



Impact Assessment Report

Project Number: 54209-001
Knowledge and Support Technical Assistance

IMPACT ASSESSMENT REPORT

Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis

This consultant's report does not necessarily reflect the views of ADB or the Government concerned, and ADB and the Government cannot be held liable for its contents.

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ABBREVIATIONS AND NOTES

ABBREVIATIONS

ADB	Asian Development Bank
DV	Domestic violence
FCYDA	Family, Children, and Youth Development Agency
GBV	Gender-Based Violence
MDT	Multi-Disciplinary Team
MNB	Mongolian National Broadcaster
MOJHA	Ministry of Justice and Home Affairs
NCAV	National Center Against Violence
NIFS	National Institute for Forensic Sciences
NLI	National Legal Institute
OSSC	One Stop Service Centre
PPE	Personal Protective Equipment
TS	Temporary Shelters
USM	Ultra Sound Machine

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SUMMARY

The COVID-19 pandemic and lockdown resulted in the disruption of economic activities and increasing socio-economic vulnerabilities. Countries were affected differently depending on such factors as health emergency preparedness and healthcare system capacity.

The quarantine measures reinforced during COVID-19 as preventative measures lead to an increase in violence against women at home. Number of misconduct offenses related to domestic violence in Mongolia were reported to increase by 61.6% increase in DV cases in the first quarter of 2020. Ninety three percent of victims of domestic violence were women.¹ The police-run hotlines reported 19% increase and nongovernment-run helplines reported a 30% increase in calls to report domestic violence². The number of victims of domestic violence seeking shelter increased by 50% in 2020³.

The Technical Assistance on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis (MON-6530) aimed at helping Mongolia to respond to the gendered impacts of COVID-19 outbreak and strengthening measures to prevent and mitigate negative consequences for women. The TA had the following three outputs:

Output 1: Domestic violence response operations supported and shelter capacity increased;

Output 2: Prevention awareness and virtual counseling support services provided;

Output 3: Emergency response mechanism established

The TA planned to increase outreach and access of victims of DV to emergency support services, including immediate emergency support, information, and counseling in situations of limited mobility as that presented during the systemic crisis caused by the COVID-19 pandemic. The TA focused on the three identified issues that needed urgent intervention and support during the COVID-19 emergency:

- i. **Increase in reported cases of domestic violence against women;**
- ii. **Lack of safety protocols and equipment for first response and shelter services;**
- iii. **Inadequate capacity to respond to increased demand for hotline services.**

The impact assessment. The impact assessment of the intervention evaluates (i) the critical response mechanisms for domestic violence operational during the crisis; (ii) the enhanced preventive action. The impact assessment captures lessons and the impact of TA emergency response actions to inform future operations to address domestic violence in the country.

Findings. Output 1. Under output 1, the TA planned to procure and provide items for increasing the safety of first responders, staff, and residents of shelters as well as procurement of mobile ultrasound units to enhance the response capacity of forensic services.

The Impact Assessment demonstrated that the planned procurement activities under output 1 were timely. Personal protective equipment including protective gowns, surgical masks, gloves, disinfection items, hand sanitizers, soaps, and infrared thermometers to increase the

¹ National Police Authority. Monthly crime statistics for 2020.

² MLSP and SDC/UNFPA. 2020. Report. Rapid assessment of the impact of Covid-19 on the GBV/DV situation and survivor protection service in Mongolia report.

³ Ibid.

safety of first responders and shelter residents during the pandemic were procured and delivered to 14 shelter and 15 OSSCs nationwide, and Municipal Police Department. This was the first and major PPE support to OSSCs/TSs in aimags. Three mobile ultrasound units for the examination of victims were provided to the National Institute for Forensic Science (NIFS) and one of the machines was handed over to Khuvsgul aimag Forensic Laboratory.

The provision of PPEs had a positive impact on the mental health of service providers and their clients. The interview with OSSC/TSs social workers demonstrates that the social workers felt supported wearing the provided face masks and face shields and as a result, they felt safe and relaxed when accepting clients. The impact assessment survey among OSSC and shelter staff shows that the survey respondents found the most useful items in the PPE to be face masks, sanitizers, and hand soaps. These items, according to the respondents are used more frequently and can be used for a longer period.

After receiving the mobile ultrasound unit supported by the TA, the NIFS in Ulaanbaatar can now provide diagnosis with a modern machines both at NFIS, the prison and other premises. Doctors at the NFIS in Ulaanbaatar conducted ultrasound examination for 32 cases of sexual violence and 15 cases of injuries in 2021. As of September 2022, the NIFS doctors examined 39 cases of sexual violence and 18 cases of emergency injury.

One unit was delivered to NFIS branch in Khuvsgul, the largest province in Mongolia. By end of 2021, the doctor of the Forensic Laboratory in Khuvsgul aimag carried out 515 ultrasound examinations to determine the degree of injury. By September 2022 the Khuvsgul branch of the Forensic Laboratory conducted 640 ultrasound examinations of injured people and 78 or 12.1% of ese were victims of domestic violence.

Output 2. Output 2 was directed to increasing the government and non-government organizations' outreach capacity in providing information and counseling services to address the needs of DV victims during the COVID-19 crisis, while increasing public awareness for effective prevention and increased reporting of DV cases.

The multimedia communication campaign targeted to increase awareness about GBV chatbots during the COVID-19 pandemic was launched with delay. Activities started in August 2022, a year after the chatbots were launched. A broadcasting institution the Mongolian National Broadcaster (MNB) recruited for the communication campaign selected TV as the main broadcasting channel and MNB long-wave radio for the media campaign. The developed TV and radio programs were found to be ineffective when providing information on the chatbots. Most of the FGD participants did not see or understand the main messages of the developed programs. Majority of the new users of the chatbot learned about the service from the MNB social media, such as Facebook. The new users however learned about chatbots after COVID 19 restrictions were lifted, while the main intention of the chatbots was to provide support to the victims of DV and their families during the pandemic.

The National Legal Institute (NLI) under MOJHA and an NGO 'National Center Against Violence' (NCAV) received computers to enhance their chatbot and digital counseling operations. Two chatbots were launched in NLI & NCAV as of April 2021. To reach out to people living in rural areas with low internet connectivity, the chatbot's SMS mobile texting function was developed. The TA has facilitated the engagement of an additional counselor for the NCAV to keep the domestic violence hotline operational for 24 hours 7 days a week and two operators for the NLI.

NCAV reported that during the first three months after the chatbot was launched, 158 new users contacted the chatbot and by the end of 2022, 1109 calls from new users were

registered. The NLI chatbot, as per the data received in December 2022, received 7410 calls. The data from December 2022, shows that most of the users called to seek counseling (32.6%). The NCAV chatbot is the only service available for victims of violence when they are not at the OSSC and shelters.

As NLI provides legal assistance only, the NLI chatbot shares legal information, such as the types of violence and the divorce process. During the period of May to September 2022, 246 individuals received legal advice.

A hackathon was organized by Mongol Mass Media in partnership with NGO “Start-Up”. 72 teams registered to participate in the competition and 16 were selected as semi-finalists. In the final round, two teams were selected as winners. Two prototypes selected in the second round were: (a) team “Tarzov”, which developed a web-based “Online SOS” sexual harassment reporting platform that had a function for free self-assessment with a chatbot feature, referral services that could potentially be linked to the police, and a database to record cases of cyberbullying; and (b) team “#MeToo”, which developed the #MeToo brand for the Mongolian context and a prototype online risk assessment tool using a game model.

Two training on mental health and stress management were conducted for OSSC and TS, which included 175 staff from OSSC/TSs nationwide. A separate three days training for Police Psychologists on mental health and stress management was conducted that covered 60 police psychologists nationwide.

OSSC/TS respondents found the training useful and 92.3 percent confirmed it met their needs. The majority of the respondents found the training as being timely (96.2%). The OSSC/TS personnel agreed the training helped them prioritize their own mental health. 88.5% of survey respondents found the training well-organized, however, the online training format was viewed as effective only by 60% of participants. The training was organized during working hours. As a result, most of the training participants were not able to concentrate on the training as they had other work-related responsibilities.

Similarly, 93% of police psychologists found the training useful, although half of them attended similar training in the past. 80 % of the respondents agreed the training had some impact on their performance and 93 % found the training well-planned. The police psychologists, although trained to provide mental health support to police officers are currently mostly engaged to perform administrative tasks within their police departments. Such distribution of roles prevents the police psychologists to provide their expertise and is a barrier to receive timely psychological support for the police officers. However, as a result of the training, they have started focusing more on their main tasks to support the police officers.

I. INTRODUCTION

A. BACKGROUND

1. COVID-19 has prompted global economic shock, resulting in the disruption of economic activities and aggravating socio-economic vulnerabilities across the world. The pandemic has affected countries differently depending on each country's healthcare system's resilience. COVID-19 also revealed a lack of health emergency preparedness due to inadequate healthcare system capacity in most low and middle-income countries⁴. Similarly, COVID-19 demonstrated the fragility of the Mongolian healthcare system⁵.
2. As one of the first countries to take preventative measures against COVID-19 and to avoid a further outbreak, Mongolia, closed its borders, restricted social gathering, and shut down schools and businesses⁶. The government of Mongolia has adopted a phased self-quarantine policy to prevent and control the pandemic⁷. Some of the restrictions imposed during COVID 19 outbreak included cancellation of public events, mandatory quarantine measures, and restrictions on public venues and nonessential retail services,
3. The COVID-19 pandemic socio-economic impact affected Mongolia in many ways. In early 2020, the economic growth of the country declined by 10.7%, due to a 30% decline in the mining and quarrying sector, which accounts for 24% of the GDP⁸. The largest share in the GDP (39%) coming from the service sector, including trade, declined by 6.8% as a result of COVID-19 controlling measures⁹. The crisis hit the population of the country; men and women experience the impact differently. Men are reported to be at higher risk of infection and health impacts in Mongolia¹⁰. Women, however, face greater hardship associated with (i) their predominant role in the health sector¹¹ and (ii) their participation in small family-owned businesses, which have been reduced in scale and profitability as a result of the pandemic-related restrictions¹².
4. Reports of violence against women have increased in countries where quarantine measures, are reinforced keeping people at home to prevent COVID-19 spread. Similarly, as a result of the economic hardship and confined living conditions during the pandemic, cases of domestic violence in Mongolia became more common. In the first quarter of 2020, 279 domestic violence crimes were registered, which is slightly

⁴ A. Dagvadorj, B. Jantsansengee, et al. 2022. Health emergency preparedness and response to the COVID-19 pandemic: Lessons learnt from Mongolia. *The Lancet Regional Health - Western Pacific* 2022. Available at: [https://www.thelancet.com/pdfs/journals/lanwpc/PIIS2666-6065\(22\)00051-7.pdf](https://www.thelancet.com/pdfs/journals/lanwpc/PIIS2666-6065(22)00051-7.pdf)

⁵ Ibid.

⁶ Gombodorj, G.; Pet'o, K. 2022. What Type of Households in Mongolia Are Most Hit by COVID-. 19? *Sustainability* 2022, 14, 3557. Available at: <https://doi.org/10.3390/su14063557>

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ N. Chen et al. 2020. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. *The Lancet*.

¹¹ In Mongolia women make up to 82% of the health workforce (ADB,2020. Technical Assistance Report. Mongolia: preventing and addressing domestic violence in Mongolia during the COVID-19 crisis).

¹² ADB,2020. Technical Assistance Report. Mongolia: preventing and addressing domestic violence in Mongolia during the COVID-19 crisis.

lower than the previous year¹³. However, 63% increase in reported misconduct cases from 1,900 during the first quarter (Q1) of 2019 to 3,100 during Q1 of 2020 were recorded by the police¹⁴. 77% of the cases included physical violence with 90% being committed in a family setting. 93% of victims of domestic violence were women. At the same time, police-run hotlines reported 19% increase and nongovernment-run helplines reported a 30% increase in calls to report domestic violence¹⁵. Victims of domestic violence seeking shelter increased by 50% in 2020¹⁶.

5. At the beginning of 2020, Mongolia had 14 temporary shelters and 15 OSSCs (one-stop service centers) that provide health, legal, and counseling services, and short-term accommodation for victims of domestic violence. The shelters and OSSCs remained open during the COVID-19 crisis to provide support to the victims of domestic violence. The institutions however lacked the required personal protective equipment (PPE) to safely provide support to the victims. At the same time, the shelters and OSSCs did not have protocols to reduce the exposure of residents to COVID-19 when new victims were received and sheltered. The facilities had no budget to purchase additional decontamination and disinfection materials. As a result, the first responders, including administrative police assigned to attend to domestic violence cases and staff members working in these institutions were at risk of possible exposure and infection.
6. The channels to respond to increased demand have remained limited to a 24-7 police hotline (107) dedicated to domestic violence emergencies and one domestic violence information and counseling hotline run by the nongovernment organization National Center Against Violence (NCAV), which operates from 9 a.m. 6 p.m. This limited the possibility for victims to reach the services during the quarantine period when their movement was restricted.

B. GENDER-BASED VIOLENCE IN MONGOLIA

7. Mongolia has a high prevalence of GBV. The National Study on Gender-based Violence in Mongolia, conducted in 2017 demonstrates that 12.7% of women and girls above the age of 15 were subject to physical, sexual, or psychological violence by a current or former intimate partner in the last 12 months¹⁷. The study also found that 2.6% of women and girls above the age of 15 were subject to sexual violence by persons other than an intimate partner in the last 12 months¹⁸. The NSO 2017 study reported that 31.2% of ever-partnered women have experienced physical and/or sexual violence in their lifetime, which is close to the global estimate of 30 percent¹⁹.

¹³ MLSP. 2020. Report. Rapid assessment of the impact of Covid-19 on the GBV/DV situation and survivor protection service in Mongolia. By Chantsaldulam M. & Tsogbayar B. within SDC/UNFPA project.

¹⁴ MLSP and SDC/UNFPA. 2020. Report. Rapid assessment of the impact of Covid-19 on the GBV/DV situation and survivor protection service in Mongolia.

¹⁵ Ibid.

¹⁶ Ibid.

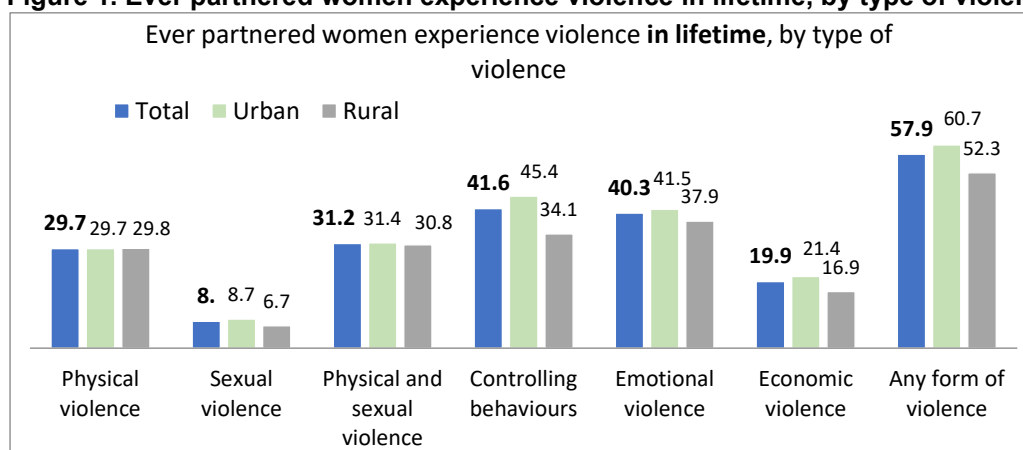
¹⁷ NSO and UNFPA. 2018. Breaking the silence for equality: 2017 National Study on Gender-based Violence in Mongolia. 2017 National Study on Gender-based Violence in Mongolia.

¹⁸ Ibid

¹⁹ NSO and UNFPA. 2018. Breaking the silence for equality: 2017 National Study on Gender-based Violence in Mongolia. 2017 National Study on Gender-based Violence in Mongolia

8. According to the study the lifetime prevalence of emotional violence (40.3%) and controlling behavior (41.6%) was high with 22.4% and 23.8% experienced in the current relationship. The difference by age group in the prevalence of controlling behavior demonstrates that compared to the overall average of 41.6% of controlling behavior in a lifetime, 54.7% was among teenage girls aged 15-19 experienced with a current or former partner²⁰. One in five (19.9%) of ever-partnered women experienced economic violence and 12% of those in the last 12 months. More than half (57.9%) of Mongolian women reported experiencing one or more of the five types of violence in their lifetime, and one-third or 35% experienced violence in the last 12 months²¹ (see Figure 1). According to the report, young women are at higher risk of partner violence with 42% reporting partners' current physical and sexual violence in 2017²².

Figure 1. Ever partnered women experience violence in lifetime, by type of violence



Source: NSO and UNFPA, 2018

9. The same study analyzed the reporting behavior of the GBV²³. According to the results, 26.5% of women participating in the study did not report their experiences and did not share the case with anyone before the survey. Only 8.3% confessed they reported the violence. Among those 23.9% reported violence to the police and 13.2% referred to a health facility for help; another 12.5% sought the support of monks and/or religious leaders. The percentage of women seeking help from a shelter or other care services was less than 1.5%.
10. The reason for not seeking help, according to the women in the study dated 2017, was that many were not able to endure more violence (68.6%), while others were not able to seek help as a result of being badly injured (42.7%)²⁴. A more recent study shows that the reason for not contacting temporary shelters (TS) and one-stop service centers (OSSC) could be associated with the lack of knowledge and awareness among people about the existence of such services (59.6% of the people in the survey did not know about the OSSCs and TSs)²⁵. The belief that tolerating violence can save the family and prevent children from being orphaned could be a contributing factor to not

²⁰ Ibid

²¹ Ibid

²² Ibid

²³ NSO and UNFPA. 2018. Breaking the silence for equality: 2017 National Study on Gender-based Violence in Mongolia. 2017 National Study on Gender-based Violence in Mongolia.

²⁴ Ibid.

²⁵ NSO and UNFPA. 2020. Report on the survey evaluating the public's knowledge and attitudes toward gender-based violence and client satisfaction with one-stop service centers/temporary shelters. Ulaanbaatar.

reporting cases of violence. The study from 2020 demonstrates that 26.3% of the people surveyed agreed that tolerating violence is important for saving the family.²⁶

C. GENDER-BASED VIOLENCE DURING COVID 19

11. Cases of GBV related misconduct offenses increased significantly during COVID-19 in Mongolia, although DV crimes decreased in the first quarter of 2020 and 279 crimes were registered²⁷. About 91.8% of domestic violence was committed by men; 41.9% was committed by offenders using substances. The cases of violence increased both in the urban (48.1% in Ulaanbaatar) and rural (51.9%) areas²⁸. In total 273 people experiences violence, including 238 (87.2%) women and 30 (11.0%) children²⁹. Domestic violence increased by 18.7% compared to the same period of the previous year with violence against children increasing by 2.1% and against women by 11.7%³⁰.
12. The number of clients in OSSCs and TS increased in the first quarter of 2020 by 88.7% in comparison to the previous year³¹. Calls received by the Police Shelter Hotline for counseling purposes increased by 40.8% compared with the same period in 2019³². The increase in number of victims seeking shelter went up to 50% in quarter one of 2020 compared with the previous year³³.
13. During the second quarter of 2020, when the first cases of COVID-19 were reported, the number of victims staying in the OSSC and shelters decreased. At the same time, phone calls to the hotlines and phone calls and consultation and counseling visits to the centers increased.³⁴ Similar trends were reported by the National Statistics of Mongolia, demonstrating a minor increase in the cases of crimes related to cyber security (2.6% increase)³⁵. The decrease in registered domestic violence crimes but an increase in phone calls and consultation requests demonstrated the urge of providing victims of GBV with remote services, such as enhancing hotline service and developing online services.

D. ADB TECHNICAL ASSISTANCE

14. The knowledge and support technical assistance (TA) on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis (MON-6530) aimed at helping Mongolia to respond to the gendered impacts of the COVID-19 outbreak and strengthening measures to reduce rates of transmission and mitigate negative

²⁶ NSO and UNFPA. 2020. Report on the survey evaluating the public's knowledge and attitudes toward gender-based violence and client satisfaction with one-stop service centers/temporary shelters. Ulaanbaatar.

²⁷ MLSP and SDC/UNFPA. 2020. Report. Rapid assessment of the impact of Covid-19 on the GBV/DV situation and survivor protection service in Mongolia report.

²⁸ Ibid

²⁹ MLSP and SDC/UNFPA. 2020. Report. Rapid assessment of the impact of Covid-19 on the GBV/DV situation and survivor protection service in Mongolia report.

³⁰ Ibid

³¹ Ibid

³² Ibid

³³ Ibid

³⁴ Ibid

³⁵ NSO. Bulletin for Jan-June, 2020. Available at: https://1212.mn/BookLibraryDownload.ashx?url=Bulletin_2020_6_eng.pdf&ln=Mn (last accessed in October 2020)

consequences on women. The TA is in line with the objectives of ADB's country partnership strategy, 2017–2020 for Mongolia. The TA is part of the ADB's package to provide support to Mongolia in fighting and preventing COVID-19 spread.

15. The TA was approved on June 25, 2020, and became effective on June 30, 2020. The final completion date has been set as December 30, 2022. The Technical Assistance on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis has the following outputs.
16. **Output 1: Domestic violence response operations supported and shelter capacity increased.** Under this output, the TA supported the safety of first responders during the pandemic through the procurement of (i) basic PPE, first aid kits, and disinfection items for all 14 shelters and 15 OSSCs across the country, as well as first responder police units; (ii) three mobile ultrasound units for forensic examination of victims; and (iii) information technology hardware (e.g., desktop computers) to enhance digital counseling operations.
17. **Output 2: Prevention awareness and virtual counseling support services provided.** The TA aimed to increase the outreach capacity of government and non-government organizations to provide information and counseling services that address the needs of victims of domestic violence during the COVID-19 crisis while increasing public awareness for prevention of DV and increased reporting. This was planned to be achieved through (i) supporting the expansion of information technology and digital infrastructure of the National Legal Institute (NLI) and the National Center Against Violence (NCAV) (e.g., using chatbots) to complement existing hotlines and counselling services; (ii) designing and implementing a multimedia communication campaign targeting people and families at risk of domestic violence with messages designed to prevent domestic violence in the context of the COVID-19 crisis; (iii) responding to increased demand for psychosocial counseling by enhancing capacity during the COVID-19 crisis through the provision of one additional counselor under the NCAV for the duration of the TA; (iv) organizing a hackathon to identify innovative digital solutions to address new forms of gender-based violence (GBV) such as cyberbullying; and (v) conducting virtual training programs for first responders of emergency response in cases of sexual violence, for shelter operators on stress management and mental health, and training of trainers for police psychologists. Output 2 was expected to generate valuable lessons for future operations to address domestic violence in Mongolia and Asia and the Pacific.
18. **Output 3: Emergency response mechanism established.** This output was directed to support services for strengthening government sex-disaggregated data collection during the COVID-19 crisis, including strengthening the database and data confidentiality mechanisms, monitoring capacity for rapid response, and capturing lessons and impact of TA emergency response actions to inform future operations to address domestic violence in the country.

II. TECHNICAL ASSISTANCE IMPACT ASSESSMENT

A. PURPOSE AND SCOPE OF THE EVALUATION

19. The key aim of the TA is to increase outreach and access for victims to emergency support services, including immediate emergency support, information, and counseling in situations of limited mobility as that presented during the systemic crisis caused by the COVID-19 pandemic. The TA focused on the three identified issues that needed urgent intervention and support during the COVID-19 emergency:
- i. **Increase in reported cases of domestic violence against women.** Cases of domestic violence increased by 63% during the first quarter of 2020 with 77% being physical violence and about 93% committed against women. The number of victims of domestic violence requesting shelter services increased by more than 50% during that period.
 - ii. **Lack of safety protocols and equipment for first response and shelter services.** All shelters and OSSCs remained open during the COVID-19 crisis. The institutions however lacked the required PPE and had no protocols to minimize the risk for existing residents with COVID-19. At the same time, the institutions had no budget for purchasing decontamination and disinfection materials. As a result, both the victims of domestic violence and the first responders to the cases of domestic violence, such as the staff of the shelters and OSSCs and administrative police were at a high risk of exposure and infection.
 - iii. **Inadequate capacity to respond to increased demand for hotline services.** With the increased cases of domestic violence, the channels to respond to the demand were limited. Only two hotlines operated during COVID 29 pandemic: the 24/7 police hotline (107) and the domestic violence information and counseling hotline run by the nongovernment organization, which operated from 9:00 a.m. to 6:00 p.m.
20. Based on the issues identified above, the impact assessment of the intervention evaluates (i) the critical response mechanisms for domestic violence operational during the crisis; (ii) the enhanced preventive action. The impact assessment captures lessons and the impact of TA emergency response actions to inform future operations to address domestic violence in the country.

B. APPROACH AND METHODOLOGY

21. To reach the goal identified in paragraph 20, data collection methodology table with mixed quantitative and qualitative data collection tools was developed (Appendix 1). Targeted surveys, interviews, and discussions with stakeholder groups, community members, and beneficiaries were used to obtain the best combination of quantitative and qualitative information as the basis for deriving significant conclusions.
22. The Impact Evaluation activities consisted of six main tasks: (i) preparatory work, including developing survey questionnaires, focus group discussion and interview guides; (ii) field tests and editing/finalizing the data collection tools; (iii) completion of the survey questionnaires; (iv) field visits to 10 sites nationwide, including 4 provincial centers and 4 rural soums, and two districts of Ulaanbaatar city; (v) transcription and analysis of the findings; and (vi) preparation of the final report.
23. The consultants prepared a focus group discussion guide and interview questions with representatives of shelters, OSSCs, police units, the National Forensic Institute, National Legal Institute and the National Center Against Violence, with questions to evaluate the experience of the staff during COVID-19 prior to receiving the assistance

and after receiving assistance through the TA. The interview questions with the women survivors of domestic violence targeted the availability of the services, the hotlines, and access to support during the pandemic. Focus group discussions with the community members included questions to assess the media campaign's effectiveness. The quantitative survey prepared by the team targeted staff members of the shelters, OSSCs, and police units, which included questions on the received PPE and its usefulness, and covered questions related to the training received by the representatives of these institutions on mental health and stress management (the data collection tools can be found in Appendix 4).

24. The national consultant together with a research assistant conducted field data collection at 14 sites, including 6 provincial centers and 6 rural soums, and two districts of Ulaanbaatar city. Table 1 below provides full information on the number of respondents and the data collection methodology.

Table 1. Number of respondents per category and data collection method

Category	In-depth Interviews	Focus group discussions	Survey	# of men	# of women
OSSCs/Shelters staff		5 FGDs (with 20 staff)	29	3 (10.3%)	26 (89.7%)
Police Psychologists	3		29	5 (17.2%)	24 (82.8%)
Survivors	5			0	5 (100%)
Community members, by location		42 FGDs		61 (27.6%)	160 (72.4%)
Total	5	47 (241 participants)	58	69 (24.3%)	215 (75.7%)

25. Community Focus Group Discussions were conducted in six provincial centers, six rural soums, and two districts of the capital city of Ulaanbaatar. Three different FGDs were organized in each location: (a) with women above 35 years of age; (b) with women aged 35 and below; (c) with mixed age men. Of the 221 participants in the FGDs, 40.8% were women aged 35 and older, 32.1% were women 35 and younger, and the remaining 27.0% were men. 86.2% of respondents provided information on marital status in the anonymous registration form, where 76.3% were married, 13% were single, 7.1% were divorced, and 3.6% were widowed. 67% of respondents were employed and 33% were unemployed. FGDs were transcribed into Mongolian language and translated for the report.

C. REPORT FINALIZATION

26. This report is based on the findings from the desk review, interviews, focus group discussions, and survey; responses from NGO, private companies, government representatives, community members, and beneficiaries. The draft was shared with ADB departments and the government of Mongolia, and the comments received have been incorporated. The finalized draft was shared with MOJHA.
27. The main findings were presented to ADB, relevant Mongolian government agencies, and key stakeholders via online presentation in January 2023. All comments and feedback were taken into account during the finalization of the report. The main

lessons, best practices, and recommended actions will be shared with decision-makers and main stakeholders.

III. KEY IMPACTS

28. This section presents the key impacts of the Technical Assistance, using data from the desk review, interviews, focus group discussions, and survey undertaken under the scope of the evaluation.

A. OUTPUT 1. DOMESTIC VIOLENCE RESPONSE OPERATIONS SUPPORTED AND SHELTER CAPACITY INCREASED

29. The TA aimed to support domestic violence response operations and sustain shelter capacity during the COVID-19 pandemic. Within output one, it was planned to procure items to increase the safety of first responders, staff, and residents of shelters as well as to enhance the response capacity of forensic services and increase the outreach of counseling services. The items for procurement included personal protective equipment (PPE), mobile ultrasound units, infrared thermometers, disinfection materials, and information technology hardware and equipment. Under output 1, the following activities were planned:

- i. Procurement of items to increase the safety of first responders, staff, and residents of shelters
- ii. Procurement of mobile ultrasound units to enhance the response capacity of forensic services

30. Below is the information on each activity analyzed by progress and impact.

Procurement of items to increase the safety of first responders, staff, and residents of shelters

31. **Progress:** Personal protective equipment including protective gowns, surgical masks, gloves, disinfection items, (first aid kits), hand sanitizers, soaps, and infrared thermometers to increase the safety of first responders and shelter residents during the pandemic were procured and delivered to 14 shelter and 15 OSSCs nationwide, and Municipal Police Department.

32. **Impact:** The distribution of PPE to OSSCs and TS was perceived as ‘timely’ by the staff members of the establishments. This was the first time for the OSSCs and TSs at the aimag level to receive PPE support. At the time of receiving the PPE, COVID-19 was not yet registered in most of the aimags. Some of the OSSCs and TSs, therefore, prepared for the emergency situation by teaching their clients the proper use of PPE. *“Our clients used masks and face shields to go outside or to health centers and other services. Particularly, the children liked using the masks and learning how to protect them in case of an outbreak”.* (Social worker from OSSC, Dornod aimag, follow-up interview, May 2021)

33. In total 255 frontline service providers in 15 OSSCs and 14 TSs nationwide³⁶ benefitted from PPEs and other supplies. The supported OSSC/TSs have the capacity to receive 312 victims daily. According to the impact evaluation analysis, in February and March,

³⁶ At the time, one shelter was converted into OSSC, so there were 16 OSSCs and 13 shelters.

2021, OSSC/TSSs covered 1594 survivors of domestic violence; 761 children and 98 adults (96% of females). 422 children (60% girls) were newly admitted and 357 adults (85% female) and 709 children (55% girls) received in-person counseling.

34. The Municipal Police Department distributed PPEs to the staff responsible for maintaining public order. 1398 police officers in the capital city Police Department received PPEs.
35. The provision of PPEs had a positive impact on the mental health of service providers and their clients. The interview with OSSC/TSSs social workers demonstrates that the social workers felt supported working in face masks. The staff reported feeling safe and relaxed when accepting clients. A social worker from an OSSC in Ulaanbaatar said: *“Usually when victims come here, they run away from home in a hurry and therefore have no extra clothes and/or sanitation kits. They feel cared for when they receive personal protective supplies. This is particularly true for children; children were happy to get face shields and face masks”*. (Social Worker, OSSC Ulaanbaatar, follow up interview, May 2021)
36. The impact assessment survey among OSSC and shelter staff shows that the survey respondents found the most useful items in the PPE to be face masks, sanitizers, and hand soaps. These items, according to the respondents are used frequently and can be used re-used. The infrared thermometer was reported as useful because all offices were required to measure visitors’ temperature regularly. For example, shelters in Selenge aimag, could not find infrared thermometers in the local market because, after the outbreak of COVID-19, thermometers were not available due to high demand. Therefore, the staff members of the shelter, agreed that the most useful item in the package was the infrared thermometer. Moreover, according to survey respondents: *“using PPEs when interacting with clients created a positive attitude and a feeling of being in a safe and clean environment”*. *“The victims, women, and children and our staff used these items daily, which created positive emotions”*(OSSC and shelter staff, online survey).
37. Paracetamol was identified as less useful item in the package as it was provided in large quantity. After a year following the PPE distribution, some OSSCs/shelters still keep paracetamol, while other OSSCs/shelters gave the medicine to those who needed it or exchanged it with other medicines or vitamins required at the shelters.

Procurement of mobile ultrasound units to enhance the response capacity of forensic services

38. **Progress.** Three mobile ultrasound units for the examination of victims were provided to the National Institute for Forensic Science (NIFS). One of the machines was handed over to Khuvsgul aimag Forensic Laboratory.
39. **Impact.** Before the TA support, the NIFS had only one old Ultrasound machine. The institute had to refer victims to other hospitals to get digital diagnoses. After receiving the mobile ultrasound unit supported by the TA, the NIFS can provide a diagnosis within their premises and at other institutions, for example, the prison. The quality of the units was confirmed by the NIFS doctors.
40. Khuvsgul aimag one of the largest aimag with a population of 148,000 people and the highest crime rates (2nd in the country), received one USM for the Forensic Laboratory. Within a month after receiving the USM, 94 people were diagnosed using the new

ultrasound equipment, 48 of which were related to forensic cases, including victims of assaults (31), rape (3 cases), domestic violence (15 cases), traffic accidents (3 cases) and other crimes (7 cases).

41. By end of 2021, the doctor of the Forensic Laboratory in Khuvsgul aimag carried out 515 ultrasound examinations to determine the degree of injury. 38 cases were of children between 0 to 17 years and 477 adults above 18 years of age. 65 persons out of 515 or 12.6% were victims of domestic violence. By September 2022 the Khuvsgul branch of the Forensic Laboratory conducted 640 ultrasound examinations of injured people, of which 38 were between 0 to 17 years of age and 477 were over 18 years. Of the 640 people examined, 78 or 12.1% were victims of domestic violence. Moreover, cases of additional benefits in receiving the USM are reported. For example, a victim of DV was diagnosed with cancer at an early stage while she was examined for DV-related cases.
42. Doctors at the NFIS in Ulaanbaatar conducted ultrasound examinations for 32 cases of sexual violence, and 15 cases of injuries in 2021. As of September 2022, the doctors examined 39 cases of sexual violence and 18 cases of emergency injury.

B. OUTPUT 2. PREVENTION AWARENESS AND VIRTUAL COUNSELING SUPPORT SERVICES PROVIDED

43. Under output 2, the TA planned to increase the government and non-government organizations' outreach capacity in providing information and counseling services to address the needs of DV victims during the COVID-19 crisis, while increasing public awareness to prevent DV and increased the number of reported DV cases. The following activities were planned for Output 2:
 - i. Design and implementation of a targeted multi-media communication campaign;
 - ii. Design and configure a chatbot and mobile app functionality to provide social and legal information and referral links to victims of domestic violence;
 - iii. Organize a hackathon for digital solutions to address new forms of violence, such as cyberbullying;
 - iv. Organize a virtual training program for first responders of DV in cases of sexual violence;
44. Each activity is analyzed below by progress and impact.

Design and implementation of a targeted multi-media communication campaign

45. The multimedia communication campaign was designed to increase awareness and promote GBV digital platform to address (i) increased exposure to risks, and the difficulties of GBV survivors and family members in accessing information and support due to mobility restrictions related to quarantine; and (ii) increased risk of sexual violence and bullying among adolescents that spend more time online. The communication campaign was to drive traffic to the digital platform and guide people at risk of violence to the available options, depending on their digital capacities, including chatbots, mobile applications, private chat groups, websites (i.e., the NCAV and NLI websites), social media pages, and other channels to access the information.
46. **Progress.** The multimedia communication campaign to increase awareness about GBV chatbots during COVID-19 pandemic was launched with delay. Activities started

by the end of August 2022, a year after the chatbots were launched and COVID-19 restrictions were lifted. Due to the delay, the chatbots started functioning in April 2021 without any prior advertisement. NLI was forced to develop communication messages and promote chatbots on its digital platforms due to the communication campaign delay. A leading public broadcasting institution the Mongolian National Broadcaster (MNB) was recruited for the communication campaign. MNB selected TV as the main broadcasting channel for the media campaign³⁷. According to the TV Viewing survey, 81-82% of people aged 42 and above and 73% of people aged 26 to 40 watch TV between 14-21 hours on workdays³⁸. Similarly, 76% of people aged 42 and above and 68% of people between 26 to 40 spend time watching TV on weekends. Moreover, time spent watching TV increases during winter starting in November until April³⁹. MNB is broadcasting the campaign's short video content during the evening daily news premium hours, which starts at 8:00 pm. Based on the TV Viewing survey, the MNB selected the right time and program for airing the campaign content.

47. According to MNB, the institution proposed number of key professional staff to work on the media campaign, which was in line with their TOR. MNB proposal did not include such experts as MNB radio professionals and general editor on youth and children's programs. However, the proposed experts were not engaged in the project due to the changes in the internal management and in the schedule of the project. The changes resulted in miscommunication about the TA goals and expectations among the key team.
48. The TOR for the media communication campaign was not clearly defined, which led to a misunderstanding of the overall goal and target and unstructured set of activities. For example, promotion of the newly developed chatbots to increase DV victim to support during COVID 19, which was the main purpose of the media campaign less prioritized. Similarly, pre-testing of the media campaign programs and messages, as one of the main activities to ensure the campaign's success was not implemented on a larger scale to include community members.
49. MNB developed ten TV short videos, two TV programs "The Open Window", and 7 discussions with the guests during morning program to promote awareness of domestic violence and family relations. "The Open Window" program is a combination of talk shows, discussions of real-life cases, and entertainment parts where couples talk about their relationship. Apart from the TV, MNB selected the MNB long-wave radio as a communication channel for the media campaign to reach the rural areas.
50. MNB used social media, particularly Facebook to promote TV and radio programs. Total 34 Facebook stories were prepared by selectively taking some parts from their TV programs and disseminated on FB.
51. **Impact.** The FGDs results confirm that the best channel to disseminate DV-related messages during COVID-19 lockdown was TV. According to the TV viewing survey, the best TV watching time is during the evening news⁴⁰. Unfortunately, in the post-Covid period not many people watch TV news and most never watch the TV

³⁷ According to the survey in 2020 by MAXIMA, a total of 1.9 million people watch TV in Mongolia, from which 94% of the provincial/rural population and 90% of Ulaanbaatar citizens; 94% of residents of *Ger* districts and 90% of apartment residents, 93% of men and 92% of women watch TV on a regular basis.

³⁸ MAXIMA, 2020. TV watching survey.

³⁹ Ibid.

⁴⁰ MAXIMA, 2020. TV watching survey.

commercials. According to the FGDs, only people above 45-50 years of age, particularly older men, watch TV news in the evening. They watch MNB evening news at 8:00 PM, during which the media campaign shorts were aired, TV9's "Mongol comments" program at 6:00 PM, and other news at 7:00-8:00 PM. However, with multiple TV channels available today people do not watch advertisements. The quotes below demonstrate FGD participants view: "*Rural people do not watch commercials. I personally, for example, only watch the news, but do not watch the commercials*" (Aimag-2 FGD with men, October, 2022). "*I watch TV only occasionally. When I watch it, I only watch movies that I like. Then watch the "Mongol Comment" at 6 pm, and MNB news at 8 pm*" (Aimag-3 FGD with older women, October, 2022).

52. When the evaluation team showed the FGD participants the developed TV advertisement for the media campaign, almost no one recalled seeing the advertisement on TV. Besides, most of the FGD participants did not understand the key message and some even misunderstood the message. One of the video programs about the chatbot was taken for a "new apartment ad" because of a long introductory part.
53. The soum Multi-Disciplinary Team (MDT) members whose role is to refer victims of DV to counseling and other services, confirmed they did not see the TB advertisement about DV hotlines and chatbots. "*As a bagh governor, I have enough information and knowledge about MDT and children's rights. But I have not seen the ads about chatbot services*" (Soum-1, FGD with men, October, 2022).
54. The FGD participants did not understand the purpose of the chatbot following the media campaign programs for the following reasons: (a) the ads did not provide information about the chatbot, (b) the language of the ads was difficult to understand, and (c) the ads were not interesting to catch the viewers' attention. Some quotes from the FGDs to demonstrate the above: "*Because chatbot is a foreign word, many people do not understand what chatbot is.*" (NCAV Shelter Manager). "*I did not understand what is a chatbot. I just found out from you that it is a Facebook message*" (Aimag1.4 FGD with men, and Aimag1.0 FGD with women, November, 2022). "*I watched the advertisement but did not pay attention. When you showed it to us again, I remembered watching it. But I did not understand the purpose.*" (Aimag1.3 FGD with men, October 2022) "*The ad says to call the police hotline. But we did not know we can call from rural provinces to this hotline in Ulaanbaatar*" (Rural soum and aimag FGD with men and women of all age, November 2022)
55. Participants of FGDs shared a belief that DV and violence, in general, should not be demonstrated on TV. A woman, victim of DV said: "*whenever a TV program talks about domestic violence, my husband switches the channel. However, this ad did not say it is about violence, so I would be able to watch it in the presence of my husband*" (Aimag FGD with younger women, October 2022). Another woman recalled: "*Even after a year of the incident, when I was beaten by my husband, I could not watch a program depicting the violence. I would flash out and cry*" (Aimag FGD with women, October 2022)
56. The provincial and rural residents, including MDT members and Bagh governors, did not know that 102 and 107 hotlines operated by the general police authority are free of charge and they can call these numbers even if they don't have credits on their phones. The FGDs participants from aimags and soums thought that these hotlines are available only for citizens in the capital city. In addition, the SMS phone number for contacting the hotlines was not provided in the previous version of the advertisement.

The evaluation team shared the feedback with the MNB about the preliminary findings. Based on the comments, the MNB developed new chatbot advertisement by end of November specifically promoting the NCAV and NLI chatbots.

57. FGDs participants reported that the advantage of listening to the radio is “*you can listen to it while doing other work, including household chores*” (Aimag 3, FGD with women above 35 years, November 2022). Long-wave radio however is limited nationwide. The long-wave radio is only used by elderly, who do not have access to television or the internet. Some respondents from aimag said they listen to FM radio while driving. However, the multi-media campaign used the FM radio channel for MNB that works only in Ulaanbaatar.
58. FGDs demonstrate that majority of participants use Facebook in *aimag* and *soum* centers. Women of all ages and men of younger age groups use Facebook frequently. Young women below the age of 35 watch TV rarely, either because their children watch TV or because the women are busy with household chores and have no time. All women, participants of the FGD, particularly the younger generation confirmed they get more information from Facebook because they can access it throughout the day when they have free time.
59. Starting in October 2022, the chatbots at NCAV and NLI ask all new users the question “where did you learn about the chatbot”. About 30% of both chatbot users learned about chatbots from MNB Facebook. Another 35% of NLI chatbot users found out about chatbots from internet, such as the NLI website. About 25% of the NCAV chatbot new users learned about chatbots from NCAV website and 15% from friends/colleagues and others. About 14% and 7% of NCAV and NLI chatbot users learned about chatbots from MNB TV and Radio. Since the beginning of the media campaign, the number of NCAV chatbot users is gradually increasing.

Table 3. NLI chatbot channel of information

Channel	#	%
MNB Facebook	37	31%
MNB TV and Radio	8	7%
NLI website	9	8%
Internet sites	31	26%
Friends/colleagues/others	12	10%
Blank-MISSING	22	18%
Number of users from October to December 2022	119	100%

Table 4. NCAV chatbot channel of information

Channel	#	%
MNB Facebook	97	30%
MNB TV and Radio	44	14%
NCAV website	7	2%
Internet sites	25	8%
Friends/colleagues	14	4%
Others	36	11%

Missing	97	30%
Number of users from October to December 2022	320	100%

60. NCAV reported an increase in the number of chatbot users particularly adolescents, since the launch of the media communication campaign.

Design a chatbot and mobile app functionality to provide social and legal information and referral links to victims of domestic violence

61. The TA planned to pilot-test next-generation helplines for domestic violence victims by installing chatbots to increase access and provide information and counseling services. Chatbots are programmed to communicate and function without the support of a human operator, therefore their usage would contribute to the increased availability of human operators to answer emergency calls that require human interaction.

62. **Progress.** The National Legal Institute (NLI) under MOJHA and an NGO ‘National Center Against Violence’ (NCAV) received computers to enhance their chatbot and digital counseling operations. Two chatbots were launched at NLI & NCAV as of April 2021.

63. A Mongolian chatbot company Anduud Lab LLC was hired to develop the chatbots. Anduud Lab LLC provided training to the NCAV and NLI staff on quarterly bases on how to operate the chatbot and how to develop and enter unrecognized texts and provided technical supports. The chatbots went through a rigorous process of content development, and the work continues to fine-tune the necessary information for users.

64. NCAV and NLI developed the content to feed the chatbots’ dialogue function. NCAV and NLI developed a large set of questions and answers (Q&A) for the dialogue function. NCAV developed 400 commonly asked Q&As on domestic violence, child abuse, and psychological health and relationship issues. NLI developed 270 commonly asked Q&As related to the legal aspect of domestic violence. NLI and NCAV developed infographics to make information easy to understand.

47. SMS text messaging feature was included in the chatbots’ function to reach out to more than half of the Mongolian population living in rural areas. The use of SMS text messages in chatbots makes the service available to people with hearing or speech difficulties and to those who don’t have access to the internet. Moreover, NCAV used the SMS messaging prior to launching the media campaign. NCAV shared public messages during public holidays because it has been noted that the cases of DV increase during celebrations in Mongolia.

48. According to NSO Census 2020 data⁴¹, mobile phone usage is high in Mongolia, particularly among women. As the figure below demonstrates, women of all ages use mobile phones. It is therefore recommended to use mobile phone SMS text messaging to disseminate information and knowledge in general and about chatbot services.

⁴¹ NSO. Population Census 2020.

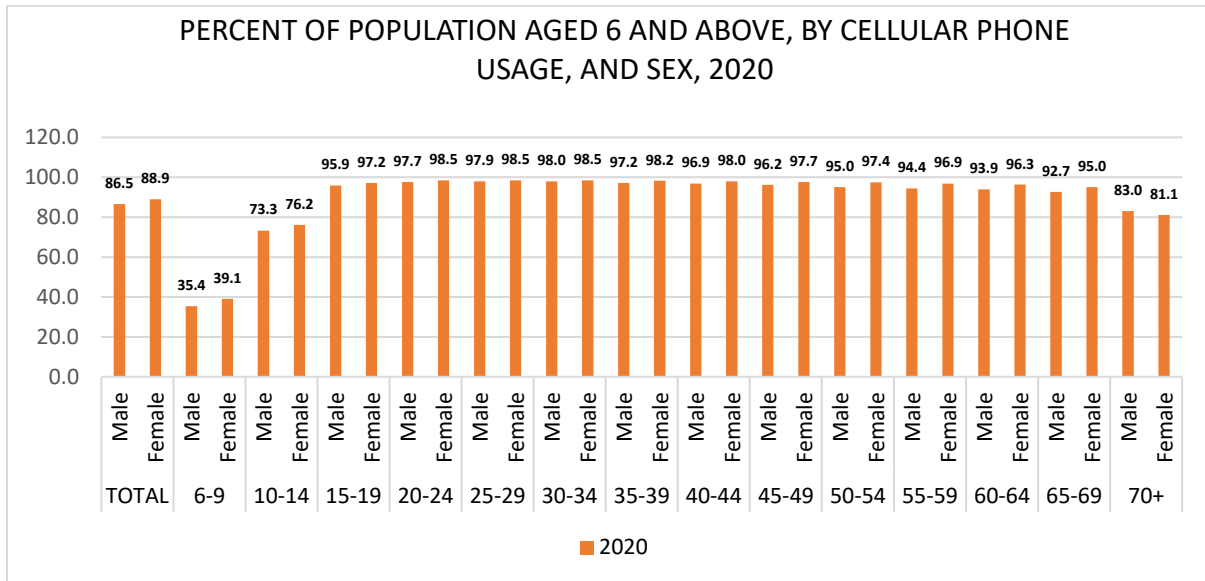


Figure 2. Percent of population by mobile phone usage by age and gender

49. The TA has facilitated the engagement of an additional counselor for the NCAV to keep the domestic violence hotline operational for 24 hours 7 days a week (usual hours of operation are from 08:00–17:00) and two operators for the NLI. As a result NCAV operators provided direct services to 8 persons daily and 240 persons monthly. The NLI counselors similarly, responded to the legal and from the period of May till December 2022 responded to 612 people.
50. The NLI chatbot operates under the Legal Information, Training, and Promotion Center of the NLI. The NLI chatbot is linked to mobile SMS text messaging channel with the function to report violence, which can connect to police and NCAV services.
51. Multimedia campaign was planned within the TA to provide information and create awareness about the chatbots prior to launching the chatbots. The implementation of the campaign, however, was significantly delayed. The Mongolian National Broadcaster (MNB), a nationwide television and long-wave radio network was recruited to complete the media campaign. The Media Campaign started in September 2022.
52. **Impact.** MLSP rapid assessment conducted in May 2020⁴², demonstrated that the number of clients that stayed at the OSSC shelter decreased while the number of calls to hotlines and short-term visits for consultation and counseling increased. Police Hotline (107) data also showed that the calls for counseling increased by 40.8 percent in the first quarter of 2020 compared to the first quarter of 2019. As a result, the MLSP report suggested providing survivors of DV with remote services, such as hotlines and online services.
53. After the NCAV chatbot became operational in April 2020, the NCAV confirmed that the chatbot was used even without prior advertisement. Although mostly the chatbot was contacted by those who already were aware of the NCAV website, several emergency cases were reported to the police through the chatbots. Within the first 1.5 months of operation, the NCAV chatbot registered 600 conversations, with 77.1% women and 21.7% men. During this first period, the NCAV responded to 86 calls and

⁴² MLSP, SDC and UNFPA. 2020. Rapid assessment of the impact of COVID-19 on the GBV/DV situation and survivor protection services in Mongolia.

reported 64 calls to the police, five of which included emergency situations, where urgent measures were taken to protect the victim's life.

54. The following case is a demonstration of the NCAV chatbot coverage: *“Using her mobile phone, Odtsetseg (pseudonym) read all the information the chatbot provided: what to do, where to go, and what to bring. NCAV responded to Odtsetseg’s SOS in less than 24 hours. The counselor initiated the protocol; he/she called the police to complete a safety risk assessment. The police sent Odtsetseg an SMS, and she texted back: her spouse was drunk and angry and left the house. Odtsetseg and her kids faced mid-level risk and needed to be evacuated while the spouse was not there. However, the nearest shelter was in Ulaanbaatar, two hours away. NCAV arranged for the police to safely pick up Odtsetseg and her children from their residences and take them to a shelter⁴³.*
55. NCAV reported that during the first three months after the chatbot was launched, 158 new users contacted the chatbot; 30.4% of the cases were reported to police, 16.5% of the cases wanted to complain about violence, 19.6% needed legal advice on family matters, 14% required psychological advice on family matters including family disputes, and other 11.4% wanted to receive information about NCAV activities. By the end of 2022, the NCAV chatbot received 1187 calls from new users, 70.6% women and 24% men. The users initiated 6690 conversations and received 966 answers to their questions. The rest of the conversations were answered automatically by the chatbot. During almost two years of operation, 451 unrecognized questions were identified and developed for the chatbot operation. The chatbot statistics demonstrate that the number of unrecognized questions is decreasing.

Table 5. NCAV chatbot summary as of December 2022

Calls	Number	%
Total calls	1187	100%
Men	287	24.2%
Women	838	70.6%
Missing	62	5.2%
Total conversations	7355	

56. The NLI chatbot, as per the data received in December 2022, received 1705 calls with 68,2% from women and 31,3% from men. From the total calls, 219 were taken by the chatbot and 783 were not answered by the chatbots, which were taken by the operators. Around 113 people contacted to receive legal advice and 170 wanted to talk to the operator and legal counselor.

⁴³ (ADB. *Hands talk: Duty of care continuum for survivors of domestic violence in Mongolia*. Photo Essay. December 2022. Retrieved from <https://www.adb.org/news/photo-essays/hands-talk-duty-care-continuum-survivors-domestic-violence-mongolia>)

Table 6. NLI chatbot summary as of December 2022

Calls	Number	%
Total calls	1705	100%
Male	533	31.3%
Female	1163	68.2%
Missing	9	0.5%
Total conversations	7410	
Cases reported to the police	0	0
To receive legal advice	113	1.5%
To talk with a counselor	170	2.2%

57. The NLI Chatbot received 6145 questions from 281 users between May and October 2022, of which 82 were new users. During this period, the NLI provided basic legal advice to 328 citizens⁴⁴, among which 204 (62.2%) were women and 124 (37.8%) men. About 223 calls were from Ulaanbaatar city, 98 from provinces, and 7 from Mongolian citizens living abroad. This shows that chatbot has much wider outreach capacity than phone hotlines.

58. According to the NCAV report, the number of chatbot users increased in 2022. Table 7 below shows that after the media campaign to provide information and increase awareness about the chatbot services started in October 2022, the number of users is increasing.

Table 7. NCAV chatbot users 2021-2022

Year	Number of users	Contacted operators	%
2021	373	98	26.3%
2022	901	215	23.9%
Total	1274	313	24.6%
2021			
Months	Number of users	Contacted operators	%
Jan	5	1	20.0%
Feb	6	2	33.3%
Mar	18	7	38.9%
Apr	9	2	22.2%
May	11	8	72.7%
Jun	39	10	25.6%
Jul	37	9	24.3%
Aug	39	10	25.6%

⁴⁴ NLI monthly reports and Legal Guide chatbot service report. 2022

Sep	51	8	15.7%
Oct	43	12	27.9%
Nov	46	18	39.1%
Dec	69	11	15.9%
Total	373	98	26.3%
2022			
Months	Number of users	Contacted operators	%
Jan	63	18	28.6%
Feb	51	23	45.1%
Mar	100	29	29.0%
Apr	49	22	44.9%
May	34	18	52.9%
Jun	28	10	35.7%
Jul	54	18	33.3%
Aug	79	14	17.7%
Sep	89	16	18.0%
Oct –Media campaign started	101	17	16.8%
Nov –Media messages disseminated	129	17	13.2%
Mid Dec- Medi messages disseminated	124	13	10.5%
Total	901	215	23.9%

59. The chatbots have an analytical function to analyze the data for the last 30 days. The 30 days analysis of the NCAV chatbot in May 2022 shows that one-third of the calls (34%) wanted to inform the police about violence, one-fourth (25.9%) to send requests and comments, one-fifth (20%) just start a conversation and select from the proposed by the chatbot topics, around 13% fill in a questionnaire online and 7% read the reports. The data in November 2022 demonstrates that although almost the same number of people contacted to report violence, more people accessed the chatbot to leave a question (22%) or fill in the test questionnaires (24%). The data from December 2022, shows that most of the users called to speak with the counselor (32.6%), left questions (29.5%), and read about psychological counseling reports (13.2%).

Table 8. NCAV Chatbot data for the last 30 days compared by months (May, November and December) 2022

Data dates	May 2022		November 2022		Mid December 20, 2022	
	Number of users	%	Number of users	%	Number of users	%
Report violence; or report to police	63	34.1%	60	26%	10	7.8%
Requests and comments	48	25.9%	40	18%	14	10.9%

Started conversation; chat with counselor	37	20.0%	24	11%	42	32.6%
Filled in the self-test questionnaire	24	13.0%	54	24%	8	6.2%
Read reports	13	7.0%			17	13.2%
Left questions			50	22%	41	29.5%
Total	185	100%	228	100%	129	100%

60. According to the last 30 days report of the chatbot, NCAV chatbot users mostly wanted to contact the organization (16%) or expert (7%), interested in NCAV (9%), its services (19%), and shelter (9%) to learn about violence in general (15%) and about sexual violence (9%), watch short videos (10%) and interested in donating (6%). The NCAV website also assists survivors to receive information about the available services. *“I wanted to know what types of services the NCAV provides. So I found out information from their website and visited the NCAV office in Ulaanbaatar”* (Interview with survivor, Bulgan).

61. NLI mostly provides legal information. The NLI chatbot, therefore, shares legal information and referral related to GBV and DV. The NLI uses 3 categories for providing legal information, such as information on Domestic Violence Law, Family Law, and other legislations. Two operators were trained to provide legal information and counseling in May 2022. During the period between May to December 2022, 612 individuals received legal advice on domestic violence, including 42% on the types of violence in families, 33% on the divorce process, 17% were referred to NCAV and other service providers, and 8% received counseling on family related issues.

Table 9. Types of legal advice provided by NLI chatbot

Type of domestic violence information delivered	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	total	%
Counseling and information on physical violence	12	18	10	8	9	7	7	15	86	14%
Counseling and information on psychological abuse	8	9	8	8	3	10	11	10	67	11%
Advice and information on economic violence	6	5	4	1	2	5	8	15	46	8%
Counseling and information on sexual violence	12	10	5	1	5	10	4	10	57	9%
Information on psychological counseling	7	8	2	2	5	4	14	5	47	8%
Number of referrals	8	14	13	17	12	24	9	10	107	17%
Advice on divorce	13	16	44	26	39	17	17	30	202	33%
TOTAL	66	80	86	63	75	77	70	95	612	100%

62. To encourage sexual minority groups and men to use the chatbot, NCAV added a poster to the chatbot with rainbow colors and an inviting message to everyone regardless of age, gender, and sexual orientation to contact NCAV in cases of domestic and sexual violence.

63. NCAV website www.Safefuture.mn is updated and operational. It has a link to the chatbot. During the first month of September and October 2021, the website registered

1156 activities by 338 users, 66% used their computers and 34% used their phones to access the website.

64. NCAV and NLI have a pre-paid mobile number for SMS services. By the end of 2022, NCAV received 180 SMS text messages and disseminated messages to 1393 users to increase awareness on DV and sexual violence. Using the chatbot SMS text messaging feature, NLI operators sent targeted messages to those who contacted the chatbot and asked questions or searched for information on domestic violence. The NLI requested the police hotline to share cases that are at risk of DV and sent targeted messages using their SMS channel to those identified.
65. According to NCAV, the SMS message function of the chatbot has several advantages: (a) access to the information when the internet is unavailable; (b) access to all parts of Mongolia and all residents, regardless of nationality; (c) quick dissemination of information and guidance for preventing of various forms of violence; (d) as a result of the SMS service, an electronic database on children and women victims of violence was created; (e) disseminate regularly update targeted messages to respond to the questions related to psychological and legal counseling; (f) send messages to target groups and communities to provide psychological and legal advice, and information about healthy family relationships.
66. The NLI agreed with the National Police Authority to include a direct reporting form in the chatbot, which was designed together with the chatbot team and linked to Police hotlines 102 & 107. The NLI does not provide direct services, therefore, their chatbot has a referral function to connect to the NCAV services.
67. NCAV counselors supported by the TA receive over 200 calls per month via hotlines. The counselors mostly provide legal counseling and assistance (42%), psychological counseling (22%), provide information (14%), and provide referrals to Family, Children and Youth Development Agency (FCYDA) shelters and services (5%) and OSSCs (4%), multidisciplinary teams (MDT)⁴⁵ at the khoroo and soum levels (2%), lawyers (2%), police hotlines (2%), and psychological and mental health care providers. The NCAV counselors responded to 2501 calls in 2022.
68. The NLI counselors started working in May 2022. During the last six months from May to December 2022, the counselors provided information and counseling on different forms of violence (39%), information and advice related to the divorce process (32%), and provided a referral to NCAV and other direct services (21%).
69. The NCAV chatbot is the only service available for victims of violence when they are not at the OSSC and shelters. Community FGDs conducted in six aimags and two districts confirmed that chatbot services fill the service gap in responding to domestic violence and supporting the victims. All FGDs revealed that the only intervention currently practiced in case of domestic violence is the detention of the abuser for a short period. In the case of DV, multi-disciplinary team members including Bagh or Khoroo Governor, Bagh social workers in case of aimag center or Soum social worker, doctor, and community police officers respond and visit the family for safety risk assessment. In case of high risk, the abuser is detained. Nobody talks to the victims after he/she remains at home when the abuser is arrested.

⁴⁵ Multi-disciplinary team (MDT) is located in the government primary units such as khoroo, soum and baghs, which consist of social workers, police officers, and health workers and are led by the governors.

70. The following quotes are a demonstration of the DV situation: *“My neighbor’s husband always comes drunk. They have a stepson. I called the police because this family is our neighbor. Unfortunately, he was released the next day. When I talked to the abused wife, she said that she would divorce as it is challenging to deal with him. But he still comes to her house”* (Soum1.2. FGD with women below 35, October 2022)
“My husband was arrested for 30 days in the aimag center. But he comes back and says that he ate a free meal for a month... nothing else happened to him” (Soum 4 FGD, with women above 35, October 2022)
71. During community FGDs, no cases were reported where a victim received any support or talked to anyone about her case. As a victim recalled: *“After I was beaten up and divorced, I could not talk about the incident to anyone for over years. When I thought about the incident, I would cry”* (Soum 3, FGD with women below 35, November 2022).
72. Lack of expertise to provide psychological support to victims of DV at the soum and aimag levels is obvious from the examples above. MDT staff members do not have the skills and knowledge to support the victims. Lack of awareness or denial was also noticed as some of Bagh governors insisted that *“there is no domestic violence in our Bagh”*. Soum level MDT members⁴⁶ have acknowledged the need for psychological support for the victims of DV, however, there is lack of psychologists available at the soum to provide this support. Due to lack of understanding about psychological support services, they assumed incorrectly that *that “couple’s counseling would solve the DV problem”* (Meeting with soum MDT member, Oct 2022).
73. Community FGDs in six aimags and two districts confirmed that domestic violence survivors and their families often do not know where they can obtain legal information and support in filing a complaint. Many women, who are DV survivors face multiple challenges when filing for divorce, although according to the law, the divorce procedure is simplified with no enforcement of a reconciliation period. Some quotes from the conversations with women: *“My former husband was very abusive. I live separately from him with my new partner now. But I cannot get a divorce from my former abusive husband although his behavior was reported multiple times before”* (Soum FGD with women aged 35 and above, Oct 2022).
“I filed for a divorce. But the person who initiates divorce must pay a certain amount. I paid the amount and filled in the documents. Then the court gave us a reconciliation period” (Soum FGD with women, Nov 2022)
74. Unfortunately, none of the women met during the data collection, heard about the NLI chatbot service. Lack of knowledge on legal rights in general and on DV in particular is an issue in Mongolia. The NLI has no branches at the regional level to provide legal guidance and support to victims of domestic violence.

Organize a hackathon for digital solutions to address new forms of violence, such as cyberbullying

⁴⁶ According to LCDV, duty of the MDT is to 20.2.2. to identify and report families at potential risk of violence, plan and implement actions to stop violence; 20.2.3. to plan and implement services for the victim based on the assessment of the situation; 20.2.4. to organize the victim's protection, rehabilitation, provision of social care and services, and enroll into other necessary services; 20.2.5. supporting the employment of the person who has been or may be affected by violence, including professional training, public health services, rehabilitation by providing support to the family, and improving participation in social life.

75. The TA sponsored a hackathon to identify novel solutions to address emerging forms of gender-based violence (GBV), particularly cyberbullying, which has increased during the pandemic.
76. **Progress.** The hackathon was organized by Mongol Mass Media (MMM) in partnership with NGO “Start-Up”. Seventy-two teams registered to participate in the competition by submitting a form on Google and answering questions about sexual cyberbullying. Twenty one teams were shortlisted for the first round and received training on design, proposal development, and pitching provided by NGO “Start-Up” and on understanding cyberbullying provided by NGO “Beautiful Hearts against Sexual Violence”. Out of 21 teams, five teams left the competition, so the hackathon proceeded with 16 teams. Every team went through four types of training with the following topics: introduction to sexual cyberbullying, statistical information on sexual cyberbullying, design and ways to pitch your idea. Each team was mentored and developed their ideas on solutions to address cyberbullying within 24 hours for the final selection. In the final round, two teams were selected as winners.
77. Two prototypes selected in the second round were: (a) team “Tarzov”, which developed a web-based “Online SOS” sexual harassment reporting platform that had a function for free self-assessment with a chatbot feature, referral services that could potentially be linked to the police, and a database to record cases of cyberbullying; and (b) team “#MeToo”, which developed the #MeToo brand for the Mongolian context and a prototype online risk assessment tool using a game model. The developers signed a standard ADB form on Intellectual Property Rights developed for the purpose of hackathons by ADB’s IT Department. The Media developed an advertisement for the hackathon, which focused mainly on its organizational aspects, instead of purpose and expectations. The chatbot company Anduub Lab promoted the hackathon through their free bots with the hashtag #stopcyberbullying.
78. **Impact.** 100 IT experts from 21 teams learned about cyberbullying and online sexual abuse. The two winning teams expressed readiness in working with the government and non-governmental organizations to develop and implement their proposed prototypes further, if such opportunity will be given.

Organize a virtual training program for first responders of DV cases

79. Supporting domestic violence response operations and sustaining shelter capacity during the COVID-19 pandemic was one of the TA goals. To reach the goal, the procurement of items to increase the safety of first responders, staff, and residents of shelters was completed under output one. To further enhance the support, improve the capacity of forensic services, and increase the outreach of counseling services was planned within output two. Mental health and stress management training was carried out for frontline staff members including OSSC/shelter professional staff and police psychologists.
80. **Progress.** Two training on mental health and stress management were conducted for OSSC and TS, which included 175 staff from OSSC/TSs nationwide. A separate three days training for Police Psychologists on mental health and stress management was conducted that covered 60 police psychologists nationwide.
81. The training for OSSC and TS was organized by NGO “Beautiful Hearts against Sexual Violence” in 2021. The training was conducted online/virtually. Training for Police

Psychologists was carried out by the Institute of Applied Psychology (IAP) in 2022 in a face-to-face format.

82. A Handbook on Mental Health Care for OSSC/TS frontline staff and a Manual for special service agencies was developed. The Handbook was reviewed and approved by the Technical Advisory Team of the project and the ADB team.

83. The training for OSSCs and TS consisted of the following modules:

First-day training

1. Recognize emotions and manage those in a healthy way
2. Duties and emotions/Psychological problems and emotions during COVID-19
3. What is stress; what is chronic stress?
4. How does stress affect the body, mind, and behavior?

Second-day training

1. How to manage stress
2. How to prevent and cope with burnout and fatigue syndrome
3. Taking care of mental health; self-care
4. Code of ethics when providing services to survivors of violence in COVID-19

84. The “Stress Management” training manual for police psychologists included the following modules:

1. Understanding stress
2. Overcoming stress
 - 2.1 Strategies and tools to overcome stress
 - 2.2 Psychological techniques to avoid stress
 - 2.3. Psychological techniques to deal with stress
 - 2.4 Psychological techniques after overcoming stress
3. Psychological diagnostic tools
 - 3.1 “House-Tree-Person” projective method
House-Tree-Person picture of a child who is abused
 - 3.2. Color test

85. **Impact. (1) The training for OSSC/TS.** The impact assessment revealed that staff turnover is high in the OSSC and shelters. As a result, out of 29 survey respondents, 90 percent attended the virtual training on mental health organized within the project. However, from 20 frontline OSSC and TS staff that participated in the FGDs, 7 (35%) of them attended the training, and 13 (65%) did not attend the training. Fifty percent of the FGD participants were recruited recently. Below are some of the quotes from FGD participants.

“The staff turnover is high in our sector. Therefore, training on stress management and mental health should be conducted frequently. In addition, the new staff needs to be trained on these topics”. (FGD with Uvurkhangai FCYDA staff, October 2022).

“Our psychologist who attended the training left her job. She is working in a secondary school now as a psychologist. We do not have psychologist now” (FGD with Bayankhongor Shelter staff, October 2022).

“It would be good to repeat the training. In general, the impact of training is different when you listen to the training the first time, listen again, and practice after working for 1 year. (FGD with Bayankhongor Shelter staff, October 2022)”.

86. All respondents agreed the training was useful and 92.3 percent confirmed it met their needs. Majority of the respondents found the training as being timely (96.2%), 84.6% attended this type of training for the first time. During COVID-19 crisis, MLSP reported: “staff of OSSCs and shelters also had experienced an increase in stress due to the increased workload, occasionally handling at least 3 to 5 cases per day, on top of all the other challenges faced by the public that they face as well. The stress and tension accumulated and has impacted their productivity as well as their personal life.”⁴⁷

Table 10. OSSC and shelter personnel survey result

Questions	Psychologist	Specialist of FCYD	Social worker	Coordinator of shelter	Shift worker and other	Total N=29
1. Did you attend the virtual training on mental health and stress management?	6	7	6	4	3	26
	75.0%	100.0%	85.7%	100.0%	100.0%	90%
2. Did you complete the training (attended the 2/3 days of the training)?	6	5	6	3	2	22
	100.0%	71.4%	100.0%	75.0%	66.7%	84.6%
3. Was the training useful to you	6	7	6	4	3	26
	100.0%	100.0%	100.0%	100.0%	100.0%	100%
4. Was the training based on your needs (was it what you think you needed)?	6	5	6	4	3	24
	100.0%	71.4%	100.0%	100.0%	100.0%	92.3%
5. Was this your first time attending training on mental health and stress management?	3	6	6	4	3	22
	50.0%	85.7%	100.0%	100.0%	100.0%	84.6%
8. Was the training timely taking that it was during COVID-19?	6	7	6	4	2	25
	100.0%	100.0%	100.0%	100.0%	66.7%	96.2%
9. Did you notice any impact on your work performance following the training:	6	5	6	4	3	24
	100.0%	71.4%	100.0%	100.0%	100.0%	92.3%
10. Was the training well organized:	6	6	6	4	1	23
	100.0%	85.7%	100.0%	100.0%	33.3%	88.5%
11. Did you find the method of training (virtual) effective: YES	3	2	3	4	3	15
	50.0%	28.6%	50.0%	100.0%	100.0%	57.7%
11.b NOT SURE	2	4	3	0	0	9
	33.3%	57.1%	50.0%	0.0%	0.0%	34.6%
14. Did you change your workstyle after the training	0	1	1	2	1	5
	0.0%	14.3%	16.7%	50.0%	33.3%	19.2%

⁴⁷ MSPL, SDC and UNFPA. 2020. Rapid assessment of the impact of Covid-19 on the GBV/DV situation and survivor protection service in Mongolia. Page,9. Report.

87. In an interview with the M&E consultant, the staff members from seven OSSC/TS reported that while it was important to take care of their clients, they have never had a chance to discuss or analyze their own mental health.
88. Around 88.5% of the survey respondents found the training well-organized, however, the online training format was viewed as effective only by 60% of participants and 35% were not sure about the effectiveness. The most common feedback received from participants was to “organize the same training in classroom format and include more stress reduction techniques”. The training was initially planned to be conducted in a classroom setting to bring participants from rural areas to Ulaanbaatar. Due to travel restrictions, during COVID-19, the training was organized online.
89. Some participants confirmed that although the training was interesting, they were not able to focus on the training because it was organized during office hours. For example, one specialist had to answer hotline calls, while attending the training. Another person was looking after several children clients at the shelter. At the same time, all of them logged into the online training and appeared as “participated” in the training. According to a training participant: *“It was difficult to focus on the training while at the office because we had 7-8 children staying in our shelter. In addition, I even had to attend a court meeting that day. Therefore, it is better to organize this type of training in a “face-to-face” format or in smaller groups”*. (FGD with Aimag1.0 Shelter staff, October 2022)
90. Similarly, the NGO “Beautiful Hearts against Sexual Violence” reported that due to a large number of participants, there was limited time for participants to get to know each other and/or ask questions and provide comments. The NGO, as a result, requested participants to briefly introduce themselves, and use the chat for comments and questions.
91. Preparation of the handbook on Mental Health Care for OSSC/TS frontline staff in advance was found useful. However, the distribution of the handbook to OSSC and shelter was inefficient. During the impact evaluation interviews in 6 aimags and 1 district, only Bayankhongor aimag shelter that operates under NCAV reported receiving the handbook. The rest of the OSSC/TS did not receive the handbook. Even in Bayankhongor aimag, only the shelter manager received the handbook and she did not know that she had to share it with other staff members.
92. According to the survey, most of the participants (85%) said they use what they learned in their work, which includes stress management techniques and mental health care. Many even organized training in their organization for their colleagues using the methods they learned for self-care and methods for victim counseling and support. The FGD participant perceived the training as useful and timely, as the quotes below demonstrate.

“I attended the first day only half day and full day the second day, which was an informative and timely event. We needed this training. The psychologist explained the detailed techniques of relaxation, including listening to your favorite song, looking at pictures, etc. It helps me greatly to relieve the stress because I get stressed after listening to the client's complicated problems”. (FGD with Aimag2 DFCYD staff, October 2022).

“I learned about healthy emotions, burnout syndrome, occupational demands and emotions, coping measures, and work stress management during COVID. Even after

attending this course, psychologists asked us to define our stress levels as it was a stressful time during COVID as I worked for extended hours. In addition, I learned how to adapt and use methods such as self-control” (FGD with aimag2 DFCYD staff, October 2022).

“Productivity improved after the training as I learned to manage stress. For example, I write down all my worries on a piece of paper and tear out the paper. Or I go to a secluded area and shout out loudly”. (FGD with Aimag1 DFCYD staff, October 2022)

93. Impact. (2) The training for Police Psychologists. The training for police psychologists on stress management and mental health conducted under the TA was the first training organized for this target group. Sixty psychologists participated in the training; 21 represented each aimag Police Department, 9 from 9 districts of Ulaanbaatar city and 30 represented different departments of the Police agencies. As psychologists, 50 percent of the participants have worked in the police department for 0-3 years, 13 percent for 4-6 years, 20 percent for 7-10 years, and 17 percent for more than 11 years. On average, participants had 5.5 years of work experience in their current position.

94. The training evaluation report revealed that the police psychologists’ stress level was measured by 7 scales: very low, low, below average, average, above average, high, and very high. Overall, 76% had lower-than-average levels of stress, 6% reported an average level of stress, 19% was above average, 17% had a high level of stress and 2% very high level of stress. The pre and post-training tests demonstrated that the knowledge among women participants increased from 38% to 93%, and for men, the knowledge increased from 38% to 95%. About 29 training participants completed the survey questionnaire for the impact assessment evaluation. The evaluation team members interviewed 3 police psychologists for more in-depth discussion.

Table 11. Summary of survey response by gender

Questions	Male	Female	Total
1. Did you attend the virtual training on mental health and stress management?	5	22	27
% by gender	%	91.7%	93.1%
2. Did you complete the training (attended the 2/3 days of the training)?	5	19	24
% by gender	100.0%	79.2%	82.8%
3. Was the training useful to you	5	22	27
% by gender	100.0%	91.7%	93.1%
5. Was this your first time attending training on mental health and stress management?	4	12	16
% by gender	80.0%	50.0%	55.2%
9. Did you notice any impact on your work performance following the training?	4	19	23
% by gender	80.0%	79.2%	79.3%
11. Was the training well planned?	5	22	27

% by gender	100.0 %	91.7%	93.1%
12. Did you find the method of training (virtual) effective?	3	18	21
% by gender	60.0%	75.0%	72.4%

95. As demonstrated in Table 11 above, 82.8 percent of the participants participated in the training until the end. About 93% of respondents found the training useful, although half of them attended similar training in the past. Around 80% of the respondents agreed the training had some impact on their performance and 93% found the training well-planned.

96. During the interview, the most remembered and used topics for participants were stress management concepts, stress release exercises, and methods. The next quote from a police psychologist demonstrates the experience of the training participants: *“I first time participated in training on stress management or mental health. We practiced the color test and projective test on ourselves. Although I knew about tests, this time we learned it in detail. Therefore, it was advantageous for us to understand more about the tests”*. (Aimag-1, interview with police psychologist, October, 2022).

97. The police psychologist’s role is to take care of police officers’ mental health. All the police psychologists that participated in the training had formal education in psychology and several years of experience. However, currently, police psychologists are mostly engaged in performing administrative tasks in police departments rather than providing psychological support to police officers. After the training, the psychologists started focusing more on the stress among police officers. The psychologists organized training workshops and group discussions among police officers and used the tests and tools for providing counseling to the officers. During the interview, one psychologist recalled that police officers do not often ask for counseling. Therefore, group discussions and training are more effective methods for working with police officers.

IV. KEY ISSUES FOR CONSIDERATION

98. The impact assessment study revealed several issues that need to be considered to inform the operations to address domestic violence in Mongolia.

A. SUPPORT TO THE VICTIMS OF DOMESTIC VIOLENCE

99. The community FGDs and interviews with the stakeholders demonstrated a lack of knowledge among women about the existing services, particularly at the aimags levels. Community FGDs in six aimags and two districts revealed that survivors of domestic violence are also not aware of their legal rights neither they know where they can obtain the information. Lack of legal knowledge to take measures for protection from the perpetrator often results in the victims of domestic violence remaining with their abuser. Several of the women interviewed for the purpose of the evaluation did not have information about the legal process of filing for divorce. Many found the process complicated.

100. All FGDs demonstrated that the only intervention currently practiced in case of domestic violence is the detention of the abuser for a short period. Although domestic violence is criminalized in Mongolia, currently those offenders who commit a second

domestic violence offense are automatically charged under criminal law. Moreover, although **the law provides compulsory behavior change intervention for perpetrators of domestic violence, the practice was not reported** by both men and women during the FGDs. A woman reported that her husband refers to the short-period detentions as “free meals and accommodation for 30 days”. This demonstrates ineffectiveness of response actions and as a result, allows perpetrators to repeat their actions of violence against women.

101. The community FGDs showed the absence of psychological support for the victims of DV. Victims did not receive any kind of support including counseling. The lack of expertise to provide psychological support at the soum and aimag levels was found to be an issue. The team of multidisciplinary members whose role is to respond to the cases of DV and conduct family risk assessment does not have the required skills and knowledge to support the victims.

B. SUPPORT TO OSSCS, TEMPORARY SHELTERS, POLICE OFFICERS, AND OTHER INSTITUTIONS WORKING WITH VICTIMS OF DV

102. The burnout and lack of motivation among the OSSC and TS result in recurrent staff turnover, as per the findings of the impact evaluation. The frequent changes in staff impact the institutions’ capacity and the trust-building relationship with the DV survivors. Half of the OSSC and TS personnel that participated in the FGDs for the impact evaluation data collection were the new staff (from 20 people in FGDs, 10 were newly recruited). Several staff members that received the training for mental health and stress management under the TA support no longer worked for the OSSC and/or TS.
103. The police psychologists reported that the police officers that work with the victims of DV do not seek counseling or mental health support. Although the evaluation did not analyze the reasons, this could be associated with the lack of time or underestimating the importance of mental health and stress management among police officers.
104. At the same time, the OSSCs, TS staff, and the police psychologists that participated in the training provided under the TA for mental health care and stress management perceived the training as important and effective. According to interviewees, the training helped them to take time and prioritize their own mental well-being, which in turn increased their interaction with the DV survivors. The FGDs participants and interviewees also agreed that ‘there is no one’ they can discuss their own mental state.
105. The lack of capacity building in mental health care and stress management as well as psychological support for the institutions working with DV survivors was documented. Poor mental health negatively impacts the staff and the organizations working with the DV survivors.

C. LACK OF AWARENESS AMONG LOCAL GOVERNMENT AND SERVICE PROVIDERS

106. Lack of awareness or denial of existing DV issues in some soum and baghs was noted during the impact evaluation. Although the evaluation did not aim to analyze the views and perceptions of the care providers or stakeholders, the interviews with some representatives of the government and multi-disciplinary team revealed the still-existing stereotypes. Some local government officials insisted that “*there is no domestic violence in our Bagh*”. Similarly, several members of the multi-disciplinary teams did not understand the importance of psychological support for the victims of DV as necessary and shared an assumption that only professional can provide support through therapy sessions. However, psychologists’ services are not available at the soum and bagh levels.
107. The finding recommends strengthening continuous capacity building for service providers on gender-sensitive approaches such aspects as, gender mainstreaming, domestic violence, and GBV and its consequences for the families and for the community in general.

V. CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSIONS

108. The Technical Assistance on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis (MON-6530) as part of the ADB’s package to provide support to Mongolia in fighting and preventing COVID-19 spread was directed at helping Mongolia to respond to the gendered impacts of COVID-19 outbreak and strengthening measures to prevent and mitigate negative consequences for women.
109. This TA was designed, developed, and approved by ADB as emergency support during COVID-19 first outbreak in response to DV. The TA was a pilot project implemented in collaboration with MOJHA to provide support to the services working with the DV survivors. Most of the activities are first-time and piloting initiatives, for example, using digital technology as a new communication tool to improve the access channels to DV services.
110. The TA had the following three outputs: **Output 1:** Domestic violence response operations supported and shelter capacity increased; **Output 2:** Prevention awareness and virtual counseling support services provided; **Output 3:** Emergency response mechanism established.
111. The TA aimed to increase outreach and access for victims to emergency support services, including immediate emergency support, information, and counseling in situations of limited mobility as that presented during the systemic crisis caused by the COVID-19 pandemic. The TA focused on the three identified issues that needed urgent intervention and support during the COVID-19 emergency:
- i. **Increase in reported cases of domestic violence against women;**
 - ii. **Lack of safety protocols and equipment for first response and shelter services;**
 - iii. **Inadequate capacity to respond to increased demand for hotline services.**
112. **The impact assessment.** The impact assessment of the intervention evaluates (i) the critical response mechanisms for domestic violence operational

during the crisis; (ii) the enhanced preventive action. The impact assessment captures lessons and the impact of TA emergency response actions to inform future operations to address domestic violence in the country.

113. **Findings. Output 1.** Under output 1, the TA planned to procure and provide items for increasing the safety of first responders, staff, and residents of shelters as well as procurement of mobile ultrasound units to enhance the response capacity of forensic services.
114. Personal protective equipment including protective gowns, surgical masks, gloves, disinfection items, (first aid kits), hand sanitizers, soaps, and infrared thermometers to increase the safety of first responders and shelter residents during the pandemic were procured and delivered to 14 shelter and 15 OSSCs nationwide, and Municipal Police Department. Three mobile ultrasound units for the examination of victims were provided to the National Institute for Forensic Science (NIFS) and one of the machines was handed over to Khuvsgul aimag Forensic Laboratory.
115. The provision of PPEs had a positive impact on the mental health of service providers and their clients. The interview with OSSC/TSS social workers demonstrates that the social workers felt supported working in face masks, and face shields, and as a result, they felt safe when accepting clients. The survey result shows that the OSSC and shelter staff found thermometers, face masks, sanitizers, and hand soaps as the most useful items in the PPE. These items, according to the respondents are used more frequently and can be used for a longer period.
116. After receiving the mobile ultrasound unit supported by the TA, the NIFS can provide diagnosis with modern equipment in their premises and in other institutions, such as prisons. By end of 2021, the doctor of the Forensic Laboratory in Khuvsgul aimag carried out 515 ultrasound examinations to determine the degree of injury. By September 2022 the Khuvsgul branch of the Forensic Laboratory conducted 640 ultrasound examinations of injured people 78 or 12.1% were victims of domestic violence.
117. **Output 2.** Output 2 was directed to increasing the government and non-government organizations' outreach capacity in providing information and counseling services to address the needs of DV victims during the COVID-19 crisis, while increasing public awareness for effective prevention and increased reporting of DV cases.
118. The multimedia communication campaign targeted to increase awareness about GBV chatbots during the COVID-19 pandemic was launched with delay. Activities started in August 2022, a year after the chatbots were launched. The MNB selected TV and MNB long-wave radio as the main broadcasting channels for the media campaign. The developed TV and radio programs were found to be ineffective when providing information on the chatbots. People did not watch the programs and/or did not understand the content. By the end of 2022, the number of chatbot users increased as MNB started disseminating information about chatbots. The majority of the new users of the chatbot learned about the service from social media, such as Facebook.
119. Some of the issues identified with the multimedia campaign included the following: (a) The multimedia campaign, although aimed at increasing awareness and access of the vulnerable population to the support available during COVID 19, the

campaign started only after COVID 19 restrictions were lifted; (b) lack of clarity in the TOR resulted in providing mixed directions to the media team, which further led to the delay in promoting chatbots and unclear messages in the communication programs.

120. The National Legal Institute (NLI) under MOJHA and an NGO 'National Center Against Violence' (NCAV) received computers to enhance their chatbot and digital counseling operations. Two chatbots were launched in NLI & NCAV as of April 2021. To reach out to people living in rural areas with low internet connectivity, the chatbot's SMS mobile texting function was developed. The TA has facilitated the engagement of an additional counselor for the NCAV to keep the domestic violence hotline operational for 24 hours 7 days a week and two operators for the NLI.
121. NCAV reported that during the first three months after the chatbot was launched, 158 new users contacted the chatbot and by the end of 2022, 1109 calls from new users were registered. The NLI chatbot, as per the data received in December 2022, received 7410 calls. The data from December 2022, shows that most of the users called to seek counseling (32.6%). The NCAV counselors provide counseling services to 8 persons in any given day, and total 240 persons in a month. The NCAV chatbot is the only service available for victims of violence when they are not at the OSSC and shelters. NLI Chatbot provides information on the forms of violence and the divorce process. During the period of May to September 2022, 246 individuals received legal advice.
122. The hackathon was organized by Mongol Mass Media (MMM) in partnership with NGO "Start-Up". 72 teams registered to participate in the competition and 16 were selected as semi-finalists. In the final round, two teams were selected as the winners. Two prototypes selected in the second round were: (a) team "Tarzov", which developed a web-based "Online SOS" sexual harassment reporting platform that had a function for free self-assessment with a chatbot feature, referral services that could potentially be linked to the police, and a database to record cases of cyberbullying; and (b) team "#MeToo", which developed the #MeToo brand for the Mongolian context and a prototype online risk assessment tool using a game model.
123. Two training on mental health and stress management were conducted for OSSC and TS, which included 175 staff from OSSC/TSs nationwide. A separate three days training for Police Psychologists on mental health and stress management was conducted that covered 60 police psychologists nationwide.
124. OSSC/TS respondents found the training useful and 92.3 percent confirmed it met their needs. The majority of the respondents found the training as being timely (96.2%). The OSSC/TS personnel agreed the training helped them prioritize their own mental health. 88.5% of survey respondents found the training well-organized, however, the online training format was viewed as effective only by 60% of participants. The training was organized during working hours. As a result, most of the training participants were not able to concentrate on the training as they had other work-related responsibilities. Similarly, 93% of police psychologists found the training useful, although half of them attended similar training in the past. About 80 % of the respondents agreed the training had some impact on their performance and 93 % found the training well-planned. The handbook prepared to support the learning of OSSC/TS staff was not distributed.

B. LESSONS LEARNED AND BEST PRACTICES

125. The Technical Assistance on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis aimed at helping Mongolia to respond to the gendered impacts of COVID-19 outbreak and strengthening measures to prevent and mitigate negative consequences for women was implemented in collaboration with government agencies and NGOs, OSSCs and shelters that work with the victims of DV. The TA included pilot activities to increase access of the vulnerable groups of the population to the services and improve service provision during the most difficult times. The TA was a necessary and timely response to the growing number of DV cases associated with the COVID-19 quarantine.
126. Technical Assistance as an emergency response achieved significant progress. Several lessons learned and best practices were compiled during the impact assessment, which is discussed in the following paragraphs.
127. Timely procurement and distribution of personal protective equipment including protective gowns, surgical masks, gloves, disinfection items, hand sanitizers, soaps, and infrared thermometers to increase the safety of first responders and shelter residents during the pandemic is one of the best practices. Similarly providing three mobile ultrasound units for the examination to the National Institute for Forensic Science resulted in significant improvement in services to the victims of DV during COVID-19 lockdown.
128. The multi-media communication campaign to increase awareness and promote the GBV digital platform to address increased exposure to risks and the difficulties of GBV survivors and family members in accessing information and support due to mobility restrictions related to quarantine was delayed. The channels selected for broadcasting the messages were effective, according to the FGD findings. However, as the media campaign started with a delay, the impact was less significant. Besides, the messages of the campaign were not clear for the target population. Hence, the media communication campaign needed better planning, and the messages needed to be pre-tested before broadcasting. Confusion about the main goal of the campaign as well as mixed directions received by the media team were revealed as the main issues leading to the delay and lack of clarity of the key campaign messages. Low capacity of the media industry on gender sensitivity as well as GBV was also documented.
129. Launching chatbots at NCAV and NLI during COVID-19 pandemic to increase access and provide counseling to victims of DV was timely. In addition, free access via SMS text messaging was completed to increase outreach to rural population. However, the chatbots were not promoted and introduced during pandemic as planned. The awareness-raising campaign about the chatbot service started only after a year the chatbots were launched, as noted in the previous paragraph. As a result, the opportunity to support and help victims of DV during the lockdown period of COVID 19 was missed. As mentioned during a FGD, *“If the advertisement was broadcasted during quarantine, it could have prevented some families from DV and divorce”* (aimag 6 FGD with women).
130. The NCAV chatbot was reported to be the only source for providing counseling for women who are not in OSSCs and shelters but who nevertheless need support. Similarly, the NLI chatbot proved to be effective in providing legal information related to the types of domestic violence and divorce procedure as a result of DV.

131. Mental health care and stress management training were conducted for frontline staff members including OSSC/shelter professional staff and police psychologists on mental health and stress management. Participants rated the training as timely, useful, and effective. However, the organization of the training needed to be improved according to the training participants. The training was organized during working hours for OSSCs and TS. As a result, the training participant could not concentrate on the training and some confirmed they only logged in to demonstrate attendance in the training.
132. Mental health care and stress management training for police psychologists, although in high demand, was organized for the first time. Police psychologists noted that police officers rarely seek psychological support. This could be associated with the police psychologists mainly being engaged in performing administrative tasks currently at the police departments rather than providing mental support. Such distribution of tasks results in the psychologists not working within their expertise and the police officers missing the opportunity available to them.
133. Handbooks developed for OSSCs and TSs on mental health and stress management were not distributed. Only one staff member at one aimag level shelter received the handbook through NCAV. None of the aimag level DFYCD were given the handbook. It was suggested to conduct the second round of training for OSSC and TS and to officially distribute the handbook. However, the activity was cancelled due to budget limitations.
134. The TA for Addressing and Preventing Domestic Violence in Mongolia during COVID-19 crisis took several steps to include all socially vulnerable and invisible groups, such as: (a) increasing the number of channels by introducing chatbots during COVID-19 lockdown to provide access for all groups of the population to support; (b) integrating SMS text service in chatbots functions to further improve access to counseling and support for the vulnerable groups residing in the rural areas with limited access to the internet, (c) the NCAV developing special content to reach out to LGBTIQ community to encourage them to contact the NCAV chatbot when needed.

C. RECOMMENDATIONS

Engage an NGO or an organization with solid knowledge and practice in GBV and DV to lead the media campaign. Pre-test the media communication campaign messages and selected channels among the target population before airing the programs.

Engage key personnel of the media institution in designing media campaign messages from the beginning. The key staff should be included in the inception stage and any changes in the composition of the team should be justified and approved by ADB in accordance with its consultancy recruitment policy.

Capacity building of the media companies and creative team members on gender sensitivity, mainstreaming, gender equality, GBV, and DV as well as planning and implementing behavior change communication messages and campaigns.

Collect more detailed user feedback on chatbots to determine the aspects that need further improvement. The chatbots should be improved based on the feedback and the possibility of increasing the number of chatbots should be explored. To deal with the increased number of calls to the existing chatbots, it is necessary to look for funding to support this scaling project. The NCAV and NLI team need to create content tailored for the Mongolian context of GBV and upload it to the chatbot on Facebook Messenger and a customizable web app and deploy it through local government, multi-disciplinary teams, grassroots organizations, and NGO service providers.

Strengthen the inclusion of women and other vulnerable groups in the chatbot services by improving assistive technology equipment (such as voice commands and SMS messages).

To avoid burnout and high turnover rates of the OSSCs and TSs staff, support the OSSCs and TS in conducting a workforce planning exercise to ensure that time and case allocations are realistic. Work with the management of OSSCs and TSs to include measures to acknowledge staff achievement and dedicated work in working as the first responders. Make online resources available using existing platforms such as “e-tuslamj” site developed by MLSP or NCAV website.

Mental health and stress management training and activities for the institutions working with sexual and gender-based violence should be systematized to support the growth and well-being of the workforce and the institutions.

Develop a master capacity strengthening and training plan that captures capacity-building activities across all institutions providing services to victims of domestic violence. The plan should include information on training content, location, language, the profile of participants, and duration. It is important to ensure that training is well-sequenced, and planned to make certain that participants gain maximum benefit from the training.

Seek opportunities for increasing focus on providing services, particularly psychological support to the victims of DV that are not the OSSCs and TSs clients.

Continue engaging NCAV and other women led organizations to support their development and provide equal opportunity for participation in similar activities and projects.

Strengthen the role of NGOs in working with the victims of DV by providing counseling, legal advice psychological advice. NGOs could also be engaged in providing short-term training for women on life skills, entrepreneurship, and legal rights.

Create an effective communication mechanism with the local authority, multi-disciplinary teams, OSSCs and TSs, and CSOs to ensure all stakeholders get a holistic picture of the planned interventions with detailed information on activities, timelines, etc.

Continue building the capacity of stakeholders implementing the DV legislation and working with the victims of DV with a focus on gender equality, gender mainstreaming, the impact of DV on families and women to increase awareness and address the existing stereotypes.

Continue increasing public awareness, particularly of the target group on the existing services, legal rights, and the law on DV.

Continue strengthening the referral mechanisms to services necessary for DV victims, such as legal, and psychological support.

Explore the idea of using mobile phones and SMS text messaging to reach out to women to share information about available services and increase awareness and knowledge, such as legal rights.

APPENDIXES

Appendix 1. Data collection methodology

	Type of stakeholder	Name of stakeholder entity	Data collection method
1	Government (Agency for Family, Children and Youth Development under Ministry of Labor and Social Protection and Police) and NGO	Shelter and OSSC	Records and reports review
2	AFCYD, Police, and NCAV	Shelters, OSSC, Police Units in 6 aimags and 2 districts	Focus group discussion
3	Government	National forensic institute	Review of equipment delivery records
4	Government	National forensic institute	Interview
5	Government NGO Media	National Legal Institute National Center Against Violence Media Company	NLI and NCAV monthly reports; NLI and NCAV monthly chatbot data; Media company's communication plan and materials

6	Government NGO	National Legal Institute and National Center Against Violence operators	Interview with the frontline operators
7		Chatbot Company	Monthly data
8	Private	Hackathon winning companies	Interview
9	Beneficiaries	Women victims of domestic violence	Interviews
10	Government (Agency for Family, Children and Youth Development under Ministry of Labor and Social Protection and Police), NGO, Police	Shelters, OSSC, Police Units	Online survey on the received training
11	Target segments of the media campaign	Community representatives: men and women	FGDs and surveys in selected urban districts, aimag centers, and rural soums

Appendix 2. OSSCs and Temporary shelters

No	Province/ District	Location	Managing organization	Capacity /beds/	Number of staff
One-stop service centers					
1	Bayan-Ulgii	Ulgii	Police	12	3
2	Bayankhongor	Bayankhongor	NCAV -National Center Against Violence, NGO	8	8
3	Govi-Altai	Altai	(Provincial) Aimag Central Hospital	3	
4	Darkhan-Uul	Darkhan	AFCYD-Authority for Family, Child and Youth Development	24	14
5	Dornod	Choibalsan	AFCYD-Authority for Family, Child and Youth Development	8	2
6	Zavkhan	Uliastai	Police	8	6
7	Uvurkhangai	Arvaikheer	AFCYD-Authority for Family, Child and Youth Development	16	2
8	Umnugovi	Dalanzadgad	AFCYD-Authority for Family, Child and Youth Development	12	6
9	Khuvsgul	Murun	AFCYD-Authority for Family, Child and Youth Development	8	4
10	Khentii	Kherlen	AFCYD-Authority for Family, Child and Youth Development	12	3
11	Ulaanbaatar	National (Bayangol)	National Trauma & Orphopedic Researrch Center (NTORC)	4	5

12	Ulaanbaatar	Bayanzurkh	Municipal Police	4	8
13	Ulaanbaatar	Sukhbaatar	District Health Center (Hospital)	2	12
14	Ulaanbaatar	Sukhbaatar	AFCYD-Authority for Family, Child and Youth Development	8	8
15	Ulaanbaatar	National (SBD)	National Institute for Forensic Science	4	2
16	Ulaanbaatar	Khan-Uul	AFCYD-Authority for Family, Child and Youth Development	6	6
17	Ulaanbaatar	Chingeltei	AFCYD-Authority for Family, Child and Youth Development	20	8
Shelters					
1	Arkhangai	Erdenebulgan	AFCYD-Authority for Family, Child and Youth Development	8	4
2	Bulgan	Bulgan	AFCYD-Authority for Family, Child and Youth Development	4	2
3	Govisumber	Sumber	AFCYD-Authority for Family, Child and Youth Development	6	1
4	Dornogovi	Sainshand	Police	7	2
5		Zamiin-Uud	Governor Office	4	2
6	Orkhon	Bayan-Undur soum	AFCYD-Authority for Family, Child and Youth Development	6	1
7	Selenge	Altanbulag	AFCYD-Authority for Family, Child and Youth Development	4	2
8		Mandal	AFCYD-Authority for Family, Child and Youth Development	6	2
9		Saikhan	Police	10	0
10		Sukhbaatar	Police	7	0
11	Tuv	Zuunmod	Police	5	0
12	Uvs	Ulaangom	AFCYD-Authority for Family, Child and Youth Development	20	11
13	Khovd	Khovd	AFCYD-Authority for Family, Child and Youth Development	12	12
14	Khentii	Jargalant	local govt is running	4	0
15	Ulaanbaatar	Bagakhangai	AFCYD-Authority for Family, Child and Youth Development	4	4
16		Bayangol	AFCYD-Authority for Family, Child and Youth Development, opened Mar, 2021. By April, 2021, it served 45 children, 170 person*bed*day	14	6
17		Nalaikh	AFCYD-Authority for Family, Child and Youth Development	8	7
18		Khan-Uul	Municipal Police	30	23
19		Chingeltei	NCAV -National Center Against Violence, NGO	35	25
20		Child helpline -108 shelter	AFCYD-Authority for Family, Child and Youth Development	25	10

Appendix 3. Impact assessment sites

Impact Evaluation data collection sites; comparison of other concurrent project locations

Regions, Provinces and District	Other projects, UNFPA & ADB	TA 6530 Impact Evaluation sites (marked in blue)	Affiliation of the OSSC/Shelters
Western region			
Bayan-Ulgii	UNFPA		
Govi-Altai			
Zavkhan	UNFPA		
Uvs	ADB (Grant 9198)		
Khovd	UNFPA		
Khangai region			
Arkhangai	UNFPA		
Bayankhongor		Impact Eval: 630km, Bogd soum	NCAV
Bulgan		Impact Eval:	AFCYD

Uvurkhangai		Impact Eval: 331 km On the way to Bayankhongor	AFCYD
Khuvsgul			
Orkhon			
Central region			
Dornogovi			
Dundgovi			
Umnugovi	UNFPA		
Selenge	ADB (Grant 9198)	M&E : Altanbulag soum on border	AFCYD
Tuv		Impact evaluation: 50 km from UB	Police
Darkhan-Uul	UNFPA		
Govisumber			
Eastern region			
Dornod			
Sukhbaatar	ADB (Grant 9198)		
Khentii		Impact evaluation: 330km	
Ulaanbaatar districts			
Bayanzurkh	UNFPA		
Songino-khairkhan	ADB (Grant 9198)		
Nalaikh, 50km	ADB (Grant 9198)		
Bagakhangai, 100km		Impact evaluation: 100km from UB center	AFCYD
Khan-uul		Impact evaluation: newly established during COVID-19 outbreak in March, 2021	AFCYD

List of sites for impact evaluation and distance from UB

I	Impact Assessment sites	Distance from Ulaanbaatar, km
1	UB-Selenge-UB: 300km*2ways	300
	Altanbulag soum OR Mandal soum (on the way to Selenge, 20-30km from road)	30
2	Uvurkhangai aimag	331
	Kharkhorin soum	135
3	Bayankhongor	680
	Bodg soum	120
4	Bulgan	460
	Orkhon soum	22
5	Tuv aimag	50
	Sergelen soum	70

6	Khentii	330
	Bayankhutag	23
	Travel within aimag/soums - 8.5km per soum	7.6
	Districts:	
1	Bagakhangai District 100km	100
2	Khan-Uul District (3 trips)	11

Appendix 4. Data collection tools

Focus Group discussion Guide SHELTER, OSSC, AND FIRST RESPONDER POLICE UNITS

INFORMATION ON THE FOCUS GROUP DISCUSSION

1. DISTRICT/PROVINCE:

4. NUMBER OF PARTICIPANTS TOTAL: _____

2. COMMUNITY:

5. NUMBER OF PARTICIPANTS FROM:

SHELTER _____

OSSCS _____

POLICE UNITS _____

3. DATE:

6. GENDER OF PARTICIPANTS: ___ M ___ F ___ OTHER

Background

The interviewer introduces herself and shares brief information about the project, the goal of the data collection, and the purpose of the Focus Group Discussion.

The knowledge and support technical assistance (TA) on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis (MON-6530) aims to help Mongolia respond to the gendered impacts of the outbreak of coronavirus disease (COVID-19) and associated measures in place to reduce rates of transmission, with the aim of mitigating negative consequences on women and the most vulnerable. The TA completion date was 31 December 2021; however, it was extended to 31 December 2022.

The ADB engaged two individual consultants (international and national) to conduct an impact assessment of the intervention. The goal of the impact assessment is to capture lessons from this emergency operation that can enhance mechanisms for domestic violence response and prevention, as well as ongoing and upcoming ADB-supported interventions in this area.

The aim of the FGD is to obtain your views on the project implementation as one of the main beneficiaries. We expect the FGD to take about 1 hour.

Participation in the discussion is voluntary and anonymous. You can stop participating in the discussion at any time. The interviewer and the ADB team will use the collected data for the analysis only. All records will be destroyed after use.

Please confirm your participation.

Please confirm that you do not mind us recording the conversation. The recording is only for the purposes of the analysis. The recordings will not be shared with anyone and will be deleted after the report is completed.

Introduction

- For how long and in what capacity have they been involved with your organization?

Prior to the interventions

- Ask participants to share their experience of working during the COVID-19 crisis. What were their main issues in working with survivors of domestic violence as first responders?
- How did they deal with the issues faced during COVID-19?
- How did they deal with the lack of personal protective equipment (PPE) to work with victims of domestic violence in a safe manner?
- How many of the participants and their colleagues were infected by COVID – 19? What measures were taken to protect others from the infection?
- Have they or their colleagues received training related to stress mental health and stress management prior to being enrolled in the training provided within the project? What are the main topics that participants received training in?

During intervention:

- Did they receive all the important PPE they needed?
- How did they use the PPE?
- How did the PPE impact their work with clients?
- Was the training on Mental Health relevant for them? (was the training in the areas you lacked knowledge, in the area you need for your work)

- Were the MH training and its manual culturally sensitive? (in terms of wording/jargon, tools for stress management, relaxation, etc.).
- Do they feel they have enough knowledge or would they require more training on the same topics? (or more manual and handouts)
- How did the training and manual impact their work with victims?
- Are they being consulted often during the project implementation? Is their feedback taken into account?
- What mechanisms exist for beneficiaries to provide feedback?

Recommendations

- What would they like to see improved in the future in cases of emergency such as COVID-19? How can future projects provide more support for first responders?

An interview guide with the NCAV/NLI frontline staff

Background

The interviewer introduces herself and shares brief information about the project, the goal of the data collection, and the purpose of the interview.

The knowledge and support technical assistance (TA) on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis (MON-6530) aims to help Mongolia respond to the gendered impacts of the outbreak of coronavirus disease (COVID-19) and associated measures in place to reduce rates of transmission, with the aim of mitigating negative consequences on women and the most vulnerable. The TA completion date was 31 December 2021, however, it was extended to 31 December 2022.

The ADB engaged two individual consultants (international and national) to conduct an impact assessment of the intervention. The goal of the impact assessment is to capture lessons from this emergency operation that can enhance mechanisms for domestic violence response and prevention, as well as ongoing and upcoming ADB-supported interventions in this area.

The aim of the interview is to obtain your views on the project implementation. We expect the interview to take about 1 hour.

Participation in the discussion is voluntary and anonymous. You can stop participating in the discussion at any time. The interviewer and the ADB team will use the collected data for the analysis only. All records will be destroyed after use.

Please confirm your participation

Please confirm that you do not mind us recording the conversation. The recording is only for the purposes of the analysis. The recordings will not be shared with anyone and will be deleted after the report is completed.

Introduction

For how long and in what capacity have you been involved with your organization? What is your engagement or role in domestic violence response/prevention?

Before the project intervention

- What was your experience of working during the COVID-19 crisis?
- What were the main issues related to communication that you encounter in providing support to the victims of domestic violence?
- How did you deal with the issues faced during COVID-19?
- How many victims of domestic violence did you record during COVID-19 prior to the project support?

During project intervention:

- How did the project impact your work in providing assistance to the victims of domestic violence in overall?
- How did the project impact your work in providing assistance to the victims of domestic violence during COVID-19?
- Did the number of people receiving support increase as a result of the project support? In what ways?
- Where victims of domestic violence were referred to when contacting the chatbots?
- How did people learn about chatbots?
- Did they promote the chatbots? If yes, how did they promote chatbots? Which group of the population did they target, and why?
- Did victims of domestic violence that contacted them for support learned about the hotline and chatbots from the multimedia campaign?
- If yes, which multi-media activity or campaign did they remember most?

Recommendations

- What would you like to see improved in the future in cases of emergency such as COVID-19?

- How can future projects provide more support for you in assisting victims of domestic violence in cases of emergency?
- How can the chatbots be improved? Or would you like to see a different approach?
- How can communications and campaigns work better?

Interview guide with the National Forensic Institute

Background

The interviewer introduces herself and shares brief information about the project, the goal of the data collection, and the purpose of the interview.

The knowledge and support technical assistance (TA) on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis (MON-6530) aims to help Mongolia respond to the gendered impacts of the outbreak of coronavirus disease (COVID-19) and associated measures in place to reduce rates of transmission, with the aim of mitigating negative consequences on women and the most vulnerable. The TA completion date was 31 December 2021, however, it was extended to 31 December 2022.

The ADB engaged two individual consultants (international and national) to conduct an impact assessment of the intervention. The goal of the impact assessment is to capture lessons from this emergency operation that can enhance mechanisms for domestic violence response and prevention, as well as ongoing and upcoming ADB-supported interventions in this area.

The aim of the interview is to obtain your views on the project implementation. We expect the interview to take about 1 hour.

Participation in the discussion is voluntary and anonymous. You can stop participating in the discussion at any time. The interviewer and the ADB team will use the collected data for the analysis only. All records will be destroyed after use.

Please confirm your participation

Please confirm that you do not mind us recording the conversation. The recording is only for the purposes of the analysis. The recordings will not be shared with anyone and will be deleted after the report is completed.

Introduction

- For how long and in what capacity have you been involved with your organization? What is your engagement or role in domestic violence response/prevention?

Before the project intervention

- What was your experience of working during the COVID-19 crisis? What were the main issues in providing ultrasound examinations for victims of domestic violence?
- How did you deal with the issues faced during COVID-19?
- How many victims of domestic violence did the Institute accept during COVID-19?

During project intervention:

- How did the project support in providing the mobile ultrasound units for the examination of victims improve your work overall?
- How did the mobile ultrasound units impact your work during COVID-19?
- Were you familiar with the unit? How did you know how to use it?
- Did the mobile ultrasound units improve your work with the victims of domestic violence?
- Are the units used for only the victims of domestic violence?

Recommendations

- What would you like to see improved in the future in cases of emergency such as COVID-19? How can future projects provide more support for victims of domestic violence in cases of emergency?

Interview guide with the hackathon-winning teams

Background

The interviewer introduces herself and shares brief information about the project, the goal of the data collection, and the purpose of the interview.

The knowledge and support technical assistance (TA) on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis (MON-6530) aims to help Mongolia respond to the gendered impacts of the outbreak of coronavirus disease (COVID-19) and associated measures in place to reduce rates of transmission, with the aim of mitigating negative consequences on women and the most vulnerable. The TA completion date was 31 December 2021; however, it was extended to 31 December 2022.

The ADB engaged two individual consultants (international and national) to conduct an impact assessment of the intervention. The goal of the impact assessment is to capture lessons from this emergency operation that can enhance mechanisms for domestic violence response and prevention, as well as ongoing and upcoming ADB-supported interventions in this area.

The aim of the interview is to obtain your views on the project implementation. We expect the interview to take about 1 hour.

Participation in the discussion is voluntary and anonymous. You can stop participating in the discussion at any time. The interviewer and the ADB team will use the collected data for the analysis only. All records will be destroyed after use.

Please confirm your participation

Please confirm that you do not mind us recording the conversation. The recording is only for the purposes of the analysis. The recordings will not be shared with anyone and will be deleted after the report is completed.

Introduction

- For how long and in what capacity have you been involved with your organization? What is your engagement or role in the hackathon for identifying innovative solutions for GBV and cyberbullying development?

During project intervention:

- Were you aware of existing apps responding to GBV and cyberbullying
- What were some of the gaps you observed?
- What information did you use for developing the tools?
- Did you have prior information/knowledge about GBV and cyber bullying? If yes, how and where did you gain the knowledge?
- Do you have enough knowledge about GBV and cyberbullying now?
- Do you think you and your team need to learn more about GBV and cyberbullying before working on the tools?
- Why do you think the information/knowledge is important? How can it improve the tools and coverage of victims of GBV and cyberbullying?
- What method of demonstrating/teaching victims of GBV and cyberbullying to use the developed tools will be used?

Interview guide with beneficiaries, women survivors of domestic violence

Background

The interviewer introduces herself and shares brief information about the project, the goal of the data collection, and the purpose of the Focus Group Discussion.

The knowledge and support technical assistance (TA) on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis (MON-6530) aims to help Mongolia respond to the gendered impacts of the outbreak of coronavirus disease (COVID-19) and associated measures in place to reduce rates of transmission, with the aim of mitigating negative consequences on women and the most vulnerable. The TA completion date was 31 December 2021; however, it was extended to 31 December 2022.

The ADB engaged two individual consultants (international and national) to conduct an impact assessment of the intervention. The goal of the impact assessment is to capture lessons from this emergency operation that can enhance mechanisms for domestic violence response and prevention, as well as ongoing and upcoming ADB-supported interventions in this area.

The aim of the interview is to obtain your views on the project implementation as one of the main beneficiaries. We expect the FGD to take about 1 hour.

Participation in the discussion is voluntary and anonymous. You can stop participating in the discussion at any time. The interviewer and the ADB team will use the collected data for the analysis only. All records will be destroyed after use.

Please confirm your participation.

Please confirm that you do not mind us recording the conversation. The recording is only for the purposes of the analysis. The recordings will not be shared with anyone and will be deleted after the report is completed.

Importance of the intervention

- How did COVID-19 impact your life?
- How did COVID-19 impact your experience of domestic violence?
- Were you able to find support from domestic violence during COVID-19?
- Did shelters, OSSCS, and police units adapt their support to the victims of domestic violence during Covid-19 pandemic? How appropriate were these changes?

Results of the intervention:

- Have you used the chatbots providing information on GBV prevention and services?
- Did the chatbot help during COVID-19? How did the chatbot impact your life?
- Do you have access to a phone? Do you have access to the internet?
- If you used a chatbot, did you send an SMS or did you call? Why did you choose this method?
- How did you learn about the chatbots?
- How did you know how to use chatbots? Did you receive the information on how to use the chatbot? Was it easy to use?
- In what situation did you use the chatbots if any?
- What is your experience of using chatbots? Were chatbots useful? How? Not useful? Why?
- Does the chatbot prioritize confidentiality, safety, respect, and non-discrimination?
- What type of service did you receive after you contacted the chatbot or hotline? Do you know, which organization provided the service?
- How did you learn about chatbots? Have you seen the chatbot advertisement currently circulated via TV /Radio/Facebook? Do you remember the main messages? If you learned about the chatbots earlier, how would it impact your life?

Recommendations

- Were you satisfied with the services that you received?
- How would you improve the chatbots? What is missing? What needs to be improved?
- In cases of emergency similar to COVID-19, how can similar projects increase/improve their support to victims of domestic violence?

Focus Group discussion with community representatives

1. DISTRICT/PROVINCE:	4. NUMBER OF PARTICIPANTS: _____
2. COMMUNITY:	5. AGE RANGE OF PARTICIPANTS: ____ TO ____ YEARS
3. DATE:	6. GENDER: _____ MEN _____ WOMEN

Background

The interviewer introduces herself and shares brief information about the project, the goal of the data collection, and the purpose of the interview.

The knowledge and support technical assistance (TA) on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis (MON-6530) aims to help Mongolia respond to the gendered impacts of the outbreak of coronavirus disease (COVID-19) and associated measures in place to reduce rates of transmission, with the aim of mitigating negative consequences on women and the most vulnerable. The TA completion date was 31 December 2021, however, it was extended to 31 December 2022.

The ADB engaged two individual consultants (international and national) to conduct an impact assessment of the intervention. The goal of the impact assessment is to capture lessons from this emergency operation that can enhance mechanisms for domestic violence response and prevention, as well as ongoing and upcoming ADB-supported interventions in this area.

The aim of the interview is to obtain your views on the project implementation. We expect the FGD to take about 1 hour.

Participation in the discussion is voluntary and anonymous. You can stop participating in the discussion at any time. The interviewer and the ADB team will use the collected data for the analysis only. All records will be destroyed after use.

Please confirm your participation

Please confirm that you do not mind us recording the conversation. The recording is only for the purposes of the analysis. The recordings will not be shared with anyone and will be deleted after the report is completed.

General introductory questions

- How often do they watch tv? Do they listen to the radio?
- What is the most preferred mass media channel for women? For men?
- What time of the day do they have time to watch tv/listen to the radio?
- What do they know about domestic violence? How do they know about it (based on personal experience or observation)?
- What do they think about domestic violence: Is violence a family issue and should not be shared/discussed with others? Is violence OK and should be tolerated? Why does domestic violence occur (the main reasons)?

Media campaign:

- Have they seen chatbot advertisements currently circulated via TV, Radio, and Facebook?
- What did you learn from the advertisement?
- What was the main message? Do you remember the main message?
- What is the purpose of the chatbot according to the advertisement?
- If the advertisement was aired earlier, during COVID-19, how would it impact the community, particularly those that experienced domestic violence?
- Is the message in the advertisement clear? Was the language clear?
- What do you think should be changed to make the advertisement clear and precise? How would you do it?

Survey Guide for SHELTER, OSSC, AND FIRST RESPONDER POLICE UNITS

Background

The knowledge and support technical assistance (TA) on Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis (MON-6530) aims to help Mongolia respond to the gendered impacts of the outbreak of coronavirus disease (COVID-19) and associated measures in place to reduce rates of transmission, with the aim of mitigating negative consequences on women and the most vulnerable. The TA completion date was 31 December 2021; however, it was extended to 31 December 2022.

The ADB engaged two individual consultants (international and national) to conduct an impact assessment of the intervention. The goal of the impact assessment is to capture lessons from this emergency operation that can enhance mechanisms for domestic violence response and prevention, as well as ongoing and upcoming ADB-supported interventions in this area.

The aim of the survey is to obtain your views on the project implementation. The survey should take 15 minutes of your time.

Introductory questions

Gender of respondent: _____

Age of respondent: _____

Current place of work: _____

Position: _____

Questions on distribution of PPE, including masks, face shield, sanitizers, infrared thermometer, etc.

1. Did you receive any of the PPE needed?

No _____

Yes _____ If yes, what did you receive?

2. What was the most useful item in the package?

3. What were the least useful item in the package?

How did you use the PPE?

How did the PPE impact you work with clients?

Questions on the mental health and stress management training

1. Did you attend the virtual training on mental health and stress management?

Yes _____

No _____

2. Did you complete the training (attended the 2/3 days of the training)?

Yes _____

No _____

If you did not complete the training then why?

If you completed the training, and attended both days, then why?

3. Was the training useful to you?

Yes _____ How was it useful? _____

No _____ Why not? _____

4. Was the training based on your needs (was it what you think you needed)?

Yes _____

No _____

Please explain:

Was this your first time attending training on mental health and stress management?

Yes _____

No _____

Please explain: _____

5. Could you recall a few main points from the training:

6. How did you combine the training with your job?

7. Was the training timely taking that it was during COVID-19?

Yes _____

No _____

Please explain:

8. Did you notice any impact on your work performance following the training:

Yes _____

No _____

Please explain:

9. Was the training well organized:

Yes _____

No _____

10. Was the training well planned:

Yes _____

No _____

11. Did you find the method of training (virtual) effective:

Yes _____

No _____

Not sure _____

12. How would you improve the training, please share few recommendations:

Is there anything else you would like to add:

Thank you for your participation!

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