the overlapping of Naadam, the national and traditional holiday of Mongolia, and measures of local commemorative anniversaries.

### 3. Protection mechanisms and services providing support during dzud

*Fundamental legal disposals and systems for disaster management and, Prevention and Responding actions of GBV have already been established, yet implementation is in separate and independent ways.* Based on qualitative and quantitative data gathered within the framework of the rapid assessment, available services, and legal provisions related to delivering services, responses, and prevention of GBV during disasters, especially Dzud were studied. Also, based on the information gathered from key informants and herders, the following obstacles and challenges were identified and presented in the table below.

Table 4. Challenges to prevention and response services of GBV

System	Legal environment	Service	Challenge
The system, structure, and organization for the protection from disaster, have been legitimized.	<i>Law on Disaster Protection, 2017</i>  There are procedures, standards, and strategic plans, which were issued with the above law.	The plan for protection from disaster is an administrative document that: <ul style="list-style-type: none"> <li>• prevent disaster from occurring,</li> <li>• ensures preparedness,</li> <li>• performs the activities of search and rescue,</li> <li>• eliminates harm and damage,</li> <li>• manage a recovery from emergency i, and</li> <li>• organizes humanitarian aid.</li> </ul> The plan for protection from disaster has instructions to develop the plan for protection from disaster in aimags, the capital city, soums and districts, and instructions to develop the plan of the National Emergency Management Agency. Also included instructions to develop the plan for protection from the disaster of organizations and business entities.	There is no regulation on prevention and response to GBV during disaster response
The functions of combatting domestic violence have been established within the scope of inter-sectoral cooperation, and legitimized.	<i>Law on Combatting Domestic Violence, 2016</i>  There are procedures and standards, which were issued with the above law.	The scope of the <i>Law on Combatting Domestic Violence</i> comprises seven types of service, namely: <ul style="list-style-type: none"> <li>• protection of safety,</li> <li>• medical aid and service,</li> <li>• psychological counseling,</li> <li>• social welfare service,</li> <li>• child protection service,</li> <li>• legal assistance, and</li> <li>• intermediary services.</li> </ul>	The service is not accessible to all  Victims of violence during dzud, do not know where to address their problems.  Measures are not put in place to protect victims  There are no places, which provide psychological counseling. There are no professional psychologists and/or qualified personnel that treat mental health issues.
The functions of combatting GBV are being regulated within	The legal environment is unsatisfactory.	The scope of the <i>Law on Combatting Human Trafficking in Persons</i> comprises five types of service, namely,	Understanding and knowledge of GBV are unsatisfactory.

the scope of inter-sectoral cooperation.	<p>There is legislation, specific for types and forms of GBV, such as:</p> <p><i>Law on Gender Equality, 2011,</i></p> <p><i>Law on Combatting Domestic Violence, 2016</i></p> <p><i>Law on Combatting Human Trafficking in Persons, 2012</i></p>	<ul style="list-style-type: none"> <li>• health rehabilitation treatment;</li> <li>• mental rehabilitation treatment;</li> <li>• provide jobs or training;</li> <li>• legal assistance;</li> <li>• diplomatic representative and consular offices representing Mongolia in foreign countries provides a victim with temporary accommodation and food, issues a foreign passport and similar documents, and brings him/her back to his/her homeland.</li> </ul>	<p>Victims do not understand and know why they have become the objects of violence.</p> <p>Got used to the violence</p>
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***The protection and prevention of disaster are being organized within the scope of the Law on Disaster Protection and regulation, procedure, and standards issued along with thereof.*** Paragraph 7.3 of the target of the long-term development policy of Mongolian Vision 2050<sup>2</sup> states the following. *'to prevent from non-traditional potentially dangerous risks, to increase the participation of the state, private sector, civil organization institute, and citizens by strengthening the interception capacity, and to develop the structure and competency of obligation execution of law enforcement and special functional organizations in consistent with diverse needs of population groups, social development needs and requirements,*

The *Law on Disaster Protection* was revised and enacted in 2017<sup>3</sup>. This enactment, it was enabled to strengthening of the national preparedness capacity to prevent disaster, minimize disaster risk, activities of search and rescue, eliminate harm and damage, emergency restoration with the global development trends, and develop the competency of emergency management organizations by further complying with international standards. The structure of activities to protect from disaster is the '*National Council*' to minimize Disaster risk nationwide whilst it is the '*Local Council*' to minimize disaster risk at the level of aimag, capital city, and district.

***Quote 1. Key informant interview, Khentii aimag***

*When there is any victim due to a disaster, an emergency meeting of the soum is held, and it gets instructions and directions from the emergency office of the aimag. Then the emergency meeting is held for whose lives will be prioritized. The meeting shall be open if it is not related to personal information. If it is scheme related to Dzud - there is a plan to protect from Dzud. There is a plan for families and children living under risky conditions, and a map of those families. We were working according to the response action issued during the COVID-19 pandemic.*

However, the Government shall establish a '*State Emergency Commission*', to provide integrated management of protection activities from disaster nationwide; whilst the governor of the given level shall establish the local '*Emergency Commission*' during emergencies or disasters. The National Emergency Management Agency shall arrange the protection activities from a disaster within the extent of the nation and local areas. The member of the cabinet in charge of emergency issues shall establish adjunct state services for the inter-sectoral disaster protection activities, by relying on the organization

<sup>2</sup> State news compilation, 2020, Number 25  
<https://legalinfo.mn/mn/detail?lawid=15406>

<sup>3</sup> The initial Law on Disaster Protection was approved on June 20, 2023, and was revised in 2017.

of readiness, local municipality, and other respective organizations; whilst the governor of the given level shall establish the full-time service at the local level.

The respondents of the qualitative study reported that they were working by following the *Law on Disaster Protection*, and the procedures and standards issued after the same law, during protection from disaster.

***Even though the primary legal environment of the fight against GBV and disaster management is well-developed in Mongolia, the information registration system is out-of-date, and working capacity, intersectoral cooperation, and continuous delivery of systematic services for survivors are weak.*** Until now, crimes such as domestic violence, sexual abuse, and human trafficking in persons have been common in Mongolia.<sup>4</sup> By approving the Law on Gender Equality by the Mongolian Parliament (2011)<sup>5</sup>, the work of ensuring gender equality, a truce of violence against women, a fight against domestic violence, developing legal disposals, and building a legal environment are in progress. However, a law against domestic violence was first adopted in 2004, in the scope of a legal amendment<sup>6</sup> from 2000, The Mongolian Parliament adopted a new law against domestic violence in 2016. Major advancements in the law were considering domestic violence as a crime and with robust punishment of perpetrators. Furthermore, the implementation of forcible training to change behavioral disorders was one of the methods of preventing criminals from committing a crime in the future. Other services including behavioral therapy, psychological counseling, and a survivor protection system were enabled and a culture to make domestic violence socially unacceptable was promoted. In 2012, the Mongolian Parliament adopted a law against human trafficking in persons that regulates relations concerning the prevention of human trafficking, intercepting, defining, and dissolving the causes, and protecting the survivors.

***There is no general understanding regarding the prevention of GBV, and the adoption and implementation of response measures and work guidelines that could be used during dzud.*** When taking response measures preventing GBV during emergencies and disasters, the following approaches should be applied<sup>7</sup>:

- human rights-based approaches,
- community capacity building approach;
- survivor-centered approach.

In Mongolia, the major stakeholders indicate that there was no specialized structure, operational guideline, and methodical direction toward the prevention of, and response to, GBV during any disaster.

***Quote 2. Key informant interview, Bayan-Ulgii aimag***

*There is no well-established structure. Three types of activities are mostly undertaken. First, prevention measures for dzud, and response measure to dzud, shall be undertaken. After that, activity to restock with livestock the family affected by dzud - and activity to destroy the carcasses - shall take place. Because organizations in this field failed in reaching out to family, youths, and children's organization.*

<sup>4</sup> "Analysis of the Gender Situation in Mongolia: Achievements, Challenges, and Lessons from 2005 to Present days" Report, National Committee on Gender Equality, Ulaanbaatar, 2019, page 55

<sup>5</sup> State Information Bulletin, 2011, Issue 8

<sup>6</sup> "Legal Reform Program of Mongolia", Resolution #18 of the GoM, 1998

<sup>7</sup> UNDP, "Combating Gender-Based Violence in Emergency Situations" Handbook, 2021, Ulaanbaatar City, p. 5-6.

In terms of relevant organizations, the *Law on Disaster*, and each sector operates by following the operational plan during disasters. The following documents, techniques, and methodologies for working against, preventing, and responding to GBV during emergencies and disasters were identified.

- *MNS 6948:2021 standard<sup>8</sup> for Child Protection, General Principles, and Common Requirements of Inter-Sectoral Cooperation* issued by the Agency for Standard Metrology in 2021<sup>9</sup>;
- The '*Manual*' for combatting GBV during emergencies issued by UNFPA in 2021<sup>10</sup> ;
- *Procedure for protection, providing assistance, and supporting children's rights during emergencies*<sup>11</sup> approved by resolution number 201 of the Government in 2019.

It was observed that it is required to have an integrated methodical guideline dedicated to each organization that prevents and responds to, GBV during disasters.

**There is no integrated methodology to work with victims or persons, who endured and were exposed to GBV and domestic violence during disaster. The work for the discovery of victims, putting them under protection, and responding to violence is not satisfactory.** When clarifying and having interviews about whether the respondents had heard of GBV, and where to go for assistance and support in case they are exposed to this type of violation and crime, the majority regarded that the causes and indications of domestic violence are mostly related to GBV. Particularly, the majority reported that cases of GBV is about hitting when releasing frustration while drunk and getting jealous and husbands and wives quarreling because of the absence of livestock feed and food.

**Quote 3. Key informant interview, Bayan-Ulgii aimag**

*The law is ambiguous. The system and structure implementing the law is unsatisfactory. Therefore, the law needs to be improved from the base level. The protection system is unsatisfactory.*

All participants in qualitative interviews had no understanding of how to access and what kind of assistance they can receive in case they are exposed to GBV during a disaster situation. Moreover, there is no integrated approach and guideline to deliver services during an emergency. However, in cases of discovery of violations and crimes of domestic violence, they provided intermediary services by informing the joint team and the police, according to the *Law on Combatting Domestic Violence*.

Per the *Law on Combatting Domestic Violence*, intermediary services and health assistance are provided to citizens who are exposed to GBV during dzud.

As shown in the findings of interviews, the following services are provided to victims, who have been exposed to violence during dzud, include:

- protection of safety,
- medical aid and service,
- psychological counseling,
- social welfare service,
- child protection service,
- legal assistance, and

<sup>8</sup> [„MNS 6948 2021 Child Protection in Disasters.pdf](#). The main objective of the standard that this is a document determines the duties, responsibilities, ethical norms, principles, and threshold requirements for coordination of cooperation of the stakeholders through the directions during disasters and emergency situations to give priority to the basic rights of children, to reduce the negative impact on children, to ensure the balanced right of children at risk to live safely, to develop and to participate, to prepare child protection services during disasters within the scope of response measures without causing harm or risks.

<sup>9</sup> [„Юнцгой байдлын үед ЖСХ.pdf](#)

<sup>10</sup> [„In case of emergency, combatting GBV.pdf](#)

<sup>11</sup> <https://mlsp.gov.mn/content/detail/1185>.

- intermediary services (as specified in Article 33 of the *Law on Combatting Domestic Violence*)<sup>12</sup>.

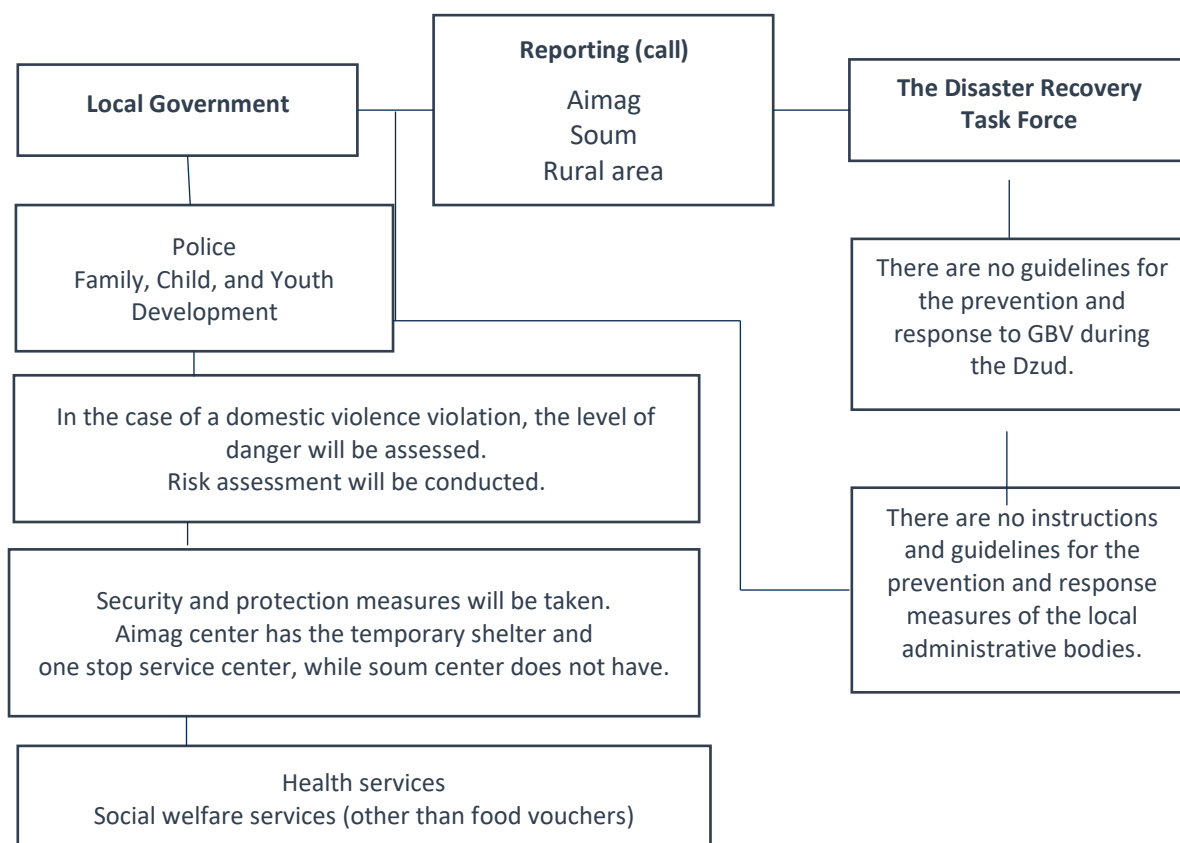
**Quote 4. Key informant interview, Khentii aimag**

*If there is an issue related to children and/or family during Dzud, the joint team should convene according to guidelines and obligations. Then the Governor should pursue obligations and guidelines after the meeting of the joint team - with attendance of the chairpersons of bags - on how to proceed, and with what structure and organization.*

As reported by citizens included in the group discussion, they did not know where to go in cases when they were exposed to violence during dzud, and they said that they arranged things as best they could.

The services indicated in Figure 2 were able to be provided to the victims of and persons who had been exposed to domestic violence during dzud. However, there is no case or experience of providing response action to the victims suffering from GBV in the aimags that were covered by the assessment. The interviewees reported that they were unable to work as there was no proper guidance with which the prevention and response action of GBV could be implemented accordingly.

Figure 2. Services for victims of domestic violence (based on calls information received during dzud).



It is important to develop an integrated and comprehensive approach based on rights, and methods centered on victims; taking account of the characteristics of each sector, in terms of the issues of prevention from and response action to GBV during disaster phenomena. There is a need to organize multi-faceted measures towards strengthening the issues of gender of citizens, prevention of, and response action to GBV. The aid and support of international organization is crucial to embody all these activities.

<sup>12</sup> State information bulletin, 2017, Number 5



## 4. Protection issues for herders exposed to dzud

Based on the findings of questionnaires gathered from 382 herders, FGDs, and case studies, potential protection issues of herders exposed to dzud were determined. This section presents the socio-economic characteristics of herders, their understanding and knowledge of, and attitudes towards GBV. Moreover, the physical and mental impacts of GBV and the strategies and experiences of overcoming pressing matters of herders were elaborated in this section.

### 4.1. Respondent characteristics

In terms of the herders who took part in this assessment, they were herders of 46 years on average, and the average age of the men was 47 whilst the average age of women was 45. The percent up to 18 of the respondents were aged up to 24, 27 percent were aged between 35 and 44, 29 percent were aged between 45 and 54, and 25 percent were aged more than 55 years. In terms of age groups, representatives of all age groups was covered by the assessment, and the gender ratio in each age group had no significant difference.

Figure 3. Age group of respondents; by gender.

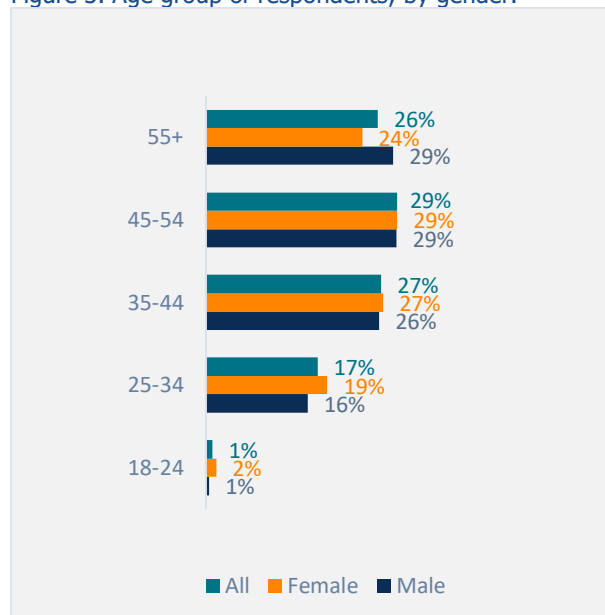
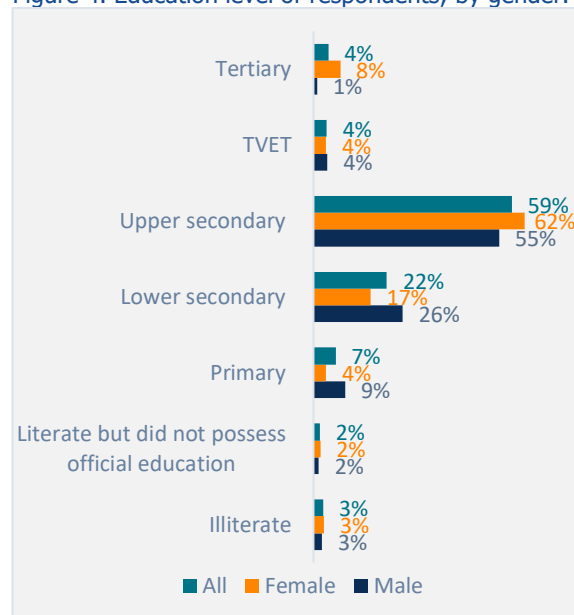
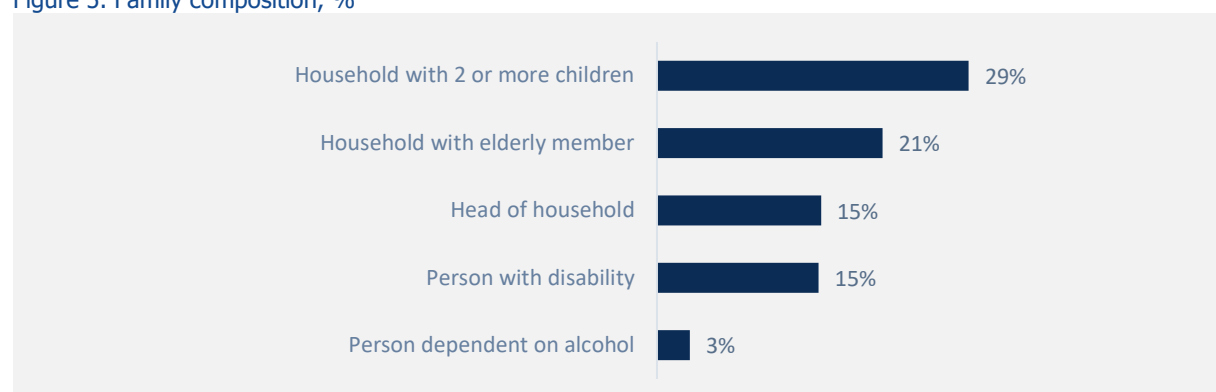


Figure 4. Education level of respondents; by gender.



Although there was no difference in terms of the gender of the respondents, there was a difference in terms of age. Particularly, older herders were the majority. In addition, the majority of herders possessed lower and upper secondary education; it implies that herders are likely to have a lower level of education as compared to the general population. The percentage of female herders who possessed higher and secondary education was higher by 3-4 percentage points than male herders when compared by gender and education level. Regarding the characteristics of the households of the respondents, 1 out of 6 to 7 households have a citizen with a disability or a member of a single-head household.

Figure 5. Family composition, %

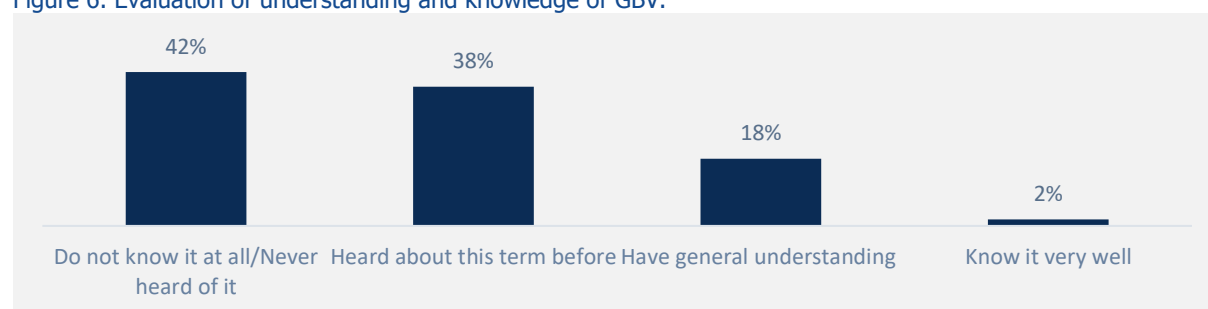


In addition, 14% of total herders reported that there were members who used alcohol and intoxicating drinks amongst members of the family. In particular, the majority of those members who used alcohol and intoxicating drink, used such drinks regularly (9.4%), while 30.2% used the drink rarely. In addition, in terms of distance, the winter camp location (37.59 km), spring camp location (36.34 km) autumn camp location (32.99 km), and summer camp location (45.66 km) were located approximately between 30 and 40 km distant from the aimag center.

## 4.2. Understanding and approach regarding GBV amongst herders

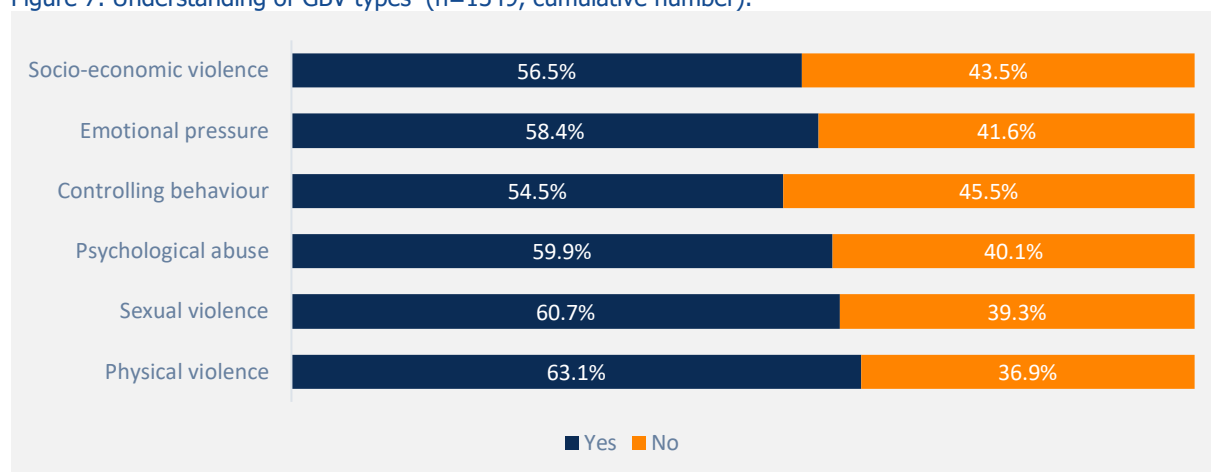
*The majority of herders have never heard of the term, GBV, and they can name three to four types of GBV.* As shown in the findings of other similar studies, inadequate understanding and knowledge of GBV leads to a greater risk of being exposed to violence. Therefore, herders' understanding and knowledge of GBV were studied within the scope of the assessment. Over 40% of 382 herders included in the assessment did not know GBV at all.

Figure 6. Evaluation of understanding and knowledge of GBV.



When estimating the percentage of herders with understanding GBV, researchers considered that index values of 'does not know at all/has heard of this term before' were equal to 'does not know'. Similarly, index values of 'has general understanding and knows very well' were considered equal to 'does know'. The findings showed that 79.8% of herders covered by the assessment did not know and 20.2% did know. According to this, three out of four herders do not have any understanding of GBV. It is important to pay attention to this matter and take measures to increase their understanding based on their specific characteristics.

Figure 7. Understanding of GBV types (n=1349, cumulative number).



The findings showed that herders were likely to understand GBV as domestic violence. Accordingly, herders named three to four forms of GBV (Figure 7).

*The herders' knowledge and understanding of GBV are weak, especially among the men, aged 45 and above and who had lower education.* Although there was no difference observed regarding the understanding and knowledge of herders of aimags on GBV, the knowledge of herders from Uvs and Khovd aimags was good as compared to other aimags while it was poor among herders in Khentii and Gobi-Altai aimags. Regarding gender, women were more knowledgeable of the subject than men.

Table 5. Herders' understanding of GBV (n=382).

Indicator	Item	Index value: know (1)		Index value: does not know (0)	
		Number	Percent	Number	Percent
<b>Total</b>		<b>77</b>	<b>100.0</b>	<b>305</b>	<b>100.0</b>
<b>Location</b>	Bayan-Ulgii	11	14.3	46	15.1
	Gobi-Altai	8	10.4	49	16.1
	Khentii	9	11.7	57	18.7
	Khuvsgul	7	9.1	23	7.5
	Khovd	13	16.9	37	12.1
	Uvs	20	26.0	48	15.7
	Zavkhan	9	11.7	45	14.8
<b>Gender</b>	Male	36	46.8	157	51.5
	Female	41	53.2	148	48.5
<b>Age (years)</b>	18-35	22	28.6	53	17.4
	36-45	25	32.5	89	29.2
	46-55	16	20.8	88	28.9
	56 and above	14	18.2	75	24.6
<b>Educational level</b>	Literate, but no formal education	0	0.0	18	5.9
	Primary	3	3.9	22	7.2
	Lower secondary	8	10.4	75	24.6
	Upper secondary	53	68.8	171	56.1
	Technical/vocational	5	6.5	10	3.3
	Undergraduate and above	8	10.4	9	3.0

When disaggregating by age group, the more they age, the weaker their knowledge about GBV. Regarding the education level, most people in the countryside completed their upper secondary education, and the majority of them expressed their lack of knowledge about GBV. By nationality and

ethnic groups, 79.1% of Khalkh herders, 81.9% of Kazakh herders, and 80.7% of minority ethnic groups don't know about GBV which attracts the attention of researchers.

***Within herder families, the likelihood of having equal ratios of power between men and women was predominant.*** According to the reports of GBV studies, the basic cause of domestic violence was due to indifferent power, and typical points-of-view of genders. According to the assessment, one out of two families expressed that the husband and wife had equal participation in issues such as decision-making, expression of viewpoints, expression of emotions, and paying attention to their health matters. It is recommendable that the indifference of power between husband and wife of the families residing and working in remote rural areas is changing gradually in positive ways. However, in one out of five families, the wife/mother has more influence in any family matter (Table 6).

Table 6. Power relations in the family, % (n=382)

Item	Husband/Dad	Wife/Mom	Both/equal	Total
Express opinions	12.6	23.6	63.9	100
Express emotions	10.2	23.8	66.0	100
Say no to something you do not want	13.4	24.1	62.6	100
Care and attention to health	8.6	34.6	56.8	100
Making decisions related to family planning at the household level (for example, having children, getting married, etc.)	11.3	23.6	65.2	100
Making financial decisions (for example, buying, saving, spending)	19.4	26.4	54.2	100

As we explore the power relations between family members by gender, the half of male herders were willing to accept the powers of women, and it was interesting that women were providing answers making their powers more important.

***Men, especially Kazakh men are dominantly making decisions on family finance and family planning.*** When we disaggregate financial decision-making by ethnic groups, Kazakh herders have some distinctiveness. Only 27.9% of Kazakh herders do the joint decision-making, while the percentage of other ethnic groups' joint decision-making is 54.2%. Regarding family planning, the percentage of Kazakh herders who make joint decisions on family planning is 45.9% while the percentage of other ethnicities is 65.2%.

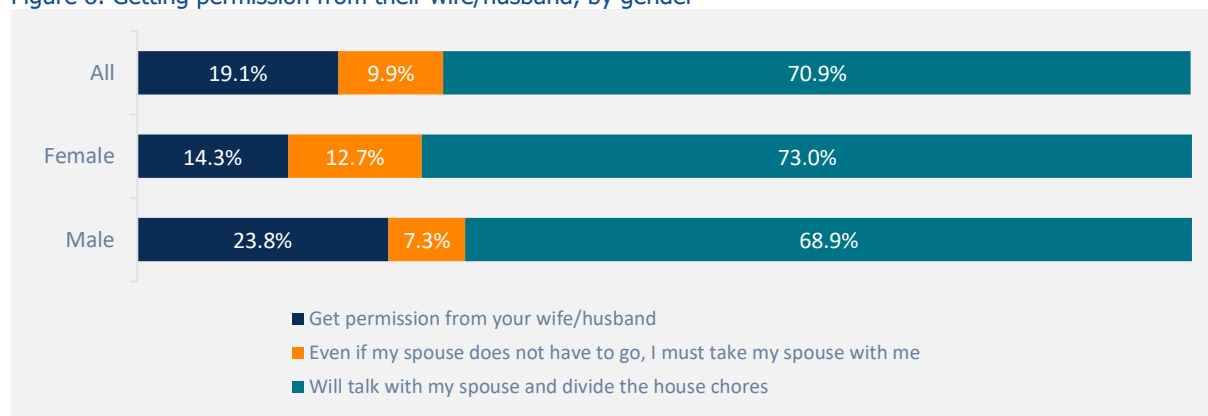
Table 7. Power relations in the family, by ethnic groups, %

Item	Ethnic groups	Husband/Dad	Wife/Mom	Both/equal	Total
Making decisions related to family planning at the household level (for example, having children, getting married, etc.)	All (n=382)	19.4	26.4	54.2	100
	Kazakhs (n=61)	44.3	27.9	27.9	100
Making financial decisions (for example, buying, saving, spending)	All (n=382)	11.3	23.6	65.2	100
	Kazakhs (n=61)	18.0	36.1	45.9	100

This indicates that the men of this ethnic group (Kazakh) have more dominant positions in family financial matters. Moreover, the younger the men are, they have increased powers while older the women are, they have increased powers within family members.

**One in every three herders is living with controlling persons.** The percentage of male herders getting permission from their wives/partners before they travel is two times higher than female herders who get the same permission from their husbands/partners. Specifically, 23.8% of male participants asked their wives' permission to go somewhere else, while the percentage for women was 12.7%. However, the percentage is higher for women to go together with husbands/partners even in unnecessary situations. 70.9% of total herders discuss their chores with their wives/husbands before they leave for distant travel.

Figure 8. Getting permission from their wife/husband, by gender



On the other hand, a higher percentage of women reported that their spouse/partner go with them even in unnecessary situations; which means more women are under the control of their husband or spouses. Although it shows that a higher percentage of men ask permission from their wife/partner before they go somewhere, women who are required to go together with their husband/partner against their will is also high. As compared by educational level, the lower their educational level, the higher the percentage of those asking permission and the lower the percentage of those talking with their spouses. As compared by nationality and ethnic groups, Kazakhs are distinctive. Particularly, the percentage of Kazakh males who discuss with their spouse is low (60.7%) while the percentage of Kazakh males who ask permission from others 29.5% and the percentage of males who go somewhere with their spouse/partner even in unnecessary situations was high (9.8%) as compared to other ethnic groups.

**Herders were unable to GBV related services during dzud due to their lack of knowledge about service delivery organizations and methods to prevent violence and ensure their safety.** Herders were asked if they knew about available assistance and service providers to approach if they were at risk of GBV or if they are exposed to GBV in the countryside. The percentage of herders who have never heard of those services was very high. For example; 22.5% of herders had never heard of emergency calls (102, 107, 108), 18.8% of them had never heard of social workers, 57.3% of herders never heard of protection shelter, and 74.1% of them never heard of 1800-2000 numbers (which give psychological counseling). When the percentage of herders who know of organizations that provide assistance and services (in cases of risk of GBV) were estimated, the index values of 'never heard of and heard of but do not know well' were considered equal to 'does not know', and the index values of 'has heard of, know well and provided with service' were considered as equal to 'does know'. According to the index analysis, 32.7% of total herders knew of the organizations mentioned in Table 8.

Table 8. Herders' knowledge of organizations providing service to people exposed to GBV (n=382).

Item	Index value: Know, %	Index value: Don't know, %	Number of herders who received any service, (n=30)
Social worker	50	50	14 (9 female)
Helpline – 102, 107, 108	42.7	57.3	4 (3 female)
Joint team	36.9	63.1	8 (5 female)
Shelter	20.4	79.6	1 (female)
Counseling therapy line - 1800-2000	13.4	86.6	3 (2 female)
<b>Average</b>	<b>32.7</b>	<b>67.3</b>	

The percentage of herders who 'know' about service providers was higher in Gobi-Altai and Uvs aimags as compared to other aimags. Regarding gender, the percentage of women who replied they 'know' regarding social workers, joint teams and temporary protective shelter was higher by four percentage points than men. On the contrary, the percentage of the men who replied they 'know' of the helpline (102, 107, 108) and counseling therapy line 1800-2000, was higher by three percentage points than women.

**Most people who received services when they were exposed to GBV were women and the major actor to whom they approached to report violence was soum social workers.** 31 (8.1%) herders had received assistance and services from the organizations mentioned above (in cumulative number) for exposure to GBV; especially domestic violence and violence against children and women in local rural areas. Regarding their gender, the majority (n=21) were females (67.7%) and 10 were male herders.

Table 9. Types of organizations provided service to people exposed to GBV (n=382).

Items	Number of herders received services	Percentage	
		Male	Female
Social worker	14	35.7	64.3
Helpline – 102, 107, 108	4	25.0	75.0
Joint team	8	37.5	62.5
Shelter	1	0.0	100.0
Counseling therapy line - 1800-2000	4	25.0	75.0
<b>Average</b>	<b>31</b>	<b>32.3</b>	<b>67.7</b>

Most people who were able to receive assistance and support when they were exposed to GBV were women. Also, their main service deliverer was soum, social workers. Regarding the types of service deliverers, the majority got support from social workers (14 herders; 5 male, 9 female), the joint team (eight herders; three male five female), helpline 102, 107, 108 (four herders; one male, three female), shelter (one female), and counseling therapy line 1800-2000 which gives psychological advice (four herders, one male, three female). These findings imply that mostly women and girls are likely to be exposed to GBV and findings are similar to other studies. (Table 9).

**35 (9.2%) of all herders reported that they are aware of cases in which they or their close friends, brothers, sisters, siblings, relatives, and acquaintances were exposed to or were at risk of getting exposed to sexual violence and abuse.** According to FGDs, one herder reported that a woman who lived in neighborhoods had been harassed by her husband during dzud and he advised her to see the police.



**Quote 6. Focus group discussion, Bayan-Ulgii aimag**

... The wife of my neighbor was always mistreated. Her husband was furious every night, and sometimes he beat her, the incident happened several times again and one day I came to visit them and secretly convinced her that there is a community that protects women, there are laws and principles, and told her about all these mistreat to a policeman, ask some help and talk to your mayor. Finally, she went to the policemen to ask for some favors. Later, I met her again and she said I'm very glad that you talked about such things that time, I did have no idea about protection, she cried. During that difficult time, she was in depression and had no intention to make conversation with people. But now she is quite cheerful and seems like she is living her best.

**Case study 1.**

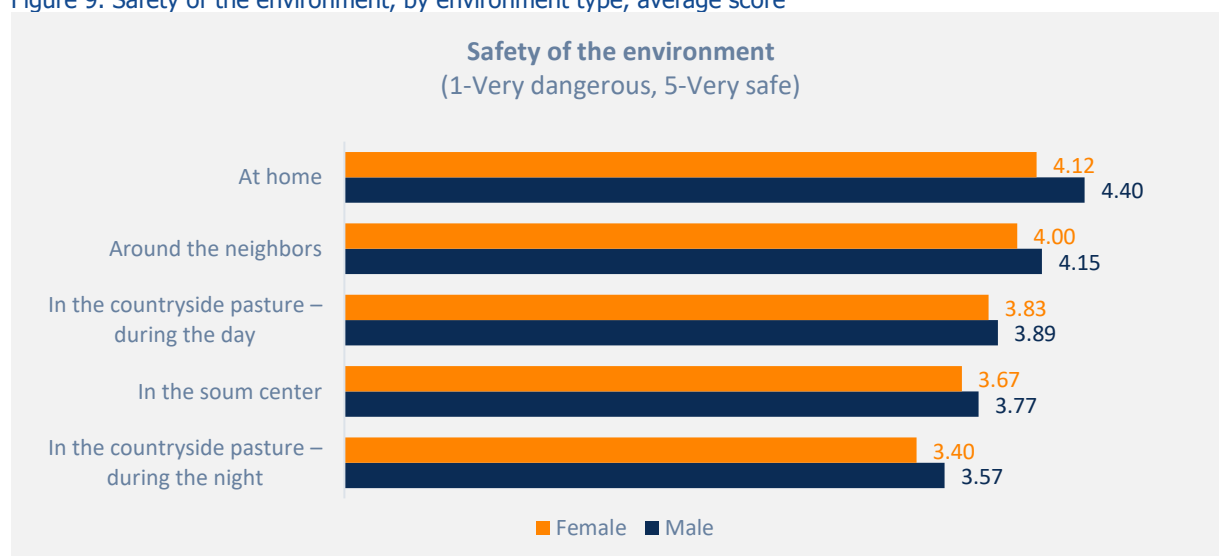
B., woman aged 40, have lower secondary education, living under the poverty line, extremely poor, unemployed. Living with husband and two children, resulting in four members of the family. Orphaned in childhood. With two brothers and two sisters. Graduated 8<sup>th</sup> class by accommodating at school dormitory.

The husband is herder, served prison time for a period of four years due to domestic violence and uses alcohol in excess. He beats by insulting and deeming that his time in prison was related to wife.

Was provided with service at temporary protection facility due to domestic violence. Received mental consultation and obtained knowledge regarding law and legislation.

When clarifying the safety of the herder's living environment, the percentage of respondents who answered that the safety of their environment is "moderate" or "safe" is high.

Figure 9. Safety of the environment, by environment type, average score



Comparing the type of environment, the herder's home or around the neighbor's environment was named as the safest and most peaceful environment. The herder's answers were considered relatively less dangerous at home (4.26), in rural pastures during the day (3.86), in rural pastures in the evening (3.49), and at the center of the soum (3.72). When analyzed by gender, there is a significant difference between male and female participants regarding safe home environments, with a lower percentage of women (4.12) than men (4.40) finding the homesafe, suggesting that violence may also occur in the family environment. No gender differences were observed for other environments.

***When a violation of human rights happens, people are likely to call the police, legal organizations, and social workers.*** Within the scope of the assessment, researchers clarified where, and to whom, to go in case human rights are violated and risky situations have arisen that would affect safety within the family, neighboring family, rural area, and pasture field of livestock.

Table 10. Whom/where do you approach to first if there is a risk (n=382)

Indicators	The safety of others in the family environment	The safety of neighbors and neighboring households	Your security in the countryside or cattle pastures	Average
Police and law enforcement organizations	39.0	47.1	38.2	41.4
Do not know who to approach	18.6	14.9	16.2	16.6
Social worker of bagh	17.5	14.1	14.9	15.5
Parents, siblings, & other family members	8.9	3.4	13.1	8.5
Helpline 102, 108	7.1	11.3	4.2	7.5
Friends and relatives	4.2	2.6	4.5	3.8
Local joint team	3.1	1.6	3.9	2.9
Do not need to refer to anyone if this situation does not belong to me	0.8	2.9	0.8	1.5
Other (emergency agency, hospital, etc.)	0.8	2.1	4.2	2.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

According to the table, 38.2~47.1% of respondents in the assessment replied that they address directly the police and legal organizations, irrespective of the occurrence, and where and what environment. It shows the confidence of herders in the police and legal organization is sound. However, one out of six herders expressed that they did not know where to go, and whom to address, while 14.1~17.5% stated that they would address social workers rather than the joint team.

It was common among FGD participants to state that they did not know where to go, and whom to address; and preferred to be silent by telling nobody, while a few herders stated that they would inform the police and use the helpline 108. As compared to the results of previous sections, a lack of information about service providers may affect their unwillingness to approach someone or seek help.

77% of participating herders expressed that they would inform the violation of their rights and safety within a few hours, as soon as such violations occurred. However, 21% expressed that they would never address such matters because they would be embarrassed, and worried, and they thought it is of no avail to confide in someone's aid and it might raise a problem in safety.

**Case study 2.**

D., woman aged 29, with lower education, living under the poverty line, extremely poor, and transferred to, and settled in, different soum with marriage in 2016. Living with husband, mother-in-law, pre-marriage daughter, one child from the current marriage and younger sibling of husband resulting in six members of the family. At current situation, she is pregnant and living as sole family in mountainside area.

She used to handle all household chores such as taking care of her mother, feeding and nursing her three younger siblings and all other household work, as she is the oldest child in the family. She used to strive to keep her home and siblings clean and tidy as her parents were reputed for their neatness in their local community.

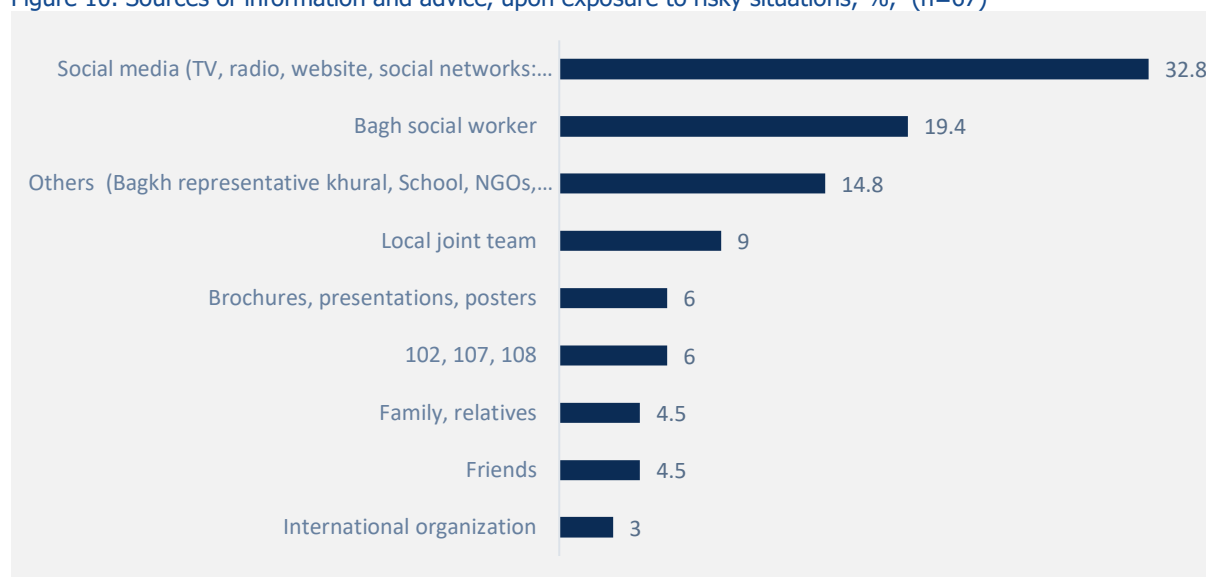
She married in 2016 and started living with her husband. Her husband is self-contained, ill-tempered, has slight difficulty of language and speech and his mentality has somewhat changeable.

*He shows his depression towards me when he quarrels with someone or when something is not right in life and there was occurrence of violence such as having my head smacked into a wall, hitting me, and insulting me with words while we were together, alone, or next to my children. During dzud, he used violence repeatedly by beating me more often. In terms of my husband, he does not allow me to go far from the home, give money at all when going to soum for medical service, does not let someone come to the home and always swears at me regarding my parents with words of hatred.*

*I do not know where to and whom to address. I think it is unnecessary to get back to my own home as it would put my father in an unfavorable situation; with the talking of local people. I think my husband would beat me more if I informed upon him to the police. Due to constant exposure of domestic violence, I have no self-confidence. I have become psychologically unstable and anxious.*

**The majority of herders (82.5%) had not received information and consultation on how to protect themselves in case they were in unsafe and/or risky situations. The primary source of information of those who have received information is social media.** Only 17.5% of all the herders reported that they have received the information and consultation on how to protect themselves in case they are in unsafe and risky situations; while the majority of herders (82.5%) haven't received any information. As compared by location, the percentage of herders who have received information and consultation was higher among herders from Bayan-Ulgii, Khentii and Uvs aimags as compared to other aimags. For instance, 33.3% of 57 respondents from Bayan-Ulgii aimag have received information and consultation and it makes up 28.3% of all 67 citizens who have received information and consultation. There was no difference in terms of gender between participants, those who have received information and consultation. Mass media (TV, radio, webpages, social networks, Facebook, Twitter etc.) and social workers were the primary sources of information on how to protect oneself in case of exposure to unsafe and risky situations (Figure 10).

Figure 10. Sources of information and advice, upon exposure to risky situations, %, (n=67)



As comparing the sources of information and advice by aimag, the herders of Khentii aimag had received from mainly social workers, those of Bayan-Ulgii aimag from brochures, presentations, and leaflets, and the Bayan-Ulgii and Uvs aimags received from mass media (TV, radio, webpage, social network, Facebook and Twitter, etc). The participants of FGDs stated that they received information on prevention from becoming an object of GBV from social networks (Facebook and Twitter etc), local joint teams, and training, but some other respondents reported that they did not receive any information.

**Quote 6. Focus group discussion, Bayan-Ulgii aimag**

*We are able to receive information via cellphone as we now have network coverage in rural areas. However, it would be more effective if discussions and training were provided in a participatory way.*

**Quote 7. Focus group discussion, Khentii aimag**

*Information regarding GBV was provided by the joint team. In fact, any information can be provided according to the specific characteristics of herders. It would be more efficient if herders were divided decimal; making 10 families into one group.*

***The risk of becoming a victim of GBV during dzud is associated with family relations and living conditions and mostly children and women were likely to be exposed to GBV.*** According to the viewpoint of herders, family factors such as unfavorable family atmosphere, alcohol dependency of the member of the family, domestic violence, pressure, divorce (51%), lower living standard, unemployment, poverty, low income, and low paid labor (32.2%) affect the risk of becoming a victim of GBV.

Table 11. Factors affecting becoming a victim of GBV as perceived by respondents; by aimag (number).

Factors	Bayan-Ulgii (n=57)	Gobi-Altai (n=57)	Khentii (n=66)	Khuvsgul (n=30)	Khovd (n=50)	Uvs (n=68)	Zavkhan (n=54)
Unfavorable family atmosphere, alcohol dependence of someone in the household, domestic violence and pressure, family separation (n=195)	24	38	33	18	26	39	17

Low standard of living, unemployment, poverty, low income, unappreciated work environment (n=127)	26	22	23	9	15	15	17
Appearance and behavior (n=51)	9	3	14	3	4	12	6
Street lighting is poor, alcoholism and crime are high in residential areas (n=39)	14	2	10	0	4	7	2
Films/movies depicting lewd and lascivious life, internet use, and inappropriate use of social networks (n=32)	3	2	9	14	2	2	0
Geographical location (living far from the center of the Soum) (n=22)	12	1	1	1	4	1	2
Others (force majeure, education, family relations, misunderstanding, etc.) (n=21)	0	7	4	1	2	2	5
Inadequate information and training for sexual, ethical, and legal education of citizens (n=21)	4	0	3	5	1	3	5
Confined space of home (n=7)	3	0	1	0	0	1	2

As we conclude based on the findings, the factors in becoming a victim of GBV differ by location. In particular, the herders of Bayan-Ulgii named lower living standards, poverty, low income, and low-paid labor, the herders of Uvs, Gobi-Altai, Khentii, and Khovd aimags named unfavorable family atmosphere, alcohol dependency of any member of family, domestic violence, pressure, divorce. However, it appears that the herders of Zavkhan aimag had insufficient understanding and knowledge regarding GBV (Table 11).

### Case study 3.

Ts., woman aged 49 with upper secondary education and three children. One child lives separately, and one child is a student. The current members of the family are three and makes a living with the income earned.

She used to live with her parents and grandmother during her childhood. Was employed at the Soum Governor's Office after graduation.

Her husband is unemployed and uses alcohol in excess. When he drinks with his friends, he stirs trouble, insults her and beats her occasionally. She's been living such a life for over 20 years.

She asked for help by approaching the police and the joint team. It was of no avail after two times treatment of anti-alcohol and training of behavioral change.

### Quote 8. Focus group discussion, Bayan-ulgii aimag

*It is common that there are families living alone in rural areas. Violence is committed, with the opportunity of having no neighboring family nearby. If any member of the family is dependent on alcohol, there is an issue of committing violence to other members of the family; physically and mentally.*

### Quote 9. Focus group discussion, Khentii aimag

*In rural areas, families would have no income due to loss of livestock during dzud. with no work to deal with, dependent persons use of alcohol in excess, resulting in domestic violence.*

According to the results of FGDs, it was considered that becoming a victim of GBV was dependent on alcohol dependency of a member of the family, lower living standard, and poverty, a conventional viewpoint that perceives women as weak, living geographically isolated from soum center, difference between viewpoints of husband and wife and self-conduct.

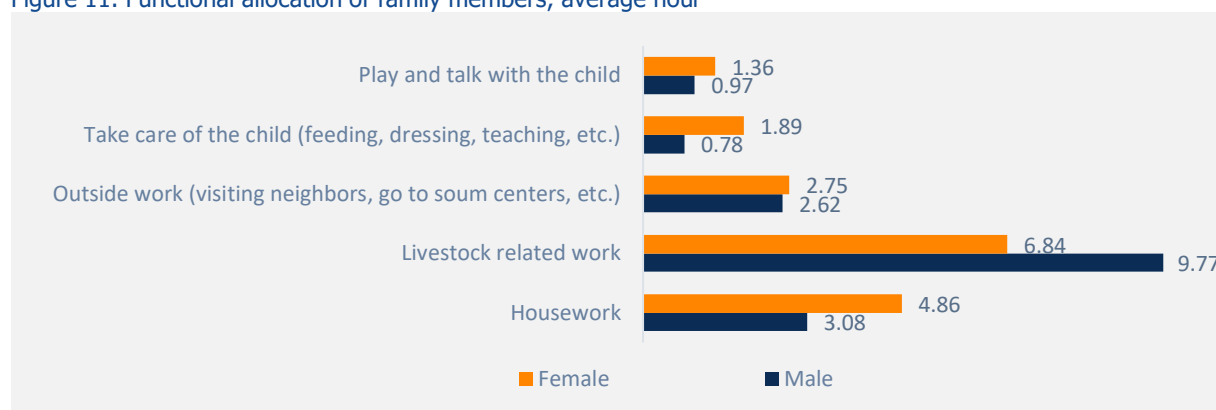
According to the FGDs, children and elders were more exposed to GBV. According to the results of a quantitative study, 15 out of a total of 22 herders, reported that it is dependent on living isolated from

soum center as a lone family or 68.1% was the representation of the ethnic group. According to the opinion of three herders who took part in the assessment, it was emphasized that not only the children and women were affected by the GBV, but men were also more exposed to mental violence.

### 4.3. Impacts of dzud on herders

*During dzud, herders are likely to spend their time solely on their livestock but gender stereotypes show up in their family functions.* Most herder households are likely to spend most of their time on their livestock and spend less time playing and talking with the children. Respondents reported that they spend 8.3 hours on livestock-related work, 3.9 hours doing housework, 2.6 hours doing outside work, 1.3 hours taking care of their child (feeding, dressing, teaching, etc.), and 1.1 hours playing with their child.

Figure 11. Functional allocation of family members, average hour



By gender, men are generally responsible for their livestock while women are responsible for housework and children. 21.8% of total male participants of the survey which means 1 of every 5 men is never involved in housework and spends 8 or over amount of time on farming. 44.5% of women who have toddler and school-aged children spend 1-2 hours on babysitting. As shown in the functional allocation of family members, the women were on three functions, such as childcare, household chores, and animal husbandry. And there was a considerable difference between the functions of men and women. In terms of men, they participated more in work outside the home, while the participation of women was predominant inside the home such as taking care of their children.

*During dzud, herders are mostly concerned with problems related to fodder for their livestock, mental breakdown, and health issues, and family members overcome such difficulties by supporting each other.* When clarifying whether herders visit each other during dzud, 28.8% replied that they visited each other most of the time, 37.4% replied sometimes and 33.9% replied that they do not visit. According to this, one in two families visits other families and provides support in order to overcome dzud. Although there was no difference observed, in terms of aimags, herders of Gobi-Altai, Uvs, and Khuvsgul were visiting and supporting their neighboring herders more during dzud as compared to herders in other aimags.

67.5% of herders included in the assessment reported that they mutually supported and comforted members of the family during dzud, while 13.6% (one out of seven) of herders were uncomfortable and anxious. When we compare cases that occurred during dzud by gender, there were many cases in which



someone was angry and blamed male herders, while getting threatened and/or intimidated by others was common among female herders.

Table 12. Priorities of herders exposed to dzud (n=716, cumulative number).

Indicators	Male	Female	All	Cumulative number
	Percentage			
Fodder/feed for livestock	76.2	72.0	74.1	283
Psychological stress and strain	35.2	31.7	33.5	128
Health issues and illness	22.3	25.9	24.1	92
Physical stress, and injuries	15.5	17.5	16.5	63
Food availability and supply	10.9	10.6	10.7	41
Others: vehicle fuel, livestock treatments, cash, domestic fuel, work and water				32
Shortage of household goods	5.2	10.6	7.9	30
Not being able to get the necessary health care, services, and advice	7.8	6.9	7.3	28
Inability to establish or communicate with the outside world	4.7	3.2	3.9	15
Pregnancy check-ups and medical assistance	0.0	2.1	1.0	4
<b>Total</b>				<b>716</b>

When we compare pressing matters by aimags, the issues of hay for livestock, mental breakdown, and workload occurred among all the herders of all aimags. The issues of health and illness were prevalent among the herders of Gobi-Altai aimag, while the physical overload, injury, and accidents to the herders of Gobi-Altai, Zavkhan, Khovd, and Uvs aimags. The issues of food sufficiency and supply mostly occurred among the herders of Bayan-Ulgii, Khentii, and Khovd aimags. Women had issues of shortages of household products, birth control, and medical aid; while men had issues of mental breakdown and physical overload during dzud. According to the results of FGDs, the most pressing issues of herders during dzud were health and fodder for their livestock, however, some herders faced problems such as quarrels, disputes, and frustration with their family members. However, there were good experiences, which overcame dzud without hardship, by preparing silage for livestock; by nine families that formed a group in Khentii aimag.

***Children could not attend school and it causes children to get left behind in school during the dzud.***

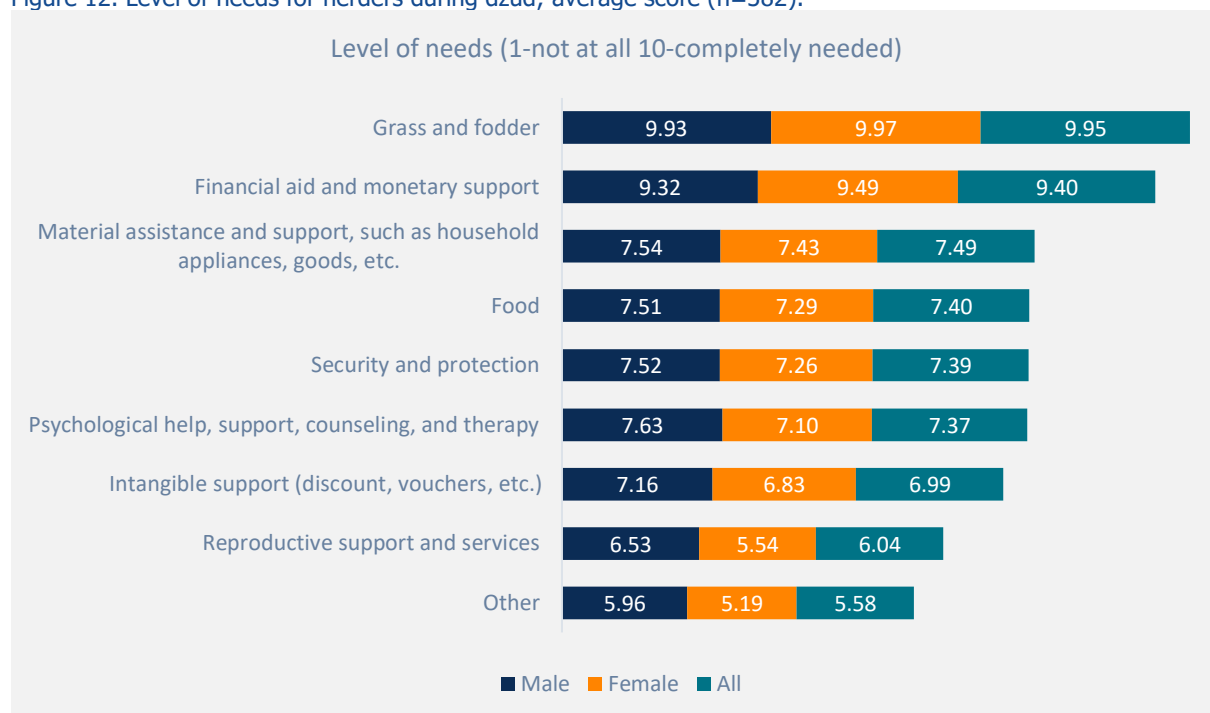
9.9% of herders (children of 38 herders) who participated in the assessment reported that their children could not attend school during dzud. Reasons (with some duplication) included: no one to carry them to school (n=18), the need to help the family (n=10), the road was closed (n=10), and the school was closed (n=4). Regarding the other kids, they were not school-age kids and thus had to stay home. But it was likely not to attend the preschool class for 6-year-kid. Regarding the gender of children, 53% of them were boys (n=20) and 47% of them were girls (n=18). When the dzud disaster gets worse, the road closes, and (regardless of gender) parents cannot carry their kids to school. 64.9% of all herders (248 households) had infant and preschool children, and 18.1% of them left their children at home while farming or going far from home.

***The support of hay for livestock and monetary aid is extremely important for the herders during dzud.***

When researchers studied what kind of support was more needed for herders, 228 (67.5%) replied that it was hay for livestock, while 228 (59.7%) stated monetary aid and support. 130 herders (34.0%) evaluated that material aid and support (such as household products) were the most needed.

The needs of herders during dzud were evaluated between values 0-10 and it was considered that 'not needed at all' was '0', and 'extremely needed' was '10'. The average level of needs, was as follows: hay for livestock (mean 9.9), and monetary aid and support (mean 9.4).

Figure 12. Level of needs for herders during dzud; average score (n=382).



Herders also mentioned that mental support, consultation, and care (mean 7.39) were important for them in addition to food (mean 7.40) and household appliances (mean 7.49). There was no difference in the need in terms of geographical location and gender. This indicates that the needs of herders were similar irrespective of their geographical location and distinctive features.

#### 4.4. Herders' understanding of coping strategy and experience of coping

*The occurrence of blaming and scolding of other family members increased three times during dzud, compared to periods with no disasters.* According to Table 13, 61 herders (15.9% of all herders) experienced some types of violence including psychological pressure, burdens, and stress, during dzud. In particular, the occurrence of blaming and scolding of any members of the family was three times more than in normal conditions. During the dzud, 15.0% of male respondents and 11.1% of female respondents have experienced the psychological violence, such as blaming and scolding. There were cases of someone touching their body when they did not want to be touched (1.6%) and only three men aged between 36 and 55 were affected by these incidents. Two out of three incidents occurred in a public place in the soum center, and one in an uncertain place as reported by herders. Two out of three cases occurred during the dzud, while one occurs seldom. The incidents were not shared with anyone because herders were afraid of getting misunderstood and blamed by their local communities. Also, the incidents of getting threatened (2.6%) occurred the same regardless of the victims' gender.

Table 13. Occurrences during dzud, and other periods (n=61)

Indicators	Dzud only	Periods other than dzud			
		Similar, occurs more often	Similar, but occurs seldom	Occurs rarely	Never occurred before
Someone got angry or scolded you	40	2	7	20	11
Someone scared and threatened you	10	1	2	1	6
Someone injured you, etc. physical assault	6	1	2	3	6
Someone touched you when you did not want to	3				3
Other (misbehaviour from drunkenness & loneliness)	2		1	1	
<b>Total</b>	<b>61</b>	<b>4</b>	<b>12</b>	<b>25</b>	<b>26</b>

By location, blaming and scolding of other family members mostly occurred at home (n=22), around livestock enclosures (n=7), in pastures (n=5), and at other public spaces in soum centers (n=5). However, the occurrence of frightening and intimidating someone was: at home (n=3), at other public spaces in soum centers (n=3), and in pastures in rural areas (n=2). It was proven that the recurrence of these occurrences was higher during dzud. By gender, men were exposed to mental violence such as blaming, frightening and threatening. In addition, cases of unwanted physical touching have occurred and only men were exposed to it.

**Over half of the herders who were exposed to GBV, were keeping their violent experience secret.** 46% of all herders of 61 herders (15.9% of all herders) who experienced some type of violence shared their experience with someone. The herders shared their experiences mostly with family members, relatives, friends, and neighbors in a few cases.

Table 14. Shared experience of occurrences with someone during dzud (n=28)

Indicators	Shared with someone	Shared with			
		Friend and/or neighbor	Family member and/or relative	Competent authority	Other
Someone got angry or scolded you	17	4	11	1	3
Someone scared and threatened you	5	3	1	1	1
Someone injured you, etc. physical assault	4		2	1	1
Someone touched you when you did not want to	1				1
Others (behavior from drunkenness and loneliness)	1		1		
<b>Total</b>	<b>28</b>	<b>7</b>	<b>15</b>	<b>3</b>	<b>6</b>

Women shared such experiences mostly with family and relatives, while men shared with friends and neighbors. However, 54.5% of 33 herders who did not share their experience deemed that it is not necessary to approach someone because it can be resolved within the family through discussion and 21.2% of 33 herders reported that they did not share it because it cannot be resolved.

**The majority of herders live in safe environments.** As herders asked if there were cases of disturbing family safety and tranquility within proximity of their home, they reported that it doesn't occur in their family(3.98), neighboring family (3.86), nearby local area (3.79) and (3.77) in soum. It implies that most herders live peacefully without any disturbance from nearby local areas. Researchers conducted indexed analysis on information, and considered the situation 'safe' if the index value was 'more often and seldom' and it is 'unsafe' if the index value was 'rare, not at all and do not know'. Only 15.2% of herders considered that the people of the soum caused disturbance to peace and tranquility, while the percentage of herders who considered that their neighboring families and families from nearby local areas caused disturbance to peace and tranquility varied between 10.2%~10.7%.

**Families that 'do not know' where to go during dzuds in cases of exposure to GBV; hence, they intend to resolve within the family when there is conflict and dispute.** As respondents were asked about whether there was a protection mechanism for victims and persons exposed to GBV, citizens from 14 soums of 7 aimags responded as follows:

- The majority of participants in the group discussion replied that they did not know where to go in cases of exposure to GBV. Public servants included in the key informant interviews replied that the protection mechanism for victims was insufficient. The victims who suffered from domestic violence were directed to the joint team and the police.
- Regarding the participants of group discussions, victims exposed to GBV during dzud had no information about available services for victims and survivors. They responded that a problem arises in family relations when there is a naturally disastrous phenomenon. At least, there is misunderstanding and conflict or quarrel. However, the issue of getting support from others is restricted. They replied that they resolved such quarrels within the family in most cases.
- Regarding the key informant interview participants, they reported that services including ensuring safe shelter and social welfare services, issuance of food vouchers, provision of food support by the private sector, and offering medical services are the main services they could deliver in case of the discovery of a victim.

**Quote 10. Focus group discussion, Bayan-Ulgii aimag**

*The spring dzud of this year was truly harsh. It is obvious that one person cannot handle all livestock with feed. and put them to pasture. In addition, one has to take care of children at home. The husband is frustrated when he returns. I do not like to be silent towards him. There are misunderstandings, and times when he gave vent to me when he was tired.*

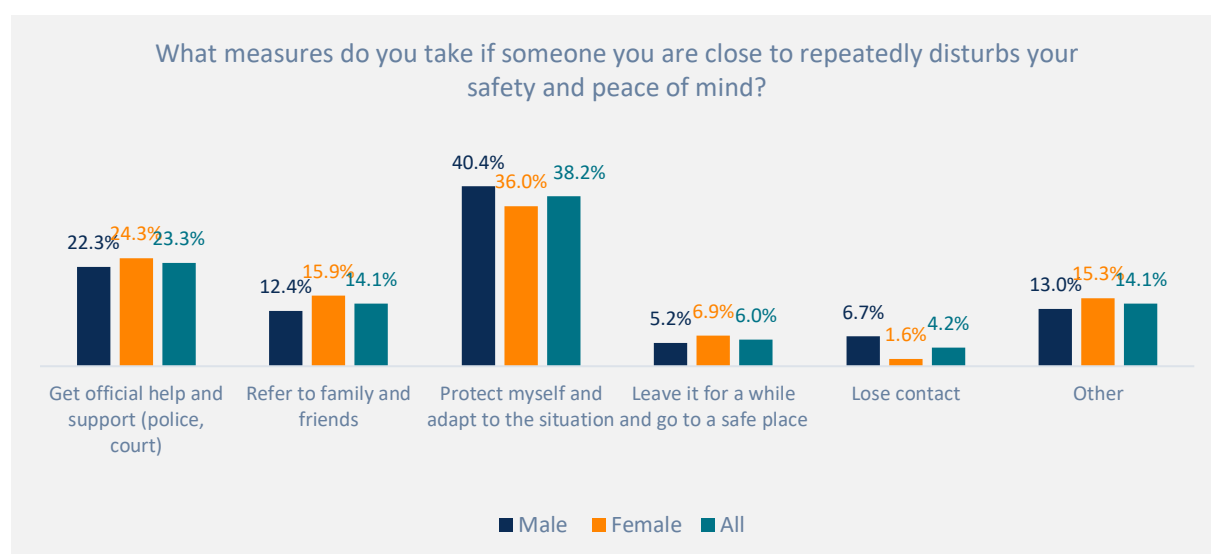
During disastrous phenomena, it is likely that GBV including domestic violence, sexual harassment pressure, and exploitation increase. According to key informant interviews, GBV occurs differently for the people living in aimag centers, soum centers, and rural areas. For instance:

- The people living in aimag center and soum center reside at their homes with less workload. If they have domesticated livestock, they have to feed them (with fodder or feed, e.g. hay).
- For herder families in rural areas, there are often incidents of anger and frustration, as well as disputes and misunderstandings when they have to take care of children; and there are shortages of workforce.

Among the respondents, they are in psychological breakdown from time to time and in need of psychological counseling services. However, they have to resolve such issues on their own, at home, as there is no professional psychologist.

**One out of five herders are likely to protect themselves and remain restrained by violent acts if they face dangerous situations.** 146 (38.2%) of herders replied that they will protect themselves first and remain restrained as their and their close relatives' safety are disturbed repeatedly. 89 (23.3%) replied that they received official assistance (the police and jury). It shows that they are less likely to approach professional organizations but to resolve their issues by themselves.

Figure 13. Measures to be taken in dangerous situations, by gender



By aimag, most herders of Khentii aimag received assistance and support from the police and judicial organization, while most herders of Gobi-Altai, Khovd, and Uvs aimags remain adapted to the given circumstance by using self-defense.

**Herders mostly approached the police with the issue of domestic violence, and health institutions with the issue of hospital treatment, during dzud.** According to the results of the assessment, 74 herders approached the police, health institutions, international organizations, herders' groups, and/or partnership members previously. Moreover, 29 herders asked for help from the police, 24 herders reached out to hospitals and 17 herders received support from international organizations.

Table 15. Organizations that herders have approached

Organization	Number	Issue
Police	22	Domestic violence, livestock theft, and conflict between friends and relatives
Hospital	24	Hospitalization, undergoing medical screening, giving birth, and livestock issue
International Organization	22	Food, fodder and feed, and health aid
Herders' Group, partnership members	3	Livestock issue and fodder and feed.
Non-Governmental Organization	2	Livestock theft
Other	1	Primary court

Herders approached mostly the police regarding domestic violence and livestock theft and reached out to health institutions regarding hospital treatment and medical examinations. Herders approached international organizations regarding urgently needed food supplies and fodder for livestock. It is advisable to proactively involve NGOs, herders' groups, and cooperatives that operate in local development (or livestock husbandry) when resolving the issues of herders. These activities should be supported and encouraged by soum and local municipalities so that the best experiences can be distributed and propagated upon cooperation.

**Herders are satisfied with their safety.** As the level of satisfaction of herders on their safety (with values of 0-10; where '0' stands for 'dissatisfied', and the value '10' for 'very much satisfied') was assessed, 49% of 382 herders included in the assessment was very satisfied with their safety. By aimags, 81.8% of 66 herders in Khentii aimag and 51.4% of 68 herders of Uvs aimag stated that they were very much satisfied with their safety. In terms of other aimags, four herders (three of whom were women) of Zavkhan aimag were not satisfied at all with the safety and tranquility of their family. In terms of other satisfaction levels, there was no difference observed between men and women.

#### 4.5. Protection mechanisms and support services for victims and survivors of GBV

**A lack of understanding and knowledge about GBV, available protection mechanisms, and services for victims may hinder the utilization of protection services.** It was observed that the understanding of GBV was relatively good in terms of public servants; those who were included in key informant interviews. However, the understanding of GBV among the respondents, who participated in focus group discussions, was unsatisfactory. In many cases, the majority of group interviews comprised citizens of soums and rural areas and representatives of herders. They, however, were expressing their willingness to increase their understanding and knowledge of GBV. All respondents reported that women, men, elders, persons with disabilities, and children alike, were exposed to GBV; especially domestic violence, irrespective of their gender.

It is necessary to organize training to provide knowledge and information; by developing specialized training programs with regard to the general concepts of gender, GBV (its type, forms, and measures for discovery, recognition, and intermediary services for victims), and response action to GBV dedicated to local citizens and herders of rural areas.

##### **Quote 11. Key informant interview, Bayan-Ulgii aimag**

*We do not know where/who to address during dzud. We lack information. We barely get information from TV and internet environment in many cases. We do not address issues when we are exposed to violence. We think of family pride and feel afraid.*

##### **Quote 12. Key informant interview, Khuvsgul aimag**

*Although there is training and consultation, responsive action - on the spot - is lacking. We think to arrange it as best we can. We cannot invite professional tutors and teachers due to budget and financing problems.*

The combat against GBV during disasters should include measures that are aimed at preventing disasters or protecting the population (especially girls and women, who had been exposed to disaster or prevent them from potential risks) and mediating to necessary services.

The protection system for victims and survivors who suffered from violence during natural disastrous phenomenon does not work satisfactorily and there is no sufficient budget and financing. There are

occurrences of domestic violence during dzud. However, such violence tends to pass unnoticed, as it exists in hidden forms. In terms of public officials, they provide intermediary services by transferring given information to responsible authorities when they receive calls and information.

The table below shows the information of a one-stop service center and temporary protection facility that ensures the protection and safety of victims who suffered from domestic violence of the selected aimags.

Table 16. Information on facilities to ensure the protection of victims' safety

Aimag	Founded	Intended use	Description
Bayan-Ulgii	2018	One-stop service center	With 12 beds, under the Police Dept. of aimag.
Khovd	2020	Temporary protection facility	With 12 beds, under the Office of Family, Child and Youth Development.
Gobi-Altai	2014	One-stop service center	With two beds, under the General Hospital of aimag.
Uvs	2022	Temporary protection facility	With 13 beds, under the Office of Family, Child and Youth Development.
Zavkhan	2014	One-stop service center	With eight beds, under the Police Dept of aimag.
Khentii	2014	Temporary protection facility	With four beds, under the Office of Family, Child and Youth Development.
Khuvsgul	2019	Temporary protection facility	With seven beds, the under the Office of Family, Child, and Youth Development.

Source: Consultant Enkhjargal. Kh, *Summary of Inspection and Analysis of One-stop shop, shelter 2022*

These facilities operate from 08:00 until 17:00 on working days. The respondents lacked information on whether there were temporary protection facilities and one-stop service centers in their given local area. The specialist of the public service organization replied during key informant interviews that they inform about calls (regarding domestic violence) to the police. They also said that they provide intermediary services as specified in the *Law on Combatting Domestic Violence* and give food, livestock feed, and assistance cash to the people at risk, jointly in conjunction with other organizations.

**Quote 13. Focus group discussion, Bayan-Ulgii aimag**

*We have received five bags of bran and MNT313,400 in our account number, from the World Vision. Although we were hesitant when they had our account number, it really worked.*

All the respondents of key informant interviews reported that the budget was insufficient and inaccessible during disasters and dzuds. Therefore, they aimed to provide support to those who are more at risk and to those most in need. They also mentioned that they were unable to reach out to families in isolated rural and there was a difficulty with the shortage of vehicles.

***Due to the characteristics of the disaster, dzud, response action could be undertaken only after the disaster along with other recovery actions and services.*** There are no methods and guidelines for the prevention of and response to GBV during dzud. In the case of the receipt of calls and information (about domestic violence) the majority of qualitative study respondents transferred the matter to the police; and matters of violations committed against children to the Family, Child and Youth Development Agency. However, if it was not possible to visit the family in question during dzud, the responsible personnel visited the family after dzud and clarified whether information, consultation, and aid were needed. Furthermore, programs for isolated herders such as the Home Visit approach by World Vision International could be applied in this case.



*Amongst the aimags included in the assessment, Khuvsgul aimag has provided intermediary service by identifying the victims who suffered from domestic violence during dzud and having them addressed to the joint team.* Even though the same aimag had no guidelines and instructions for specialized services to work with the victims of GBV during dzud, the aimag responded by having the victim go into the joint team within the scope of the *Law on Combatting Domestic Violence*.

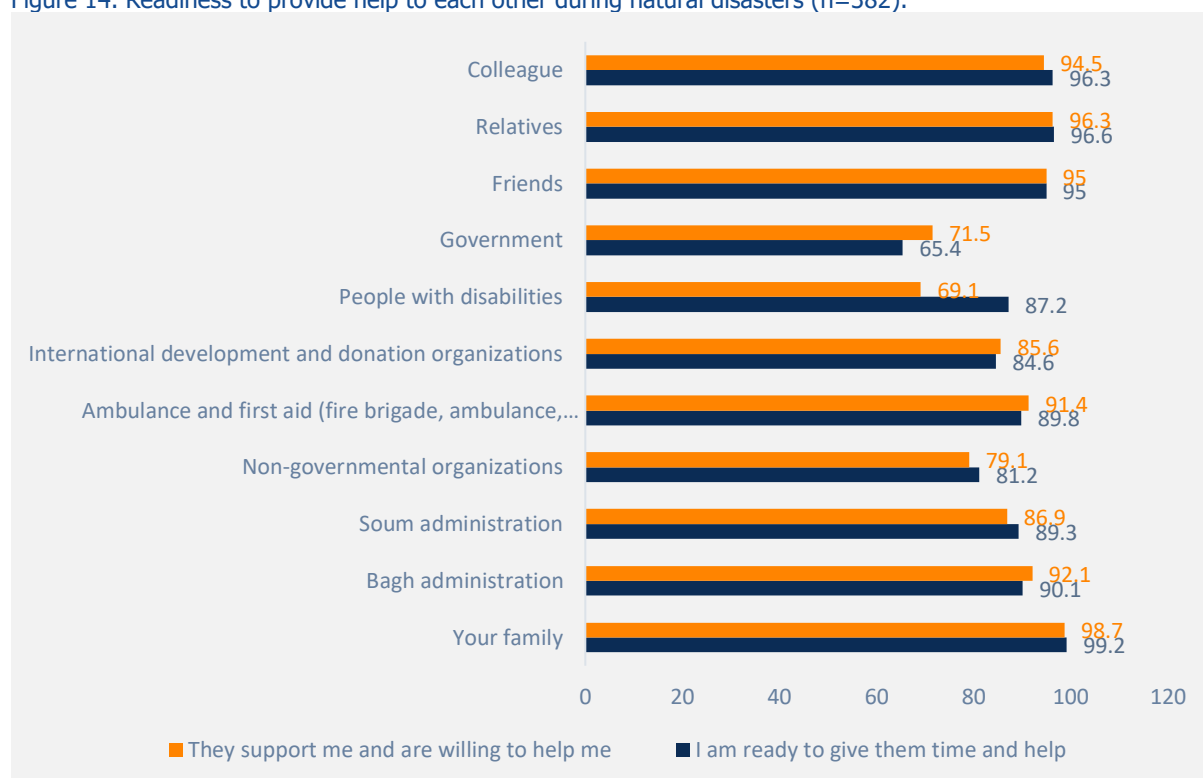
It was observed that the cause of unrevealed victims and persons who suffered from GBV during dzud was associated with violence being done in a hidden form, unreported cases, victims who did not know that he/she had become an object of violence, and/or the victim did not know where to address. This showed that there is a need to develop guidelines and instructions to provide response actions during disasters and GBV by applying a victim-centered approach.

**Quote 14. Focus group discussion, Khuvsgul aimag**

*We have experience. We resolve issues in conjunction with the joint team. We have provided aid to two persons by mediating them within an appropriate organization.*

*Herders are ready to help each other when natural disasters and natural phenomena (earthquakes, forest and steppe fire, floods, drought, and dzud) occur.* According to the results of the assessment, the herders are confident that they will help someone, and that the organization (or other persons and organizations) will help them during disaster.

Figure 14. Readiness to provide help to each other during natural disasters (n=382).



Herders are ready to provide help to disabled persons and it was observed they are somewhat hesitant that the disabled persons would help in return. The indicator that states a herder helps the Government and the Government shall help a herder in return was lower by 20~30% than the other indicators.

*The majority of respondents in key informant interview and group discussion expressed their preference to deliver aid and contribution to all citizens during disastrous phenomena.* In many cases,

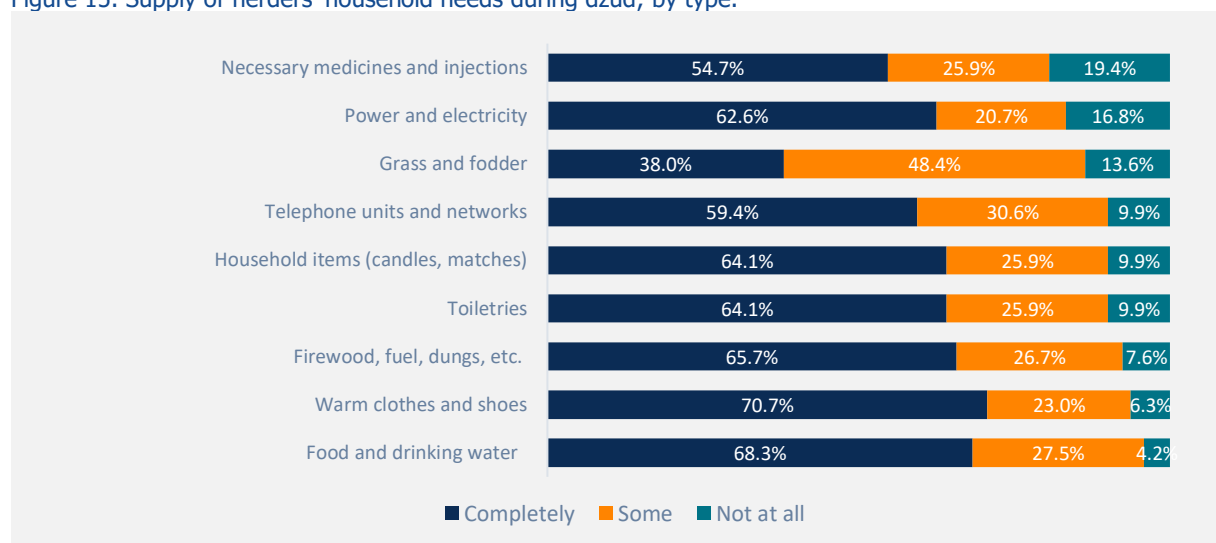
however, the donor organizations that were providing aid and support had criteria indicators, which covered the families of target groups. The aid and support provided to citizens were limited during dzud. This suggests that if we manage communities wisely, herders are capable of overcoming this hardship with minimum damage and loss by cooperating.

#### 4.6. Protection mechanisms and support services for citizens affected by dzud

Herder families occupying one-third of the total population of Mongolia are more vulnerable to the shock caused by natural disastrous phenomena. This vulnerability becomes a factor that increases risk, or decreases it, depending on age, gender, disability, and other problems of the given person. When providing services of protection and recovery during the disaster, it is vital to overcome these difficulties, through the reduction of risky factors and supporting protective factors of the given person. Therefore, herders' experience of dealing with dzud will be presented in this section.

***During dzud, local people need hay/fodder for livestock, food, household products, and medical services; as priorities.*** As herders were asked about how families were supplied in terms of basic needs of their family during dzud, the percentage of herders who perceived that warm clothes and shoes (70.7%), food and drinking water (68.3%), firewood, fuel(65.7%) as "sufficient" was high. On the other hand, there was a significant shortage of necessary fodder (62.0%) and medicines and injections(45.3%)

Figure 15. Supply of herders' household needs during dzud; by type.



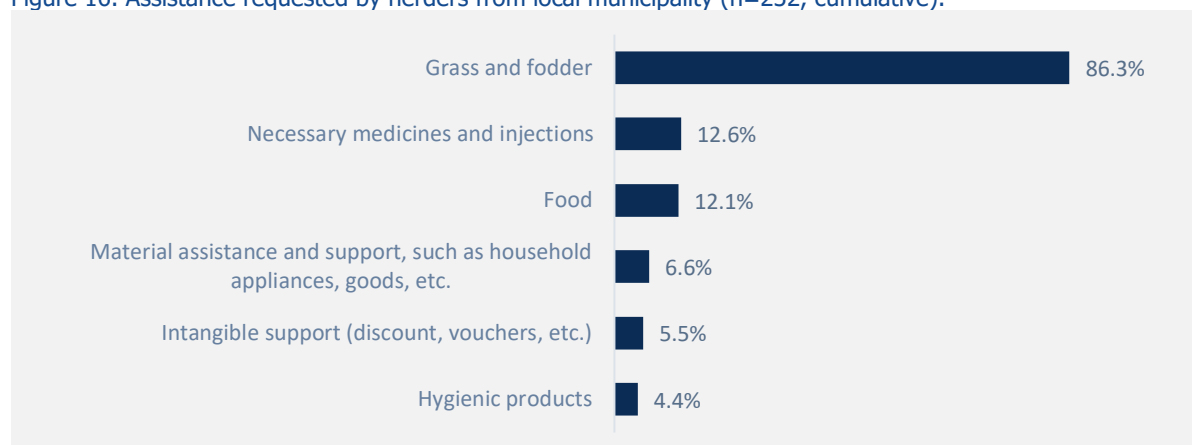
As indicated in Figure 15 above, fodder for livestock was the most needed support for herders.

***Herders are likely to approach local governments (municipalities) to seek support during dzud.*** Herders had made contact with 564 people (cumulatively) during dzud. 40.6% of herders had made contact with soum/bag administration, 34.8% with their parents, brothers, and sisters, and 32.5% made contact with their close relatives. The contact with social workers, friends, fathers-in-law, mothers-in-law, physicians, and the police was a relatively low percentage during dzud.

It is difficult to receive health aid and support during a disaster. There is a common occurrence of late and retarded delivery of health aid and support to herder families. The specialists covered by the qualitative interview expressed that mostly they can visit and provide aid after the occurrence of disastrous phenomena. The lack of vehicles and equipment, limited budget, and asset allocation affect

the issue of reaching families living in isolated and remote rural areas during dzud. There is no difference in the types of assistance they requested in terms of gender.

Figure 16. Assistance requested by herders from local municipality (n=232, cumulative).



When exposed to dzud, 182 (47.6%) of herders had asked for help from soum and local municipalities by informing them about their situation. The herders were in utmost need of hay for livestock and necessary medicines and injections, and they wished for these from the respective soum and local municipality. According to the FGDs, eight herders expressed that they did not approach anyone, and five expressed their disappointment as they could not receive any assistance even though they approached the soum municipality.

***The majority of respondents in key informant interviews and group discussions expressed their preference to deliver aid and contribution to all citizens during disastrous phenomena.*** The aid and support provided to citizens was insufficient due to the limited budget and a lack of technical capacities including vehicles to be used for reaching out to herder households.

**Quote 15. Key informant interview, Khentii aimag**

*It is difficult to receive medical aid and services during dzud. We were providing services to deliver requested medicines by transporting service from our pharmacy when herders were unable to receive medicines from emergency agencies and their child had coughs.*

The main criteria of donor organizations used for selecting and delivering support was to be a vulnerable household. Accordingly, they provided support by applying criteria within the given budget and resources. Moreover, there had been challenges to receive medical services during dzud.

**Quote 16. Key informant interview, Khentii**

*It is tolerable but it would be better if they increased the number of people who will receive aid. It is being said it would aid 150 citizens. It would be also good if they make the criteria indicator a little bit flexible. Generally, the criteria of World Vision Mongolia are very strict. It would be pleasing if they consider looking back at the terms of such criteria. For example, let's say it has eight criteria, it is possible to be covered by six criteria. There are also cases like being disqualified even if the family in question is in direct need of aid and support.*

Table 1717. Organizations that provided aid to herders affected by dzud (n=472, cumulative).

Item	Number	Percent	Organization
International organization	382	72.5	World Vision Mongolia, IO
Soum municipality	70	13.3	Head of bag, Governor of soum, and Joint team
Other aimag, and Ulaanbaatar city	25	4.7	Individuals and members of the Cabinet
Others	22	4.2	Mongolian Red Cross Society, a Religious organization
Governmental organization	12	2.3	Aimag governor
NGOs	8	1.5	Mendsaikhan Fund, Bayan Airag
People of soum and aimag	6	1.1	Citizens
The organization that provides emergency aid	2	0.4	National Emergency Management Agency
<b>Total</b>	<b>472</b>	<b>100</b>	

***The need-based approach applied by international organizations received appreciation from local herders affected by dzud.*** Herders received aid from one or two organizations on average and The World Vision Mongolia was identified as the organization that distributed the most aid for overcoming the circumstance of dzud among herders. World Vision Mongolia provided aid and support to all of the 382 herders who were included in the assessment. As mentioned earlier, even though 182 herders, who suffered from dzud, asked for help by addressing the soum and local municipality, only 70 (38.4%) of them have received aid and support. According to FGDs, the herders overcame the harsh conditions of dzud by purchasing fodder for their livestock using their own resources. Herders received the aid and support of two or three types from World Vision Mongolia, and the local municipality, as can be seen from Table 18.

**Quote 17. Focus group discussion, Bayan-Ulgii aimag**

*There were shortages of household needs during dzud. Where to address these? We got everything we needed from shops by pledging Child Money and certificates of land and immovable properties.*

**Quote 18. Focus group discussion, Khuvsgul aimag**

*We used to buy hay with some money in our possession and take a loan from our relatives when we don't have money. When we have no other choice, we used to pay our debt by combing goats of another family.*

Table 18. Types of aid provided by organizations

Item	Governmental organization of aimag	Soum municipality	NEMA	NGO	IO	People of aimag & soum	People of other aimag & UB
Material assistance and support, such as household appliances, goods, etc.	3	6		3	23	3	11

Reproductive support and services	0	1		1	6		1
Intangible support (discount, vouchers, etc.)	1	4		0	2		
Financial aid and support	5	3	1	5	276	1	17
Food	1	4		4	36		2
Psychological help, support, counseling, and therapy	4	1		0	5		
Grass and fodder	9	68		7	305	2	23

The majority of respondents viewed that aid and support was based on their needs. They considered that fodder, cash, and food were very much needed. However, there have been common challenges of medical service delivery including arriving too late or wasting time due to long distances.

**Quote 19. Focus group discussion, Khuvsgul aimag**

*The international organization, World Vision Mongolia has given five bags of bran and MNT313,400 to our family. We could not believe it when they gave hygiene products as well.*

**Quote 20. Focus group discussion, Khentii aimag**

*We were really glad when World Vision Mongolia gave five bags of bran and MNT313,400.*

**Quote 21. Focus group discussion, Khentii aimag**

*World Vision Mongolia has provided us with five bags of bran and MNT313,400. Our family was wholly happy. At first, we did not believe when they said that they will give money. It was a great support to our family.*

Accordingly, delivering services after the dzud (disastrous phenomenon) is a very common practice as reported by local officials included in the qualitative interviews.

**Although there were a lot of occurrences of disputes between family members, mental breakdowns, and disappointments when suffering from dzud, herders had not taken any psychological counseling to overcome their mental difficulties.** Respondents reported that target household selection criteria should be reviewed and updated by collaborating with local specialists of the local municipal organization (and discussion with them). The proposal issued by interviewees (with regard to the improvement of aid and support provided by the State and international organizations) can be seen in Table 19.

**Table 19. Feedback on the improvement of aid & support provided to target groups during disasters.**

Aimag	Proposal
Khentii, Tsenkhermandal soum	The criteria need to be flexible. It needs to deliver aid and support to each herder.
Khentii, Jargaltkhaan soum	The aid and support provided during dzud have improved. It meets their needs. It needs to make the criteria flexible and widen the scope of coverage.
Bayan-Ulgii	Aid is being provided based on needs; when comparing it to the past. Cash aid is needed.
Khuvsgul, Murun soum	Aid provided to herders needs to be accessible. It needs more scope. With more scope, more people will be covered, thus resulting in worthwhile results.

Although it is commendable that governmental organizations and international organizations were providing hay, monetary aid, and support, it is necessary to pay attention to such measures being performed within the scope of the project. Further, it is important to:

- improve the legal environment with regard to how to ensure the preparedness of herders in the course of dzud,
- develop the standards and procedures of services to be provided and have them approved,
- optimize the functions of stakeholders, and
- constitute the required budget from multi-faceted sources.

According to the results of the qualitative study, the most needed and demanded aids during dzud include hay, food, cash, and household products (Table 8).

Table 20. Aid and support required during dzud

Aimag	Priority for aid and support
Tsenkhermandal soum, Khentii aimag	<ul style="list-style-type: none"> <li>• Fodder/feed (Discounted prices)</li> <li>• Food</li> </ul>
Jargaltkhaan soum, Khentii aimag	<ul style="list-style-type: none"> <li>• Fodder/feed,</li> <li>• Fuel</li> <li>• Food</li> </ul>
Bayan-Ulgii aimag	<ul style="list-style-type: none"> <li>• Cash aid</li> <li>• Food</li> <li>• Household products</li> <li>• Medical aid and services</li> </ul>
Murun soum, Khuvsgul aimag	<ul style="list-style-type: none"> <li>• Food aid (flour, rice and sugar)</li> <li>• Fodder/feed</li> </ul>

The majority of respondents have viewed that the herders need aid and support based on needs and much-needed goods and products. They consider that fodder was very much needed in terms of aid and support provided by a governmental organization, and cash aid and feed of livestock is needed in terms of aid and support provided by the international organization.

*The majority of herders did not receive any information at all regarding measures implemented towards ensuring the safety of citizens during dzud by the local municipality.* However, Bayan-Ulgii and Khentii aimags had built roads and organized emergency evacuation training along with regular training named "Let's leave the unsafe zone".

**Quote 22. Focus group discussion, Bayan-Ulgii aimag**

*We were short of hay. We do not have enough veterinarians and they cannot arrive at the scene.*

**Quote 23. Focus group discussion, Bayan-Ulgii aimag**

*There were cases of quarrels between family members regarding whether men would remain alone with livestock and women would leave for soum center accompanied by children.*

**Quote 24. Focus group discussion, Khuvsgul aimag**

*Some of us could not help husbands because we had infant children and had quarrels because of it. We were really short of labour.*

**Quote 25. Focus group discussion, Khuvsgul aimag**

*There were issues of mutual disputes and disappointment as livestock dwindled. We were frustrated because of the shortage of work force (clearing of snow, and feeding livestock with hay, etc.).*

Local communities need fodder for their livestock, food, household appliances, and medical services during dzud. According to the results of the qualitative study, the most needed and demanded aids during dzud include fodder, food, cash, household items, and medical services. They consider that fodder was very much needed support provided by a governmental organization, and cash aid and fodder for their livestock provided by international organizations needed their needs.

**Quote 26. Key informant interview, Bayan-Ulgii aimag**

*There were dzuds in 2022 and 2023 to throughout the aimag. During this period, four soums were selected by World Vision and provided with humanitarian aid. World Vision can access the right spots and reach out, as it has experience of many years.*



## Conclusions

### *General characteristics of herders and their understanding and experience related to GBV*

- Herders spend 8.3 hours on livestock-related work, 3.9 hours doing housework, and 2.6 hours doing outside work. By gender, men are generally responsible for their livestock while women are responsible for housework and children.
- One out of two families has expressed that husband and wife have equal participation in decision-making, expression of viewpoint and emotions, and paying attention to health. Although there was no contrast difference observed in terms of gender, half percent of men accepted the powers of women, while it was observed that there is a tendency in which women emphasized their own powers. Regarding family planning, the percentage of Kazakh herders who make the joint decision (27.9%) is low as compared to other herders (54.2%). Moreover, by observing financial decision-making by ethnic groups, we'll see Kazakh herders have some distinctiveness. Only 45.9% of Kazakh participants do joint decision-making, while other ethnic groups' joint decision-making percentage is 65.2%
- One in every 3 herders is in control. Male herders ask permission from their wives/partners to go far is 2 times higher than women, yet, the percentage is higher for women to go together with husbands/partners even in unnecessary situations. 70.9 of total herders talk over their daily duties with their wives/husbands before they leave for far. 23.8% of male participants asked their wives' permission to go somewhere else, while the percentage for women was 12.7
- 41.9% of herders do not know about the GBV at all. It was proven that 79.8% have no understanding and knowledge regarding this subject by indexing analysis. Regarding the geographical location, the knowledge of herders from Uvs and Khovd aimags was higher as compared to other aimags. The knowledge among herders regarding GBV, especially domestic violence is relatively high.
- 51% of herders have considered family factors or unfavorable family atmosphere, alcohol dependency of any member of the family, domestic violence, pressure, divorce, and 32% considered lower living standard, unemployment, poverty, low income, and low paid labor affect the risk of becoming the victim of GBV. The qualitative study has pointed out that men are exposed to GBV in rural areas apart from children and women.
- 38.2% of herders reported that they will protect themselves first and remain restrained even if their and their close relatives' safety are disturbed repeatedly. 49% of herders are very satisfied with their safety.
- 9.2% of total herders were referring to the cases in which they were exposed to or at the risk of getting exposed to sexual violence and abuse by their own close friend, brother, sister, sibling, relatives, and acquaintance. It indicates that a crime of this kind is still being committed.

### *Impacts of dzud on herders*

- 61 herders experience some types of violence during dzud and it includes the occurrence of blaming, scolding, threatening, and intimidating of any member of the family. It was 3 times higher as compared to the normal period. During dzud, 13.6% percent of herders were anxious and fearful. There were many cases in which someone was angry and blamed men, while there were predominant cases in which someone scared and intimidated women. 46% of these

herders have shared their experience mostly with family members, relatives, friends, and neighbors in a few cases.

- The majority of these violence cases (62.3% of all cases) was cases of repeated incidents, and 37.7% (n=23) was newly emerged case during dzud. This was 6.0% of all respondents and these newly emerged cases, (4.2% were men and 1.8% were women) were not happening prior to the dzud and only emerged during dzud. These results show that there is the risk of the emergence of new problems dependent upon the effects of disastrous periods, especially new cases of violence within the family.
- During dzud, 1 in every 2 families visited other families and provided support at their best and overcame the dzud with joint effort. When exposed to dzud, the herders have established contact with soum/bag administration, their parents, brothers and sisters, and close relatives.
- Children of 38 herder (20 boys and 18 girls) who participated in the assessment reported that their children could not attend school during dzud. Reasons (with some duplication) included: no one to carry them to school, the need to help the family, closure of the road to the school.

### ***Knowledge of and experience in service and assistance of GBV***

- 52.4% of herders have stated that they know where to address if there is an unsafe and risky situation has arisen in them or their close relatives. The herders have received information on potential services from mass media (TV, radio, webpages, etc.) and social networks (Facebook, Twitter, etc.).
- According to the results of the quantitative and qualitative study, 17.5% of all the herders have received information, instruction, and consultation on how to protect themselves in case they are in unsafe and risky situations. They received such information, instruction, and consultation mostly from mass media (TV, radio, webpage, etc.) social networks (Facebook, Twitter, etc.) and social workers of bagh.
- 41.4% of herders have expressed that they will address the police and legal organizations in case of any risky occurrence, which violates human rights and affects safety in the family, neighboring family, rural areas, and livestock pasture. The relatively low percentage of address other service providers is related to inadequate understanding and knowledge on the subject and typical view and approach of gender.
- 30 citizens have received assistance and service from service providers by duplicate numbers and the majority of herders or 21 were women. According to this, it proves that women are mostly exposed to GBV. 67.3% does not know about service provider organizations to which they address in case they are at risk of exposure to or exposed to GBV in local rural areas, moreover, the knowledge of temporary protection facility (shelter) and helpline 1800-2000, which provides consultation towards mental health is insufficient.
- The herders expressed that they are most satisfied with medical services amongst organizations to which they addressed to have protection. There is an experience that the herders have addressed to the police regarding domestic violence. The herders are confident that they will help others or that other persons will help them during dzud.

### ***Protection mechanisms and support services for victims and survivors of GBV***

- In Mongolia, the system of prevention from and protection of GBV during disasters has not yet been constituted. Therefore, there is no correspondence between government organizations,

service providers, and international organizations, that operate towards combatting, preventing, and protecting people from GBV during the disaster. Particularly, it needs to clarify the functions of each sector that will operate during the disaster.

- Undertakings to provide response measures to GBV and protect victims are being conducted. However, it lacks detailed instructions and guidelines on how to recognize and provide inspection, diagnosis, and service during a disaster or when certain challenge, or obstruction is encountered and resources are limited.
- The undertakings to provide response measures to the victims of GBV have not been included.
- Due to a lack of awareness and knowledge regarding GBV and relevant services for victims and survivors of GBV, citizens cannot access protection mechanisms and services.

#### ***Circumstance and support during dzud***

- Even though 47.6% of herders have asked for help with fodder for livestock, necessary medicines and injections, and food supply from soum and local municipality by informing their situation, 112 herders could not receive any support. The most pressing matters that occurred during dzud were hay feed for livestock, mental breakdown, workload, health illness, physical load, injury, and damage.

Among the respondents, they are in psychological breakdown from time to time and in need of psychological counseling services. However, they have to resolve such issues on their own or with their family members at home because there is no available professional psychologist.

## Recommendations

### *Governmental organizations need to complete the following:*

- To provide more sustainable support by preparing and developing work guidelines and its methodology that will be observed at immediate action during disaster;
- To include response actions to GBV and its victims in the annual plan of disaster along with its instructions and to constitute financial and technical resources;
- To develop selection criteria to provide contribution and aid during dzud in conjunction with the local municipality;
- To prepare a study on risky target groups in the course of the disastrous phenomenon in order to minimize GBV, especially to update the information constantly by collecting the information of risky population;
- To study the ways and conditions to reach and provide service to risky groups and material and financial resources in advance based on the study of such risky groups;
- To discover victims that suffered from GBV during disaster, constitute the mechanism of intermediary service, publicize and advertise the layout of the service by preparing such layout;
- To pay attention to the service to be provided to victims exposed to/persons who overcame GBV during dzud, especially the subordinate organizations do not duplicate the stages of service by means of strictly keeping the confidential information about victims;
- To visit homes of herders and provide mobile service jointly with professional organizations (NGOs) operating in local areas in order to improve the understanding and knowledge of herders regarding violations based on gender;
- To include the activities for intensifying and increasing capacity development of activity of soum joint team and activity to discover violations based on gender into the plan of the joint team and approve and implement necessary budget;
- To include the budget required for prevention from and overcoming natural force majeure in soum budget annually;
- To prepare hay feed for livestock, medicines and injections, and food supply through Herders' Group, partnership, and association and reserve them;
- To increase the income of herders by means of involving them in employment promotion programs, make them competent, and increase group support

### *The project team needs to complete the following:*

- To provide technical assistance and support in the improvement of the legal and legislative environment
- To provide technical assistance in the development of integrated methodological guidelines in each sector taking account of their distinctive features towards prevention from and response action to GBV during disaster;
- To revise selection criteria to deliver contribution and aid of donor organizations jointly with the local municipality;
- To evaluate and monitor whether the contribution and aid issued to the families that met the selection criteria were delivered equally and sufficiently;
- To organize participatory training to change behavior by preparing the study of herders' dependency on alcohol, which are risky groups, and implicate NGOs into such training;

- To prepare and deliver consultation and information on how to overcome mental breakdown during dzud and prepare and cooperate with professional psychologists towards providing consultation via phone;
- To organize training and promotion with a methodology based on participation consistent with herders' distinctive features in order to increase the understanding and knowledge of herders regarding GBV and prevent it;
- To improve Herders' Group and neighborhood relations;
- To prepare the information, instruction, and advice on how to protect themselves in case herders are in unsafe and risky situations in the form of content and place them on active social networks;

## Appendices

### Consent Form

**Purpose of the study:** This study is being conducted by the Independent Research Institute of Mongolia (IRIM) on behalf of World Vision Mongolia. The survey aims to provide a short-term and rapid assessment of the situation of gender-based violence during the Dzud. The main objective is to conduct an assessment among selected households, and analyze protection issues and needs among selected households. It is also to determine potential protection issues among affected families (including minority groups such as Kazakh, Tuva, and others) during dzuds, with geographical, cultural, and traditional differences.

**Data privacy and assurance of voluntary participation:** All information provided by respondents will be treated with complete confidentiality as stated in *Law on Statistics* and *Law on Individual's Privacy* of Mongolia. In addition, the survey outcomes will not be used for any purpose other than the intended purpose of the survey. IRIM staff hereby confirm that individual participants' data (such as name, age and gender) shall not be mentioned in the survey outcome.

The phone number provided by participants will be only used to check the reliability of the questionnaires, and will not be used for any identification purposes. All personal data within this survey will be destroyed after one year, and will not be passed on to any other party for any reason.

Your participation in this study is completely voluntary. You are free to terminate the interview at any time or decline to participate in any or all study components. Such a decision will not have any consequences. If there are any questions you would rather not answer, please indicate them to the enumerator, and they will move to the next question. Your consent is sought because your answers to survey questions will be very helpful.

#### Confirmation

I agree to participate voluntarily in this study, and answer the questionnaire.	
Participation in the study is not permitted.	

Name of the Respondent	Telephone number of the Respondent

### Questionnaire

1. Demographic information			
#	Questions	Code	Answers
1	Enumerator code	N/A	An open numerical variable
2	Questionnaire code	N/A	An open numerical variable
3	Aimag	1	Bayan-Ulgii
		2	Gobi-Altai
		3	Khentii
		4	Khuvsgul
		5	Khovd
		6	Uvs
		7	Zavkhan
4.1	Soum – Bayan-Ulgii	1	Altantsugts

		2	Deluun		
4.2	Soum – Gobi-Altai	1	Sharga		
		2	Khukhmorit		
4.3	Soum – Khentii	1	Jargaltkhaan		
		2	Tsenkhermandal		
4.4	Soum – Khuvsgul	1	Murun		
		2	Ikh-Uul		
4.5	Soum – Khovd	1	Buyant		
		2	Tsetseg		
4.6	Soum – Uvs	1	Naranbulag		
		2	Undurkhangai		
4.7	Soum - Zavkhan	1	Urgamal		
		2	Erdenekhairkhan		
5	Gender of the respondent	1	Male		
		2	Female		
		3	Others		
6	How old are you?	N/A	An open numerical variable		
7	Education level	1	Illiterate		
		2	Literate, but no formal education		
		3	Primary		
		4	Lower Secondary		
		5	Upper Secondary		
		6	Technical/vocational		
		7	Undergraduate and above		
8	Marital status	1	Single		
		2	Married (Certified)		
		3	With a partner		
		4	Separated/divorced		
		5	Widowed		
9	Ethnic group	1	Khalkh		
		2	Durvud		
		3	Bayad		
		4	Buriad		
		5	Zakhchin		
		6	Uriankhai		
		7	Kazakh		
		8	Tuva		
		9	Tsaatan		
		10	Others (please specify)		
10	How many members (including the head of the household) are there in this household?	N/A	An open numerical variable		
11	Age and gender of the household members	N/A	Members	Gender	Age
		1	Spouse (wife/husband)		
		2	Daughter/son		
		3	Grandparent		
		4	Sister/brother		
		5	Others		
12	Does your household members belong to any of the following social groups?	#	Social group		Yes/No
		1	Disabled person		



		2	Poor/Living below subsistence level		
		3	Single head of household		
		4	Recent immigrant		
		5	Sexual minority		
		6	An alcoholic		
		7	None of the above		
13	How many kilometers are the following dwellings of your household located from the center of the soum?	1	Winter quarters	..... ...km	Do not know
		2	Spring quarters	..... ...km	Do not know
		3	Autumn quarters	..... ...km	Do not know
		4	Summerhouse	..... ...km	Do not know
14	How many years have you been raising livestock?	N/A	An open numerical variable		
14	Does anyone in your household have the following habits? <i>*multiple options</i>	N/A	Habits	Yes/No	Frequency - Rarely - Sometimes - Usually - Always
		1	Alcohol consumption		
		2	Tobacco consumption		
		3	Gambling/ gaming		
15	About how many hours a day do you spend on the following?	#	Type		Hours
		1	Housework		..... hour(s)
		2	Livestock related work		..... hour(s)
		3	Outside work (visiting neighbors, go to soum centers, etc.)		..... hour(s)
		4	Take care of the child (feeding, dressing, teaching, etc.)		..... hour(s)
		5	Play and talk with the child		..... hour(s)
16	If you need to travel far for personal matters, how do you deal with it?	1	Get permission from your wife/husband		
		2	Even if my spouse does not have to go, I must take my spouse with me		
		3	Will talk with my spouse and divide the house chores		
17	Does your household sometimes leave young children behind when you are tending to livestock or traveling far away?	1	Rarely		
		2	Sometimes		
		3	Usually		
		4	Always		

2. Knowledge, attitudes, and practices							
#	Questions	Code	Answers				
19	Do you know what gender-based violence is?	1	Do not know it at all/Never heard of it				
		2	Heard about this term before				
		3	Have general understanding				
		4	Know it very well				
20	Do you think gender-based violence includes the following concepts? <i>*multiple options</i>		Concepts	Yes/No			
		1	Physical violence				
		2	Sexual violence				
		3	Psychological abuse				
		4	Controlling behaviour				
		5	Emotional pressure				
		6	Socio-economic violence				
21	Who has more rights during the following situations in your household?		Rights	1. Husband/father/grandfather/son 2. Wife/mother/grandmother/daughter 3. Equal			
		1	Making decisions related to family planning at the household level (for example, having children, getting married, etc.)	1	2	3	
		2	Making financial decisions (for example, buying, saving, spending)	1	2	3	
		3	Express opinion	1	2	3	
		4	Express emotions	1	2	3	
		5	Say no to something you do not want	1	2	3	
		6	Care and attention to health	1	2	3	
22	Do you know that the following types of organizations are available in your community to protect people who are at risk of or affected by violence?		Type	1. Never heard of it 2. Heard about it, but do not know well 3. Heard about it and I know it well 4. Received service			
		1	Helpline – 102, 107, 108	1	2	3	4
		2	Social worker	1	2	3	4
		3	Joint team	1	2	3	4

		4	Shelter	1	2	3	4
		5	Counseling therapy line - 1800-2000	1	2	3	4
22	Whom/where do you approach to in the first place if there is a risk of violation of your rights or the safety of others in the family environment?	1	Do not know who to approach				
		2	Do not need to refer to anyone if this situation does not belong to me				
		3	Parents, siblings, and other family members				
		4	Friends, relatives				
		5	Call 102 or 108				
		6	Police and law enforcement				
		7	<i>Bagh</i> social worker				
		8	Local joint team				
		88	Others (please specify) .....				
22	Whom/where do you approach to first if there is a risk of human rights violations or affecting the safety of neighbors and neighboring households?	1	Do not know who to approach				
		2	Do not need to refer to anyone if this situation does not belong to me				
		3	Parents, siblings, and other family members				
		4	Friends, relatives				
		5	Call 102 or 108				
		6	Police and law enforcement				
		7	<i>Bagh</i> social worker				
		8	Local joint team				
		88	Others (please specify) .....				
23	Whom/where do you approach to first if there is a risk of violating your rights or affecting your security in the countryside or cattle pastures?	1	Do not know who to approach				
		2	Do not need to refer to anyone if this situation does not belong to me				
		3	Parents, siblings, and other family members				
		4	Friends, relatives				
		5	Call 102 or 108				
		6	Police and law enforcement				
		7	<i>Bagh</i> social worker				
		8	Local joint team				
		88	Others (please specify) .....				
24	If your rights have been violated or your security has been violated, how long will it take you to approach to these person/organizations?	1	As soon as the incident happened, within a few hours				
		2	After a few days				
		3	After a few weeks or months				
		4	Never				
25	If never, why?	A	Worried and afraid of my partner/spouse or family member				

		B	Ebbarrassed and worried about letting others know
		C	Do not trust anyone
		D	No one can do anything or help
		E	Do not know who/where to approach
		F	If someone finds out, there will be security problems in the future
		G	No one will believe
		H	Will blame me for the incident
		I	Others (please specify).....
24	Have you received information, instructions or advice on how to protect yourself if you are in a dangerous or risky situation?	1	Yes
		2	No
25	Where did you get information, guidance and advice on how to protect yourself if you are in a dangerous or risky situation?	1	Bagh social worker
		2	Brochures, presentations, posters
		3	Social media (TV, radio, website, social networks: facebook, twitter, etc.)
		4	102, 107, 108
		5	Local joint team
		6	International organization
		7	Family, relatives
		8	Friends
		9	Others (please specify) .....
27	What do you think makes people victims of gender-based violence?	1	Appearance and behavior
		2	Low standard of living, unemployment, poverty, low income, unappreciated work environment
		3	Unfavorable family atmosphere, alcohol dependence of someone in the household, domestic violence and pressure, family separation
		4	Geographical location (living far from the center of the Soum)
		5	Street lighting is poor, alcoholism and crime are high in residential areas
		6	Inadequate information and training for sexual, ethical, and legal education of citizens
		7	Films/movies depicting lewd and lascivious life, internet use, inappropriate use of social networks
		8	Overcrowded home
		9	Others (please specify).....
28	Have you ever been at risk of being sexually abused or exploited by a close friend, sister, brother, relative or acquaintance?	1	Yes
		2	No

29	How dangerous do you think the following environments are? (threats caused by people)		Environments	1. Very dangerous 2. Dangerous 3. Average 4. Safe 5. Very safe
		1	At home	
		2	In the countryside pasture – during the day	
		3	In the countryside pasture – during the night	
		4	In the soum center	
		5	Around the neighbors	

3. Support and services during Dzud and its physical and psychological effects				
#	Questions	Code	Answers	
30	Did the herdsmen from your neighborhood visit you during Dzud?	1	Usually	
		2	Sometimes	
		3	Rarely	
		4	Never	
31	When you were exposed to Dzud, what people did you come in contact with outside of your family members, who living together?	A	Close relatives	
		B	Birth parents, brothers, and sisters	
		C	Soum social worker	
		D	Friends	
		E	Mother and father-in-law	
		F	Local government	
		G	Police	
		H	Doctor	
		I	Others (please specify) .....	
32	When you were exposed to dzud, did you contact your local government to report your situation or ask for help?	1	Yes	
		2	No	
33	If yes, what kind of help did you ask for?	A	Grass and fodder	
		B	Food	
		C	Household goods and products	
		D	Toiletries	
		E	Drugs	
		F	Others (please specify) .....	
34	Has the household's basic needs been fully met during dzud?	#	Type	1. Completely 2. Some 3. Not at all
		1	Food and water	
		2	Warm clothes and shoes	
		3	Grass and fodder	
		4	Toiletries	
		5	Household items (candles, matches)	

		6	Necessary medicines and injections	
		7	Power and electricity	
		8	Telephone units and networks	
		9	Firewood, fuel, drugs, etc.	
35	What were the problems during the time of dzud? <i>*Multiple options</i>	A	Psychological stress and strain	
		B	Health problems and diseases	
		C	Physical stress, and injuries	
		D	Shortage of household goods	
		E	Food availability and supply	
		F	Not being able to get the necessary health care, services, and advice	
		G	Inability to establish or communicate with the outside world	
		H	Grass and fodder	
		I	Others (please specify)	
36	From which organizations did support and packages come during the Dzud? <i>*Multiple options</i>	#	<b>Organizations</b>	<b>(Please name)</b>
		A	Aimag government	.....
		B	Soum government	.....
		C	Emergency services	.....
		D	From non-governmental organizations	.....
		E	International	.....
		F	Citizens of the aimag and soum	.....
		G	Citizens of other aimags and UB	.....
37	What type of support was provided by each of the above supported organizations? (select the support received from each selected organization.  <i>*Multiple options</i>	A	Material assistance and support, such as household appliances, goods, etc.	
		B	Reproductive support and services	
		C	Intangible support (discount, vouchers, etc.)	
		D	Financial aid and support	
		E	Food	
		F	Psychological help, support, counseling, and therapy	
		G	Grass and fodder	
		H	Others	
38	What kind of support was most needed during the Dzud?  <i>*Multiple options</i>		<b>Types</b>	Level of need 0 = Not needed at all 10 = Very useful
		1	Material assistance such as household appliances, goods, etc.	0 1 2 3 4 5 6 7 8 9 10
		2	Reproductive support and services	0 1 2 3 4 5 6 7 8 9 10
		3	Intangible (discount, vouchers, etc.)	0 1 2 3 4 5 6 7 8 9 10
		4	Financial aid	0 1 2 3 4 5 6 7 8 9 10
		5	Food	0 1 2 3 4 5 6 7 8 9 10

		6	Psychological help, counseling, and therapy	0 1 2 3 4 5 6 7 8 9 10
		7	Security and protection	0 1 2 3 4 5 6 7 8 9 10
		8	Grass and fodder	0 1 2 3 4 5 6 7 8 9 10
		9	Others	0 1 2 3 4 5 6 7 8 9 10
39	What kind of atmosphere was created in the family during the Dzud?	A	Supported and comforted each other	
		B	Got angry	
		C	Accused each other	
		D	Got anxious	
		E	Got sad/hopeless	
		F	Others (please specify) .....	
40	Have you recently experienced any of the following? *Multiple options	A	Someone got angry or scolded you	
		B	Someone scared and threatened you	
		C	Someone injured you, etc. physical assault	
		D	Someone touched you when you did not want to	
		E	Others (please specify)	
41	If the above things happen, do they happen the same way except for Dzud time?	1	The same thing happens all the time	
		2	The same thing happens sometimes	
		3	Rarely happens	
		4	This has never happened before	
42	Where did this action take place? *Multiple options	A	At home	
		B	In the livestock yard	
		C	In someone else's home	
		D	In the countryside or cattle pastures	
		E	Other public places at the center of Soum	
		F	Others (please specify) .....	
43	How commonly is this action repeated?	1	Always	
		2	Sometimes	
		3	Rarely	
		4	It happened only during the Dzud	
	If any of the above actions happened, have you shared this with anyone?	1	Yes	
		2	No	
44	If yes, to whom? *Multiple options	A	Friends and neighbors	
		B	Family and relatives	
		C	Officials (police, etc.)	
		D	Others	
45	If no, why? *Multiple options	A	Do not care because it happens all the time	
		B	Because the problem will not be solved	
		C	Because people of Soum will understand incorrectly and speak badly	
		D	Because we can discuss and decide it within the family	
		E	Other (please specify) .....	
46	How often do other people in your immediate environment disturb the safety and peace of your family?	#	<b>Environment</b>	<b>Answer:</b> 1. Common 2. Sometimes 3. Rarely 4. Not at all 5. Do not know
		1	Neighbor	1 2 3 4 5



		2	Local people in neighborhood	1	2	3	4	5
		3	People in soum	1	2	3	4	5
		4	In your household	1	2	3	4	5
47	How satisfied are you with your safety?		Scale: (0 = Not satisfied at all 10 = Very satisfied) 0 1 2 3 4 5 6 7 8 9 10					
48	What measures do you take if someone you are close to repeatedly disturbs your safety and peace of mind?	1	Get official help and support (police, court)					
		2	Refer to family and friends					
		3	Protect myself and adapt to the situation					
		4	Leave it for a while and go to a safe place					
		5	Lose contact					
		6	Others (please specify) .....					

4. Adaptation and coping mechanism			
#	Questions	Code	Answers
49	Do you know where to go if there is a danger or risk to your safety or the safety of people around you?	1	Yes, where .....
		2	No
50	If yes, where did you get information about available services?	A	Printed handouts (pre-dzud)
		B	Brochures and printed materials (distributed later by World Vision)
		C	Trainings and meetings
		D	Social media
		E	Social network
		F	Friends
		G	Family
		H	Others (please specify) .....
51	Have you ever approached an organization for self-defense?	A	Police
		B	Hospital
		C	International organization
		D	Members of herdsman's groups and cooperatives
		E	Non-Governmental Organization
52	If yes, what issues did you address?		
53	If yes, how satisfied are you with the service provided?		Scale: (0 = Not satisfied at all 10 = Very satisfied) 0 1 2 3 4 5 6 7 8 9 10
54	How much do you trust the following organizations?	#	<b>Organizations</b> <b>Scale:</b> (0 = Never believe, 10 = Completely believe)
		1	Government organizations and ministries 0 1 2 3 4 5 6 7 8 9 10
		2	Research institutions 0 1 2 3 4 5 6 7 8 9 10
		3	International organization 0 1 2 3 4 5 6 7 8 9 10
		4	Private sector organization 0 1 2 3 4 5 6 7 8 9 10
		5	Cooperatives/citizen groups 0 1 2 3 4 5 6 7 8 9 10
		6	Churches and religious organizations 0 1 2 3 4 5 6 7 8 9 10

		7	Media	0 1 2 3 4 5 6 7 8 9 10
		8	Police and courts	0 1 2 3 4 5 6 7 8 9 10
		9	Security personnel (social workers, psychologists, etc.)	0 1 2 3 4 5 6 7 8 9 10
		10	Emergency Management Office	0 1 2 3 4 5 6 7 8 9 10
		11	Local government	0 1 2 3 4 5 6 7 8 9 10
		12	Civil society organizations and NGOs	0 1 2 3 4 5 6 7 8 9 10
55	How helpful do you think the following groups would be in the event of a natural disaster or natural phenomenon (earthquake, forest fire, flood, drought, drought)?	#	<b>Groups</b>	<b>I am ready to give them time and help</b>
		1	Your family	(1.Yes 2. No)
		2	<i>Bagh</i> administration	(1.Yes 2. No)
		3	<i>Soum</i> administration	(1.Yes 2. No)
		4	Non-governmental organizations	(1.Yes 2. No)
		5	Ambulance and first aid (fire brigade, ambulance, emergency, etc.)	(1.Yes 2. No)
		6	International development and donation organizations	(1.Yes 2. No)
		7	People with disabilities	(1.Yes 2. No)
		8	Government	(1.Yes 2. No)
		9	Friends	(1.Yes 2. No)
		10	Relatives	(1.Yes 2. No)
		11	Colleague	(1.Yes 2. No)
56	How helpful do you think the following people are when a natural disaster or natural phenomenon (earthquake, forest fire, flood, drought, drought) occurs?	#	<b>Groups</b>	<b>They support me and are willing to help me</b>
		1	Your family	(1.Yes 2. No)
		2	<i>Bagh</i> administration	(1.Yes 2. No)
		3	<i>Soum</i> administration	(1.Yes 2. No)
		4	Non-governmental organizations	(1.Yes 2. No)
		5	Ambulance and first aid (fire brigade, ambulance, emergency, etc.)	(1.Yes 2. No)
		6	International development and donation organizations	(1.Yes 2. No)
		7	People with disabilities	(1.Yes 2. No)
		8	Government	(1.Yes 2. No)
		9	Friends	(1.Yes 2. No)
		10	Relatives	(1.Yes 2. No)
		11	Colleague	(1.Yes 2. No)

## GUIDELINES FOR CASE STUDY

**Purpose of the study:** This study is being conducted by the Independent Research Institute of Mongolia (IRIM) on behalf of World Vision Mongolia. The survey aims to provide a short-term and rapid assessment of the situation of gender-based violence during the Dzud. The main objective is to conduct an assessment among selected households to analyze protection issues and needs among selected households and determine potential protection issues among affected families (including minority groups such as Kazakh, Tuva, and others) during dzud with geographical, cultural, and traditional differences.

**Data privacy and assurance of voluntary participation:** All information will be treated with complete confidentiality as stated in the *Law on Statistics* and the *Law on Individual's Privacy* of Mongolia. In addition, the survey outcomes will not be used for any purpose than the one intended in this survey. Also, the results of the study may not be used for any purpose other than this study.

### Preparation for case study

- The participant will be selected on the basis of consultation with the social worker after thoroughly reviewing the case files related to gender-based violence opened (cases may be ongoing or closed) by the aimag joint team selected for the study.
- Check that written consent to be interviewed is obtained from the participant.
- The interview will be organized in a comfortable environment with the help of a social worker, and the room and time will be clearly noticed beforehand.
- In order to reduce risks, the interviewer will monitor the participant from home to the interview place.

## INTRODUCTION PAGE 1. CASE FILE INFORMATION

1	Interviewer name	
2	Location	
3	Organization name	
4	Social worker name, telephone number	

Nº	Information	Note
1.	Case file No:	
2.	Resolution and decision number related to the case file	
3.	Case file content (include all relevant information such as security assessment, situation assessment, risk assessment, service planning, implementation, stakeholders, etc.)	
4.	Information on case file resolution	

## INTRODUCTION PAGE Nº2. INTERVIEW WITH PARTICIPANT

Nº	Information	Note
Personal information		
1	Age	
2	Gender	
3	Social status	
4	History of citizenship and migration	
5	History of education	

	(Include all relevant results, including schools attended, majors, studies, dropouts, etc.)	
<b>Household information</b>		
6	Family situation (Includes all significant results such as family members, household livelihood, family members' attention, relationships, marriage history, etc.)	
7	Employment history	
8	Life history (childhood, adolescence, youth, old age, etc.)	
9	Information about the abuser	
10	Main causes and circumstances of the participant's violence	
11	Immediate support services provided to participants	
12	Protective and rehabilitative services provided to participants	
<b>Interviewer observation</b>		
<i>(Write down findings from the interviewer's point of view during the interview that were not mentioned in the case file.)</i>		
13	The main causes and vulnerable situations that lead to psychological problems	
14	Results and satisfaction of services rendered	
15	Further support and assistance to participants	

Interviewer \_\_\_\_\_ / \_\_\_\_\_ /

## GUIDELINES FOR KEY INFORMANT INTERVIEW

**Purpose of the study:** This study is being conducted by the Independent Research Institute of Mongolia (IRIM) on behalf of World Vision Mongolia. The survey aims to provide a short-term and rapid assessment of the situation of gender-based violence during the Dzud. The main objective is to conduct an assessment among selected households to analyze protection issues and needs among selected households and determine potential protection issues among affected families (including minority groups such as Kazakh, Tuva, and others) during dzud with geographical, cultural, and traditional differences.

**Instructions to participants:** The interviewer must provide the participants with information about the study and obtain the consent of the participants before starting the interview. Interviews will last about 60-90 minutes on average.

### SECTION TO BE FILLED OUT BY INTERVIEWER

1	Interview number	
2	Name of researcher	
3	Location of interview	
4	Date of interview	

### ONE. GENERAL PARTICIPANT INFORMATION

1.	Name of the participant	
2.	Organization	
3.	Position	
4.	Gender of the participant	
5.	Age	
6.	Years of working in the field	
7.	Years of service in the organization	
8.	Phone and email address	

### TWO. GENDER BASED VIOLENCE, UNDERSTANDING AND KNOWLEDGE

2. What do you think is gender-based violence?
  - Do you know about the types and forms of gender-based violence?
  - What types of gender-based violence are common in your community?
  - Where or whom do victims of gender-based violence approach to? Are security services considered adequate?
  - Are the measures implemented in the field of combating and responding to gender-based violence sufficient? If not, what action should be taken?

### THREE. SYSTEMS TO FIGHT AGAINST GENDER BASED VIOLENCE DURING DZUD

3. How effective is the system for combating, preventing, and responding to gender-based violence in the current time?
  - Is there a structure and organization to combat gender-based violence during the Dzud? If so, is that information transparent and open?
  - Is there a response service for victims of gender-based violence during the Dzud? If so, is there a methodology for working with victims? How are they supported and included in services?

- Has there been a case where a victim of gender-based violence has contacted your organization for information and advice during the Dzud? If so, what was the case?
- What kind of help and support do local people need most in times of Dzud?

#### FOUR. LEGAL ENVIRONMENT

4. How appropriate is the coordination of laws, legal regulations and other legal documents issued in the field of combating gender-based violence during disasters?
  - What laws are currently in force in the field of combating gender-based violence, providing protection and response services? Please name it.
  - Are the current laws sufficient? If not, what arrangements need to be improved?
  - Is there a system in place to protect victims of gender-based violence and this type of violence during disasters?

#### FIVE. RESPONSE SERVICES TO VICTIMS OF GENDER-BASED VIOLENCE DURING THE DZUD

5. What is the level of care and services provided to victims of gender-based violence in Dzud?
  - Who do you think is most at risk of gender-based violence during the Dzud?
  - Does your organization provide any services in this area? Which of the following services are provided?
    - Security protection
    - Medical care and services
    - Psychological services
    - Social welfare services
    - Child protection services
    - Legal assistance
    - Mediation
  - Are there any difficulties in providing services?
  - If the above services are not provided, which organization do you cooperate with?
  - Do you have experience in providing referral services to other service providers for victims of gender-based violence during the Dzud?
  - What types of care are most needed to victims of gender-based violence during the Dzud?
  - Can the people of *soum* and *bagh* who are far away from the locality get health services during the Dzud? If so, what support and services do they receive?
  - Are there adequate budgets for services provided to victims of gender-based violence during the Dzud?
  - What are your thoughts on making the assistance and services provided to victims of gender-based violence more effective and accessible in future disasters?

#### SIX. COOPERATION

6. Please evaluate the stability, availability and effectiveness of cooperation between government, non-government and international organizations in the future..
  - What kind of help and support is provided by the state organizations? Can it be accessible? Name the difficulties encountered in providing services?
  - Was the support provided by international and domestic non-governmental organizations accessible? What kind of support did they receive? Was help and support needed?
  - In your opinion, how do you think the help and support provided by these organizations should be in the future?

## GUIDELINES FOR FOCUS GROUP DISCUSSION

**Purpose of the study:** This study is being conducted by the Independent Research Institute of Mongolia (IRIM) on behalf of World Vision Mongolia. The survey aims to provide a short-term and rapid assessment of the situation of gender-based violence during the Dzud. The main objective of the assessment is to conduct an assessment among selected households to analyze protection issues and needs among selected households and determine potential protection issues among affected families including minority groups such as Kazakh, Tuva, and others other during dzud with geographical, cultural, and traditional differences.

**Duration of the focus group discussion:** The duration of the interview is 60-90 minutes. Focus group discussions will be held during daylight hours whenever possible.

**Selection of participants:** Focus group interviews will be conducted with people who have experienced (or are at risk of experiencing) gender-based violence or who are familiar with it. As much as possible, researchers will include participants of the same gender, as well as age and location.

**Preparing for a focus group interview:**

- 6-8 people will be included in the FGD.
- Ensure written consent is obtained from participants for FGD.
- Focus group interviews will be held in a comfortable environment, and the room and time will be clearly communicated.
- 2-3 additional participants may be included in the FGD because some participants may have unexpected problems.

**Moderator technique:**

- As a moderator, it is important to create a comfortable, open and free expression environment for all participants and to listen to their opinions.
- The moderator should maintain a centered posture and should not shake the head, nod, frown, agree or disagree, praise or insult the participants.
- Participants who are silent, who have few voices, or who are worried about speaking among the participants, can be included in the interview in a way that asks for clarification and support rather than asking questions.
- It is recommended to stop and engage other participants in a pleasant manner as several participants may dominate the conversation.
- It is recommended to summarize the opinions of the participants at the end of the focus group interview. This is to ensure that the questions are answered correctly. Also, ending the interview with a light physical and psychological exercise helps to create a positive attitude in the participants.

**Other Considerations:**

- Interviews will be recorded with the consent of the participants.
- With the consent of the participants, it is recommended to take high-quality photos without showing their faces.

### SECTION TO BE FILLED OUT BY INTERVIEWER

1	Name of Moderator	
2	Location	
3	Date	
4	Number of participants	
5	Duration	

## ONE. FORMAL AND INFORMAL SUPPORT AND ASSISTANCE

### 1.1 What are the most pressing problems in the household during the Dzud?

**1.2 How was your safety ensured?** (whether transfer and support activities from a risky environment to a safe environment have been organized)

### 1.3 Where and who did you turn to in case of lack of household needs during Dzud?

### 1.4 What care services were you able to get at the time?

- Psychological counseling
- Legal assistance
- Educational services
- Health services
- Social welfare services
- Civil registration service
- Others

## TWO. COMMUNITY EXPERIENCES OF GENDER-BASED VIOLENCE DURING THE DZUD

### 2.1 What do you understand by gender-based violence?

- Domestic violence (physical, sexual, emotional, economic control behavior, etc.)
- Violence against children and women (physical, forced labor, sexual violence, harassment, neglect, etc.)
- Human trafficking (using force, threatening to use force, kidnapping, cheating, breach of trust, power abuse, take advantage of their vulnerability, or control a person by paying or bribing them)
- Other .....

### 2.2 What do you think makes people a victim of gender-based violence?

- Gender stereotypes of men and women (a man is tough and has to provide for his family, it is a woman's duty to take care of someone, a woman is weak, etc.);
  - Appearance and behavior of girls and women;
  - Low standard of living, unemployment, poverty, low income, unappreciated work;
  - Strict traditions and customs of the area (women must obey their husbands, parents must make the decision to marry, women are human beings and must live with their in-laws, Kazakhs must marry Kazakhs, the youngest son in the family must stay at home, etc.);
  - Unfavorable family atmosphere, someone in the family is addicted to alcohol, domestic violence and pressure, family separation;
  - Biased attitude of parents towards girls and boys (boys will take their lives even if they do menial work, girls must get higher education to become human beings, girls should be good at housework, boys should do hard work);
  - Geographical location living far from the center of Sumy;
  - Street lighting is poor, alcoholism and crime are high in residential areas;
  - Inadequate information and training for sexual and ethical education and legal education for citizens;
  - Movies showing promiscuity and promiscuous sexual life, Internet use, inappropriate use of social networks;
  - Overcrowding at home
  - Other [.....]

**NOTE:** After completing the above question, the Moderator will start the next question by telling the participants the definition of gender-based violence.



**Definition:** Gender-based violence: Actions or omissions that cause or may cause physical, sexual, or emotional harm to others based on gender.

**2.3 Gender-based victims often do not report; or conceal. So, what do you think is most likely to influence the situation?**

- Shame and fear
- Lack of understanding and knowledge (gender stereotypes)
- Tendency to blame oneself
- Pressure from others (bullies, family members, school management, teachers, students)
- Doubt (nobody wants to believe, tends to blame the victim)
- Victims do not know their location (due to remote rural location)

**2.4 Who do you think is most affected by gender-based violence during the Dzud?** (children, women, elderly, children with disabilities, people with disabilities and others)

**2.5 Where and from whom do you mainly get information on how to prevent becoming a victim of gender-based violence?**

- From the family environment: family members, siblings, relatives
- From place of residence: joint team, experts from governmental and non-governmental organizations
- From social media: Facebook, group chats, websites, etc.
- Others:

**2.6 How effective have measures been to prevent becoming a victim of gender-based violence?** (Clarify where and who organized it, whether or not you participated, and how it was delivered) **What methods would be more understandable and useful for citizens to conduct the event/measures?**

**THREE. PSYCHOLOGICAL PROBLEMS AND THE ABILITY TO OVERCOME THEM**

**3.1 Have you ever heard of a close one or friend being a victim of gender-based violence? Where and from whom did you get this information?**

**3.2 Did you turn to someone or an organization when you became aware of a victim of gender-based violence?** (102, 107, 108 phone numbers, joint team, parents, brothers, sisters, relatives, grandparents, friends. Clarify who received help)

**3.3 If there is an incident of gender-based violence during Dzud, according to your observation:**

**3.3.1 What negative consequences did the person experience?** (clarify psychological problems such as stress, psychological depression, fear)

**3.3.2 How did they cope?**

**3.3.3 What services did victims of gender-based violence receive during Dzud?** (specify which organization and who)

- Emergency services (emergency medical assistance, emergency legal assistance, emergency social work assistance, psychological counseling, psychotherapy services)
- Protection and rehabilitation services (travel services, social work services, psychological counseling, psychotherapy, therapy, mediation, learning positive parenting methods to improve family relationships, change behavior, case management services, employment support, mediation, increase income, reintegration)

**3.3.4 Were the needs and preferences of victims of gender-based violence prioritized when providing services?** (or received the service at someone else's decision)

PARTICIPANT INFORMATION						
Nº	Name	Gender	Age	Education	Address	Telephone number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						