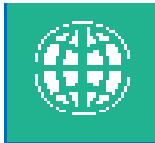


Hygiene and Sanitation Situation Report For Ger Areas, Mongolia

This report is prepared with financial support of the World Bank-Netherlands Water Partnership



Prepared by
Community-led Infrastructure Development Project
Project Management Unit of the Second Ulaanbaatar Services Improvement
City of Ulaanbaatar

In consultation with:
Ministry of Health, Ministry of Construction and Urban Development,
Public Health Institute, National Bureau of Standards and Measurements,
World Bank, Asian Development Bank, UNICEF, WHO, NGOs and Others

With Support from:
Henry Briones, Santanu Lahiri and Ishbaljir Battulga
World Bank Consultants

Ulaanbaatar, Mongolia
January 2006

MESSAGE FROM THE CITY MAYOR OF ULAANBAATAR



Let me express my sincere congratulations to the many people who have labored to make this set of manuals on promoting hygiene and sanitation for Ger areas in Ulaanbaatar City a reality. I had the opportunity to observe the actual conduct of the community dialogue at Bayankhoshou as part of the process of developing these manuals. I am truly impressed by the process undertaken to empower the people to look into their own situations and their own hygiene and sanitation practice. In fact, the process has induced them to analyze the causes and factors affecting their own behaviors and define appropriate course of action required to improve their condition. This community-based process of demand-creation is what we need to make our people, especially those living in the Ger areas, active partners of development.

I therefore highly recommend to community development workers from all sectors and to the different community-based organizations the adoption and use of these documents (the Hygiene and Sanitation Situation Report and Manuals) in their efforts to upgrade and improve the living environment of our people in the Ger areas – especially those concerning hygiene and sanitation. These manuals are your tools for empowering our community to ensure and promote better access and practices of good hygiene and improved sanitation.

Finally, I would like to thank the Project Management Unit of the Second Ulaanbaatar Services Improvement Project (PMU USIP2) and the Japan Social Development Fund (JSDF) supported Community-Led Infrastructure Project as well as the World Bank-Netherlands Water Partnership, for envisioning and supporting this very innovative methodology of engaging the community in the pursuit of their own development. Truly, this demand-creation methodology is what the City of Ulaanbaatar needs to effectively respond to the emerging issues on hygiene and sanitation affecting the City – especially in the Ger areas.

The City of Ulaanbaatar is your partner in this noble development endeavor.

Mr. Batbayar
Mayor,
City of Ulaanbaatar,
Mongolia

PREFACE

The issue of improved hygiene and sanitation especially in the Ger areas in Ulaanbaatar City is an emerging problem affecting the population. It is especially so for the poor families, which have no access to the centralized water and sewerage service system. The population growth, resulting from in-migration in Ulaanbaatar has resulted in the urbanization of poverty, generally concentrated in the Ger areas. This further deteriorated the hygiene and sanitation situation affecting the health of the population, especially children. The morbidity pattern reveals high rate of water-borne and poor environment related diseases, such as, diarrhea and hepatitis A, particularly among children.

The City authorities of Ulaanbaatar in their effort to upgrade the living environment in the Ger areas have continuously searched for strategies and programmes that can help improve the hygiene and sanitation practices. Various bilateral and multilateral agencies, in collaboration with national and local governments have tested different approaches to address the problem. Lessons learned indicate that the community-based demand-creation strategy appears to be most promising and appropriate especially in the Ger areas of the City.

These set of manuals on **"Hygiene and Sanitation in Ger Areas in Ulaanbaatar"**, is a product of various consultative meetings and workshops with different stakeholders on hygiene and sanitation at the national, district, and community levels. Individual consultations were done among bilateral and multilateral organizations, national and local government offices, and non-governmental organizations involved in the promotion of hygiene and sanitation. A national consultative workshop was conducted followed by a district consultation meeting to define the situation and identify the courses of action.

The outputs and recommendations of the first two consultative workshops then presented to the community for validation. The community dialogue helped to further validate and clarifying the situation of hygiene and sanitation in Ulaanbaatar – especially in the Ger areas, as well as test the methodology for community-based demand creation.

These manuals aim at guiding and helping field workers in planning and implementing the promotion of the desirable hygiene practices and improved low-cost sanitation as components of the Community-Led Infrastructure Project (CLIP) under the JSDF as part of the USIP2. The community-based participatory methodology for demand creation would help the City of Ulaanbaatar in its efforts to upgrade and improve the living conditions of the poor people living in the Ger areas. These manuals on Hygiene and Sanitation in Ger areas in Ulaanbaatar have five complementary components and should be read and used together. These are:-

- ✚ The Hygiene and Sanitation Situation Report for Ger Areas, Mongolia – defines the current situation on hygiene and sanitation of the Ger areas in Ulaanbaatar, as well as in Mongolia as a whole.
- ✚ The Manual on Promotion of Hygiene and Sanitation in Ger Areas, Mongolia – is a guidebook for workers in undertaking the community-based demand creation methodology. It provides the step-by-step process that can guide workers in influencing the behavior and decision of families and communities to adopt desirable hygienic practices and improved sanitation.
- ✚ The Manual on Low Cost Sanitation Technologies for Ger Areas, Mongolia – provides various latrine options in building sanitary latrine based on the needs (demand) and capability of the families and the communities.
- ✚ The Community Dialogue Tool Kit for Ger Areas, Mongolia – is a set of illustrated materials to be used by the workers to undertake the community-based demand creation methodology on hygiene and sanitation.

- 📄 The Guidelines for Implementation of Low Cost Sanitation Project in Ger Areas, Mongolia (Internal Report) – provides guidelines for Low Cost Sanitation Project for JSDF Funding.

Specifically, this Hygiene and Sanitation Situation Report for Ger Areas, Mongolia provides the synopsis of the current conditions in the country, specifically in the Ger-areas of Ulaanbaatar. This document was put together by various stakeholders including communities through individual meetings, consultative workshops and community dialogue. It describes the over-all situation on hygiene and sanitation prevailing in the country – specifically for the Ger areas in Ulaanbaatar. The document guided the stakeholders in designing and developing the set of manuals on hygiene and sanitation recommended for use to all field implementers in undertaking hygiene and sanitation activities.

The set of manuals on Hygiene and Sanitation in Ger Areas in Ulaanbaatar is just the initiation of the many efforts in promoting community participatory process that will empower people. We hope that the users of these manuals will help the PMU-USIP2 to further improve the methodology. Your experiences and lessons learned would be very useful in further improving this methodology. In fact, we would appreciate receiving suggestions on how we can further improve the methodology as well as the content and design of these manuals.

The Project Management Unit of the Second Ulaanbaatar Services Improvement Project (PMU USIP2) recommends the adoption and use of these manuals to all community-based organizations (CBOs) and community development workers of all sectors in their pursuit and efforts to improve the hygiene and sanitation practices of the families and communities. The lessons learned in implementing this project can give valuable inputs in the formulation of national policies and programs on hygiene and sanitation especially for secondary cities and aimag centers.

ACKNOWLEDGEMENTS

This set of manuals on Hygiene and Sanitation in Ger areas in Ulaanbaatar is a product of series of consultations with various stakeholders at national, sub-national, and community levels. The development of the Situation Report and manuals is part of the over-all efforts of the City of Ulaanbaatar to upgrade and improve the hygiene and sanitation situation in the Ger areas under the Community-led Infrastructure Project (CLIP) with funding support from the Japan Social Development Fund.

Specifically the development of the Hygiene and Sanitation Situation Report and manuals is supported through the World Bank-Netherlands Water Partnership (BNWP). We also would like to thank our team of consultants from the World Bank (Santanu Lahiri, Henry Briones and Isbaljir Battulga) who provided us with technical support and guidance throughout the conceptualization and preparation of these manuals.

The Project Management Unit (PMU) of Second Ulaanbaatar Service Improvement Program (USIP2) of the City of Ulaanbaatar would like to thank the various multilateral and bilateral agencies and organizations, the different technical agencies of the national and local government units, and the community-residents of Bayankhousou, for their active participation and valuable inputs in the preparation of these manuals.

We would like to acknowledge the participation and inputs of various international agencies and organizations (UNICEF, WHO, French Action Faim, Red Cross, SEURECA, ICT Sain Consulting LLC). We also acknowledge the national government agencies (Public Health Institute and School of Public Health of the Ministry of Education, Department of Environmental Health of the Ministry of Health, Bureau of Inspection Monitoring and Standards, Ministry of City Urban Development, Ulaanbaatar City Planning and Policy Department) for their valuable inputs – especially in facilitating the national consultative workshop and reviewing the draft of the manuals.

Our thanks also go to Pete Kolsky, Eduardo A. Perez, Wouter Vandersypen, and Takuyo Kamata for their technical inputs in reviewing the manuals and their administrative support in mobilizing funds from the BNWP to support the development and publication of these manuals.

We also thank the Mayor of Ulaanbaatar City, Mr. Batbayar, for his encouraging support, visit to the community during the consultation with families, and endorsing this methodology for the promotion of hygiene and sanitation in the Ger areas of the City.

Bharat Dahiya initiated and designed the Study titled, Mongolia: Low Cost Sanitation for the Urban Poor with twin objectives: (i) to support the implementation of the Japan Social Development Fund Grant Project, Community-led Infrastructure Development for the Urban Poor in Ulaanbaatar, and (ii) to facilitate the provision of technical assistance on low cost sanitation to the Government of Mongolia and the Municipality of Ulaanbaatar, in order to inform policy dialogue on this important urban poverty and environment related issue. Bharat Dahiya has been the Project Coordinator of the JSDF Project. Hubert Jenny (before leaving the World Bank) was the erstwhile Task Team Leader of the JSDF Project. The present Task Team Leader of this project is Takuyo Kamata. PMU USIP2 acknowledges the guidance of all the above-mentioned World Bank personnel for their support in the preparation of this report.

Photographs are taken by Henry Briones, Santanu Lahiri and Chimbayar.

Henry Briones, Santanu Lahiri and Ishbaljir Battulja, World Bank Consultants were the key facilitators for the Hygiene and Sanitation National Consultation Workshop organized in 31st October, 2005.

Santanu Lahiri and Henry Briones prepared this report with overall guidance from Eduardo A. Perez and Pete Kolsky of World Bank in consultation with PMU USIP2.

Finally, the many people and organizations who had contributed in the conceptualization, design, and preparation of these manuals and whose names we are not able to mention – the Program Management Unit of USIP2 extends sincere thanks to all of you.

Ms. Badamkhorloo
Director
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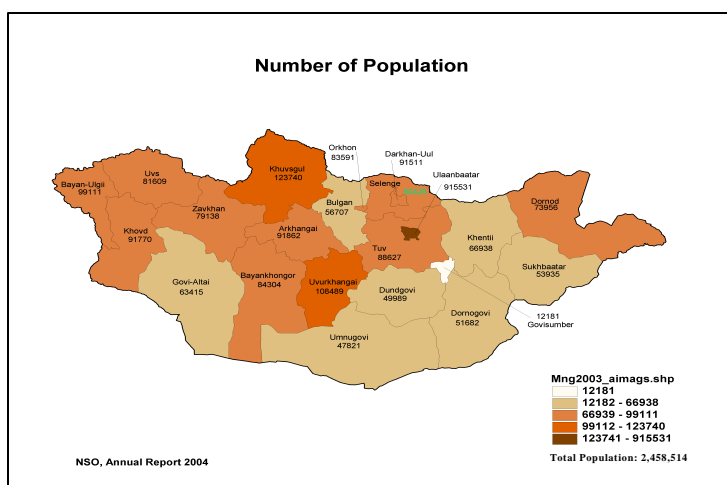
TABLE OF CONTENTS

MESSAGE FROM THE CITY MAYOR OF ULAANBAATAR	2
PREFACE	3
ACKNOWLEDGEMENT S	5
BACKGROUND	8
HYGIENE AND SANITATION SITUATION	10
Definition of Hygiene and Sanitation	
Evolution of hygiene and sanitation	
Current situation of sanitation and water supply	
Legal Aspects on Hygiene and Sanitation	
Inventory and Analysis of Existing IEC Materials	
Institutional Framework and Existing Key Partners	
Analysis of community participation	
EXISTING KEY ISSUES	20
Issues on Institutional aspects	
Issues on Social aspects	
Issues on Technical aspects	
Issues on Financial aspects	
Issues on Environmental aspects	
SUMMARIZING THE KEY ISSUES & DIRECTIONS	23
Policy and Programme Framework	
Institutional Framework	
Coordination and Networking	
Institute Learning	
Develop Modules for Community-Based...	
Ensure Continuing Capacity Building	
Mobilize Private Sector	
LESSONS LEARNED	25
CONCLUSIONS AND RECOMMENDATIONS	26
What approaches make sense in Ger areas?	
How will JSDF address the needs?	
REFERENCES	28

BACKGROUND

Mongolia is a landlocked country with total population of 2,458,514 as per National Census 2004, bordering with China and Russia. The country is one of the least developed countries that had made a steady progress from a centrally planned to a free market-led economy. Within this broad setting, urban development in Mongolia is set in a demographic context where the historically nomadic population is migrating to Ulaanbaatar for what appears to be a longer-term settlement.

The City of Ulaanbaatar, which is the capital of the country, has an estimated population of 915,531 - approximately 40% of the country's population in 2004. The migrants are mostly poor families from the countryside and have settled in the peri-urban informal settlement areas - called Ger areas. The growth of Ger areas also signifies the phenomenon known as the "urbanization of poverty". In Mongolia, poverty is relatively a new phenomenon since during the previous system almost everything is provided for free and subsidized



by the State/Government. Poverty is generally concentrated in Ger areas and the numerical growth of poor households strains the City's safety nets and basic social services.

In Mongolia, the administrative and political sub-divisions are as follow:

- ✚ For rural countryside:
 - bagh = lowest political and administrative unit.
 - soum = equivalent to county - political and administrative unit.
 - aimag = equivalent to province – political and administrative unit (this is located either in peri-urban or urban area).
- ✚ For urban city/municipal area:
 - khoroo = lowest political and administrative unit.
 - district = equivalent to county - political and administrative unit.
 - city = this is purely urban area with Ger area settlements in fringe areas - political and administrative unit.

In total, the country is comprised of 22 aimags including the City of Ulaanbaatar and 342 soums and districts.

The capital City – Ulaanbaatar – is the most densely populated place with about 40% of the total population. As of 2004, 58.6% of the country's population resides in urban areas (primary and secondary cities) and 41.4% in rural areas. It is estimated that about 50.8% of all households live in the "Ger" (traditional round house tent) both in urban and rural settlements.

The contemporary urban form is characterized by the core built-up area, an intermediate transitional area (with Ger areas and built-up housing), and the peri-urban Ger areas. The latter two areas have inadequate basic infrastructure and services (such as water supply, sanitation, solid waste collection, drainage, central heating, and roads and pathways). Before the transition, these Ger areas are designated temporary settlements while waiting for apartment units. The Ger areas are prone to flash flooding as these are settled on flood plains and hill slopes. Urban environment suffers from water pollution (both surface water due to untreated sewage;

groundwater due to prevalence of pit-latrines; soil/land due to open dumping of solid waste, and; air pollution due to thermal power plants, coal-fired cooking-cum-heating stoves in Ger areas and vehicular emissions) thus, degrading urban livability.

The on-site sanitation for Gerarea residents were identified as very high on the list of priorities based on the social assessment carried out during the preparation of the Second Ulaanbaatar Service Improvement Project (USIP2¹). The City of Ulaanbaatar can neither finance these investments out of its own revenues, nor borrow for them from commercial sources at this time, as its financial position is extremely weak. The Parliament of Mongolia specifically requested the World Bank to assist to address the problem of sanitation. In response, a 3year Project was launched in the middle of 2005 by the City of Ulaanbaatar, with assistance from Japan Social Development Fund (JSDF) and managed by the World Bank, to improve the hygiene and sanitation services in the Ger areas.

As an initial step for planning the implementation of the hygiene and sanitation improvement services for the Ger areas, the Project Management Unit of the USIP2 of the City of Ulaanbaatar organized a series of consultative meetings with key stakeholders (international agencies and organizations and government sectors) at the national, local and grass root level.

A national consultative workshop was held in October 2005 and was participated-in by various external support agencies (bilateral and multilateral organizations), International Non-government organizations, and critical ministries of the national and local governments. This was followed by a post-workshop consultation with selected national government agencies (Ministry of Construction and Urban Development) to further discuss the issues on sanitation. Consultative meeting was also done among political and technical staff of the Districts and Khoroos targeted for the project implementation. This consultation was also attended by selected community based organizations (CBOs) and other private sectors.

Community dialogue was organized in one District and participated by families living in the targeted Ger areas. The consultation aimed at validating the concerns on hygiene and sanitation, which were raised during the consultative meetings at the national and district levels. The consultation with the community was also used as an opportunity to test and validate the modified version of the participatory hygiene and sanitation transformation (PHAST) technique as methodology for demand-creation.

This Situation Report on hygiene and sanitation briefly highlights the current situation, key issues, recommended solutions, and immediate steps, which need to be carried out in the implementation of the hygiene and sanitation components of the Community-Led Infrastructure Project (CLIP) under the USIP2 and similar projects for Sanitation Programme in Ger areas. The document will be valuable reference material for community workers, planners and implementers in addressing the pressing needs for improving the hygiene and sanitation in the Ger-areas.

¹ Here after will be referred to as USIP2.

HYGIENE AND SANITATION SITUATION

Definition of Hygiene and Sanitation

The definition of hygiene and sanitation in Mongolia is not very clear. There is no standard definition as there is no existing national policy and program. The definitions of hygiene and sanitation derived from various consultations with stakeholders in Mongolia are as follows:

Hygiene

Hygiene is defined during the consultation meetings in Mongolia as the practice of desirable personal behaviors, i.e., hand-washing with soap before eating and after using toilet, taking regular bath, and maintaining body cleanliness, that will promote good health and prevent sickness. Hygiene promotion is planned interventions aimed to encourage individuals to practice most of the time, acceptable hygiene behaviors that will allow themselves and others to live in a clean environment. The key to good hygiene (and therefore good health) is behavior change - changing from risky practices to good hygiene practices. Simple habits, like washing hands regularly with soap before eating and after using latrine, are important behaviors. Changing risky practices into hygienic practices to reduce disease transmission is the ultimate goal of hygiene education and promotion.

Sanitation

The hygiene and sanitation sector professionals in Mongolia² defined sanitation, as means of collecting and disposing of excreta and community liquid waste in a hygienic way so as not to endanger the health of individuals or the community as a whole.

Evolution of hygiene and sanitation

The hygiene and sanitation sector in Mongolia can be divided into three major phases: pre-transitional phase (before 1990), transitional phase (1990 to 2003), and post-transitional phase (2004 onwards). The main features of each phase in terms of hygiene and sanitation efforts are highlighted below:

Pre-transitional phase:

During this phase all services were planned in a centralized supply driven manner. The Ministry of Health through local clinics and hospitals managed the hygiene and sanitation sector with the assistance from nurses and doctors. A set of laws and standards were established and the Ministry of Construction was responsible for monitoring the implementation of the standards. The laws clearly mentioned that all construction of houses and buildings must include toilet facilities.

At the local level, the implementation of hygiene and sanitation concerns was implemented through volunteers with the guidance from local Party. The volunteers regularly visit and inspect Gers/houses and checked for cleanliness of surroundings, availability of latrines, and soak pits. The Children Clubs were organized at the school for monitoring desirable hygienic practices and effective use of latrines. Children are regularly checked at the school in terms of hygienic practices, e.g., clean-cut nails, hand-washing, grooming, etc.

Transitional Phase

During this phase, the Ministry of Health was the primary agency responsible for the promotion of hygiene and sanitation. The Ministry of Construction was responsible in monitoring the compliance on standards. However, the implementing guidelines of the laws, policies, and standards, while available, were not very clear. The Ministry of Nature and Environment also played some roles in

² In national consultation workshop held on 31st October, 2005.

providing guidelines on hygiene and sanitation related activities – especially those that affect the natural environment.

However, the implementation at the local level (rural: soum and bagh; urban: district and khoroo) were not very clear in terms of primary agency responsible for planning and implementation. No national line Ministries claimed to be responsible and thereby the promotion of hygiene and sanitation is not reflected in any annual program plan at the local and national level. Generally, the local level planning and implementation were fully based on the initiative of individual households, schools, and clinics. There was no specific directions provided on who will lead, assist, and monitor the activities. There is no monitoring done to check compliance of families on the sanitation standards.

Various international organizations, e.g., UNICEF, WHO, has started to promote and model sanitary latrine both at the household and community levels. Various institutions also initiated efforts on the promotion of desirable hygienic practices, e.g., hand washing. However, most of these efforts are on the project level and dependent on external funding.

One of the major events that took place during this phase is the government regulation on land privatization in 2003. The law provides private ownership of land to individual – including those living in the Ger-Areas. This defined the need for a shift in addressing hygiene and sanitation concerns from highly centralized supply-driven approach to demand-driven approach. The individual household is now in a position to take his/her own decision on level of services and investment to make in their own premises to improve the hygiene and sanitation situation. There is a need to fully implement the “sanitation law” to make sure that private land owner and builders will comply with sanitation requirements.

Post-transitional phase:

The post-transition phase started in early 2004 when the Government of Mongolia declared that it had completed the transition phase. The development of hygiene and sanitation for Ger areas mainly rests in the City of Ulaanbaatar with the guidance from the Ministry of Construction and Urban Development. Special project, such as, the Second Ulaanbaatar Services Improvement Project (USIP2) was implemented in the City but focuses mainly on the provision of water supply.

To a certain extent, various government agencies play critical roles for the design, planning, and implementation of hygiene and sanitation in Ger areas. Among these agencies are: the Department of Environmental Health of the Ministry of Health; Public Health Institute and the School of Public Health of the Ministry of Education, and the Bureau of Professional Standards.

The responsibility for the field implementation of hygiene and sanitation is still not very clear though in some instances the District and Khoroo Administrations take some initiatives. However, due to lack of financial and human resources as well as technical capability, the implementation of hygiene and sanitation is spearheaded by international agencies and community based organizations. Further, these initiatives are generally dependent on external funding and limited on a project basis.

There is no nationally designated agency that is responsible for planning, implementing, and coordinating efforts on hygiene and sanitation. In some cases, various projects over-lapped due to lack of coordination and teamwork among various players. It is noted that the roles of INGOs and CBOs, while important and critical partners of the government, need to be clarified vis-à-vis the roles of the government and other private sector. Further, there is a need to explore mechanism that will promote and support emerging new partnership between Government, CBOs, INGOs, and the private sector. This situation calls for establishing effective mechanism for forging partnership between and among the national, local government, CBOs, and INGOs.

The policy, program, and regulatory framework for hygiene and sanitation during the post-transition phase are still not fully defined. The recent shift of sanitation programme from centrally driven approach to demand responsive approach makes more urgency for development of sanitation policies and strategies. All partners during the national consultative workshop reached consensus for a need to re-visit and re-define sanitation policies and strategy for Mongolia that may require additional funding support to be properly addressed.

This is an emerging challenge to the government to develop policies and strategies, and pilot responsive institutional mechanism that will ensure the sustained efforts on hygiene and sanitation. The lessons learned in the initial implementation of the LCS-JSDF will help refine the strategy for replication and scaling-up implementation for the improvement of hygiene and sanitation services – especially for the poor Ger areas.

Current situation of sanitation and water supply

Sanitation

As per the National Program on Infectious Diseases, as approved by the Mongolian Government in 2002, 67% of all the households in Mongolia have inadequate or unsanitary pit latrines, whereas 33% of the households don't have pit latrines and wastewater pit. However, the improvement of sanitation services is reported to be progressively increasing during last 5 years. Sanitary latrine is generally understood in Mongolia as pit latrine with proper ventilation and no smell.

As reported by the Ulaanbaatar City Specialized Inspection Agency, according to 2003 census in Ulaanbaatar, there are 84,000 households (living in apartments, gers, and single detached houses) in 67,000 Khashaas (private fenced compound with an average estimated land area of about 0.07 hectare per khashaa).

The sanitation situation in Ger-areas, is as follows:

- ⌘ 59%⁴ pit latrines are not sanitary;
- ⌘ 14%⁵ households don't have any latrines; and
- ⌘ 34% of the households don't have any provision for management of liquid waste (gray water).

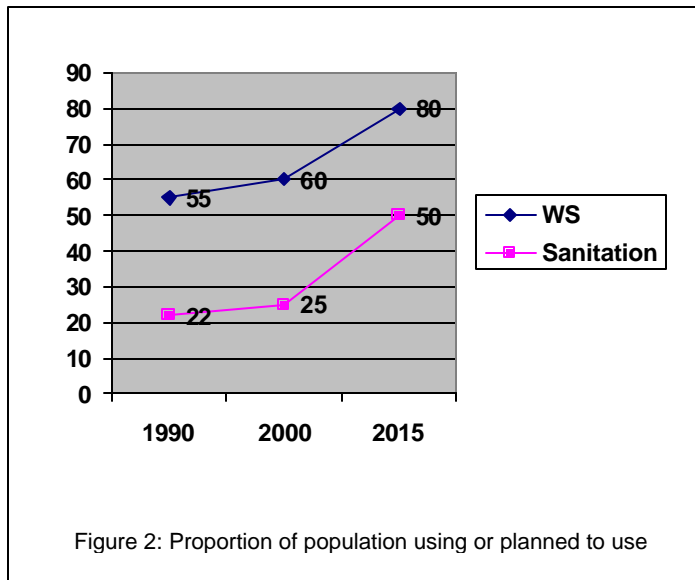


⁴ Please note that the percentage of unsanitary latrine is reduced from 67% to 57% between 2002 and 2003.

⁵ Please note that the percentage of households without latrines is reduced from 33% to 14% between 2002 and 2003.

The coverage figures on water supply and sanitation in terms of Mongolian MDG targets are shown in Figure 2⁶, which does not mean the figures indicated are always in effective use. The local registration data in 2003 revealed that⁷:

- there are 84,000 families in ger areas in 67,000 Khashaa (wooden fences).
- there are 40,000 – 50,000 pit latrines.
- there are 208 communal latrines, out of which only 49% of them meet standards.
- there are 40 communal soak pits, out of which 82% meet standards.
- there are 31,114 individual soak pits in Ger areas, out of which 41% meet standards.
- 14% of Gers have no pit latrines.
- 34% of Gers have no soak pits.
- 50% of Khashaa owners reported to not have further space for digging new pit latrines.



In Ger areas, people themselves construct their own on-site pit latrines and soak pits without adequate knowledge on the technical features and requirements on how to build the latrines properly. This often leads to unhealthy situation in the Ger areas and may contribute to contamination of ground and surface water.

During the months of May to September, there is a problem of flies. Only 20% of family can afford to buy chemicals to kill flies. Many families put a layer of coal ash on the excreta occasionally to mask the excreta to avoid flies and smell.

There are 10,000 cases of diarrhea every year in Mongolia and 60% to 70% of these occur in Ulaanbaatar⁸. The dysentery is the second most prevalent disease. Hepatitis A in Ulaanbaatar is seven times compared with the international average. All these diseases originated from unsanitary conditions, caused by open defecation or unsanitary latrines coupled with open discharge of gray water (gray water) and unhygienic practices, especially in Ger areas.

The disposal of waste to the soil via pit latrines and soak pits in Ger areas raises concern due to proximity to ground water. There is a high risk of nitrates and phosphates entering the ground water. Although some of the test results on the ground water show an acceptable level of nitrates (45 mg/l). However, it is not much clear that whether the ground water is getting polluted by the on-site latrines/ soak pits, or by the open disposal of gray water, animal excreta and solid waste coupled with open defecation.

⁶ Millennium Development Goals: National Report on the Status of Implementation n Mongolia, 2004.

⁷ Feasibility Study Report: Second Ulaanbaatar Services Improvement Project and Preliminary Design of Water Supply Facilities, World Bank Project No. TF 051125, Municipality of Ulaanbaatar, Mongolia, October, 2003.

⁸ Feasibility Study Report: Second Ulaanbaatar Services Improvement Project and Preliminary Design of Water Supply Facilities, World Bank Project No. TF 051125, Municipality of Ulaanbaatar, Mongolia, October, 2003.

It is therefore highly recommended that a special study to monitor ground water pollution travel especially from on-site sanitation be conducted in Ulaanbaatar.

Water Supply Situation

Mongolia is considered as a country with relatively poor water resources. In total, 599 km³ of water is available, of which 500 km³ of water is contained in lakes of Mongolia (including 90 km³ in saline lakes), 62.9 km³ in glaciers and 34.6 km³ of water is contained in rivers and underground basins.

The national survey for surface water conducted in 2003 by the Ministry of Nature and Environment showed:

- 683 rivers out of a previously registered 5,565 disappeared; 1,484 springs out of 9,600; and 760 lakes and ponds from 4,196 registered disappeared since the last survey in 1995.
- Twenty-nine rivers have excessive contamination due to mining activities.

Water resources are widely used for domestic water supply, industrial, livestock, and agricultural purposes. Twenty percent of Mongolian water consumption originated from surface water, while 80% from ground water sources. Specific data on Ulaanbaatar are not available – it may be good if this information can be generated. Total withdrawal for the year 2000 was estimated at 0.50 km³. The following is the water use pattern by sectors:-

- 18.1% for drinking and household use.
- 39.3% for industrial use.
- 24.0% for animal husbandry.
- 17.4% for irrigated agricultural use.
- 1.2% for other use.

The National Human Development Report in 2003 estimated water consumption in the City of Ulaanbaatar as follows apartment dwellers the consumption ranges from 240 – 450 liters per capita per day, (this maybe an indication of possible leakages in the distribution system) . While families living in the Ger-Areas consumed only 8 to 10 liters per capita per day – which may be very important to consider especially in promoting the practice of good hygiene . This disparity in access to water is very evident. Families living in apartments, though maybe paying higher price, has 24 hour access to water while people living in the Ger areas are dependent on water-kiosks (this are building structure with water tank and heating system inside and usually re-fill by water-trucks based on schedule.

Further, families living in peri-urban areas, with no and inadequate access to basic social services due to unavailability and unaffordability, are often considered as the extremely poor families whose income is less than 40% of the minimum living standard level (MNT 20,200 to 26,500 per capita per month as per region to region).

Out of all the households covered by the household survey conducted by UNDP and the Centre for Ecological Research in October, 2004, 41.3% households live in Ger and 58.7% live in houses, of which 40.5% living in the apartments with centralized water supply. The NHDR 2003 Reports that the urban Ger areas face several problems with access to safe water.

Legal Aspects on Hygiene and Sanitation

Mongolia has several existing laws and regulations related to the promotion of hygiene and sanitation. However, the guidelines and mechanisms for implementing these laws and regulations are not clear, as well as, there is inadequate manpower to implement these laws and regulations,

e.g., the Bureau of Inspections/Monitoring and Standards who is responsible for defining and implementing standards has only one person at the City level and another one person at the District level. There is no inspector assigned at the khoroo level who will be responsible in monitoring compliance on the laws on sanitation.

Further, there are no program plan at the national and local level to implement these laws and standards. In some cases, the khoroo political leaders and some technical line ministries, e.g., Family Health Clinic, implement sporadic projects, which are generally externally driven and dependent on funding from external sources. The local government units (District and Khoroo) do not included hygiene and sanitation in the annual plan and budget.

Legal Framework governing access to sanitation provisions

In Mongolian environmental laws, legislative acts follow both the hierarchy of law generally, as well as their own loosely structured internal hierarchy.

Overall Policy:

The Constitution entitles the right of the citizens of Mongolia to live and work in healthy and safety environment.

Laws of Environmental Protection

Establishing the main rights and responsibilities, standards and principles for the environmental management in Mongolia.

[Extracted from: Access to Water and Sanitation Services in Mongolia, Ministry of Nature and Environment, UNICEF, UNDP, December 2004].

Table 1: Existing Laws and Regulations Related to Sanitation in Mongolia

Laws/Regulations, Year Approved, Approving Authority	General Content
Government policy on public health, 2001 [Parliament decree#81]	To provide better understanding on hygiene services, standard for toilet, sewerage and waste water system, and improve of treatment technologies.
Sanitation Law, 1998 [Parliament]	To provide better and secure hygiene environment and ensure standard environment living for community.
City water supply and sewer law, 2002 [Parliament]	To provide guidance for clean and standard water for city and settlement residents, coordination of waste water system and water treatment plant engineering structure.
Law on water, 2004 [Parliament]	To provide proper use of water and water basin, it's activities for coordination.
Domestic and manufactory waste law, 2003 [Parliament]	To coordinate activities of collecting, transferring, preserving, disposing and recycling waste.
Health law, 1998 [Parliament]	Sharing laws for citizen rights & responsibilities for health.
Protection and hygiene standards of the community water recourse, 1995 [Decree 167/335/a/171, Ministry of Environment, Health and Infrastructure]	To establish a zone to protect water recourse from polluting, shortage and change of quality
Drinking water. Hygiene requirement and monitoring. MNS 900-92, 1992 [Bureau of National Standard and Measurement]	Monitoring and requirement of central water supply
Hygiene requirement and regulation on selection of water recourse for drinking and domestic water, 1992 [Bureau of National Standard and Measurement]	Information not available
Regulation on defining waste water disposal area, 1995 [Decree 167/335/a/171, Ministry of Environment, Health and Infrastructure]	Regulation on defining wastewater disposal area for household and institution, which are not connected with the sewage system.
Inner lining of domestic waste water and pits, 1995 [Decree#A/54, Ministry of Health]	Information not available
NOTE: The law on land privatization was enacted in 2003 – the law provides individual adult Mongolian to privately own a piece of land – including those living in Ger-Areas. The average size of land in khashaa is about 0,07 hectare or 700 square meters.	

Inventory and Analysis of Existing IEC Materials

During National Workshop in October 2005, an attempt was made to map out existing IEC materials on hygiene and sanitation sector that were developed, published and printed in Mongolia. Many IEC materials were presented by various agencies and organizations working on hygiene and sanitation. These materials were produced and published jointly by the government with support from various international and national organizations.

The participants were asked to classify the existing IEC materials according to intended audience: policy and programme planners; field workers, and community. The materials were also categorized based on key areas of concerns on hygiene and sanitation.



The outcome of the mapping-exercise showed some interesting results. During the mapping-exercise, participants categorized the different IEC materials as per intended audience and users as well as technical categories. However, after post-workshop analysis and evaluation, it was found that there are many gaps in the IEC materials along with various key areas of concerns. Further, many of the materials are prepared in “English language only” and need to be translated into Mongolian so that Mongolian sector colleagues can effectively utilize these.



Table 2: Inventory and Analysis of Existing IEC Materials on Hygiene and Sanitation

Target Audience	Key Areas	Availability in Mongolian
Community	Hygiene Education	Yes
	Hygiene Awareness	Yes
	Operation and Maintenance	No
	Monitoring and Evaluation ⁹	No
	Evaluating Behavioral Change ¹⁰	No
Implementers and Planners	Manual for community dialogue (for demand creation)	No
	Manual on promotion of hygiene and sanitation	No
	Manual on low cost sanitation options with informed choices	No
	Trainer’s training manual on sanitation	No
For All	Law on sanitation	Yes
	Policy and implementing guidelines	No
	Technical standards on sanitation	Yes
	Awareness creation	Yes

Most of these IEC materials were developed as part of the project with external support. Plan for the utilization of the IEC is not available, as well as, the system for monitoring the effective utilization and impact of these IEC materials. Hence, after development, most of the IEC materials are simply distributed to some agencies (even not distributed to all relevant stakeholders) without any guidelines on how and who will use these materials.

Exemption is the revised “Integrated Child Growth and Development Record” being implemented in the health system. This IEC for both parents and health workers has a defined monitoring system built-in in the Community Based Monitoring and Information System (CBMIS) which is being implemented in the UNICEF covered aimags and districts. Also, the UNICEF developed-tool for family empowerment has a built-in mechanism for horizontal and vertical monitoring for effective and timely response.

Institutional Framework and Existing Key Partners

The institutional framework for planning and implementation of the hygiene and sanitation programme is not fully defined both at the national and the local government units. Discussion during the National Consultative Workshop revealed that there are several national agencies that play critical role in planning and implementing hygiene and sanitation.

⁹ UNICEF supported CBSS-FES has built-in monitoring.

¹⁰ UNICEF supported CBSS-FES has built-in monitoring.

While in the City of Ulaanbaatar, the City Administration with technical assistance from the USIP2, may oversee the planning and implementation of hygiene and sanitation programme, it is important to solicit the guidance and technical support from the following technical agencies of the national government.

- 🚧 Department of Environmental Health, Ministry of Health
- 🚧 Ministry of Construction and Urban Development
- 🚧 Public Health Institute and School of Public Health, Ministry of Education
- 🚧 National Bureau of Inspection, Standards and Measurements
- 🚧 Ministry of Environment

The above mentioned agencies are actively involved and have critical role to play in planning and implementing hygiene and sanitation activities. However, the roles and responsibilities of each agency are not fully defined and therefore require further dialogue to clarify their roles and responsibilities. Likewise, mechanism for proper coordination is needed to ensure complementation and convergence of efforts for effective implementation of the project.

The bilateral and multilateral agencies in Mongolia and INGOs are also providing assistance and active support in hygiene and sanitation sector. However, these activities are on the project basis, not focusing on influencing national policies and programmes, and not fully coordinated with the government sector due to the absence of proper mechanism for coordination. The current activities of some of the key external support agencies and INGOs are highlighted in Table 3.

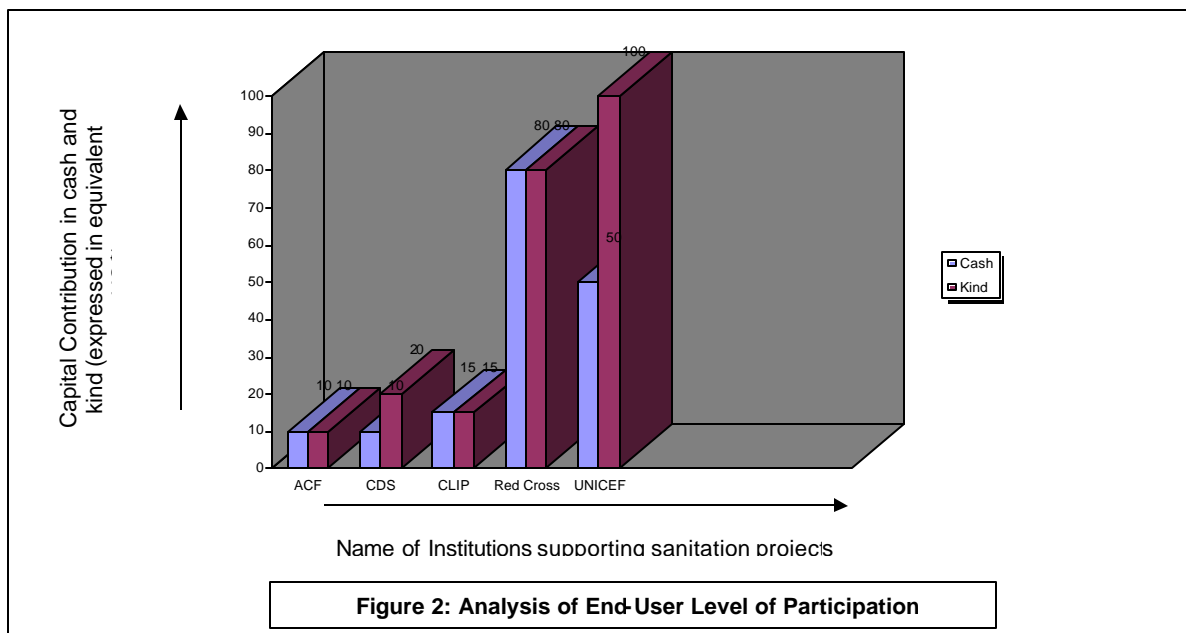
Table 3: ESA's & INGOs Efforts on Hygiene and Sanitation

Agencies	Programme Focus
World Bank	USIP2: focuses on the improvement of water services – especially for centralized water system, with funding support through International Development Agency of the World Bank Group. CLIP: has three major components – (a) community-led infrastructure, (b) low cost sanitation and hygiene, and (c) monitoring and evaluation, with funding support from Japan Social Development Fund grant, administered by the World Bank.
Asia Development Bank	Improvement of the living environment and housing in Ger areas through micro financing. Also involve in providing support on developing sanitation network in the countryside.
UNICEF	Convergent Basic Social Services – Family Empowerment Strategy (demand-creation approach using Triple-A with color-my-Ger-blue): hygiene and sanitation are part of the key areas of concerns. Also engaged in supporting local governments in modeling VIP latrine.
WHO	Healthy springs and improved sanitation for countryside (soum) hospital facility.
UNDP	An effort on poverty alleviation – basic social services is viewed as component of poverty alleviation.
ACF	Modeling sanitation (VIP) at the khoroo family health clinic as strategy for promoting sanitary latrine in the community. Hygiene and sanitation is viewed as factors affecting nutritional status of children.
GTZ	Improvement of the living environment and housing for Ger-areas. Also looking into modeling ECOSAN.
Red Cross (Netherlands)	Planning to model VIP latrine in some Ger areas.

Analysis of community participation

During the National Consultative Workshop, the participants tried to analyze the current level of participation of the community in the implementation of the sanitation efforts in Mongolia – specifically in Ulaanbaatar. The findings revealed that most of the sanitation efforts focus on setting-up model latrine aimed at influencing household and community behaviors.

In the discussion during the consultation meeting at the national level, the level of participation of the communities as reported by the implementing agency/organization is very minimal as depicted in the Figure 2.



Based on Figure 2, the participation of the end-users in terms of contribution in kind, which is expressed in terms of equivalent US\$ are very minimal, except for Red Cross and UNICEF Projects. The UNICEF Project covers 6 poor Ger-Areas in Ulaanbaatar and about 50 baghs in 10 soums (rural-district)s. UNICEF provides the cost of material inputs for modeling VIP-latrines while the cost of labor is shouldered by the District/Khoroo and Soum Government Units. The Red Cross is limited in small Ger Areas in Ulaanbaatar. In case of capital cash contribution the community participation is quite low almost for all projects. It appeared that there is a need to really mobilize the families and the communities to actively participate in the improvement of hygiene and sanitation. Hence a community-based demand creation strategy would be very appropriate to ensure active participation of the families and communities.

EXISTING KEY ISSUES

In the post-transition phase, the hygiene and sanitation sector started to initiate and promote demand-responsive approach that supports community-led process. The sector partners reached consensus that to achieve sustainability through a community-led demand responsive approach, five key areas need to be focused simultaneously, such as:

- ✚ Institutional
- ✚ Social
- ✚ Financial
- ✚ Technical
- ✚ Environmental

In the National Consultation Workshop, followed by the Workshop with District Authorities and community dialogue with residents at Ger areas, all the above aspects were discussed and the key concerns in each issue were identified as follows:

Issues on Institutional aspects

- ✚ Lack of defined roles/ responsibilities:
 - ◆ At the local level no specific government institution and agency is designated to plan, implement and monitor the hygiene and sanitation activities.
 - ◆ At national level there are number of agencies reportedly involved in hygiene and sanitation sector. However there is no clearly defined roles and responsibilities, delineation of functions, and also without proper mechanism for effective coordination.
- ✚ Lack of Programmatic approach:
 - ◆ At national level each government agency implements their hygiene and sanitation activities as an individual project, which doesn't compliment and converge into a national programme.
- ✚ Lack of policy and programme directions:
 - ◆ There is a lack of proper national program plans and budget, policies, regulations and standards.
- ✚ Lack of coordination:
 - ◆ Lack of coordination between and among external support agencies, national government agencies and local government units in planning and implementing hygiene and sanitation.
- ✚ Lack of HRD Plans:
 - ◆ Most of international organizations are directly working with local level with no clear institutional framework that leads to proper development of human resources and sustainability.
 - ◆ Human Resource Development and monitoring of behavioral changes with measurable parameters for measuring the effectiveness of improved sanitation services are not defined.

Issues on Social aspects:

- ✚ Identifying the poorest of poor:
 - ◆ Agreement on how to identify the poorest of poor to improve access and quality of improved services not clarified.

- ✚ Lack of Institutional learning:
 - ◆ Proper focus and efforts in collecting and documenting lessons learned for institutional learning that could help develop mechanisms for community-led approaches are not operational in any government agencies implementing hygiene and sanitation .
- ✚ Lack of HRDs:
 - ◆ Lack of proper training and mentoring to develop skill-mix to support community-based hygiene and sanitation activities.
 - ◆ Hygiene activities are greatly designed at central level and not always adequately focused on local situations.
- ✚ Lack of coordination:
 - ◆ There is a lack of understanding between local authorities and local CBOs.

Issues on Technical aspects

- ✚ Non availability of Informed Choice:
 - ◆ There is lack of available and well established technological options on sanitation for informed choices and therefore, lack of manuals and training tools on how to create demand and offer informed choices to the community.
 - ◆ The existing latrine model and standard are not suitable for high ground water table in Ger areas (generally latrine pits are constructed with more than 10 feet depth, whereas ground water is existing around 4-5 feet below ground) and therefore, there is lack of demand on latrines due to non -suitability of the latrine.
- ✚ Level of service:
 - ◆ There is a view that if the level of service can increase for latrine and water, then the demand for utilization of services may increase. Therefore, there is a need to include some better level of services even for the poor Ger areas. This idea was put forward during the consultation meetings with various external and national agencies of the government as well as during the community dialogue.
- ✚ Lack of trained staff:
 - ◆ There is lack of human resources at local level to support informed choice promotion since sometime there is a few sanitary inspector for one Khoroos.
- ✚ Lack of awareness:
 - ◆ The liquid and solid waste situation is alarming in many Ger areas due to lack of awareness and management aspects of the existing liquid and solid waste management system (the collection and disposal).

Issues on Financial aspects

- ✚ Lack of choices on financial options:
 - ◆ The latrine construction is mainly responsibility of households. Often community highly relies on high subsidies. There is lack of options for financial aspects.
- ✚ Lack of support to innovative ideas:
 - ◆ In some Khesegs and Khoroos competition system was initiated by either District/Khoroos or by INGOs to identify the best practices within Khesegs level or at household level that triggered great enthusiasms within the community. Therefore, an output based incentive or award system to promote sanitation or clean environment might be useful. These need to be initiated/piloted for Ger areas.

- ✚ Revolving Fund for poorest is questionable:
 - ◆ Many agencies, especially the INGOs and CBOs are quite reluctant to promote sanitation through revolving fund approach. The main concerns are: how to access credit to poor families especially if it requires financial counterpart; how the poorest of poor can repay, and; what type of institutional mechanisms of collection of repayment could effectively work.

Issues on Environmental Aspects

- ✚ Different soil situations are existing in Ger areas:
 - ◆ Different soil conditions can be observed in Ger areas, such as, rocky soil, soil with high ground water-level area, sandy soil area, and regular clayey/muddy soil. Special attention and caution are needed in designing technical option for latrine, especially suitable to high ground water table areas.
- ✚ Ground water pollution:
 - ◆ There is much concern about ground water pollution from on-site sanitation and leach pit of the sludge system. Some clear guidelines are required for construction of on-site latrines from any water sources.
- ✚ Lack of awareness on environmental issues:
 - ◆ In Ger areas management of liquid and solid waste is a major problem - this is mainly due to lack of proper attention, awareness and cooperation between community and the garbage collecting agency.

SUMMARIZING THE KEY ISSUES & DIRECTIONS

The Sector partners in the national consultation workshop tried to summarize the issues in all the five aspects and came out with following main key areas that need to be immediately addressed as next steps. These are:-

Policy and Programme Framework

- ✚ Develop policy and regulatory framework to support hygiene and sanitation activities.
- ✚ Require adequate guidelines and planning on land use, technology options, micro financing schemes and demand assessment.

During consultation with partners, it was revealed that there are many guidelines, laws, regulations and standards¹¹ on hygiene and sanitation in Mongolia. However, either these policies are old or scattered in various documents, therefore, need a comprehensive updated version for easy use.

Institutional Framework

- ✚ Establish an institutional framework that can support community-based promotion of hygiene and low cost sanitation initiatives.

As revealed during the various consultative workshops, there is a need to define appropriate institutional framework from national down to community level. Clear definition of roles and responsibilities are needed to ensure effective implementation of the hygiene and sanitation program.

The Government should identify lead agency (or Ministry) that will be responsible for programme planning and implementation at various levels of governance. The concern of hygiene and sanitation cuts across sectoral boundaries, it is therefore recommended that mechanism for coordination and complementation of various stakeholders would be installed at various levels.

Coordination and Networking

- ✚ Establish coordination between government, NGOs/INGOs, external support agencies, Private sector and users for improved services.

Many activities on hygiene and sanitation are on-going in the Ger areas. However, there is no mechanism to ensure proper coordination and complementation between agencies. Sometimes the activities are overlapping in planning, resourcing, implementation, ensuring capacity building, and monitoring of the hygiene and sanitation sector.

The United Nations Coordination Team in Mongolia has organized a thematic working group on hygiene, sanitation and water. However, this is still in its early stage of development. This might be a good starting point in near future to promote and improve coordination among various players and stakeholders.

During the national consultative workshop, the participants proposed to the PMU to take the lead in establishing a coordination team between national and external support agencies, CBOs/NGOs and Private Sector. The coordination team will meet quarterly to share their activities and experiences that will promote further coordination among and between agencies.

¹¹ The existing documents that are available are shown in Table 1.

Institute Learning

- Design system and mechanism that will “institute learning” to share the best practices across the boundaries.

The Institutional Learning” that includes monitoring, evaluation, developing of learning notes, and organizing sector forum on key areas to consolidate the learning and feedback lessons learned into the Programme cycle, which is currently lacking. Therefore, there is an essential need to establish instituting learning mechanism, with special emphasis on community-based monitoring and evaluation system that built on measurable parameters to assess the behavioral changes on hygiene and sanitation. In this regards, it might be possible to integrate community-based hygiene and sanitation with the CBMIS (community-based monitoring information system) that is on-going, with support from UNICEF.

Develop Modules for Community-Based Hygiene and Low Cost Sanitation

- Develop appropriate technologies and informed choice.
- Promote community education, promotion and community-based monitoring and evaluation system.

While there are many existing IEC materials, there is a need to collectively develop new IEC materials that will focus on empowering the families to have an informed choice – especially on sanitation aspect. Further, IEC materials aimed at various audiences must be in Mongolian language so that these can be effectively used.

There is also a need to prioritize communication messages based on what people think, believe, and doable within the people’s capacity and capability.

Ensure Continuing Capacity Building

- Ensure capacity and confidence building within the government planners and implementers and the CBOs/NGOs to support community-based hygiene and sanitation activities.

Mobilize Private Sector

- Ensure capacity and confidence building within the government planners and implementers and the CBOs/NGOs to support community-based hygiene and sanitation activities.

LESSONS LEARNED FROM MONGOLIAN HYGIENE AND SANITATION SECTOR

Participation: Traditionally Mongolian infrastructure was supported through centrally supply-driven approach, which is now slowly being shifted to local authorities. Though transition phase is reportedly completed in 2003, in reality the transition is still continuing and on-going. In Mongolia, the people at all level are eager to pursue the transition and would like to learn as quickly as possible various approaches – especially in promoting improved hygiene and sanitation. The different consultations for the Low Cost Sanitation Component funded through JSDF revealed that people at grass root level are eager to support participatory approach, which is fully supported by the local and national authorities. Therefore, often seeing the past trend and coming in to conclusion on people's perception are not always correct, until meet people face to face and dialogue with them.

Gender: In Mongolia, the active participation of women is spontaneous. Women hold many senior positions at lowest administrative levels, up to national level. This culture fosters gender participation spontaneously. Therefore, many countries may learn lessons on gender related equalities from Mongolia. This is also evident in the educational system whereby more women reaching and completing higher education.

Networking: The ecological, geographical and climatic conditions of Mongolia are unique and quite different from tropical countries. The lessons learned on hygiene and sanitation, which are disseminated globally are mostly from tropical countries. Therefore, these learning are often not appropriate for Mongolian situation. On the other hand, the climatic conditions and ecological situation of Mongolia has some similarities with places like, Ladak of India, Northern part of Nepal, Alaska of USA, Northern part of Canada and Central Asia, Scandinavian and other cold/temperate countries. Little attempt has so far been made to capture learning on hygiene and sanitation between these cold weather countries. Therefore, setting-up of an informal network between cold weather countries for mutual learning on hygiene and sanitation would be much useful. This will eliminate the risk of investment on hygiene and sanitation and foster integration of latest learning between cold weather countries.

Coordination: In Mongolia, the United Nations agencies, such as, UNICEF, World Bank, WHO, ADB and others jointly established a thematic group on water supply and sanitation, to develop better coordination and strategic approach to advice Mongolian Government on water supply, sanitation and hygiene related activities. This can be considered as a milestone. However, the sector partners in the national workshop held on 31st October 2005, recommended for including national agencies within this coordination team to make the forum more effective.

CONCLUSIONS AND RECOMMENDATIONS

The series of consultations with partners and mapping out of the current hygiene and sanitation situation, followed by analyzing the existing key issues able to provide guidelines for low cost sanitation and hygiene sector for Ger areas.

These guidelines and recommendations need to be applied and further polished to make an effective planning and implementation of low cost sanitation and hygiene activities in Mongolia.

What approaches make sense in Ger areas?

- **Setting-up of 3Rs:** Three R's, such as, Rules, Roles and Rewards are essential to establish for Low Cost Sanitation Project¹². Since there are no existing "rules" or "guidelines" so far developed for LCSP, it is urgent to develop such guidelines and share these guidelines with all stakeholders, ideally prior to organizing the Start-up Workshops at target areas. Similarly, roles of each stakeholder (PMU, District, Khoros, CBOs, users) need to be clarified and established to make sure a harmonious way of team-efforts demonstrate at LCSP. The incentive system need to be built-in at each step of the LCSP to encourage rewarding system, and similarly also provide 'sanction' if performance is not upto the level. These 3R's will help LCSP to be structured and easy to monitor its outputs and impacts.
- **Developing appropriate tools for Community-led approach:** The Mongolian Government has now moved towards community-led approach. However, participatory methodologies are quite new to the implementers and the communities. Therefore, it is important to develop appropriate tools, such as, manual on promotion of hygiene and sanitation, manual on low cost sanitation, community dialogue tool kit that can be used for community-based demand creation activities. These tools will be essential to orient, train and motivate field workers to understand and apply community-led approaches. These tools need to be developed in consultative process with communities and other stakeholders so that can be applied Programme-wide. This will help district and Khoros technical people to follow similar approaches and avoid any conflicting approaches and thus, perform more effectively.
- **Establishing and expanding the critical mass:** For any new approach, it is important to establish a critical mass that understand the approach properly and then progressively support for scaling-up of the approach by generating more human resources who can support similar initiatives. This requires adequate attention and careful planning so that human resources are progressively developed and run the activities by their own, without much dependency on external technical assistance. Then only, the overhead cost of the project will reduce and possible to replicate in wider scale.
- **Initiate dialogue for creating supply chain:** One of the key elements of community-led demand responsive approach is to establish an effective supply chain, which will cater the demand of households once demand for latrines are raised. Therefore, LCSP requires focusing on assisting private sector to develop this supply chain as earliest to make the community-led approach successful.
- **Institutional Learning:** The community-led approach is new in Mongolia, especially for Ger areas. Therefore, it is important to organize quarterly sector forum to consolidate and share the learning with stakeholders to create a programmatic approach and make use LCSP as a vehicle to scale-up the efforts for community-led LCS activities.

¹² Here after refer as LCSP.

How will JSDF funded Low Cost Sanitation Programme address the needs?

The LCS Project funded by JSDF, will focus on all the key issues for the hygiene and sanitation sector for Ger areas. Therefore, the LCSP has agreed to develop following activities as next steps:-

- ✚ Establish a coordination team with key stakeholders at national level and meet quarterly to provide overall guidelines to the LCS initiatives.
- ✚ Establish an institutional framework (both for vertical and horizontal level) to support the community-led initiatives for LCS.
- ✚ Prepare manuals and tools for creating demand and promotion on hygiene and low cost sanitation.
- ✚ Identify CBOs to establish partnership to work for LCS activities.
- ✚ Organize training for CBOs and fieldworkers from district and Khorroos.
- ✚ Start dialogue with private sector at local level for developing supply chain to address the demand for improved sanitation services.
- ✚ Organize Start-up Workshops and develop detailed implementation plans for each district.
- ✚ Organize periodic sector forum to share learning.

The above will lead LCS Project and the sector towards better implementation and consolidate learning for meeting the Millennium Development Goals for Mongolia.

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Hygiene And Sanitation Situation Report For Ger Areas, Mongolia

Following five documents have been prepared under Low Cost Sanitation Project funded by JSDF.

Target Group	Documents Produced by JSDF Funded Low Cost Sanitation Project				
	Hygiene and Sanitation Situation Report For Ger Areas, Mongolia	Manual on Promotion of Hygiene and Sanitation in Ger Areas, Mongolia	Manual on Low Cost Sanitation Technologies For Ger Areas, Mongolia	Community Dialogue Tool Kit For Ger Areas, Mongolia	Guidelines for Implementation of Low Cost Sanitation Project in Ger Areas, Mongolia
Community	↑	↑	↑	←	↑
Field workers from CBOs/NGOs, Health workers from Khorroos/Districts and PMU USIP2 staff, and/or implementing agencies of similar projects.	←	←	←		←
All stakeholders at national and local level.	←				

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