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МЭНДИЙН ЯАМ



Japan  
Fund for  
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Reduction



## Report of the Survey on Health expenses of Disadvantaged Households

**Executive agency:** Mongolian Statistics Association NGO and team for pilot  
model on Health expenses of Disadvantaged Households

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## ABBREVIATIONS

WHO- World Health Organization

MOH- Ministry of Health

GDP- Gross Domestic Product

LCHI- Law on citizens' health insurance

HI- Health insurance

NUM- National University of Mongolia

NSO- National Statistical Office

HSES – Household Socio-Economic Survey

BZD – Bayanzurkh district

SKhD – Songinokhairkhan district

ChD – Chingeltei district

## ONE. Introduction

The “Health systems financing” part of the World health report 2010 has stated that globally, about 150 million people suffer financial catastrophe annually while 100 million are pushed below the poverty line and challenging to universal coverage and protect financial risks related to health. Moreover, Health financing strategy for the Asia Pacific region (2010-2015) has recommending that countries in the region with government spending on health of greater than 5% of GDP have less than 30% out-of-pocket health expenditures.

The Health financing strategy of Mongolia approved by joint order 270/168/109 of the Minister for health, Minister for finance and Minister for Social welfare and labour dated 22 July 2010. The purpose is to improve health of the people, to provide financial protection for individuals. This strategy supports to develop health insurance and universal compulsory insurance form in order to safe from financial risks. As well as, this strategy sets up a goal to have less than 25% pay out-of-pocket health expenditures.

As seen main findings of analysis on households’ pay out-of-pocket health expenditures that made using database of household socio-economic survey of Mongolia 2009 accordance with the “Methodology on estimation of charged services and catastrophic health expenditures” issued by the WHO, poorer group or lowest quintile paid out-of-pocket health expenditure less by 4 times from richer group or upper quintile (11200 households and 44028 persons who represented total 613372 households and 2735800 population of Mongolia covered in this analysis). Richer group or upper quintile has paid by 2 times more than average. This shows that accessibility of health care for poor group is poor.<sup>1</sup>

The results of survey on “Access to health services for disadvantaged groups in Ulaanbaatar” has concluded that “...one third of the households covered in the survey does not have health services and consulting if necessary because of lack of financing (77.5 percent by duplicated numbers), do not register for health insurance (55.9 percent) and far from medical services (31.8 percent) ..., as well as, 13.8 percent of selected households have not ID card and nor are 50.6 percent to register for state health insurance...”<sup>2</sup>.

Migration flows from rural to urban has substantively influenced to bring down living standards of migrants gradually increasing disadvantaged groups of the population. Thousands of poor who migrated from rural areas have resided in remote khoroos, which have poor development of infrastructure lack civil registration and encountering some difficulties such as not have access to state health services due to far from health organizations and nor are they eligible to register for state health insurance<sup>3</sup>.

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<sup>1</sup> Survey on charged health services and catastrophic health expenditures in Mongolia, *D. Chimeddagva and Ts. Tsoimongerel*

<sup>2</sup> Survey on “Access to health services for disadvantaged groups in Ulaanbaatar” jointly conducted by MOH, ADB and MonConsult Company, 2010. Page 10.

<sup>3</sup> Report of assessment on status of social security and welfare system, Mongolia, Project #: JFPR 9115-MON, ADB, Ulaanbaatar, 2009



Living cost and scope of charged health services have increasing, is making demands to study particularly health spending of disadvantaged households. This survey aimed to identify needs and demands of government measures to improve access to health care services for disadvantaged households and develop policy implications to improve current legal status. Through this survey, we assessed amount of health spending of disadvantaged households, its percentage share in household income and expenditure, and comparing with other population groups, else collected information about difficulties to access to health care services faced for disadvantaged groups by qualitative survey approach.

This survey conducted within the framework of the Project on improving access to health care services for disadvantaged groups in Ulaanbaatar.

## TWO. METHODOLOGY OF SURVEY ON HEALTH EXPENSES OF DISADVANTAGED HOUSEHOLDS

### 2.1. Objective of survey

This aims to study health spending of households by income-distinctive groups and develop comments and policy implications to improve access to health care services for disadvantaged groups.

### 2.2. Specific objectives or targets are to towards above objective:

1. *To study* health spending of households by income-distinctive groups and conclude
2. *To conduct qualitative survey and identify* difficulties to access to health care services faced for disadvantaged groups
3. *To develop* develop comments and policy implications to improve access to health care services for disadvantaged groups

### 2.3. Main unit of survey

Survey unit was selected or sampled households for this survey.

### 2.4. Scope of sample survey and sampling

We carried out quantitative sample survey that 350 households covered and collected data from them. *Survey covered 35 households from each of 10 khoroos of Bayanzurkh, Songinokhairkhan and Chingeltei districts of Ulaanbaatar.*

**Table 1. Number of khoroos to be selected and sample size**

Districts	Number of khoroos to be selected	# of khoroos	Number of households to be selected

Bayanzurkh	4	21, 22,23,24	140
Songinokhairkhan	4	22,23,24,25	140
Chingeltei	2	7,19	70
<b>TOTAL</b>	<b>10</b>	<b>-</b>	<b>350</b>

We did not use proportional sampling method for this survey, is associated with client requested to sample 35 households from each khoroo.

We have used consolidating probability and non-probability sampling methods. The said 10 khoroo of 3 districts of Ulaanbaatar have implementing 14 pilot model projects within the framework of the Project on improving access to health care services for disadvantaged groups in Ulaanbaatar. Those khoroo directly sampled by non-probability sampling method as strata and population was disadvantaged households of these khoroo.

The lists of disadvantaged households in each khoroo prepared by social worker of respective khoroo and we had draw sample by simple random method in collaboration with social workers of selected khoroo.

**Table 2. Number of total and disadvantaged households in selected khoroo**

Selected districts and khoroo	Number of total households	Number of disadvantaged households	Percentage of disadvantaged households in total households	Percentage share of sampled 35 households in disadvantaged households
<b>Bayanzurkh district</b>	<b>12676</b>	<b>1842</b>	<b>14,5</b>	<b>7,6</b>
- 21 <sup>st</sup> khoroo	2880	786	27,3	4,5
-22 <sup>nd</sup> khoroo	3500	411	11,7	8,5
-23 <sup>rd</sup> khoroo	3800	428	11,3	8,2
-24 <sup>th</sup> khoroo	2496	217	8,7	16,1
<b>Songinokhairkhan</b>	<b>11219</b>	<b>1789</b>	<b>15,9</b>	<b>7,8</b>
-22 <sup>nd</sup> khoroo	3302	352	10,7	9,9
-23 <sup>rd</sup> khoroo	3100	876	28,3	4,0
-24 <sup>th</sup> khoroo	2262	321	14,2	10,9
-25 <sup>th</sup> khoroo	2555	240	9,4	14,6
<b>Chingeltei</b>	<b>5350</b>	<b>451</b>	<b>8,4</b>	<b>15,5</b>

7 <sup>th</sup> khoroo	3050	316	10,4	11,1
-19 <sup>th</sup> khoroo	2300	135	5,9	25,9
<b>TOTAL</b>	<b>29245</b>	<b>4082</b>	<b>14,0</b>	<b>8,6</b>

Table 2 shows that 14 percent in average of total households of selected khoros was disadvantaged households and 350 households that equal to 8.6 percent of them sampled for survey. As result of survey average size of household was 4.3 and totally 1502 persons of disadvantaged group.

Totally 35 households from each khoros selected by probability sampling method from household lists and we used Excel for drawing sample in collaboration with survey staffs at the end of training for enumerators.

Trained survey staffs visited all households who sampled in survey, some households moved, some of them refused to interview, and some of them were not belong to disadvantaged, so we changed less than 5 percent of sampled households. Enclosed list of sampled disadvantaged households (Annex 1)

## 2.5. Training for survey staffs

We fulfilled preparation of training and prepared finalized questionnaires, bags and other stationeries, and venue. Survey questionnaire and dairy printed out by number of selected households. Team developed a draft agenda of training and sent it to team of TA Project on “Improving health services for disadvantaged groups in Ulaanbaatar” for its comment.

On 6 January 2012, we conducted training at 4<sup>th</sup> venue of NUM and 18 persons from 10 khoros. We delivered them special bags with questionnaires and its instruction used for 350 households. Remaining 2 survey staffs from 21<sup>st</sup> khoroo of Bayanzurkh district who could not participate in training involved in training on 10 January 2012. 2<sup>nd</sup> phase of training continued on 16-18 January 2012 and survey staffs made practices on particular households to interview respondents and we provide guidance for them. Then we finalized household list and concluded contract with all survey staffs.

Picture-1. Process of training



## 2.6. Data collection method

We used consolidating quantitative and qualitative survey methods in this survey. Quantitative survey is household based sample survey.

Survey questionnaire included questions to collect detailed data on health spending of household members as well as, household income and expenditure by types, age and sex of household members, health status, education level, employment, and benefit from social welfare, health insurance coverage, housing condition, water supply, electricity and distance from family and district hospitals. Enclosed questionnaire (Annex 2)

Beside of survey questionnaire, we developed “Dairy for keeping in household” and every selected household has kept for 2 months. Survey staffs visit to selected households end of every week checked dairy and filled questionnaire. We piloted questionnaire for particular households and finalized.

Team prepared brief instruction to fill questionnaire and dairy, and distributed for every survey staffs and selected households.

## **2.7. Organization of survey in Ulaanbaatar sity**

On 22-26 December 2011, we discussed with Governors of 10 khoroos of Bayanzurkh, Songinokhairkhan, Chingeltei districts, Ulaanbaatar about objectives and methodology of survey, and agreed that 21 persons selected from social workers and supervisor of kheseogs (sub-khoroos) in 10 khoroos of 3 districts. After these meetings, we have concluded contracts with selected staffs and started survey activities. Details of selected survey staffs has enclosed with report as Annex 6 and sample of their contract enclosed as Annex 3.

Data collection of 350 sampled households started from 8 January of 2012. We had monitoring data collection process for some khoroos. We received and checked filled questionnaire in first month in February and second month questionnaire received checked from 9 March, then data entry completed.

## **2.8. Methodology for qualitative survey**

In order to collect qualitative information about difficulties faced for disadvantaged groups to access to health care services, we organized focus group interviews 6 times by participatory approach. Interviews took on 4-6 March 2012 among around 70 participants of selected disadvantaged households of 7<sup>th</sup> and 19<sup>th</sup> khoroos of Chingeltei district, 23-24 khoroos of Bayanzurkh and 22-23 khoroos of Songinokhairkhan district.

By these interviews, we could collect comprehensive information about difficulties faced for disadvantaged groups to access to health care services. Using techniques of qualitative survey, put into order of difficulties having an effect by participants. As well as, we got comments of participants in interviews on measures of health authority and the government to improve access to health care and services.

Team organized interview with family doctors and employees of family hospitals of 7<sup>th</sup> and 19<sup>th</sup> khoroos of Chingeltei district and collected qualitative information about difficulties faced to family hospitals for providing health services to disadvantaged household members, legal environment to be needed and further ways to universal access health care services for disadvantaged groups.

## **2.9. Documentation study and other methods**

Along with survey, we made documentation study about access to health services for disadvantaged groups. We have studied previous studies about this topic, government measures to access to health care and services for disadvantaged groups, their impacts and current legal acts. There were main legal acts, “Law on health”, “Law on health insurance”, its following order and orders of the Minister for social welfare and labour. A part

of document study was papers about practices and ways to solve this issue in other countries. As well as, team made additional processing on database of Household socio-economic survey conducted by the National Statistical Office for 4<sup>th</sup> quarter and, prepared and used comparative data in this report.

### THREE. MAIN FINDING OF THE SURVEY ON HEALTH EXPENSES OF DISADVANTAGED HOUSEHOLDS

#### 3.1. Demographic characteristics and education indicators of selected households

Totally 350 sampled households and their 1502 members covered in survey, 44.7 percent or 672 were males and 55.3 percent are females. Average size of household was 4.3, is higher than national average (3.6) estimated by results of the population and housing census 2010.

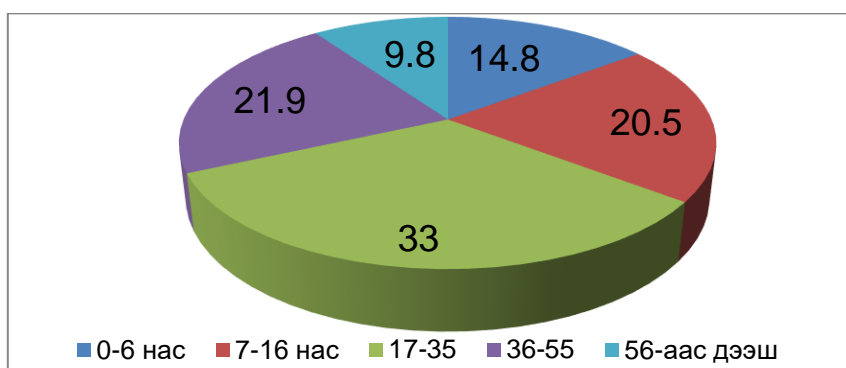
**Table-3. Total and average number of selected household members**

	Number of HH	Size of household-total	Out of which		Average size of household
			Male	Female	
<b>Chingeltei</b>	<b>70</b>	<b>315</b>	<b>153</b>	<b>162</b>	<b>4.5</b>
7 <sup>th</sup> khoroo	35	154	75	79	4.4
19 <sup>th</sup> khoroo	35	161	78	83	4.6
<b>Bayanzurkh</b>	<b>140</b>	<b>601</b>	<b>250</b>	<b>351</b>	<b>4.3</b>
21 <sup>st</sup> khoroo	35	148	65	83	4.2
22 <sup>nd</sup> khoroo	35	159	64	95	4.5
23 <sup>rd</sup> khoroo	35	159	64	95	4.5
24 <sup>th</sup> khoroo	35	135	57	78	3.9
<b>Songinokhairkhan</b>	<b>140</b>	<b>586</b>	<b>269</b>	<b>317</b>	<b>4.2</b>
22 <sup>nd</sup> khoroo	35	149	71	78	4.3
23 <sup>rd</sup> khoroo	35	154	66	88	4.4
24 <sup>th</sup> khoroo	35	106	54	52	3.0
25 <sup>th</sup> khoroo	35	177	78	99	5.1
<b>TOTAL</b>	<b>350</b>	<b>1502</b>	<b>672</b>	<b>830</b>	<b>4.3</b>

According to the results of the population and housing census 2010, 49.5 percent of resident population was males and 50.5 percent was females, while females predominated in this survey (55.3 percent) as among disadvantaged households.

Disaggregated by age of selected household members, pre-school age children have shared around 15 percent, school age children are around 20 percent, working age group population is 55 percent and elderly were around 10 percent.

**Figure-1. Household members selected in survey, by age group and percentage to total**



**Table-4. Education level of selected household members**

	Size of selected households	Out of which: by sex	
		Male	Female
Total	1502		
Out of which: by education level:	441	206	235
-Uneducated			
-Primary	199	91	108
-Basic	267	124	143
-Secondary	445	197	248
-Vocational and technical	32	13	19
-Specialized secondary	22	22	-
-Tertiary	59	19	40

29.4 percent of selected household members are uneducated, 29.6 percent are secondary, 13.2 percent are primary, 17.8 percent are basic and only 4 percent acquired tertiary education.

Comparing to result of the population and housing census 2010 as 7.5 percent of population aged 15 and above were uneducated, uneducated ones of disadvantaged households who selected in this survey are relatively high. According to the said census, population with tertiary education was 18.3 percent, while it is only 5 percent as our survey. Previous number of studies presented direct correlation between education level and living standard of population. To this end, uneducated is main reason to be unemployed and living standard is less than others are.

### 3.2. Employment status of members in disadvantaged households

Unemployment is main cause to become poor, so this indicator is high among disadvantaged households.

28 percent or 231 persons out of 825 working -age members in selected 350 households are employed ones. Dissaggregated by sex, 28.9 percent of males and 27.2 percent of selected females are employeed. This shows that employment of females slightly less.

**Table-5. Employment status of members in disadvantaged households**

	Number of employed persons	Out of which: by sex		Unemployed working-age members	Out of which: by sex	
		Male	Female		male	female
<b>Chingeltei</b>	<b>62</b>	<b>35</b>	<b>27</b>	<b>107.0</b>	44	63
7 <sup>th</sup> khoroo	31	17	14	53.0	24	29
19 <sup>th</sup> khoroo	31	18	13	54.0	20	34
<b>Bayanzurkh</b>	<b>92</b>	<b>41</b>	<b>51</b>	<b>248.0</b>	104	144
21 <sup>st</sup> khoroo	14	8	6	64.0	28	36
22 <sup>nd</sup> khoroo	26	8	18	58.0	26	32
23 <sup>rd</sup> khoroo	28	13	15	64.0	25	39



24 <sup>th</sup> khoroo	24	12	12	62.0	25	37
<b>Songinokhairkhan</b>	<b>77</b>	<b>33</b>	<b>44</b>	<b>239.0</b>	120	119
22 <sup>nd</sup> khoroo	13	5	8	71.0	37	34
23 <sup>rd</sup> khoroo	31	14	17	55.0	22	33
24 <sup>th</sup> khoroo	7	4	3	46.0	25	21
25 <sup>th</sup> khoroo	26	10	16	67.0	36	31
<b>TOTAL</b>	<b>231</b>	<b>109</b>	<b>122</b>	<b>594.0</b>	268	326

71.4 percent of employed members have engaged paid jobs and 22.5 percent are self-employed ones.

If it suppose one third of unemployed working-age, members in selected disadvantaged households are looking for job and they have available to work, unemployment rate is estimated as 46 percent. Then, according to the population and housing census 2010, unemployment rate on national average estimated 15.3 percent, comparing this number, unemployment rate of disadvantaged households is higher by 3 times.

For females, unemployment rate is 47.1 percent in disadvantaged households, shows that unemployment is higher among females of disadvantaged households.

If it suppose half of working-age members in selected disadvantaged households are looking for job, unemployment rate would reach 56.3 percent. It can be shown that unemployment is urgent issue for disadvantaged households.

### 3.3. Monetary income and expenditure of disadvantaged households

Monthly average monetary income of selected 350 disadvantaged households for January and February 2012 was 352.3 thousand togrogs, is less by 36.6-54.5 percent from estimation of national average as 555.4 thousand togrogs and 774.8 thousand togrogs on Ulaanbaatar average by results of HSES in 4<sup>th</sup> quarter of 2011.<sup>4</sup>

Monthly average income of household has increased by 8.6 percent in February, could associated with they received supports and remittances from relatives or other people

<sup>4</sup> Team had taken monthly average monetary income and expenditure at national and Ulaanbaatar level as result of Household socio-economic survey in 4<sup>th</sup> quarter of 2011 and considers that this was conducted very near to our survey that carried out in January and February 2012, influence of inflation on income and expenditure is less, and it is more comparable with our survey.

related to tsagaan sar spending. It can be seen that percentage of remittances from abroad and remittances from others have increased.

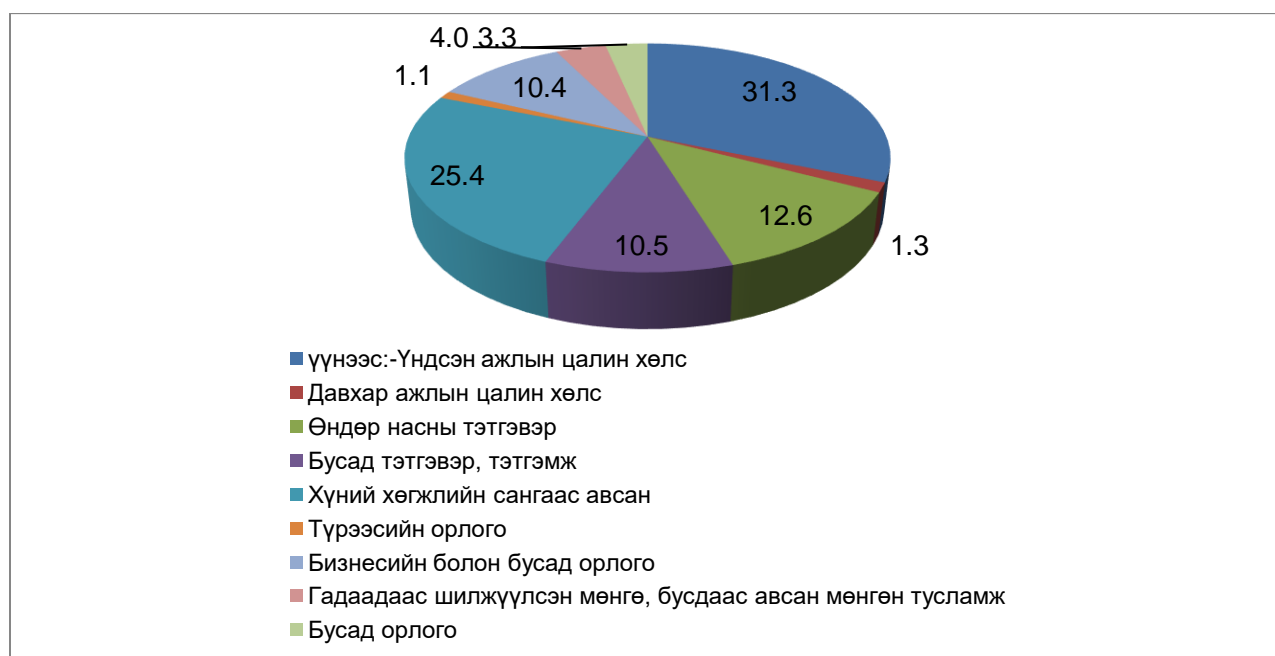
Monthly average monetary income of selected disadvantaged households was higher by 15.7 percent compared with poor households who selected in Household socio-economic survey in 4<sup>th</sup> quarter of 2011, while less by 21 percent from average monetary income of poor households in Ulaanbaatar. This argues disadvantaged households sampled in this survey.

**Table-6. Monetary income of disadvantaged households**

	Per household /thousand togrog/		Per household member /thousand togrog/		Composition of household monetary income /percent/	
	Januar y	Februar y	January	Februar y	Januar y	Februa ry
<b>Monetary income-total</b>	<b>337.8</b>	<b>366.9</b>	<b>78.7</b>	<b>85.5</b>	<b>100.0</b>	<b>100.0</b>
Of which:-Salary and wage of main job	112.3	108.2	26.2	25.2	33.2	29.5
Salary and wage of secondary job	4.8	4.7	1.1	1.1	1.4	1.3
Retirement pension	45.0	43.8	10.5	10.2	13.3	11.9
Other pension and allowances	31.0	43.0	7.2	10.0	9.2	11.7
Received from Human development fund	88.7	90.2	20.7	21.0	26.3	24.6
Rent	4.1	3.6	1.0	0.8	1.2	1.0
Income from business and other income	31.3	42.3	7.3	9.9	9.3	11.5
Remittance from abroad and remittances from other people	10.5	17.7	2.4	4.1	3.1	4.8
Other income	10.2	13.4	2.4	3.1	3.0	3.7

Annual yearbook produced by the NSO stated per capita minimum subsistence level of population in Ulaanbaatar was 118.1 thousand togrog, while Table 6 shows that per capita income of selected households was 78.7 thousand togrogs in January and 85.5 thousand togrogs in February 2012. It was lower by 27.6-33.4 percent compared with estimated minimum subsistence level of population. By sources of income of disadvantaged households, 29.5-33.2 percent was salary and wage, 24.6-26.3 percent was cash received from Human development fund. Allowances received from social welfare shared 22-24 percent in disadvantaged household income.

**Figure-2. Composition of monthly average monetary income of selected disadvantaged households in January and February 2012, by percent**



Second main source of income for disadvantaged households is retirement pension which shared 11.9-13.3 percent in household income. As results of Household socio-economic survey 2010, 49 percent of national average household monetary income was salary and wages, and 16.5 percent was pension and allowances. This expressed that percentage share of salary and wages in disadvantaged households is less, while percentage of pension is relatively high.

**Table-7. Monetary expenditure of disadvantaged households**

	Per household /thousand togrog/		Per household member /thousand togrog/		Composition of household monetary expenditure /percent/	
	January	February	January	February	January	February
<b>Monetary expenditure</b>	<b>345.7</b>	<b>476.6</b>	<b>91.8</b>	<b>132.0</b>	<b>100.0</b>	<b>100.0</b>
Of which:- food expenditure	134.0	251.6	36.7	72.9	38.8	52.8
Non-food expenditure	126.9	134.0	34.3	35.7	36.7	28.1
Service charge	60.6	60.4	15.0	15.3	17.5	12.7
Gifts and remittances sent for others	2.2	18.0	0.6	5.2	0.6	3.8
Health expenditure	22.0	12.7	5.1	3.0	6.4	2.7

Average monetary expenditure of selected 350 disadvantaged households on average of January and February 2012 was 411.2 thousand togrogs, is lower by 25.1 percent from national average expenditure of households selected in Household socio-economic survey in 4<sup>th</sup> quarter of 2011 and by 44.8 percent from households average in Ulaanbaatar.

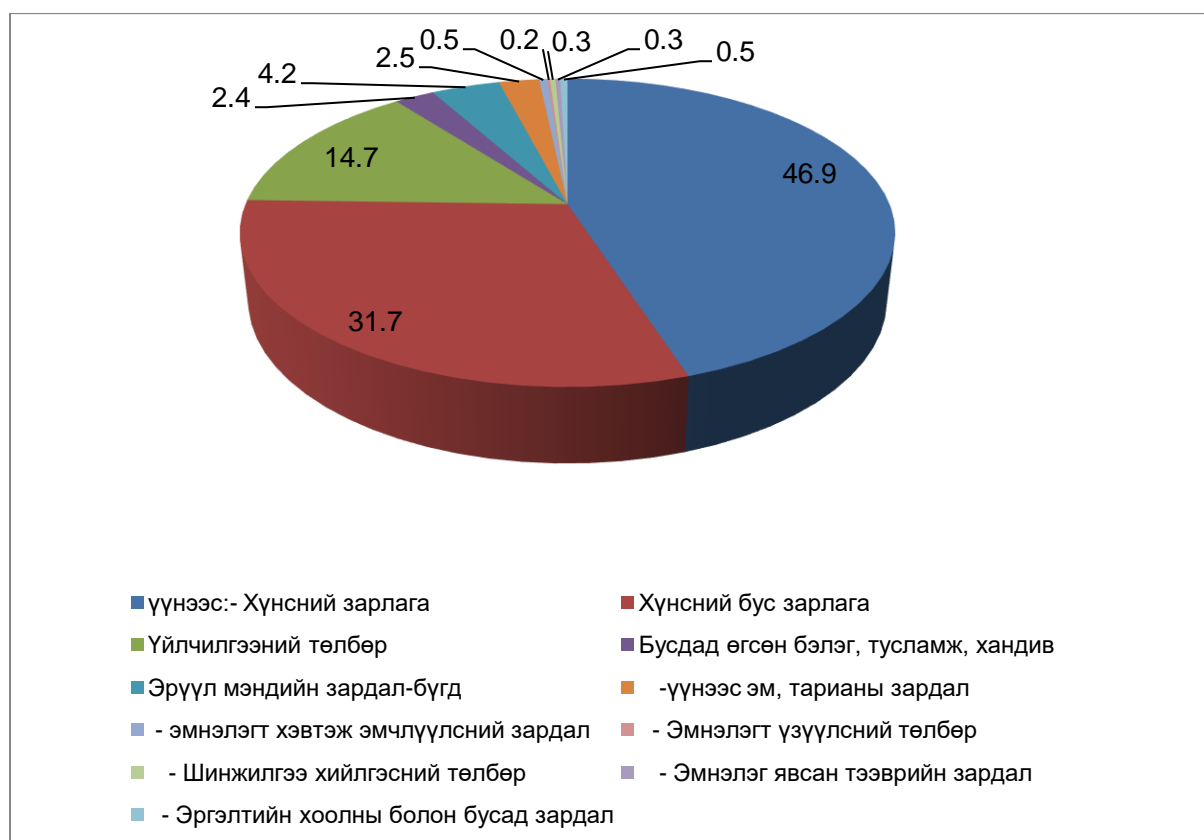
Previous Table 6 shows household average monetary income on average of January and February 2012 was 352.2 thousand togrogs, while average expenditure was 411.2 thousand togrogs. Average expenditure is higher by 16.7 percent, shows that most of disadvantaged households have loans and they contribute their livelihood by cash received from relatives. Per capita monetary expenditure is higher than per capita monetary income, while household monetary expenditure was increased in February regarding to the tsagaan sar and it was higher than minimum subsistence level.

Comparing monthly average monetary expenditure of poor households as results of household socio-economic survey conducted in 4<sup>th</sup> quarter of 2011, monthly average monetary expenditure of disadvantaged households higher by 4.9 percent from national average and lower by 27.2 percent from average of Ulaanbaatar.

**Figure-3. Monthly average monetary expenditure of disadvantaged households, by thousand togrog\***



**Figure-4. Composition of monthly average monetary expenditure of selected disadvantaged households on average of January and February 2012, by percent**



Main part or 47 percent of monthly average monetary expenditure of disadvantaged households is food expenditure and second main part is non-food expenditure. These two expenditures share almost 80 percent of monetary expenditure of selected households.

### 3.4. Morbidity of members of disadvantaged households

28.8 percent or 433 of total members of selected disadvantaged households were sick in two months of survey conducting. Disaggregated by age, 18.9 percent are members aged over 60, 17.1 percent are children aged 6-16 or school age children and 16.2 percent are members aged 17-30. 6.9 percent is children aged 0-2. 62.8 percent of members those were sick are females.

It can see that members of disadvantaged households are more weak healthy and more sickness. As results of HSES conducted in 4<sup>th</sup> quarter of 2011, 5.6 percent of household members were sick in last month of survey or December 2011, while 28.8 percent of disadvantaged household members were sick, is higher by 5 times compared to HSES results.

**Table-8. Number of member of disadvantaged households those were sick in survey period**

	Total	Out of which: by age group							
		0-2	3-6	6-16	17-30	31-40	41-50	51-59	60 +
<b>Chingeltei</b>	<b>106</b>	<b>11</b>	<b>9</b>	<b>21</b>	<b>13</b>	<b>9</b>	<b>12</b>	<b>11</b>	<b>20</b>
7 <sup>th</sup> khoroo	55	5	5	12	7	2	5	7	12
19 <sup>th</sup> khoroo	51	6	4	9	6	7	7	4	8
<b>Bayanzurkh</b>	<b>200</b>	<b>14</b>	<b>20</b>	<b>33</b>	<b>36</b>	<b>29</b>	<b>22</b>	<b>20</b>	<b>26</b>
21 <sup>st</sup> khoroo	25	1	6	3	2	0	1	5	7
22 <sup>nd</sup> khoroo	46	6	4	7	9	7	6	3	4
23 <sup>rd</sup> khoroo	57	2	5	11	11	11	6	4	7
24 <sup>th</sup> khoroo	72	5	5	12	14	11	9	8	8
<b>Songinokhairkhan</b>	<b>127</b>	<b>5</b>	<b>8</b>	<b>20</b>	<b>21</b>	<b>10</b>	<b>17</b>	<b>10</b>	<b>36</b>
22 <sup>nd</sup> khoroo	21	2	1	3	4	3	2	2	4
23 <sup>rd</sup> khoroo	45	1	2	8	11	3	8	4	8
24 <sup>th</sup> khoroo	26	0	2	4	1	3	4	3	9
25 <sup>th</sup> khoroo	35	2	3	5	5	1	3	1	15
<b>TOTAL</b>	<b>433</b>	<b>30</b>	<b>37</b>	<b>74</b>	<b>70</b>	<b>48</b>	<b>51</b>	<b>41</b>	<b>82</b>

During the survey period person-times was sick reached 804 by doubled numbers and it shows that one member was sick 1.9 times on average. 65.4 percent or 526 person-times are cases of sickness for females. This shows that sickness is more among female members of disadvantaged households.

**Table-9. Person/times of sicknesses in survey conducting period, by disease groups**

	Person/times of sickness	Out of which: by sex	
		Male	Female
Total	804	278	526
Out of which: by disease groups			

Respiratory	367	142	225
Digestive	30	5	25
Urologic diseases	35	6	29
Blood circulation	154	42	111
Injury and poisoning	26	18	8
Other	192	64	128

367 cases or 45.6 percent of total person/times of sickness were sicknesses of respiratory diseases, otherwords, people had cough due to coldest season. Second main sickness case was blood circulation diseases. 154 cases of blood circulation diseases recorded during survey conducting period and it shares 19.2 percent of total percent/times of sicknesses.

During two months of survey conducting, 263 or 60.7 percent of total 433 sick members visited to the hospital.

**Table-10. Members those visited to the health facilities when they were sick**

	Number	Out of which: by types of hospital			
		Family	District	Specialized	Private
Number persons visited to the hospital	263	196	35	22	10
Person-times of visiting to hospital	504	353	90	44	17
Out of which: Male	169	118	35	10	6
Female	335	235	55	34	11

Table 10 presents that 74.5 percent of total 263 persons visited to family hospitals, 13.3 percent to district hospital, 8.4 percent to the specialized hospitals and 3.8 percent visited to the private hospitals. It can see that member of disadvantaged households usually visit to family hospitals when they were sick.

By person/times, 66.5 percent or 2 of every 3 person/times were females. It explains females less visited to the health facilities. Four of every 10 members those were sick of disadvantaged households did not visit to the health facilities.

**Table-11. Persons were sick those did not visit to the health facilities during the survey period**

	Number	Out of which: by sex	
		Male	Female
Persons were sick those did not visit to the health facilities	170	67	103
Out of which: by causes			
Without pain	17	8	9
Do not know where to apply	2		2
Without money	14	5	9
Self treatment	130	51	79
Without health insurance	5	3	2
Visited to nature-healer	2		2

76.5 percent of household members those were sick answered that they have treated themselves. Only 2.9 percent of persons who did not visit to the health facilities answered that they could not visit due to they have not health insurance and it argues that coverage of health insurance is not main cause to people did not visit to hospital. 8.2 percent of persons who did not visit to the health facilities answered they have not money for transportation and health service charge.

### 3.5. Health expenses of members of disadvantaged households

Table 12 shows that selected disadvantaged households 2.7-6.4 percent of total household monetary expenditure spent for health services. As result of our survey, 22 thousand togrogs on average of January 2012 and 12.7 thousand togrogs on average of February 2012 spent for health care and services.

**Table- 12. Health expenses of disadvantaged households**

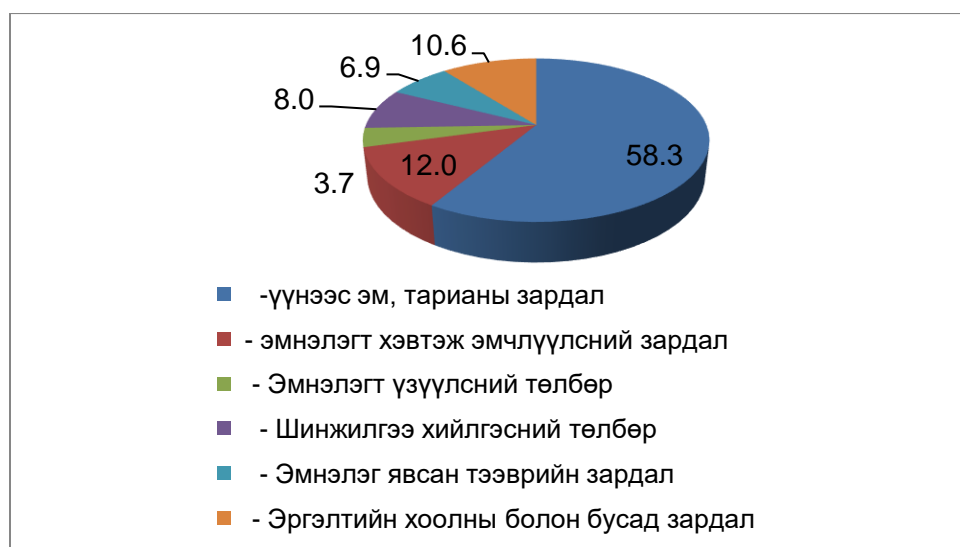
	Per household /thousand togrog/	Per household member /thousand togrog/	Composition of household monetary



					expenditure /percent/	
	January	February	January	February	January	February
<b>Household monetary expenditure-total</b>	<b>345.7</b>	<b>476.6</b>	<b>91.8</b>	<b>132.0</b>	<b>100.0</b>	<b>100.0</b>
Out of which: Health expenses	22.0	12.7	5,1	3,0	6.4	2,7
-out of which: expenses of medicines and injections	13.1	7,3	3,0	1,7	3,8	1,5
- cost for hospitalizing	2.3	1,9	0,5	0,4	0.7	0,4
- charge for see the doctor	0.8	0,5	0.2	0.1	0.2	0.1
- cost for medical test	1.8	1.0	0.4	0.2	0.5	0.2
- transportation cost for visiting hospital	1.5	0.8	0.4	0.2	0.4	0.2
- Meal and other costs	2.5	1.2	0.6	0.3	0.7	0.3

As results of HESE conducted in 4<sup>th</sup> quarter of 2011, national average health expenses of poor households was 9.9 thousand togrogs and 13 thousand togrogs in Ulaanbaatar. It expresses that our survey result is close to.

**Figure-5. Composition of monthly average health expenses of disadvantaged households, by percent**



Almost 60 percent of total health expenditure of disadvantaged households spent cost for medicines and injections.

**Table-13. Health expenses as results of HSES conducted in 4<sup>th</sup> quarter of 2011, by income groups**

Income groups	Average household health expenses, thousand togrog		Percentage share in total household monetary expenditure	
	By national average	By average of Ulaanbaatar	By national average	By average of Ulaanbaatar
Poor	9.9	13.0	2.5	2.3
Less than average	12.3	31.8	2.7	4.8
More than average	19.3	15.6	3.5	2.0
Rich	18.7	19.6	2.1	1.8
<b>Average</b>	13.8	17.7	2.5	2.4

As results of HSES conducted in 4<sup>th</sup> quarter of 2011, there were differences on health expenditure between households those belong to various income groups and 2.3-2.5 percent of total monetary expenditure of poor households spent for health spending, while 1.8-2.1 percent of total monetary expenditure of rich households spent for health spending.

Health expenditure of rich households higher by 2 times than poor households, but average monetary income is relatively high in rich households so percentage share of health expenses in total expenditure is slightly lower than poor ones.

### **3.6. Houses of disadvantaged households and its housing condition, electricity and water supply**

We collected data on housing condition, electricity and water supply of disadvantaged households through this survey.

Totally 261 or 74.6 percent of selected 350 households live in ger and 21.7 percent live in single-family house. As results of this survey that conducted winter, 5 households live in summer house, 6 households live other dwellings apart from ger or single-family houses. According to the population and housing census 2010, 32.7 percent of urban households live in ger. In Ulaanbaatar city, only 29 percent of total households live in ger as results of said census. Whereas, three fourth of selected households in this survey live in ger.

92.8 percent or 325 households have latrines and 24 households have not any latrines. 30.8 percent of selected 350 households have cesspit and 43.4 percent answered they use latrine as cesspit. Remaining part or one for every 4 households answered that they pour sewage in the street.

89.4 percent of selected households answered authorized collectors collect solid waste, while remaining households answered they dispose solid waste in not authorized places.

76.8 percent of selected households have fire stove and only six households connected to central heating system. For electricity supply, 94 percent of selected households have supplying from central power system and 7 (seven) households have no electricity. For source of drinking water, 86 percent of selected households supply water from water tank or transported water and 12.3 percent have getting water from protected dug well. Only 4 (four) households have connected to central water supply system.

As results of this survey, disadvantaged households located distant to 1.2 km on average from family hospitals, 4.7 km from district hospital, 6.2 km from nearest specialized hospital and 5.1 km far from the private hospitals.

### **3.7. Legal environment for health financing and services**

For legislation of health financing, it coordinates by Law on budget, Law on management and financing for budget organization, Law on health and Law on citizens' health insurance of Mongolia. The Law on citizens' health insurance of Mongolia is based on principles that it shall insure all citizens by solidarity manner in order to full coverage of all population, employer and employees equally shoulder insurance fees and government shall shoulder health insurance of disadvantaged groups such as children, elderly and disabled people.

Law on health and Law on citizens' health insurance of Mongolia have amended in 2006, and those included principled changes. For instance, family and soum hospitals previously financed by budget and health insurance fund, while it changed and they have financing from budget. Second and third grading hospitals became financing by diagnosis groups.

These laws legalized following care and services shall cover health insurance services:

- Internal diseases
- Diseases of the nervous system and sense organs,
- Diseases of eyes, ears, skin and the musculoskeletal system and connective tissue,
- Unurgent injury and surgery

As well as, insurers those registered in family, soum and bag hospitals, they shall use reduction of medicine price by prescription of family, soum and bag doctors when they purchase medicines.

Health insurance law stated that the government shall insure children under 16 / children under 18 if in general education school, a citizen, who has no income except pension, a mother /father/ taking care of children under 2 /under 3 if they are twins/, a person on regular military service and a citizen, stated in the article 18 of the Law on Social Welfare.

Law on Social welfare

18.1. Following citizens shall receive welfare pension that they could not begin to receive pension according to the Law on Social Insurance:

18.1.1. males aged 60 and over, females aged 55 and over without children and relatives;

[/This changed in 15 January 2008/](#)

18.1.2. males aged 60 and over, females aged 55 and over those custodians are elderly or disabled ones and custodians are not able to support them certified by authorized body;

[/ This changed in 15 January 2008/](#)

18.1.3. undersized citizen aged 16;

[/ This changed in 15 January 2008/](#)

18.1.4. disabled person aged 16 who lost working ability 50 percent and above;

[/ This changed in 15 January 2008/](#)

18.1.5. a mother aged 45 and father aged 50 with 4 and more children aged below 16;

[/ This changed in 15 January 2008/](#)

18.1.6. children aged below 18 who live in family lost parents or bread-winner.

[/ This changed in 15 January 2008/](#)

According to the 347<sup>th</sup> order of the Government, Mongolia “About measures to implement for giving cash allowance” dated 29 December 2010, government paid health insurance for herdsmen, full-time students who studying in colleges, universities, vocational and technical training centres, and unemployed citizens, provided sound condition to increase coverage of health insurance and access to health care and services for said groups of population.

As well as, 04<sup>th</sup> order of Health insurance council under National council for social insurance dated 21 April 2010 approved maximum limit of financing from health insurance fund for health care and services cost by 1, 112, 000 togrogs.

Moreover, 02<sup>nd</sup> order of such council approved lists of medicines provided by health insurance fund, its species and the discount rate.

Law on health of Mongolia stated that the government shall finance several medicine cost for giving births, communicable diseases, public health services, urgent assistance or ambulance, vaccination, activities of family and soum hospitals, tuberculosis, cancer and long recover treatments. Over 70 percent of total financing for public health organizations are financing from state budget.

**Law on Health of Mongolia, 05 May 2011**

24.6. The government shall finance following health care and service costs for Mongolian citizens:

24.6.1. medical check, test and treatment during pregnancy, prenatal, natal and postnatal (within 45 days after givin births) /only pregnancy and natal causes/;

24.6.2. health care services for children provided from public hospitals;

24.6.3. compulsory vaccination, disinfected for epidemic points according to the epidemiology instruction;

24.6.4. public health care and services, ambulance, health care services during disasters and prevalence of communicable disease cases;

24.6.5. treatment for injured and got sick people who save someone's life in necessary defence and deadlock;

24.6.6. treatment for tuberculosis, cancer and mental disorders /by diagnosis group/;

24.6.7. several medicine cost required for long-standing health problem and facilitate treatment.

24.7. Chairperson of headquarters of health insurance and the Government cabinet members for health and financing issues shall jointly approve lists of health care services financed by health insurance fund, financing approach, amount of fees and selection procedure for health organizations.

Implementation of the Law on health has governed by the Law on budget and hospitals those provide forementioned services have financing from state budget. The 8.2.4 paragraph of 8<sup>th</sup> article for the Law on citizens’ health insurance has governing issue to pay citizens’ health insurance which the government shall shoulder their insurance.

#### **FOUR. MAIN FINDINGS OF THE QUALITATIVE SURVEY**

Team had conducted focus group interviews covering members of disadvantaged households 6 times. Through interviews, we collected comprehensive information about demands of health care services, availability to access to health care services when they need such care, accessibility of current health care services, attitudes of doctors and employees of health organizations, difficulties to provide health services faced for disadvantaged households, system of health insurance, issues related to payment for health services, financial sources, possibility to purchase medicines, quality and availability of medicines, drug use and available, prices of medicines, citizens’ feedback for measure shall implement from the government and MoH, issues related to cover preventive checks, quality of primary health care and quality and availability of family hospitals.

Interviews conducted in early March 2012 covering around 60 people who live in 7 and 19<sup>th</sup> khoroos of Chingeltei, 23 and 24<sup>th</sup> khoroos of Bayanzurkh and 22-23<sup>th</sup> khoroos of Songinokhairkhan district and here we have introducing those interviews. Survey staffs who selected to work for data collection in respective khoroos have announced and collected people who participated in interviews.

##### **4.1. Demands of health care services**

According to the qualitative survey, members of disadvantaged households are inattentive for their health and prefer their eatables due to their livelihood are very hard. Disadvantaged group people have insufficient health education and lack of information. Hence, some of them do not know that they shall provide health services from district hospital amounted 30 thousand togrog accordance with related legal acts. As well as, only one participant knows about preferential medicines provided by health insurance during the interviews.

Members of disadvantaged households have more needs to receive health services comparing other groups of people. Most of disadvantaged households have many members, babies and usually they are female-headed, quality or nutritious of meals is weak, house is cold, they live and work in hard condition, and they could not able to treat in case of sicknesses, to this end, they have problems to get worse and recrudescence.

Members of disadvantaged households do not visit to the health facilities if without severe pain even they have sick. Its main reason is associated with health services mostly have payment and number of difficulties faced to provide health services.

#### **4.2. Difficulties faced for members of disadvantaged households to access to health services**

During the focus group interviews, we discussed about difficulties faced for accessing to health services and put an order of key difficulties as follows:

1. Members of disadvantaged households mainly have no income and jobs, is becoming a key difficulty to access to health care.
2. Most of health services are chargeable and they need to make medical test in order to diagnose. Medical test is mainly chargeable and health insurance is almost not useful.

**Picture-2. Focus group interview conducted on 3 March 2012 in 23<sup>rd</sup> khoroo of Songinokhairkhan**



3. Many participants consider that poor people have not any possibility to hospitalize in current situation.
4. Some people have faced difficulties to access to health services due to they could not pay health insurance. Availability of hospitals is poor, so this is a key difficulty to visit hospital. For instance, if someone needs to visit to dental clinic of Songinokhairkhan, he should go to hospital daybreak. If he could not go daybreak he

can't see the doctor due to queue. Participants mentioned that queue to hospitalize is huge and lack of hospital beds.

**Picture-3. Focus group interview conducted on 3 March 2012 in 23<sup>rd</sup> khoroo of Bayanzurkh**



5. A key health facility to provide health services for disadvantaged group is family hospitals. Participants from 23<sup>rd</sup> khoroo of Songinokhairkhan were satisfied for services of family hospital. Doctors and nurses of family hospitals visit to households on foot. They have lack of medicines and financing. Whereas, participants from 7<sup>th</sup> khoroo of Chingeltei district were mentioned that doctors and nurses of family hospitals are unskilled and their qualification is weak.

**Box-3.** B. Oyuntsetseg, 7<sup>th</sup> khoroo of Chingeltei district, Khuvisgalchid 6-79: Doctors of family hospital have ever changed and they need to work in permanent stay. My child has stomach-ache, so I visited to the family doctor. Then he instructed to district hospital and we visited there. District hospital said appendicitis. Family doctors are such people do not know elementar thing. Basically, doctor should stethoscope patient, diagnose and give prescription, while our doctors directly give prescription.



6. District and specialized hospitals are bureaucratic, they discriminate poor people, many participants complained so. Participants mentioned also that they would like to give gifts and prefer people who sent gift for them.
7. Equipments of districts hospitals are very weak and they could not able to delicate diagnostics and treatments.
8. Biggest specialized hospitals work until 3 P.M in afternoon. This is additional problem to form a queue and visit many times.
9. Family hospitals have not drug stores, citizens those live in remote khoroos visit to drug store very rare.
10. Hospitals displace patients to each other and it is raising difficulty.

**Box-4.** Munkhtuya, 19<sup>th</sup> khoroo of Chingeltei district, Dood takhilt 11-22:

My child has paralysis when he gets worse we call an ambulance. Ambulance says that you should visit second hospital for children, but this hospital displaces to centre for mothers and babies. We visit to centre for mothers and babies, they recommend to third hospital.

**Picture-4. Focus group interview conducted on 5 March 2012 in 19th khoroo of Chingeltei**



### **4.3. Citizens’ comments and feedback about measure to implement from the government and MoH**

Citizens of selected khoros provided us following comments and feedback during the interviews took with members of disadvantaged households:

1. Family hospitals shall make various medical tests
2. To increase capacity of family hospitals including human resources, strengthen by skilled doctors and employ paediatrician /train them/
3. To establish drug stores work 24 hours in family hospitals
4. To implement coherent measures by MoH to cover all citizens for preventive checks once a year free of charge
5. To organize ethics training for doctors and health personnel due their attitude is weak and control at all levels and reflect their appraisal
6. To stop additional payment for health services when household paid health insurance
7. Hospitals do not work after 3 P.M in the afternoon and time usage and workload is insufficient. One doctor is checking a lot people, while another doctor is dally. Hence, it needs to keep a balance and consider salary.
8. It needs to reduce charge for ECHO diagnosis and computerized tomography.
9. Participants were commenting MoH should listen to citizens in order to improve health services and existing mechanisms to promote their activities reflecting citizens’ feedback.
10. MoH should pay more attention to establish children’s hospitals in every district, renew equipments of district hospitals and make delicate tests and diagnosis.
11. Institute for public health needs to implement certain actions to citizens protect their health and live right life through the broad range of health education, information and advocacy.

## **FIVE. CONCLUSION**

### **5.1. Demographic characteristics, education, employment, income and sickness of members of disadvantaged households**

1. Average size of selected 350 households was higher than national average and female predominated among them.
2. On national average, 7.5 percent of population aged 15 and above were uneducated, uneducated ones of disadvantaged households who selected in this survey shared 11.7 percent. Percentage share of people with tertiary education was very less among members of disadvantaged households comparing with national average. It

can be concluded that most of members are uneducated and education level is less, is cause to be unemployed and livelihood is less.

3. There were observed sex differences on employment of disadvantaged households. Employment rate of females is less than males.
4. Unemployment rate of members of disadvantaged households is higher by 3 times than national average. Unemployment rate of females is high.
5. 48 percent of income of disadvantaged households is monthly cash allowances amounted 21 thousand togrogs granted from the human development fund, is higher even percentage of salary and wage.
6. Health status of disadvantaged households is relatively poor and they are more prone getting to sick. Particularly female members were mainly sick.
7. 65 percent of total members had respiratory and blood circulation diseases and three fourth of them visited to the family hospitals.

## **5.2. Health spending of disadvantaged households**

1. Monthly average health spending of disadvantaged households is less by 2 times compared with rich households.
2. 2.3-2.5 percent of total monetary expenditure of poor households spent for health spending on national average, while 1.8-2.1 percent of total monetary expenditure of rich households spent for health spending. However, average health spending of rich households is higher by 2 times comparing with poor households, average expenditure is relatively high, so percentage of health spending is slightly less than disadvantaged ones.
3. Around 60 percent of total expenditure of disadvantaged households spent for purchasing medicines, 12 percent for cost of hospitalized, 8 percent for medical tests and 17.6 percent spent for meal of periodic visits and transportation cost.

## **5.3. Housing and its condition, electricity and water supply for disadvantaged households**

1. Three fourth of selected households in this survey live in ger, is higher comparing with results of the population and housing census 2010 (29%).
2. 6.8 percent of selected households have not latrine, one for every 4 households answered that they pour sewage in the street.
3. 76.8 percent of selected households have fire stove and 94 percent of selected households have supplying from central power system.

#### **5.4. Difficulties faced for members of disadvantaged households to access to health services**

1. According to the qualitative survey, members of disadvantaged households are inattentive for their health and prefer their eatables due to their livelihood are very hard.
2. Disadvantaged group people have insufficient health education and lack of information. Hence, some of them do not know that they shall provide health services from district hospital amounted 30 thousand togrog accordance with related legal acts.
3. Members of disadvantaged households mainly have no income and jobs, is becoming a key difficulty to access to health care.
4. Availability of hospitals is poor, so this is a key difficulty to visit hospital. For instance, if someone needs to visit to dental clinic of Songinokhairkhan, he should go to hospital daybreak. If he could not go daybreak he can't see the doctor due to queue.
5. District and specialized hospitals are bureaucratic, they discriminate poor people, many participants complained so. Participants mentioned also that they would like to give gifts and prefer people who sent gift for them.
6. Equipments of districts hospitals are very weak and they could not able to delicate diagnostics and treatments.
7. Biggest specialized hospitals work until 3 P.M in afternoon. This is additional problem to form a queue and visit many times.
8. Family hospitals have not drug stores, citizens those live in remote khoroos visit to drug store very rare.
9. Soum and family hospitals those provide primary health care for population have financing from state budget as allocated cost for per citizen and they have facing problems due to lack of financing. As well as, they have lacking of doctors and equipment for diagnosis.
10. Regarding lack of coordination between district hospital and family hospitals, patients those visited district hospitals accordance with family doctors' instruction have faced problems to access to health services. Participants mentioned that they should stand in a queue when they need to give medical tests and visited many times due to medical test receiving time has stopped by 9:30 A.M. Also, they should await for vacant hospital beds, hospital offers chargeable beds, but members of disadvantaged households have not able to do.

#### **5.5. Legal environment**

1. Law on health and Law on citizens' health insurance included crucial articles to protect population from financial risks. For instance, the government shall pay health insurance for children aged below 16. Whereas, there were not any certain article for disadvantaged group in those laws.

2. 24.6 paragraph of 5<sup>th</sup> article of the law on health clearly stated about part of health services those pay by the government for Mongolian citizens, Particularly, this law stated that soum and family hospitals shall finance by state budget. As results of focus group interview, soum and family hospitals are a key point that provides health services for citizens live in ger districts and disadvantaged people. People have facing problems to purchase medicines and serve by 2<sup>nd</sup> and 3<sup>rd</sup> grading hospitals. Most of participants have not any information about discount rate of medicine granted by health insurance fund. Few people know about it, but they do not know where to apply. Even they know about discount of medicine cost, they have difficultiy due to authorized drug stores are located in center of city or downtown. (transportation cost, traffic jam etc.).

## **SIX. POLICY RECOMMENDATIONS AND COMMENTS**

Team has commenting following policy implications:

### **Recommendation-1**

Address health financing system to provide universal coverage and protect all population from financial risks related to health.

#### **Comment:**

- 1.1. Develop independent health insurance agencies through amending law on citizens health insurance and sthrength health financing system based on health insurance through expanding service sets and coverage

### **Recommendation-2**

Implement policy to universal coverage in order to protect disadvantaged group of people from financial risks.

#### **Comments:**

- 2.1. Concrete identify target groups and organize action to full coverage of health insurance. Exist mechanisms to constancy pay health insurance from the human development fund
- 2.2. Increase payment from the government, increase payment from the government according to the joint decision of MoH and Ministry of Finance.

- 2.3. Increase availability of health services for places that lack of services and disadvantaged groups in order to increase budget for soum and family hospitals estimated by per capita cost.

### **Recommendation-3**

Review policy to facilitate poor people from chargeable health services regarding to concrete identify target group and increase accessibility.

#### **Comments:**

- 3.1. Distinctive treat for 30 togrogs for diagnosis and medical tests financed by health insurance and address only for poor people
- 3.2. Include cost of dispensary medicines in package of health insurance.
- 3.3. Improve current mechanism granting discounted medicines, increase rate of discount, increase authorized drug stores and become procedure for financing from health insurance more customer/drug store-friendly.

### **Recommendation-4**

Organize advocacy and publicity of current legal act related to the health services for poor or disadvantaged people

#### **Comments:**

- 4.1. Develop handbook or user guide about implementation of related articles of law on health and law on citizens' health insurance and distribute for the public
- 4.2. Develop training and advocacy programm and organize training through mass media
- 4.3. Provide information through traing for health personnel of district hospitals and family doctors,

### **Recommendation-5**

MoH should listen to citizens in order to improve health services and existing mechanisms to promote their activities reflecting citizens' feedback.

#### **Comments:**

- 5.1. Team has commenting to implement certain measures to solve difficulties and problems facing to provide health services for disadvantaged group as identified by result of qualitative survey.

- 5.2. Regularly spend or allocate certain part of investment for health sector for providing professional staffs and equipments in family hospitals
- 5.3. Accommodate working hours of hospitals and shift to procedure to work prolonged hours

### List of reference materials

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2. Law on health of Mongolia
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4. Law on management and financing of budget organization of Mongolia
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6. World health report 2010
  
7. Report of assessment on status of social security and welfare system, Mongolia, Project #: JFPR 9115-MON, ADB, Ulaanbaatar, 2009
  
8. Survey on “Access to health services for disadvantaged groups in Ulaanbaatar” jointly conducted by MOH, ADB and MonConsult Company, 2010. Page 10.
  
9. World Health organization. 2005. Distribution of health payments and catastrophic expenditures Methodology. World Health organization: Geneva
10. Distribution of health payments and catastrophic expenditure in Mongolia
  
11. Household socio-economic survey 2010, NSO, 2011
12. Main results of the population and housing census 2010. NSO, 2011



ANNEX 1

List of Households selected in sample survey

List of household from 7 th khoroo of Chingeltei district:

Á/ä	Name and Surname	Number of household member	Number of parts within khoroo	Home address	Phone number
1	Íÿiää Íÿäiäðñçðÿí	4	1-ð òÿñÿä	ÕÄ-3-47	Óðàññäçé
2	Áààñái Öÿöäÿÿ	2	1-ð òÿñÿä	ÕÄ-3-67	91716865
3	ÆEáiöái Ííëíæ	4	2-ð òÿñÿä	ÕÄ-7-131	99153719
4	Áíëæiää Áÿííiää	3	4-ð òÿñÿä	ÕÄ-10-301	95242487, 89995816
5	Ûààíöíí Áàíñçð	5	2-ð òÿñÿä	ÕÄ-8-151	99178670, 88897778
6	Áàààáíñçðÿí Aëðaiöÿöÿä	8	2-ð òÿñÿä	ÕÄ-8-156	96262529, 88163847
7	Íçðÿä Öÿäÿæää	2	3-ð òÿñÿä	ÕÄ-196	88195921
8	Áíðæ Ííóäÿðÿé	3	9-ð òÿñÿä	ÕÄ-551	88182667
9	Áaiáá Ííðíáñáiáóó	11	7-ð òÿñÿä	ÕÄ-580	95965884, 88818248
10	Ííó Íàiæéé	1	3-ð òÿñÿä	ÕÄ-7-268	55156252, Óàæóó àéé
11	æíææéé Íÿäiäð	7	3-ð òÿñÿä	ÕÄ-7-271	91140840, 91684595
12	Ðàààáiðçç Íðáíæàððäæ	5	4-ð òÿñÿä	ÕÄ-11-306	99773596, 88767985
13	Ûààí Áàààáííçðÿä	6	3-ð òÿñÿä	ÕÄ-3-213	91699188, 91691900
14	Aëðaiäÿðÿé Äçäÿð-Í-èð	7	5-ð òÿñÿä	ÕÄ-2-350	96004749, 96015571
15	Öÿäièä Áÿiäÿí	4	5-ð òÿñÿä	ÕÄ-1-339	88188754, 88911282
16	ÆEààíáàà Íàðáiðçç	6	6-ð òÿñÿä	ÕÄ-11-470	91330094, 96740232
17	Áíðæ Áíëíðíàä	2	8-ð òÿñÿä	ÕÄ-905	88710557
18	Áaiáéí Yðäÿÿ-èíÿä	7	4-ð òÿñÿä	ÕÄ-12-327	91560525, 96511966
19	Öÿiáñçðÿí Íàðáiöÿöÿä	2	15-ð òÿñÿä	ÕÄ-14-280á	95878701
20	Íçðÿä Íðói	6	8-ð òÿñÿä	ÕÄ-898	95175917, 91642354
21	æèÿä Íóíöää	4	15-ð òÿñÿä	ÕÄ-359	95281714, 95284464
22	Õèøèäÿäÿäÿé	2	13-ð òÿñÿä	ÕÄ-150á	Óðàññäçé
23	Óàéðää æèÿä	2	15-ð òÿñÿä	ÕÄ-283	99928894, 95647960
24	Áÿiäðäð Íÿðäçé	2	15-ð òÿñÿä	ÕÄ-284á	91862018
25	Áííái Ííóáàò	7	15-ð òÿñÿä	ÕÄ-365á	88969765, 95890696
26	Áaiáààðäð Áaiáàò	5	15-ð òÿñÿä	ÕÄ-365ä	88172832, 88174875
27	æíææéé Óðáiáíí	4	11-ð òÿñÿä	ÕÄ-789	Óðàññäçé
28	Íçðÿäáíðæ Áaiñçð	5	10-ð òÿñÿä	ÕÄ-753	99278172, 99127621
29	Íðóiöÿöÿä Áàðííó	5	10-ð òÿñÿä	ÕÄ-157à	99252721, 88636145
30	Áíëäíð Aóáñçðÿí	4	13-ð òÿñÿä	ÕÄ-168	96220385, 91227355
31	Óóóää æèçéíàä	4	8-ð òÿñÿä	ÕÄ-898	88820691, 88618926
32	Íàéàáíñçðÿí Áàààáñçðÿí	2	16-ð òÿñÿä	ÕÄ-376	91712975, 91441285
33	Íÿí Áäÿíðäé	1	16-ð òÿñÿä	ÕÄ-371	99640568, 88924528
34	Áóðíàä Áäÿðáààðäð	7	13-ð òÿñÿä	ÕÄ-93	Óðàññäçé
35	Íèæéä Áaiáàò	4	9-ð òÿñÿä	ÕÄ-679á	88151671, 98163273

## List of household from 19 th khoroo of Chingeltei district:

№	Name and Surname	Number of household member	Home addresss	Phone number
1	Г.Мөнхтуяа	7	Доод салхит 12-250	88740210
2	К.Байгальмаа	2	Шадивлан 1-51	91145454
4	Б.Нэргүй	3	Жигжидын 1-17	
5	Х.Нямхүү	4	Зуун мод 2-38	91211972
6	Д.Шийлэгбат/Эрдэнэсүрэн/	5	Жигжидын 1-17	88873984
7	Ж.Хүрэлтоого	3	Тахилт 3-393	98624608
8	Ш.Бямбацогт	6	Тахилт 2-166	99988265
9	Л.Мягмар	8	Зуун мод 2-88	88773385
10	Т.Төмрөө	7	Зуун мод 2-15	98856518
11	Замбагасүрэн	3	Доод салхитын 12-241	
12	Н.Мэндсайхан	5	Тахилтын 1-96	99274283
13	С.Дорж	8	Тахилтын 2-199	9814812, 91540302
15	Б.Төмөр	5	Тахилт 3-327	88615657
16	Н.Оюунцэцэг	6	Тахилт 4-69	91688887
17	Ш.Эрдэнэцогт	5	Тахилтын 3-294	88947437
18	Ч.Оюунбаатар	6	Тахилтын 238	95219229
19	Д.Гантулга	6	Тахилт 2-191	96701109
20	Л.Түмэнжаргал	3	Тахилт 3-2816	88895060
21	Д.Саранцэцэг	3	Шадивлан 1-60	96741209
22	М.Сарантунгалаг	5	Шадивлан 1-34	
23	Л.Баатар	8	Доод салхитын 9-149 б	8309527, 96701224
24	Бадамханд	3	Тахилтын 3-276	88879001
26	Д.Нансалмаа	5	Зээл 1-16	99704889
27	Т.Уранцэцэг	4	Тахилтын 3-406	88693882
28	Р.Цэгмэд	11	Тахилтын 2-218	8639398, 95944083
29	Д.Мөнхбат	4	Доод Салхитын 322а	99138211
30	С. Энхболд	4	Яргайтын 2-31	88606490
31	А.Янжинцэрэн	3	Тахилт 1-82	96720529
33	Н.Сахьяасүрэн	4	Тахилт 3-315	88624660
34	Г.Отгонтуяа	4	Доод салхит 11-221	91200349
35	Ц.Цэнд-Аюуш	6	Дээд салхит 1-16	88877859

## List of household from 21 st khoroo of Bayanzurkh district

Д/д	Name and Surname	Number of household member	ID number	Home address
1	Дэмбэрэл Орхонсайхан	4	МЛ:59010616	Бдэ 1-1828
2	Пүрэвнамдаг Адъяасүрэн	6	Гп52010311	Сэлбэ 48-1066
3	Рэнцэн Эрдэнээ	2	Чп 45050161	Бдэ 1339
4	Дугаржав Басанхүү	4	Сю 50021473	Бдэ 1159
5	Жамбал Шарав	3	Хк 33070169	Сэлбэ 46-1013
6	Тэрбиш Сүрэнцэцэг	4	Хб 68081401	Жүе 3-2101
7	Жанцанхорлоо Оюундэлгэр	1	Нд 52012404	Жүе 6-2205 а
8	Лувсансодов Дэмбэрэл	4	Сж 52052579	Сэлбэ 39-921
9	Шаравданзан Жаргалсайхан	3	Шб 59012802	Бдэ 1-1114
10	Ваня Эрдэнэбаяр	4	Ел82062317	Бдэ 1113
11	Чойжилсүрэн Баярмаа	6	Ай 78052818	Бдэ 1260
12	Юндэн Долгоржав	7	Нп 63090989	Жүе 6-2196
13	Алтангэрэл Дэнсмаа	5	Хк 54012302	Бдэ 3-1220
14	Сумъяа Цэцэгээ	2	Зю 57103063	Бдэ 2-1511
15	Түвшинбат Төмөр	6	Ил 5911 1912	Бдэ 2-1511
16	Рагчаа Лхамсүрэн	3	Ое 54100818	Жүе 2-2032
17	Баасай Сэрээтэр	8	Ий 49020502	Бдэ 1130
18	Бадамдорж Гантөмөр	5	Уу 67082913	Бдэ 1-1139
19	Гэрлээхүү Оролмаа	6	Пв 56011306	Бдэ 4-1643
20	Тэрбиш Онон	2	Шб 52102904	Жүе 3-2070
21	Баянсан Галбадрах	3	Сю 41030419	Бдэ 2-1157
22	Пунцаг Майдар	9	Ца 44070174	Бдэ 1-1450
23	Нумсум Мөнхцэцэг	5	Но75111360	Жүе 7-3297
24	Дүгрээ Амарсайхан	3	Уе 63061971	Сэлбэ 30-754
25	Дагийранз Хандсүрэн	3	Вэ 51062966	Бдэ 3-1637
26	Дансран Мэнд	4	Нш 65090664	Бдэ 1-1094
27	Оюунцэцэг Алтан	6	Цв 71092066	Бде 3-1219
28	Чанцал Тогооч	5	Чг 80112069	Жүе 5-2177
29	Өлзий -Осор Ичинхорлоо	3	Дж 55090302	Бдэ 4-1684
30	Мягмар Эрдэнэчимэг	3	Хй 65032400	Бдэ 12-1401
31	Дэлэг Долгорсүрэн	4	Ус 59040307	Жүе 4-2138
32	Дагийранз цэрэн	3	Мб 55060105	Бдэ 1-1441
33	Должин Наранцэцэг	3	Оо 63091106	Жүе 7-3286
34	Мягмар Оюунгэрэл	3	Дю 57111815	Бдэ 12-1412
35	Далайпэл Лхамжав	7	Уб 47050629	Бдэ 11-1366

## List of household from 22 nd khoroo of Bayanzurkh district:

Өрх №	Name and Surname	Number of household member	Home address	Phone number
1	Гончигийн Баярмагнай	4	Өл-2-21	93040224
2	Долгорын Оюунцэцэг	4	Өл-3-46	50102889
3	Дамдинбазарын Май-Охин	6	Өл-3-50	91679338
4	Должиндаваагийн Оюунчимэг	2	АӨ-12-139	99941693
5	Галсангийн Ягаан	1	бае21-303	91640627
6	Лхавгадоржийн Энхцэцэг	5	бае21-325	91196759
7	Буянтогтохын Цэцэгбал	5	бае22-333	88150123
8	Цэрэндоржийн Алтанцэцэг	3	Өл-5-67	99715341
9	Гансүхийн Түмэндэмбэрэл	4	3АӨ-9-190	95692746
10	Доржийн Бадамхүү	4	бае25-375а	98227450
11	Сүхээгийн Баярсайхан	6	АӨ-29-440Б	88153874
12	Наранцогтын Алтансүх	7	Өл-3-35	99744489
13	Батмөнхийн Болд-Эрдэнэ	5	АӨ-27-386	88930164
14	Сангийн Сайдмаа	3	Өл-5-66	
15	Бат-Оршихын Доржрагчаа	5	АӨ-29-427	88832608
16	Туваанжавын Бурмаа	4	АӨ-29-432	50158474
17	Төмөрбаатарын Түмэнбаяр	5	АӨ-29-439	88141066
18	Эрдэнэбилэгийн Нарантуяа	3	Өл-3-43	91699975
19	Баярсайханы Чулуунчимэг	2	АӨ-28-403	88720428
20	Должингийн Төмөрхүү	5	Аө-29-493	99969303
21	Оюунын Ууганжаргал	4	АӨ-11-129	96075036
22	Жамбал-Ишийн Борхүүхэн	5	АӨ-15-213А	91164827
23	Палчингийн Мэнджаргал	5	АӨ-17-214Б	88717820
24	Гүнсэнгийн Баярнэмэх	3	АӨ-11-119	88839287
25	Балдансамбуугийн Шаарийбуу	5	АӨ-20-284Б	95883960
26	Дамдинсүрэнгийн Баярмагнай	7	Өл-8-100	88654632
27	Батсүхийн Гарамсүрэн	5	Бунхан 1-42	91220506
28	Уртнасангийн Ундармаа	3	3АӨ-6-127	91164920
29	Нэргүйн Мөнхтайван	6	3АӨ-7-141	88183165
30	Цэцэнбаярын Лхагвасүрэн	4	3АӨ-7-148	99283397
31	Б. Чингис	5	3АӨ-11-227	
32	Жавын Гүндэгмаа	5	3АӨ-9-190	88660645
33	Цолмонгийн Тэгшжаргал	2	Бунхан 1-7	
35	Лувсанчүлтэмийн Аззаяа	6	3АӨ-8-1636	

## List of household from 23 th khoroo of Bayanzurkh district:

№	Name and surname	Number of household member	Number of parts within khoroo	Home address	Phone number
1	Цүйебүяцүи Норжинлхам	7	1 хэсэг	Баатархайрхан 753	88825471 88845471
2	Лүндэгдамчаа Нямжанхар	4	1 хэсэг	Баатархайрхан 898	88660922 96693061
3	Пандаг Батсайхан	4	1 хэсэг	Баатархайрхан 785	91865516 91143883
4	Цогжавхлан Оргилболд	5	1 хэсэг	Баатархайрхан 1012	95364634 88983830
5	Агваа Агваагийн	4	2-д бүлэг	Агваагдбагдбаг 1816 өгөө	99686035 91361956
6	Эгвэгдбагдбаг Оюуа	7	2-д бүлэг	Агваагдбагдбаг 193 өгөө	88766610 91611505
7	Оюуагийн Агваагийн	3	2-д бүлэг	Агваагдбагдбаг 1525	95159030 95748486
8	Хөгөөд Оуяа	3	2а хэсэг	баатархайрхан 985	99806478 95270801
9	Лхүндэв Хүрлээ	4	2а хэсэг	баатархайрхан 762	96696705 96738333
10	Өгөөгийн Агваагийн	5	2а хэсэг	баатархайрхан 924	99266443 99847400
11	Дэмбэрэл Туяа	2	2а хэсэг	баатархайрхан 918	88160796 91331152
12	Давааням Мөнхдөл	4	2а хэсэг	баатархайрхан 879	98110262 99125710
13	Өлзийбаяр Чойжилжав	3	2б хэсэг	баатархайрхан 1589	88139237
14	Ансуу Мөнххуяг	6	2б хэсэг	баатархайрхан 264	91158530 95850980
15	гомбосүрэн галла	1	2бхэсэг	1793	95708516
16	Буянтогтох Өлзийбаяр	4	2бхэсэг	1632	88241311
17	Гүржав Сүрэншигтгээ	2	2бхэсэг	1895	88918991 88720470
18	Ганболд Наранбуян	3	3 хэсэг	Сургуулийн 1324	88842029 88874052
19	Санж Алтанцэцэг	7	3а хэсэг	Улиастай 146	88904049 91150884
20	Агсармаа Нандинцэцэг	5	3а хэсэг	Улиастай 3007	96702488 96640778
21	Балдан Юра	7	3Б хэсэг	Улиастай 540	91692710
22	Дамдинсүрэн Чимэгсайхан	5	3б хэсэг	улиастай 264	99746841 99634351
23	Чойжаа Дэжээсамбуу	6	3в хэсэг	Улиастай 678	98648681
24	мөөмөө нямдаваа	4	3в хэсэг	улиастай 642	88173653
25	Өгөөгийн Агваагийн	4	4а бүлэг	1614	95678990 88836108
26	Агваагийн Агваагийн	9	4а бүлэг	1533	89254657 88167150
27	Халтар Батсүрэн	6	4-д бүлэг	1663	99677502 88636500
28	Цэвэгмэд Дорж	4	4а хэсэг	сургуулийн 1506	91002888 99844371
29	Агваагийн Агваагийн	2	5 бүлэг	1219	99347289
30	Аашжамц Юунаа	10	5 бүлэг	10-9-3 тоот	
31	Алтанцэцэг Жавхлан	4	5 бүлэг	1313	89197829 88840644
32	Бувсандугар Үнхтуяа	6	5 бүлэг	1278	886405 99722423
33	Лутаа Энхтуяа	5	5 бүлэг	1243	96658168 99807683
34	жамьян энхжаргал	8	5-р хэсэг	1344	91209664 91227122
35	зундуй нямсүрэн	5	5-р хэсэг	1204	96346788

## List of household from 24 th khoroo of Bayanzurkh district:

№	Name and Surname	Number of household member	Home Address	Phone number
1	Дамдингийн Загдхорол	2	Жаргалант -5-2	99010445
2	Дамдингийн Отгонцагаан	6	Газарчны 5-6	88011226, 88860909
3	Цэвээнравданы Мөнхтуяа	3	Жаргалант 4-1	96004488, 88204488
4	Чулуунбатын Золбаатар	4	Газарчны 2-8	88140147, 96051820
5	Жавын Лхамжав	2	Газарчны 7-3	88684515
6	Цэднэгийн Цагаантүлхүүр	5	Жаргалант-3-30	88789525, 95699298
7	Нинжээгийн Ононхүү	5	Жаргалант-1-5	88754136, 33754136
8	Батмөнхийн Баярсайхан	4	Жаргалан-3-24	88898560, 99880722
9	Цэдэндамбын Наранцэцэг	3	Жаргалан-3-9	91686884, 88694522
10	Очирбатын Рэнцэнханд	2	Газарчны 6-12	88779954
11	Самбуугийн Ичинхорлоо	3	Газарчны 2-6	88522514
12	Шаравсамбын Ганбаатар	3	Жаргалант-5-13	88892168, 93148031
13	Бавуугийн Бямбадорж	9	Жаргалант-4-2	91204285, 96665749
14	Даржаагийн Лхагвасүрэн	1	Газарчны 5-14	93148033
15	Намсрайжавын Гансүрэн	4	Газарчны 5-14	93148033, 88206868
16	Сүхбаатарын Буянзул	5	Газарчны 6-16	88188753, 88840981
17	Ганболдын Ганчимэг	5	Газарчны 5-10	95812919, 89992435
18	Сүхбаатарын Буянжаргал	6	Газарчны 6-17	99984607, 99664507
19	Батаагийн Батжаргал	4	Овоотын 5-21	88072204, 99093515
20	Балданцэрэнгийн Ганжууржав	5	Хоршоолол 1-20	88280740, 96212445
21	Бумбын Цэндсүрэн	4	Хоршоолол 2-8	98993164, 93216969
22	Баярхүүгийн Болорцэцэг	3	Цахлай 6-1	99848612, 88649560
23	Цэдэндамбын Энхцэцэг	2	Цахлай 10-14	93215903, 88123240
24	Ваанчигийн Одонтунгалаг	4	Цахлай 11-17	95161109
25	Доржпүрэвийн Баатарсүрэн	6	Цахлай 11-17	91331213
26	Гунгаагийн Оюун-Эрдэнэ	2	Цахлай 13-11	88667229, 91192879
27	Санжжавын Баатар	4	Эрдэнэтөлгой 2-19	99823577, 91234002
28	Дашдонровын Доржсүрэн	5	Эрдэнэтөлгой 4-37	88956380, 98180305
29	Жамсрангийн Цолмон	2	Дөл 1-2	91173460
30	Машбатын Буяндэлгэр	6	Басхуяг	88173068, 88903068
31	Тогоогийн Бямбасүрэн	3	Эрдэнэтөлгой 1-5	96609635, 99746337
32	Мандаагийн Ням-Осор	4	Эрдэнэтөлгой 4-12	96057424, 99789811
33	Лхамжавын Батзориг	5	Эрдэнэтөлгой 4-13	99162633, 99812963
34	Дугаржавын Эрдэнэтунгалаг	5	Эрдэнэтөлгой 4-14	
35	Ц. Пүрэвсэд	3	Эрдэнэтөлгой 1-15	

## List of household from 22 nd khoroo of Songinohairkhan district:

№	Name and Surname	Number of parts within khoroo	Home Address	Phone number
1	Пүрэвдорж Төрбат	9	x-65-18	98896949 96201385
2	мужхүү Батсүх	1	x-16-10	88402363
3	Жадамба Ундрал	5	x-77-176	
4	Даваацэрэн Цогзолмаа	4	x-46-17	99817335 95685123
5	Надимаа Энхзаяа	9		91224635
6	Шарав Пууний	9	x-68-54a	91619378
7	Амарбаясгалан Баярмаа	4	x-66-3	88631355
8	Цогбадрах Төмөрочир	2	x-23-18	91647217 96647217
9	Сөд Пүрэвжав	1	x-14-01	88196021
10	Нацаг Дашгаадан	9	x- 63-1	99249676 88197099
11	Доржоо Уртнасан	2	x - 23-12	88932607
12	Чүлтэм Буяндэлгэр	4	x-45-23a	99880377 88554940
13	Очирбат Доржсүрэн	2	x-24-12	88263035 91223868
14	Самбуу Цогбаяр	2	x-27-36	96612196 91468586
15	Нансал Гантэшүүр	9	x-93-6	
16	Минжүүр Долгорсүрэн	1	x-16-02	88405017 88633984
17	Должин Алтантуул	5	x-77-13	99604925
18	Бүүдэй Одончимэг	7	x-35-15	95241469
19	Жижгээ Батцэцэг	7	x-39-07	88776278
20	Дансран Махиг	1	x- 17-15	88619923
21	Нямдаваа Отгонцэцэг	7	x-35-14	88836504
22	Лувсанренчин Адъяасүрэн	8	x-85-27	88755845
23	ᠳᠠᠠᠭᠠᠭᠠᠳᠠ ᠣᠶᠦᠳᠡᠭᠡᠢ	3	᠔-32-17	95932716
24	ᠨᠠᠢᠶᠡᠭᠡ ᠠᠭᠠᠭᠠᠳᠠ	7	᠔-35-21	
25	Бямба Олзвой	4	x- 47-49	99177099
26	Болд Оюунчимэг	3	x- 44-54	91870661
27	Намшир Пүрэвжав	3	x-29-33	88766635
28	Сандаг Мижиддорж	1	x- 2-5	99333815
29	Ёндонбал Регзэдмаа	3	x-34-04	
30	Дэмбэрэл Энэбиш	3	x- 35-15	88786280
31	ᠪᠣᠶᠠᠨᠠᠭᠠᠳᠠ ᠨᠢᠡᠭᠦᠳᠡᠭᠡᠢ	3	᠔-32-16	91363701 88697971
32	Пүрэвжал Баянмөнх	3	x-32-3	99524381 99958637
33	Дагва Энхтуул	4	x-48-9	91225900 88934864
34	Пунсал Лхагвасүрэн	8	x-83-14	93126269
35	Шаашир Маньдир	3	x-35-27	99853887

## List of household from 23 th khoroo of Songinohairkhan district:

№	Name and Surname	Number of parts within khoroo	Home Address	Phone number
1	Мишигийн Тулга	2	Хангайн 15-9	96654723
2	Энэбишийн Батцэцэг	6	Хангайн 676-3	88544264
3	Алтанцэцэгийн Энхчимэг	9	Хангайн 57-3	88177734
4	Жамбын Нармандах	3	Үерийн 306-1	88806152, 39131578
5	Тунгалагийн Ганхөлөг	9	Хангайн 56-15	96207651, 88613497
6	Түвшинжаргалын Юра	8	Хангайн 35-22	99936631, 88936631
7	Мижидийн Оюун	9	Хангайн 58-2	91201172, 99008673
8	Ширнэнгийн Дуламжав	9	Хангайн 56-5	88176775, 96656775
9	Дашдоржийн Хавчуур	8	Хангайн 36-15	88822530, 95609852
10	Хүүхээгийн Батнасан	8	Хангайн 37-20	91147984, 94178900
11	Буянтын Пүрэвсүрэн	9	Хангайн 59-11	88716412, 88558231
12	Чанцалдуламын Буянжаргал	9	Хангайн 52-6	88866124, 88866060
13	Нэргүйн Пүрэвсүрэн	9	Хангайн 59-1	99855321, 88227266
14	Жүгдэрнамжилын Цэцэгээ	3	Хангайн 33-6	88699224, 88699200
15	Балдангийн Одхүү	3	Хонхор 336-1	88187291, 88186010
16	Пэрэнлэйн Дарь	4	Хангайн 41-20	88669007, 99910306
17	Сосорбарамын Энхсайхан	6	Хангайн 676-3	88739721, 91242438
18	Жамцын Баярбат	4	Хангайн 41-14	95880613, 88643018
19	Батаагийн Сүглэгмаа	10	Хангайн 12-19	95178720, 99744010
20	Ичинхорлоогийн Даш	4	Хангайн 40-29	88766515, 88136510
21	Цэндийн Даариймаа	7	Хангайн 23-13	91165854, 88860646
22	Доржийн Даваасамбуу	2	Хангайн 24-4	88737107, 95866959
23	Гэндэнжавын Цэрэнбат	3	Хангайн 82-1а	88122155, 99676356
24	Дамдинсүрэнгийн Батжаргал	4	Хангайн 36а-22	91222093, 99619144
25	Хэцүүхүүгийн Дашцэрэн	7	Хангайн 84-11	95916292, 99927072
26	Дамдинсүрэнгийн Сугар	3	Хангайн 82-1	99603805, 95572967
27	Амгаагийн Энхтүвшин	3	Хангайн 29-14	88659051, 88659041
28	Цэндсүрэнгийн Эрдэнэцэцэг	3	Хангайн 28-5	96700729, 99610059
29	Чулууны Бямбажав	3	Хангайн 82-22	96651809, 88969055
30	Бөмбөрийн Мийлайсүрэн	2	Хангайн 17-18	88617277, 96280815
31	Цэсэнжавын Оюунчимэг	2	Хангайн 18-6	91350331, 91202701
32	Бэгзийн Дуламсүрэн	2	Хангайн 21-41	91480915
33	Уламбаярлахын Хөхөөсүрэн	2	Хангайн 21-40	91879263, 88829489
34	Дашдоржийн Дулмаа	7	Хангайн 84-2	88175861, 88661654
35	Шагдарын Цогоо	7	Хангайн 83-28	99630360, 88630364



## List of household from 24 th khoroo of Songinohairkhan district:

№	Name and Surname	Number of parts within khoroo	Home Address	Phone number
1	Алтангэргийн Алтансүх	1	Зээл-3-75	99616754
2	Зундуйн Банзрагч	6	Зээл-1а-09	88825124
3	Дагаашийн Басанхүү	4	Зээл-3-043	88154294
4	Нэргүйн Батбаяр	3	Зээл-3-031	91717194
5	Амаглангийн Болормаа	9	Зээл-4-15	88127863
6	Тогоон Гантуул	7	Зээл-3-12	88869325
7	Чойжилийн Баатар	8	Зээл-5-045	89885476
8	Үнжингийн Мягмар	5	Зээл-3-034	88185006
9	Найманжингийн Пүрэв	2	Зээл-3-35	88856925
10	Батбилэгийн Циен	8	Зээл-3-24	94174603
11	Шоовдорын Тайван	7	Зээл-8-6	95282592
12	Очиржавын Уртнасан	6	Зээл-1а-55	88742909
13	Чойжамцын Цэцгээ	3	Зээл-17-17	88855766
14	Буджавын Арилжигмаа	3	Зээл-18-28	95222335
15	Балдансамбуугийн Пунцаг	1	Зээл-14-22	91165081
16	Дүүгэнгийн Ганболд	4	Зээл-14-02	99223950
17	Нямдэлэгийн Жамъянсэнгэ	6	Зээл-12-33	91141573
18	Рэнцэнсамбуугийн Энхжаргал	4	Зээл-16-90	88135314
19	Жамъянгийн Анубазар	5	Зээл-9-3	88194954
20	Лхамсүрэнгийн Готов	4	Зээл-9-18а	88207623
21	Магсарын Долгор	7	Зээл-9-26	99652941
22	Дамбын Шовоохой	6	Зээл-14-38	94130163
23	Түмэн-өлзийн Түмэннаст	3	Зээл-17-34а	88628706
24	Чалхаагийн Шаравнямбаа	4	Зээл-18-27	88070518
25	Содономдаржаагийн Цогтоо	7	Зээл-29-8а	88610537
26	Пүрэврагчаагийн Эрдэнэжаргал	3	Зээл-27-48	88952776
27	Цэнджавын Баатар	6	Шороот-4-05	95013239
28	Мишкагийн Зоригт	5	Зээл-31-12	96695531
29	Сүрэнхорын Дэлгэрэхбаяр	3	Зээл-25-3	
30	Санжаагийн Бат- Эрдэнэ	2	Зээл-23-02а	91646860
31	Чойрогийн Ягаан	1	Зээл-23-01	98170301
32	Найдангийн Нацаггалдай	2	Зээл-24-13	93136049
33	Дээвийгийн Гончигсүрэн	1	Зээл-23-50	93136049
34	Сундуйн Лхамсүрэн	7	Бүмбат-2-6	99870635
35	Лодонгийн Артайсэд	6	Шороот-4-2	95013239

## List of household from 25 th khoroo of Songinohairkhan district:

№	Name and Surname	Number of household member	Home Address
1	Арслангийн Энхнавч	5	Одонт 1-1
2	Чойдонпүрэвийн Бямбадолгор	7	Одонт 1-6
3	Хоньхүүгийн Тунгалаг	10	Одонт 2-23
4	Лувсандоржийн Отгонбаяр	5	Одонт 1-14
5	Дамбийнямын Пагам	5	Одонт 1-21
6	Баасангийн Шүрэнцэцэг	3	Одонт 8-20
7	Чоймболын Оюун	6	Одонт 6-31
8	Бямбажавын Тэрбиш	6	Одонт 10-20
9	Намжирмаагийн Анхтуяа	5	Одонт 6-8
10	Банзрагчийн Эрдэнэчимэг	6	Одонт 6-29
11	Бат-Очирын баасан	10	Одонт 8-20
12	Доржбатын Чулуунбаатар	7	Одонт 1-10
13	Сэсээрийн Нарантуяа	6	Одонт 3-1
14	Лхагважавын Оюун	7	Одонт 3-11
15	Хайдавын Цэрэнсодном	4	Одонт 3-21
16	Адъяа Балжинням	7	Одонт 3-27
17	Намсрайн Алтансүвд	7	Одонт 3-33
18	Балжиннямын Бадарч	1	Одонт 3-23
19	Гүрдоржийн Балдорж	4	Одонт 4-16
20	Ганболдын Балдан	6	Одонт 4-21
21	Цэрэндоржийн Цолмон	4	Одонт 5-14
22	Пүрэвдоржийн Баярням	2	Одонт 5-22
23	Баяртын Цэрэндулам	2	Одонт 12-2а
24	Лхагваагийн Банзрагч	11	Одонт 12-20
25	Оюуны Өөдөс	9	Одонт 20-14
26	Янжингийн Адъяадалай	10	Одонт 18-55
27	Дамбын Долгор	6	Одонт 20-33
28	Үржингийн Чогжмаа	1	Хайрхан 1-112
29	Ганданпэрэнлэйн Баттулга	4	Хайрхан 1-57
30	Дашийн Алтантуяа	7	Хайрхан 1-52
31	Баянмөнхийн Тунгалагтамир	3	Хайрхан 1-130
32	Ганболдын Болдбаяр	4	Хайрхан 1-89
33	Ламдангийн Лантуу	2	Хайрхан 1-104
34	Шийтэрийн Шижирхүү	3	Хайрхан 1-05
35	Мянганы Цогбадрах	3	Хайрхан 1-134

