CHILD FRIENDLY KHUVSGUL
2012 - 2016
FOREWORD

Heads of state of 69 nations and high level representatives of 190 countries took part in the UN Special Session on Children on March 05, 2002. Participating in the Special Session, they committed their governments to implement definite actions to improve the situation of children and young people in their countries within a specified period, establishing specific goals and targets together with action plans to achieve them.

During this historic meeting, the declaration, “A World Fit for Children” was adopted with the head objective, “Taking children’s issues into account is the first priority”, which addresses the goals and targets for the future.

Based on this agenda, the initiatives “Child Friendly Cities” and “Child Friendly Communities” have been actively implemented in many countries all over the world.

The “Child Friendly Community” initiative, based on the United Nations Convention on the Rights of Children, aimed to measure and assess positive outcomes for children through the impact of the Convention, Child-friendly Community programmes, Children Rights Law, the Millennium Development Goals of Mongolia and the implementations of National Development Strategy, to develop good governance to meet the rights of each child and to provide a friendly environment for their well being in the present and the future.

Based on its experience and accomplishments, UNICEF implemented “Child Friendly Cities” programmes in Khuvsgul aimag on the basis of the country programme documents and the UNDAF from the 1st of January, 2012 to the 31st of December, 2016.

Khuvsgul aimag supported the concept of “child-friendly communities” and its activities, and adopted and implemented a major goal, “Child Friendly Community” in the Governor’s action plan alongside 60 objectives and measures – 11.2% of a total of 534 objectives and actions.

The Child friendly aimag strategy was approved under Resolution #36 of the Citizens’ Representatives’ Khural on the 22nd of April, 2014 and a work plan was developed in connection with the general direction of economic and social development of the aimag and soums with implementation at all levels.

Thus, the implementation and results of the "Child Friendly Aimag" programme—with its mission to provide equal opportunities for every child through the complete prevention of school dropouts, reduction of maternal and infant morbidity and mortality, and developing a safe, healthy, and child-friendly environment, is introduced to you in this publication.
BRIEF INTRODUCTION TO KHUVSGUL AIMAG

Khuvsgul aimag was founded in 1931. Covering a total area of 100.6 square kilometers, it is the sixth largest aimag of Mongolia by land area. The area is largely mountainous. Known as the “Switzerland of Mongolia,” Khuvsgul aimag is rich with rivers, lakes, mountains, forests and woodlands, which include diverse wildlife, plants, and natural resources, as well as sacred places, and abundant historical sites. The aimag borders with the Tuva and Buryat Republics of the Russian Federation and neighbors Bulgan, Arkhangai and Zavkhan aimags of Mongolia. The administrative centre of the aimag, named Mørøn, is situated 671 kilometers northwest of Ulaanbaatar, the capital of Mongolia. The aimag is divided into 23 soums, 1 village and 126 baghs.

At the end of the year 2014, the population of the aimag was estimated at around 126,000 inhabitants, which constitutes 22.1% of the Khangai region and 4.2% of the total population of the country. In 2015, the population increased by 2159, an increase to 128159 inhabitants. Khuvsgul is the largest aimag by population and home to six ethnic and tribal groups. The population is predominantly Khalha, Darkhad, Khotogoid, Uriankhai and Buriat. The sixth ethnic group consists of a limited number of Tsaatans, who also live in Khuvsgul. This ethnic group does not inhabit other aimags. The aggregate number of the households is 37919. 33.6% of which live in the centre of the aimag, 20.1% in the soum centres, and 40.3% in rural areas. With residents aged between 15 and 39 comprising 42.4% of the total local population, the aimag is considered to be a desirable place for young people. The average life expectancy ranges from 65 to 79 years. Approximately 37.1% of the total population are the children aged between 0 and 18. The number of the children aged between 0 and 1 is 5986 and between 6 and 17 is 25988. About 23.7 thousand children in the aimag are boys and 22.4 thousand are girls. In addition, 27.3%, approximately 12434 children, live in the centre of the aimag, and 33061 are in other soums (townships) and villages. In total, 7626 children are cared for in 38 kindergartens, 24842 study at 35 general education schools, and 2810 live in 41 dormitories.

The aimag’s primary sector of the economy is agriculture, including livestock husbandry that plays a major role in the industry. Overall, 29.8 thousand herders of 14.5 thousand herder households counted 4157223 heads of livestock counted in the aimag. About 1633 enterprises were registered in the Business Registry Database and 1202 of them – 73.6% – are active. Khuvsgul aimag produces 2.1% of the Gross Domestic Product of Mongolia. Between 2011 and 2014, development and construction work valued at MNT 414.5 billion was carried out. The investment volume has been increasing from year to year. All soums of the aimag and 19 baghs are connected to the centralized power system grid. A Thermal Power Station has gone into operation in Mørøn soum, 7 soums are heated with a central heating system, 22 soums have access to a high-speed fibre optic Internet connection, and all soums have access to landline and mobile telephone services. There are 6547 public servants employed in 209 agencies. Khuvsgul aimag has also established international relations with the Russian Federation, the Republic of Korea, Japan, Germany, and the Czech Republic.
PROGRAMME “CHILD FRIENDLY AIMAG” HAS BEEN FRUITFUL COOPERATION WITH POSITIVE IMPACT ON LOCAL COMMITMENT FOR CHILDREN’S RIGHTS AND PARTICIPATION

We would like to express our appreciation to the Government of Mongolia for selecting Khuvsgul aimag for implementation of the UNICEF 2012-2016 Child friendly aimag programme, along with all the other organizations and individuals who cooperated in the implementation of the program. A great number of programs and projects promoted the development of the social and economic sectors in Khuvsgul aimag.

In drawing to the attention of aimag and soum authorities childrens’ issues and stimulating the activity of various professional agencies, organisations and official staff, the Child Friendly Community Initiative by UNICEF is has been unique and most efficient in comparison to the previous programmes.

The “The Child Friendly Province” strategy, has a vision to be a child-friendly aimag where Childrens’ Rights are fulfilled in practice by 2016. Our mission is to provide equal opportunities to every child through complete prevention of school dropouts, reduction of maternal and infant morbidity and mortality, the development of an aimag with a safe, healthy, and child-friendly environment; the planning and implementation of hundreds of actions within 103 measures and 26 policy objectives in health, education and child protection sectors of the four principal fields: Child friendly governance, Child Friendly Environment, Child Friendly Services and Child Friendly Family.

The programme implementation brought about a number of positive impacts for local children and their families, environments for development, and study and social fields. In implementing the programme, the responsibilities, leadership qualities, and attitudes of the stewards of children changed positively; intersectoral collaboration improved and investment for children increased through the creation of child friendly environments. The decision was made to spend at least 10% of the total amount of the Local development fund for children and MNT 5.1 billion was spent on investment in children. Lighting was installed in 80% of all soums, 57% built playgrounds for the childrens’ recreational use, 81% refurbished the school and kindergarten premises, dormitories, and warehouses with equipment updates; 36% built water supply and sanitation facilities, and 28% refurbished their hospitals, namely the maternal rooms, and obtained additional equipment for these facilities.

An aimag plan for the sustainability of maternal and child primary outreach care was developed within the Child friendly aimag strategy: 13416 people of 5255 households were surveyed, and health and social care services were provided to 4713 people from 2143 selected households.
The coverage of child growth monitoring increased to 82% and the micronutrient distribution rate reached 81.9-93.9%, while the chronic morbidity in children under 59 months was reduced by 2.4-7.6% compared to the previous year’s level. 30% of all schools and 65% of all kindergartens met the criteria for Child friendly establishments and received certificates. Of 45 dormitories, 25% created child friendly environments and services and 1/3 of all students gained access to the water supply and sanitation facilities. Learning healthy behaviours has led to a 20% reduction in morbidity.

The preschool enrollment rate has increased by 2 points, 70% of all kindergartens are implementing the child-friendly concept, and the water supply and sanitation situation has improved at 12 kindergartens. All schools and dormitories observe the general child protection principles, multidisciplinary teams operate in 24 soums, and 238 experts brought down child protection services to primary administrative units, increasing the case detection rate by 20%. Family counseling support services have become well-established at the aimag and soum levels—the number of clients increased by 56%, the crimes committed by children decreased by 42.6%, and the number of convicts decreased by 54.3%. The protection services for the target groups have also been well established. The capacity of planning and decision-making utilizing child participation was strengthened—18000 children learned life skills and are involved in child development programmes. All schools issue students’ magazines, organisations child participants have begun to influence policies and decisions. 20% of the agencies under the jurisdiction of the Aimag Governor have satisfied the criteria for child-friendly organisations and were awarded certificates of the Governor’s Council. Review of the development tendencies of the world in relation to Mongolia’s long-term policy documents, Khuvsgul aimag established a long-term development plan for the period of 2016-2030.

Within the priority area of Social and human development of this programme, we shall continue to create conditions for life-long learning and inheritance of national values, implement the mission of building happy, healthy, creative and humane families, sustainably maintain and enhance the child friendly indicators, devote increased budget and investment for children, carry out activities and services to eradicate disparity, and increase childrens' participation in local planning processes.

I hope for child friendly environments and services to develop in every administrative unit and family in Mongolia, for every child to experience a happy and joyful childhood, and for their families to love, protect them, and work together to build a prosperous future by investing in our children.

A.ERDENEBAATAR
GOVERNOR OF KHUVSGUL AIMAG
CHAIRPERSON OF THE COUNCIL FOR CHILDREN
KHUVSGUL AIMAG ENSURED RESPECT TO THE RIGHTS OF THE CHILDREN, SAFETY AND WELLBEING FOR EVERY CHILD WITHIN THE IMPLEMENTATION OF THE PROGRAMME

Dear Khuvsgul Citizens,

In the framework of Government of Mongolia-UNICEF cooperation Khuvsgul aimag is in its fourth year of a programme that sets the goal to build a Child Friendly Khuvsgul aimag. This year is an important year for assessing our achievements, taking stock of the lessons learnt, documenting good practices and showcasing our models for experience sharing with other aimags and soums.

Together with the Government, civil society organizations, communities, private sector organizations and children of the Khuvsgul aimag we set the ambitious goals and targets. With the support of our generous donors, we are happy to share with you the progress resulting from the joint collaboration between the Khuvsgul aimag government and UNICEF Mongolia in ensuring equitable access to quality basic services in Health, Nutrition, WASH, Early Childhood and Primary Education, and Child Protection services through the Child Friendly Community strategy.

Khuvsgul aimag prioritized their children’s well-being and put them in the focus of their long term development plans. The local government in aimag and all soums introduced the child-friendly governance principles to hear the views of children in major planning, decision-making and budgeting processes. This is done through Children’s Councils headed by the Aimag and Soum Governors and represented by the wide range of agencies mandated to serve children. The children’s rights are indivisible and inter-dependent. Therefore, the local government leadership was important as well as the participation of the various basic services sectors in ensuring that the enabling policies, efficient budgets and child-focused decisions are made. Khuvsgul government has provided an enabling environment which resulted in the adoption of concept of the integrated and inclusive social services for all children with specific focus on the marginalized ones. The child-focused studies conducted at the beginning of our programme allowed identified gaps in the provision of the services and the groups of children who are particularly at risk.
The main factor of Khuvsgul government’s success, in my view, is the genuine commitment of partners at all levels to their vision of creating a better aimag where every child enjoys their rights and lives in a safer and happier community. While there are some challenges, we are proud of our joint achievements and results. The investment for the child-focused Local Development Fund has increased from 8.3% in 2013 to 22.5% in 2014 and 31.6 in 2015. Also, there are notable results achieved in improving child and maternal health, nutrition, improving access and quality of early childhood and basic education, increasing number of educational facilities with improved water and sanitation facilities, changing attitudes towards child protection, improving the capacity of the service providers, enhanced participation of children in all social interventions expressing their thoughts and ideas for creating child friendly environment in the aimag, soums and even in their families.

This documentation book will provide you comprehensive information what we have achieved jointly, I hope it will be helpful for your work for children in your community.

To build child friendly aimag is a continuous effort, therefore I am sure you will make more achievements and progress for well-being of Khuvsgul children. UNICEF Mongolia is proud and happy for this opportunity to be able to contribute towards making Khuvsgul aimag Child Friendly. We wish you success in all your future endeavors for children.

ROBERTO BENES,
REPRESENTATIVE
UNICEF MONGOLIA
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ONE. CHILD FRIENDLY GOVERNANCE
ONE. CHILD FRIENDLY GOVERNANCE

1.1. Background, goals, outcomes

The initiative of developing child friendly governance is one of the activities for meeting the best interests of children within the implementation of the Child Friendly Aimag programme. While there were poor attitudes and insufficient awareness about the child friendly governance concept prior to the implementation of the programme, it can now be stated that the tendencies to work for the well-being of children are fully in place. The findings of the Child Development Study of 2012 and the indicators of child-friendliness of the aimag demonstrated the absence of a system for solving children’s issues and of adequate awareness of child friendly governance—through low levels of spending for children by the local development fund in 2012, insufficient support provided for child-led organisations, failure to listen to the opinions of children at the decision-making level, an inadequate number of decisions made for children, in addition to insufficiencies in the implementation process. Therefore, planning, budgeting, and enhancement of investment for increasing child participation through improved empowerment of children to express their opinions, dissemination of information about children’s rights, development of a policy framework for safety, and implementation of the rights of children.

The following achievements in the indicators of the child friendly aimag strategy are listed below:

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<td>1</td>
<td>Child Friendly Government</td>
<td>Increasing support to local policy decision for children</td>
<td>Percentage of child-led organisations receiving budget support</td>
<td>2.1</td>
<td>5</td>
<td>5.8</td>
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<td>2</td>
<td>Child Friendly Government</td>
<td>Increasing support to local policy decision for children</td>
<td>Percentage of implementation of the resolutions of citizens’ representatives’ khural and governor’s ordinances for implementation and protection of children’s rights</td>
<td>30</td>
<td>60</td>
<td>81.2</td>
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<td>Percentage of budget investment for children made by the local development fund</td>
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Management and Coordination

With conclusions on the Child Development Study-2012 and indicators of the Child Friendly Aimag Strategy, a goal of developing child friendly governance was established and the following major policies, decisions, and mechanisms were instituted.

Also, a Programme coordination council was established to organise and monitor the implementation of the Child Friendly Aimag Programme. This council is headed by G. Tumurbaatar, aimag governor, and with D. Tsetsegmaa—expert of the Social Development division of the Aimag Governor’s Office—as the council’s secretary. The council consists of 10 members, including managing and professional staff from the health, education and family sectors, and meets quarterly to monitor the implementation of the programme and enhance the implementation. The regular work of the coordination council led to augmentation of the intersectoral cooperation and PPP, streamlined exchange of information, and strengthened the research-based decision-making system.
The reorganisation of the Council for Children established a sub-council for Child development and protection and a Child legal sub-council, facilitated enhancement of intersectoral monitoring and coordination regarding issues of children in conflict with the law, children in need of protection, and development of a cooperation mechanism. The Child legal sub-council is led by the head of the Legal division of the Aimag Governor’s Office and the Sub-council for Child Development and Protection is led by the head of the Social Development division of the Governor’s Office.

Following this pattern, councils for children were re-approved in the soums with 263 personnel and 48 children’s representatives. This created conditions for hearing children’s voices to influence the decision-making process at the local level. A training, “Capacity building of child members of councils for children,” invited two children from each soum in order to build the capacity of children in influencing decision-making.

These children gained competence in identifying and prioritising problems encountered by children, presenting at council meetings, and developed the capacity to manage initiatives of other children by providing them with appropriate guidance.
CHILD LEGAL COMMITTEE

A legal committee established under the Council for Children and headed by the governor, includes police registrar, investigators, and prosecutors who are responsible for children’s issues under the jurisdiction of the Police and Prosecutor’s offices. The Child Legal Committee increased crime prevention activities through active education and communication work, resulting in a 42.6% decrease in the rate of crime committed by under-age people and a 54.3% decrease in the number of suspects in 2015 compared with the same period in 2014.

SUB-COUNCIL FOR CHILD DEVELOPMENT AND PROTECTION

Establishment of the sub-councils led to the improvement of intersectoral professionals and creation of effective partnership mechanisms in child protection.

The members of the sub-councils cooperated to organize a routine quarterly campaign, “Protection for every child,” which selected one of the target groups. This is one form of effective problem-solving of children’s pressing issues regarding intersectoral involvement. The orphan children target group was selected in the first quarter of 2015, as were agencies to be responsible for them. Children aged up to 14 years were received by 36 organisations who provided them with school supplies and material aid, engaged them in free extracurricular courses, established regular contact with their caretakers, and provided them with social protection services and health checks.

These relations are regulated by a “Memorandum on Cooperation for children’s well-being”.

The functions of the members of the Aimag Council for children were defined individually and the structure was made clear. The general diagram of the structure of the Aimag Council for children. The Council is responsible for the policies and coordination of the officials at the decision-making level. The 2 sub-councils implement the technical work and services, the child and family development and protection work at the aimag level in coordination with the soum councils for children and multidisciplinary teams.
1.2. CHILD FRIENDLY POLICIES AND DECISIONS

“Citizen-friendly aimag” Programme – goals of Teacher guiding for development and Child friendly aimag:

The aimag Governor’s Programme “Citizen-friendly aimag” has 538 provisions of which 212, (39.4%), aim to create safe and healthy living environments for children and to develop children as healthy and educated citizens. Within this programme, the phase “Teacher guiding for development” is under way.

“Child friendly aimag” strategy:

For the implementation of the “Child Friendly Community” Programme, the Aimag Citizens’ Representatives’ Khural approved the Child Friendly Aimag Programme under Resolution #36 of 2014. The objectives and activities of the Child friendly aimag strategy were tightly linked to the economic and social development goals of the aimag and soums and were implemented at the local level through annual planning. This Resolution provides for spending at least 10% of the total assets of the Local development funds for implementing of this strategy and plans to institute best practices.

The Child friendly aimag strategy features the following 4 areas:

* Child friendly services – (health, education, child development, protection)
* Child friendly family
* Child friendly environment
* Child friendly governance.
Activities for implementation of the Child friendly aimag strategy are included in the annual plans of soum governors and directors of agencies as performance indicators for end-of-year reviews. (See the performance indicators for review of the implementation of Child friendly aimag strategy included in the output agreements of the officials in the annex)

Categories of child friendly soums, establishments, dormitories, kindergartens, hospitals, and households have been elected since 2014 in order to incentivise and augment the activities of the Child friendly aimag programme and strategy. Certificates of child friendly soums and establishments were given to 6 soums, 5 agencies, 1 kindergarten, 1 hospital and 1 dormitory in 2013-2015.

In 2014
Nomination “Child friendly soum”: 1st place - Tarialan, 2nd place – Ih-Uul, 3rd place – Tunel soums
Nomination “Child friendly establishment”: 1st place - Police, 2nd place – Music and Drama Theatre, 3rd place – Emergency Management Agency
Nomination “Child friendly hospital”: Ih-Uul soum hospital
Nomination “Child friendly school”: school of Shine-Ider soum
Nomination “Child friendly kindergarten”: kindergarten of Erdenibulgan soum.
These nominees were awarded rights to implement small projects.

In 2015
Nomination “Child friendly soum”: 1st place - Tunel, 2nd place – Shine-Ider, 3rd place – Ih-Uul soums
Nomination “Child friendly establishment”: 1st place - Squad #0257 of the Frontier Troops, 2nd place – Music and Drama Theatre
Nomination “Child friendly dormitory”: dormitory of Burentogtough soum.
These nominees were awarded rights to implement small projects.
The implementation of the Resolution is reviewed biannually—at the meeting of the Aimag Governor’s council and at the Aimag Civil Representatives’ Khural—the conclusions and recommendations from these discussions are reflected in subsequent implementation activities.

The implementation of Child friendly aimag strategy led to routine planning and implementation—mainstreaming childrens’ issues in policies, activities, and strategies as the priority.

Review of the progress and outcomes at the Aimag Civil Representatives’ Khural in 2015 showed 81% progress with a satisfactory assessment. Following an increase in implementation activities, Ordinance #362 of the Aimag Governor was issued and progress achieved 88.5% for the first half of 2016.

Since 2012, to ensure effective implementation of the strategy, certain targets and activities have been mainstreamed in major areas of the aimag’s economic and social development.

Local Governor’s Ordinance #A362 to improve implementation of CFAimag strategy

Policies and decisions for children were made at the local level with consideration of realistic, implementable, effective, and child-rights sensitive policies and programmes coupled with budgeting led to the realisation that investment in future generations is the most viable way to positive long-term development.

During the period of implementation of the 2012-2016 joint programme of the Government of Mongolia and UNICEF, a long-term policy document “Prosperous Khuvsgul 2016-2030” was developed and adopted for the purpose of effectively implementing the Child friendly aimag strategy, defining future tendencies, and developing good governance at the local level. This policy paper is important as it reflects the objectives and activities necessary to ensure sustainability of the achievements of the Child friendly aimag programme and continuation of child friendly policies and decisions.
DEVOTED YEARS

Aimag annual activities linked to the Child friendly community program under certain titles are planned and implemented in order to contribute to solutions for current pressing issues. 2015 was announced as a year dedicated to Youth development to focus on development issues of young people between the ages of 18 and 35. Under Ordinance #25 of the Aimag Governor, 2016 was announced as a year of Family and Child development promotion, and activities for family and child development are being organised based on intersectoral cooperation.

Regarding this decision, the 11th day of each month is devoted to Family and Child development activities and social sector agencies rotate responsibility each month to organise family and child development activities. Days of Listening to children are organised regularly at the aimag level and social sector organisations organise events providing services to families.

Within the year devoted to Family and child development, the following programmes funded with MNT 454.5 million of the Local development fund are being implemented under resolution #03 of the Aimag Citizens’ Representatives’ Khural:

- Programme on support for family development and employment - MNT 50 million
- Civil education programme – MNT 50 million
- Implementation of the Child friendly aimag strategy – MNT 132 million
- Health promotion programme – MNT 172.5 million
- Intellectual Khuvsgul Programme – MNT 50 million

Also Aimag’s integrated plan, which included 4 objectives and 64 activities aimed at improvement of health, development, education, employment, livelihood, social welfare, and participation was developed and is under implementation.

Governor’s Ordinance #A25 on launching 2016 as Year of Family and Child development
Regarding the above plans and programmes, the following activities took place:

1. **Aimag’s 2nd forum “Ger-state”**

The goal was to increase the role of parents in developing children as creative, viable citizens with appropriate behaviours and practices, achieving common understanding in this area, and creating value-based leadership of young families.

**Outcomes of Forum «Ger-state»:**

- Parents’ attitudes changed after gaining knowledge of the communication and specifics of their children.
- Members of young families recognised the value of family life and understood the duties that lead to strengthening family ties.
- Parents learned some of the positive methods of discipline and developed an intolerance towards violence.
- Parents gained directions for their lives to create child friendly environment in their households.
2. “Healthy family, healthy future” movement

The “healthy family, healthy future” movement was organised and secured the participation of 350 family members with children up to 59 months. Trainings were organised for the community members to learn how to preserve their own health, to gain awareness of the specific needs of young children, and to create a healthy and safe environment. As a result, they achieved competence in developing healthy behaviours and prevention of contagious diseases such as diarrhea.

During this movement, 70 households improved their water supply and sanitation facilities, 131 households learned healthy diet and physical activity habits, and 259 households made self-assessments according to the Household Development plans.

Within the movement framework was created Family Development Plan enabling child friendly environment.

3. “Child friendly establishment” campaign and movement:

The Child friendly community programme framework included a “Child friendly banner” campaign, an “Always ready” children’s movement, and a “Child protection for every child” campaign. The outcomes are as follows:

- The agencies under the jurisdiction of the Aimag Governor adopted Child Protection Policies: 44 agencies established parents’ councils and the planning process for focused on the family issues of employees began.
- 23 establishments opened savings accounts with MNT 100000 for 110 children of the target groups to support their livelihood.
- 35 agencies organised sport and cultural events: employees’ families participated, engaging 1850 children and adults.
- Trainings on 7 topics were organized: child development, socialisation, domestic injuries, food safety and preservation, prevention, and healthy lifestyle. Handbooks and brochures on the Law on Protection of the Rights of Children and Law on Family were published and open discussions on choice of future professions were organised amongst high school students.
• Children of the employees of 11 agencies were provided health consultations and the conditions identified were treated.

• The organisation of these campaigns resulted in development at the aimag level of a system in which agencies combined child friendly services with their default functions and formation of child friendly collectives.

• Marginalised children received social services and activities for socialisation were undertaken.

• The campaigns helped in the consolidation of family relations between parents and children and taught parents how to communicate with their children according to their specific age.

Examples of good practices among the agencies actively participating in these campaigns:

**Aimag Governor’s Office**

• Day care units were organised at the agencies to care for children in 2 shifts. The problem of children lacking proper childcare at home was thus resolved. Currently, the issue of children falling behind in primary schools subjects is being addressed.

**Specialised control agency**

• A savings fund was opened under an initiative of the agency’s parents’ council with contribution of a one day salary by each employee and it is spent for child protection activities and work for the children of the target groups.

**Aimag Police**

• Family Days are regularly organised on festival dates electing “Lucky child” to grant an invitation to spend holidays at a children’s resort. It became a accustomed to provide financial support to employees with family problems, who are hospitalised and those who have newly married from the joint savings fund.

**WVI, Khuvsgul Local development Fund**

• A mini sport festival “Physical activities for health” is organised annually among children living in dire conditions. Children compete in football, volleyball, basketball, table tennis, chess and checkers finding an opportunity to develop with their peers.

**Aimag Social Welfare division**

• Households with more than 2 children under 5 in need of social support are chosen and trained to provide them with the knowledge and skills for preparing nutrient-rich meals for their children and to improve their livelihood.
1.3. CHILD FRIENDLY PLANNING AND BUDGETING

During the course of the implementation of the Child friendly aimag strategy, children learned skills and developed an aptitude for identifying their needs, expressing their opinions to improve their well-being, and influencing decision making. To hear the voices of children and support their participation at the decision-making level, a children's committee was created and a children's forum is held every year. The initiatives proposed are routinely discussed in the meetings of the Local development fund.

With increased knowledge of planning, budgeting, and self-advocacy, children began participating in the planning processes of the Local development fund.

Children's committees opened in the citizens' rooms of 24 soums. Biweekly Thursdays were assigned days for hearing from children with regular activities.

Through these children's committees, 38 issues related to children were addressed by the authorities of 15 soums.

For example: the ideas proposed at the children's committee in Shine-Ider soum gained support, and with MNT 1 million from the Employment promotion fund, a park and playground were newly created to create a safe environment for recreational use.
Following the proposals presented by the children’s committee, the Local development fund supported a renovation of the park in Tarialan soum and renewal of dormitory furniture from 2013-2015.

- **New dormitory furniture funded with MNT 21 million of the Local development fund in 2015**
- **Park built with MNT 38 million of the Local development fund in 2013 and 2014**
- **Wrestling stage built with MNT 6 million of the Local development fund in 2015.**

Following the proposal presented at the Aimag Children’s Forum and the childrens’ committee of Mørøn soum, 2 buses were acquired in 2015 to serve children through funding from the Local development fund.
Improvement of street lighting in Mørøn soum and installation of 112 high definition cameras at 32 locations with MNT 600 million from the Aimag development fund provided a safe living environment for children and generated positive shifts in crime prevention.

Football field.

A football field meeting international standards was built at the festival stadium with MNT 458.4 million from the Local development fund. The size of the football field is 106x73 and there are 6 standard fields for athletics. This football field provides a space for leisure and sports activities and physical development of children and youth.
1.4. INVESTMENT

At least 10% of the total budget of the Local development fund is spent for the implementation of the Child friendly aimag strategy and this investment increases from year to year.

With the implementation of Resolution 36 of 2014 of the Aimag Citizens’ Representatives’ Khural, the percentage of the annual spending for children in the soum Local development fund increased:

- The share of spending for activities for children in the total funding of the local development fund increased from 8.8% in 2013 to 32.5% in 2016.
With MNT 40 million of funding, Tsagaan-Üür soum built kindergarten buildings and now organises alternative summer pre-school training in comfortable standard settings.

The satisfaction of parents whose children participated in the alternative summer trainings is high while the teachers received significant support for their work.

With MNT 60 million from the Local development fund in 2015, improved water supply and sanitation facilities were built by the school of Khatgal village. Replacing the traditional sanitation facility, children are now served by the improved facility.

This improved sanitation facility provides conditions for the prevention of various hand-transmitted infectious diseases and for childrens’ learning and development in a hygenic environment. The children themselves have also developed positive attitudes and behaviours toward hygiene.
TWO. CHILD FRIENDLY HEALTH SERVICES
TWO. CHILD FRIENDLY HEALTH SERVICES

2.1. BACKGROUND, GOAL AND ACTIVITIES

Goals 4, 5, 6 of the Millennium Development Goals address maternal and child health, nutrition, and the issues of HIV/AIDS and tuberculosis—child mortality decreased by two thirds, maternal mortality decreased by 75% and the hunger rate was cut by 50%.

Despite the successful implementation of policy activities in Khuvsgul aimag, the 2013 Child Development Study demonstrated high maternal and child mortality rates, low levels of immunisation, wasting in 5.6% of children under 56 months of age, and stunting in 22.6% of children. The health statistics from 2013 show mortality for those under 1 year as 23.1 per mille, under 5 years as 28.8 per mille and maternal mortality rate as 91 per mille—higher than the national average. According to the 2013 statistics, 42.1% of infant mortality occur due to perinatal conditions, 26.3% - surgical complications and 14.4% due to injuries. As for the mortality rate of children under 5, 36.3% are due to injuries, 26.3% are caused by pneumonia, and 21% are caused by neural systems diseases. Major child health indicators in the aimag have been lower than the national average, indicating the need for improvement of the quality and access to health care services for children. Therefore, the following actions were undertaken to improve health services for children within the Child friendly community strategy.

1. Solve the issue of disparity through the immunisation care system, deliver health and social welfare services to children in households located in remote areas through intersectoral coordination, and implement a “reach every soum and bagh” strategy to identify people that do not have access to public services.

2. Implement the Development information and communication strategy of the aimag to reduce the prevalence of pneumonia and diarrhea, and train parents and caretakers in the knowledge, practices and behaviours of a healthy lifestyle.

3. Introduce the Infant and young childrens’ nutrition package to improve health of children of the age 0-59 months.

4. Implement the “Postnatal care methodology” at every stage of the health care system.

5. Introduce an informational, educational, and communicative approach based on the specific needs of adolescents and develop the skills and resources to provide consultation for pressing issues.
### Maternal and child health indicators (2012-2015):

<table>
<thead>
<tr>
<th>№</th>
<th>Description</th>
<th>2012 baseline</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maternal mortality rate /100 000 per mille of live births/</td>
<td>31.3</td>
<td>91.0</td>
<td>91.0</td>
<td>20</td>
<td>30.15</td>
</tr>
<tr>
<td>2</td>
<td>The rate of early attendance of antenatal care</td>
<td>88.2</td>
<td>85.7</td>
<td>85.7</td>
<td>88.40%</td>
<td>86.8</td>
</tr>
<tr>
<td>3</td>
<td>Infant mortality rate under 1 year /100 000 per mille of live births/</td>
<td>26</td>
<td>23.1</td>
<td>23.1</td>
<td>18.4</td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>Mortality rate in children the ages 1-5 years /100 000 per mille of live births/</td>
<td>29.1</td>
<td>28.8</td>
<td>29</td>
<td>21.9</td>
<td>19.3</td>
</tr>
<tr>
<td>5</td>
<td>Mortality rate in children under 5 caused by injury</td>
<td>7.5%</td>
<td>20.0%</td>
<td>20%</td>
<td>15%</td>
<td>18.75%</td>
</tr>
<tr>
<td>6</td>
<td>Percentage of children receiving vitamin A between the ages of 6-59 months</td>
<td>54%</td>
<td>54.5%</td>
<td>60%</td>
<td>26.6%</td>
<td>70%</td>
</tr>
<tr>
<td>7</td>
<td>Percentage of children receiving vitamin D at a preventive dosage between 0-23 months</td>
<td>81.1</td>
<td>82%</td>
<td>90%</td>
<td>54.9%</td>
<td>92%</td>
</tr>
<tr>
<td>8</td>
<td>Percentage of children covered by the full dosage of vaccinations before the age of 1</td>
<td>98.4%</td>
<td>99.3%</td>
<td>99.4%</td>
<td>99.4%</td>
<td>99.6%</td>
</tr>
</tbody>
</table>

#### 2.2. OUTREACH STRATEGY

Taking into consideration urgent health issues, remoteness of households, population size and access to health care, the outreach strategy was implemented in 17 selected soums from 2012-2014. External evaluation was made throughout the course of the implementation with a recommendation to continue.

As a follow-up to this recommendation, a sustainability plan for maternal and child primary health care outreach services for 2015-2017 was developed and subsequently approved under Ordinance A/148 of 2015 of the Aimag Governor. According to this plan, 23 soums and 5 health facilities of Khuvsgul aimag developed a system for delivering primary health care to every mother and child. This resulted in significant progress in the access, coverage, and quality of primary care for mothers and children.

*Meeting for discussion and development of the sustainability plan for the Reaching Every soum strategy in 2014*
Number of individuals covered in the outreach strategy activities:

<table>
<thead>
<tr>
<th>№</th>
<th>Indicators</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of individuals involved in the survey</td>
<td>6248</td>
<td>3423</td>
<td>3610</td>
<td>13417</td>
<td>26698</td>
</tr>
<tr>
<td>2</td>
<td>Number of people reached</td>
<td>4109</td>
<td>2041</td>
<td>2221</td>
<td>5723</td>
<td>14094</td>
</tr>
<tr>
<td>3</td>
<td>Number of people who received health services</td>
<td>318</td>
<td>1766</td>
<td>1447</td>
<td>3029</td>
<td>6560</td>
</tr>
<tr>
<td>4</td>
<td>Care provided to mothers</td>
<td>75</td>
<td>102</td>
<td>282</td>
<td>443</td>
<td>902</td>
</tr>
<tr>
<td>5</td>
<td>Care provided to children</td>
<td>268</td>
<td>1664</td>
<td>1052</td>
<td>2251</td>
<td>5235</td>
</tr>
<tr>
<td>6</td>
<td>Number of people covered by social care services</td>
<td>3791</td>
<td>275</td>
<td>774</td>
<td>919</td>
<td>5759</td>
</tr>
</tbody>
</table>

Coverage of selected community by social care services in 2015:

- Households without container to store waste: 82%
- Households without conditions for handwash: 71%
- Households without a sanitation facility: 28%
- Inappropriate water container in the family: 79%
- Substandard potable water supply in the family: 68%
- Food deficiency in the family: 39%
- Food deficiency in the family: 68%
- Food deficiency in the family: 18%
- Food deficiency in the family: 7%
- Food deficiency in the family: 15%
- Food deficiency in the family: 34%
- Food deficiency in the family: 17%
- Food deficiency in the family: 27%
- Food deficiency in the family: 48%
- Food deficiency in the family: 51%
- Food deficiency in the family: 21%
- Food deficiency in the family: 18%
- Food deficiency in the family: 64%
- Food deficiency in the family: 17%

S. Ulziinyam, immunisation nurse of the health centre of Tsagaannuur soum, working in the western taiga
Outcomes of implementation of the strategy

• With the implementation of the outreach strategy, an intersectoral multidisciplinary team system of provision of social services to marginalised populations inhabiting remote areas and those excluded from social and health services.

• The scope of target groups expanded to identify and serve community members that had previously been unable to receive basic social services.

• The routine immunisation (товлолын дархлаажуулалт) coverage rate increased with improved early childhood growth monitoring.

• Improvements in early registration of pregnancy and combined antenatal care (давхар хяналт) with positive shifts in attitude and support from local leaders and the community.

• Mortality in children aged 1-5 years decreased 5-fold compared to 2012.

• Measles - rubella supplementary immunisation was organised in 2012 for children 3-14 years of ages and measles supplementary immunisation was organised in 2015 for children aged from 6 months to 6 years, resulting in the registration of 16084 eligible children of whom 15914 were immunised with a coverage rate of 99%. The rate of administering vitamin A reached 98.8%, resulting in no morbidity among the children in schools and kindergartens during the 2016 measles outbreak.

Examples of the practices of health centres of soums implementing the outreach strategy:

**Tarialan soum**

The outreach team of the soum organised its activities in coordination with NGOs under Ordinance #74 of the soum governor of 2012 to develop a system of identification and local problem-solving. The livelihood support council discussed and solved the issues of community members that were not covered by social services as identified within the outreach strategy implementation.

For implementation of the outreach strategy, 15 teams, including public servants, were formed. These teams visited all households of the soum identified as excluded from access to social services, organised a mobile team approach to provide immunization, and established a routine to provide timely primary health care to mothers and children in the Taiga and at the frontier outposts.
2.3. DEVELOPMENT INFORMATION AND COMMUNICATION

Given the importance and impact of the knowledge, attitudes, practice, and participation of parents and caretakers in reducing maternal and child morbidity and mortality, outreach activities in health information, education, and communication were carried out at all levels. However, due to insufficient human and financial resources, skills, and methodologies, a policy paper, "Maternal and child development information and communication strategy 2014-2016," was developed in accordance with UNICEF regional strategy. The policy document was approved and implemented under Ordinance A/152 of the Aimag Governor of 2014.

The soum and press implemented 29 small projects within this strategy to solve urgent problems.

During the course of the implementation of the project, certain behaviour patterns were chosen to be cultivated in the parents and caretakers. These patterns were selected in relation to specific seasonal conditions and activities were organized to ensure participation of more experienced family members. Additionally, communication activities were organized in cooperation with child protection, education, and social welfare agencies on the world days themed for pneumonia, diarrhea, handwash, sanitation, premature birth prevention, and breastfeeding.

Within the realization of the "Maternal and Child development information and communication strategy" in 2015, 2763 expectant mothers and 6915 parents with children up to 59 months received individual counseling services and 9367 parents and caretakers were involved in education and communication activities. In total, 19045 people were provided the information they needed. Primary health care facilities created settings for education and communication work and developed tools to organize training activities.

[T. Badamgerel (2015) from Tsagaan-Uur soum with a breastfeeding pad.]

[Tsagaan-Uur soum health centre established a training room with self-made training aids.]
The outcomes of the Maternal and child health information and communication strategy:

The “Household based quality assurance survey of prevalent preventable diseases in young children” carried out with UNICEF support in 2015 demonstrated:

- Parents' knowledge on the nutrition of young children improved by 2.5-36% measured by 6 indicators as they had become aware of the age-appropriate portions and frequency of feeding.

- The level of knowledge in parents' about immunisation of children reached 100% in addition to increased attendance of the full dosage.

- Parents' behaviour of approaching hospitals for urgent care during their children’s pneumonia and diarrhea improved with a 13.7% increase for diarrhea and 70.8% increase for pneumonia; enabling young children receive health care in a timely manner before complications arose.

- There was a decrease in the rate of remote and nearby calls to health facilities, hospitalisations, and prevalence of pneumonia. This progress was observed as findings of the survey.

**Maternal and new born home visit**

- Percentage of mothers with 0-5 months children whose last delivery assisted by professional midwife: 99.1% in 2015, 100.0% in 2013.
- Percentage of mothers with 0-5 months children received postnatal care in 2 days after birth: 81.3% in 2015, 100.0% in 2013.
- Percentage of 0-5 months children received postnatal care in 2 days of birth: 47.8% in 2015, 100.0% in 2013.
- Percentage of mother and new born received health worker visit in a week after the birth: 76.3% in 2013, 84.5% in 2015.
- Percentage of mothers with a child aged 0-5 months confirmed a health worker made home visit and provided counseling using mother and child health record book: 34.5% in 2013, 84.6% in 2015.
- Percentage of mothers with 0-5 months children received postnatal care in 2 days after birth: 47.8% in 2013, 100.0% in 2015.

**Water, sanitation and hygiene**

- Percentage of households with 0-59 months children do not use solid fuel for firing and cooking: 10.9% in 2015, 1.1% in 2013.
- Percentage of mothers with 0-59 months children, use improved latrine: 31.5% in 2015, 23.2% in 2013.
- Percentage of mothers with 0-59 months children, use safe water source: 42.1% in 2015, 29.8% in 2013.
- Percentage of households with 0-59 months children, use filtered water source: 89.4% in 2015, 55.3% in 2013.
2.4. INFANT AND YOUNG CHILDREN’S NUTRITION PACKAGES

It was established that 45% of child mortalities are related to antenatal and postnatal malnutrition. Deficiency in nutrition increases the risk of death from pneumonia, diarrhea, measles, and other communicable diseases. In children under 5, 14% of mortalities are associated with stunting and 13% with wasting, while 12% of neonatal mortalities are related to stunted fetal growth.

As nearly half of all child mortalities are associated with malnutrition, the nutrition programme embraces activities in prevention and treatment of maternal and child malnutrition, with a special focus on the improvement of the maternal and child nutrition situation in poor and marginalised groups, including those in remote areas without access to health services.
Assessment of the provision of young children’s nutrition service.

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Percentage of children 0-5 months who were solely breastfed</td>
<td>94.2</td>
<td>59.7</td>
<td>60</td>
<td>65</td>
<td>65</td>
<td>70</td>
<td>86.3</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Percentage of children who were breastfed within 1 hour of birth</td>
<td>99.7</td>
<td>61</td>
<td>84.3</td>
<td>80</td>
<td>99.3</td>
<td>85</td>
<td>97.4</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Percentage of children 6-8 months who were given supplementary meal</td>
<td>83.4</td>
<td>73</td>
<td>79</td>
<td>80</td>
<td>89</td>
<td>92</td>
<td>82</td>
<td>85.6</td>
<td></td>
</tr>
<tr>
<td>Percentage of children 0-5 months involved in growth monitoring</td>
<td>57.8</td>
<td>61</td>
<td>61.8</td>
<td>70</td>
<td>80</td>
<td>80</td>
<td>81.2</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Percentage of children under 5 with wasting</td>
<td>0.9</td>
<td>5</td>
<td>1.5</td>
<td>4</td>
<td>0.5</td>
<td>3</td>
<td>0.2</td>
<td>2.60</td>
<td></td>
</tr>
<tr>
<td>Percentage of children under 5 with stunting</td>
<td>2.6</td>
<td>22</td>
<td>2.5</td>
<td>20</td>
<td>1.4</td>
<td>18</td>
<td>0.5</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Percentage of children under 5 underweight</td>
<td>0.8</td>
<td>18</td>
<td>1.7</td>
<td>15</td>
<td>0.3</td>
<td>12</td>
<td>0.1</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Percentage of children 6-23 months receiving multinutrient package according to the instructions</td>
<td>0</td>
<td>44.5</td>
<td>44.5</td>
<td>60</td>
<td>72</td>
<td>70</td>
<td>90.2</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Percentage of breastfeeding mothers receiving multinutrient package according to the instructions</td>
<td>0</td>
<td>56.4</td>
<td>56.4</td>
<td>60</td>
<td>65</td>
<td>70</td>
<td>88.6</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Percentage of parents with children 0-23 months who received consultation on infants and young children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>50</td>
<td>60</td>
<td>60</td>
<td>76.3</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Percentage of expectant and breastfeeding mothers who received consultation on adequate nutrition</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>60</td>
<td>89</td>
<td>70</td>
<td>84.6</td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>

**Education and communication:**

Doctors and staff members of health facilities were trained to be counselors, observers and trainers for implementation of the “Community-based counseling on nutrition of infants and young children”. They were provided with training in methodology, practice of individual counseling, and organisation of group discussions for parents and caretakers with children 0-23 months. 120 nutrition counselors for infants and young children were trained in 2013, 112 were trained in 2014, and 112 were trained in 2015—totalling 336 people. In 2014, 40 people were trained as observers to follow up trainings. Trainings for managing staff were organised 4 times and involved 139 people.
Observation, supportive care:

Supportive care was assessed at 29 health facilities and 296 (91.9%) of 322 counselors on nutrition of infants and young children and observers were involved in an assessment. Of them, 44.8% provided individual counseling, 28 (96.5%) organised support group meetings and 14 (48.2%) organised action-focused group meetings for this assessment. 97.9% of the fieldshers in 98 rural baghs were trained as nutrition counselors for infants and young children.

Children sanatorium:

A child nutrition kindergarten-sanatorium was established under the management of Kindergarten #7 of Mørøn soum and Ordinance A/66 of Aimag Governor. It has been operating since 2013. Two additional kindergarten-sanatorium classrooms were created under the management of Enh-Ørgøø kindergarten in 2013 and supplied with toys and all kitchen equipment—including 10 types of equipment with the support of UNICEF. A nutrition physician has been employed there since October 2013. In the academic year 2014-2015, 126 children were served in the sanatorium of the kindergarten.
In 2015, 20 (86.9%) health facilities operated sanatoria for children with chronic conditions and served 256 children. The Health centre of Mørøn soum identified and served 142 children with malnutrition. Health facilities organised training for 224 parents with malnourished children and 6 facilities combined the training with practical.

Cooperating with the summer ger-kindergartens in 2014-2015, soum and family health centres organised mobile sanatoria serving 304 children established a routine provision for scheduled trainings for parents and guardians.

2.5. ESSENTIAL EARLY POSTNATAL CARE (НӨӨНШТҮ)

Essential Early Postnatal Care is part of comprehensive infant care during and after birth. To ensure timely provision of essential early postnatal care with sufficient and quality access, a policy and plan were developed with coordination to organise personnel training and improve the supply of essential medicines. These measures play an important role in the further reduction of infant morbidity and mortality.

Also, essential early postnatal care was combined with a public information and communication campaign, making steps towards improved practices related to early postnatal care, home care, and health seeking behaviour.

Under Ordinance A/05 of 21 January, 2015 of the director of the Health department, a maternal and child team, consisting of 12 members, for the provision of professional methodology to Essential early postnatal care and inquisitive discussions of maternal complications and infant mortality was formed.

A system of maternal and infant surveillance was formed—collecting data weekly and taking actions based on those data analyses.

P.Bayarceceg, trainer for Essential early postnatal care
THE OUTCOMES OF ESSENTIAL EARLY POSTNATAL CARE STRATEGY IMPLEMENTATION

It is customary to display and observe the standard of care in the delivery room.

• It became routine for expectant women to wash their hands with soap.
• The tools for primary actions resuscitate newborns are placed according to the prescribed order.
• The midwifery kit is placed in the room and a pair of gloves are put on. Drying procedure is carried out according to the prescribed order and the newborn is left on the mother’s belly touching skin to skin for 2 hours.
• Hats for newborns were prepared and it became routine to put hats on them at birth.
• Doctors are scheduled to work in the delivery room and every birth occurs under a doctor’s care.
• Specialists conduct peer reviews for each delivery and assessments are made using the competency check list
• Masks, newborn Oxygen nipples, intubation tubes, probes, slippers, hats, flexible syringe needles and other items were purchased.
• A Soda solution for mouthwash is kept in the corridor and the hospital staff use it every morning.
• Counseling services improved with the use of counseling cards and posters
• Wiping a newborn at birth with a warm and dry cloth is performed for 100% of newborn babies, and early breastfeeding occurs at a rate of 97.2%
• Kangaroo holds were performed for 48 (56.6%) of 85 prematurely born babies in 2014, for 61 (76.3%) of 80 in 2015, and for 20 (58.8%) of 46 prematurely born babies in 2016.
2.6. ADOLESCENT HEALTH CARE

In total, 88 people, including school physicians, social workers, and experts of the health department, general hospital and child and family development division attended a training on adolescent psychological counseling services, and are now providing adolescents with consultation on problems they encounter. The access and coverage of counseling services meeting the specific needs of adolescents during the last 3 years:

Adolescent reproductory health and STI/HIV/AIDS:

The training programme themed, “Reproductive health and leadership,” was introduced to 5 soums of Khuvsgul aimag—preparing 185 peer trainers with knowledge about reproductive health and STI/HIV/AIDS to 4800 adolescents.

Cooperating with other participatory organisations, aimag-level health facilities organised 315 trainings on STI/HIV/Aids and 55 communication activities involving over 39000 adolescents and young people in 2014. Problem-focused discussions on STI/HIV/AIDS prevention and counseling campaigns were organised 98 times in 2015, covering 19000 young people. 33 school health teachers improved their capacity on reproductive health and STIs.
Government of Mongolia, UNICEF 2012-2016 Country programme

CHILD-FRIENDLY KHUVSGUL AIMAG

Indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2012 baseline</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>target</td>
<td>achievement</td>
<td>target</td>
<td>achievement</td>
<td>target</td>
</tr>
<tr>
<td>Percentage of women giving birth under 20</td>
<td>7.8</td>
<td>6.9</td>
<td>6.9</td>
<td>5.9</td>
<td>6.3</td>
</tr>
<tr>
<td>Percentage of STI morbidity in young people under 20</td>
<td>11.8</td>
<td>7.4%</td>
<td>7.4</td>
<td>6.4</td>
<td>10.9</td>
</tr>
<tr>
<td>Percentage rate of caries prevalence among children aged 5-6 years</td>
<td>65.5</td>
<td>50.8</td>
<td>51</td>
<td>49</td>
<td>54.1</td>
</tr>
<tr>
<td>Percentage rate of caries prevalence among children aged 12 years</td>
<td>57.3</td>
<td>42</td>
<td>42.7</td>
<td>41</td>
<td>39.8</td>
</tr>
</tbody>
</table>

As a response to the prevalence of dental and oral cavity diseases among children and adolescents, medical checks were provided in the 12 soums with highest morbidity rates in 2013 involving 2700 and increasing this number to 4000 in 2014. The 90.5% caries rate was reduced to 56.7% in 2014. 345 children were prepared in dental health as peer trainers and carried out information, education, and communication activities covering 14800 children and adolescents, 364 teachers, and 450 parents.
THREE. CHILD-FRIENDLY EDUCATION SERVICES
THREE. CHILD FRIENDLY EDUCATION SERVICES

3.1. POLICY, COORDINATION, INDICATORS

The aimag Citizen’s Representatives’ Khural and the Aimag Governor worked with a focus on optimisation of public management policy on human development, and in supporting a child friendly environment that is open to parents and supportive of students’ participation.

Programs education development:
- “Intelligent Huvsgul” education development program (2010-2015)
- “Governor’s Action Program” (2012-2016)
- “Right Mongolian Child” national program implementation plan (2013-2016)

- “Child friendly province” 2014-2016 strategies
  o “Child friendly school” criteria
  o “Child friendly kindergarten” criteria
  o “Child friendly dormitory” criteria
  o “Child friendly class” criteria
  o In the school environment, “child protection policies and procedures”

- Resulting contract between governor and school directors or nursery owners

- Policy planning, such as “Language and literacy” provincial program, “Creative teachers 5+1”, “Children as development creators” were incorporated into the development guidelines for teachers and children, and we have included them in this account of the implementation and results.

As a result of those policies’ development and implementation, the objective’s implementation of child friendly education service was raised by 7 percent in 2016 compared to 2014.

Meeting to study experiences, including the chairmen of Ministry of Education, Ulaanbaatar and provincial Educational and Cultural Departments. Murun sum, May 2015.
In order to study various experiences and spread the best practices of those schools that can meet the “Child Friendly Province” 2014-2016 strategic criteria, we have disseminated our best practices to the Head of Education and Culture, the Head of Ulaanbaatar City Department of Education, and other senior staff of provincial schools and kindergartens. The policy documents were distributed in the form of compilations and recommendations on DVD.

### Indicators of Child Friendly Education Service

<table>
<thead>
<tr>
<th>№</th>
<th>Objectives</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>target</td>
<td>achievement</td>
<td>target</td>
<td>achievement</td>
</tr>
<tr>
<td>1</td>
<td>Enrollment training of ECE</td>
<td>86</td>
<td>81.7</td>
<td>88</td>
<td>79.2</td>
</tr>
<tr>
<td>2</td>
<td>Rates of kindergartens that can meet the criteria of a child friendly kindergarten</td>
<td>34.2</td>
<td>60</td>
<td>60</td>
<td>61</td>
</tr>
<tr>
<td>3</td>
<td>Enrollment rates of primary education</td>
<td>91.2</td>
<td>83.8</td>
<td>94</td>
<td>88</td>
</tr>
<tr>
<td>4</td>
<td>Enrollment rates of basic and secondary education</td>
<td>88.2</td>
<td>88.5</td>
<td>88.6</td>
<td>89</td>
</tr>
<tr>
<td>5</td>
<td>Rates of kindergarten with upgraded water, sanitary facilities</td>
<td>26</td>
<td>29</td>
<td>33</td>
<td>71</td>
</tr>
<tr>
<td>6</td>
<td>Percentage of schools that have a stabilized operation of child development center</td>
<td>50</td>
<td>60</td>
<td>70</td>
<td>80</td>
</tr>
<tr>
<td>7</td>
<td>Percentage of schools which meet the child-friendly school criterions</td>
<td>13.5</td>
<td>13.5</td>
<td>30</td>
<td>18.1</td>
</tr>
<tr>
<td>8</td>
<td>Percentage of the schools which have upgraded water supplies and sanitation facilities</td>
<td>23</td>
<td>37</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>9</td>
<td>Percentage of child-friendly dormitories</td>
<td>2</td>
<td>13</td>
<td>20</td>
<td>17.3</td>
</tr>
<tr>
<td>10</td>
<td>Percentage of child-friendly classes</td>
<td>15</td>
<td>16</td>
<td>20</td>
<td>38</td>
</tr>
<tr>
<td>11</td>
<td>Percentage of schools that have implemented the policy and procedures of child protection in the school environment</td>
<td>25</td>
<td>40</td>
<td>40</td>
<td>70</td>
</tr>
</tbody>
</table>
3.2. DEVELOPMENT, MANAGEMENT OF TEACHER

1. With the purpose of introducing and coordinating teaching techniques, new technology, and management, as well as coordinating child friendly education services with the policy, strategy, and directions of quality reform, training and consulting was organized based on improving the cooperation of regional schools and kindergartens.

Teacher’s teaching methods, skills, attitudes, and methods of working with children were changed by organizing the following trainings aimed to develop management and methodologies.

Teachers fully participated in the methodology reform and in the training of education methodology and technology, including:

- Methodology training of making plans devoted to school management – Micro planning of education
- Methodology training of conducting lesson research
- Educating method and technology training for developing each child
- Training in developing a disaster preparedness plan for directors and principals of provincial schools and kindergartens
- Child health training in school environments, encouraging proper diets and good habits
- Training teachers in informal education
- Methodology training in working with disabled children
- Methodology of diagnosing and studying the child development
- Self-evaluating training of child-friendliness.

2. A “Teacher Development Center,” with a cost of MNT 2343951, was built in the 36 secondary schools located in Khuvsgul province and supported the workplace development of teachers.

As a result: An environment of workplace development was set for teachers and operations were stabilized by making cooperation, mutual learning, and experience sharing possibility. Actions of studying and detecting the pressing issues of education, making plans based on research, and supporting training by improving the quality of regular lessons are being organized on the basis of children’s participation.
3.3. CHILD-FRIENDLY KINDERGARTEN

With the objectives of increasing the preschool enrolment rate and reaching those young children staying not in kindergartens:

The capacity of kindergartens was increased by purchasing complete set gers for kindergartens in Tsagaan-Üür, Tarialan, Shine-Ider, Galt, Khanha, Tsagaan-Uul, 4 and 10 baghs in Mørön, Khatgal, Alag-Erdene, Burentogtoh, Erdenebulgan, Jargalant, and Tumurbulag soums, as well as complete set gers for Ihe Yamaat frontier squad in Tsetserleg soum and Khais frontier squad in Bayanzurh soum, a tent for the kindergarten in the west taiga of Tsagaannuur soum, and a 5 x 6 size cottage for the summer kindergarten in Bagh #3 of Renchenlhumbe soum.

Following this model, cottage-kindergartens were established in Erdenebulgan and Tsagaan-Üür soums with rich forest resources. Thus children in remote areas are involved in the preschool education service. The outcomes of this initiative are:

- Preschool enrolment rate increased by 8.5% during the last 3 years.
- Herders’ children age 2-5 years in remote areas are being reached by mobile ger-kindergartens to provide preschool education.
- Herders’ children age 5 years in remote areas have been included in preschool education services.
- Alternative models of involvement in preschool education such as frontier kindergartens, tent-kindergartens and cottage-kindergartens have emerged.
3.4. CHILD FRIENDLY SCHOOL

Based on the Child Friendly Aimag 2014-2016 strategy, child friendly school criteria were approved under ordinance of the Director of the Education and Culture Department. Guidance was disseminated among school administrations, teachers, and staff. Thus every school began conducting a self-assessment to define their child-friendliness. To make school settings child friendly, child development centres were established at 35 schools in the aimag, where children’s participatory organisations can organise their activities, discuss the issues they encounter, initiate programming activities, and learn participatory methods.

Digital centres for distance education were established with enhanced service quality. Such centres were established at the aimag education and culture department, Arbulag Soum School, Delgermørøn school complex, Ireedui School, and Aviyas-VIII school. Digital distance training for teachers was organised, and 300 digital lessons were prepared and uploaded on YouTube, enhancing mutual learning and development.

The Development Centre for children with disabilities was established at Ireedui School of Mørøn soum based on the principle of inclusiveness and to support learning and participation in children with disabilities. Children with zero vision and children with speech and hearing difficulties were involved in the activities of the centre while teachers were trained to specialise in sign language and other specialties. A student of the centre, Byambadorj Bat-Amgalan, took part in a children’s forum in Sweden, delivering his voice to peers from all over the world. This event helped promote self-confidence in children with disabilities, as well as a belief in the future of the struggle for learning and development. In order to replicate impact of the operations of the centre, preparations for the establishment of development centres for children with disabilities were implemented at schools in Bayanzurhe, Ulaan-Uul, Rinchenlhumbe and Mørøn soums. Support was given to the activities of the Øbgød Centre of the Association of Parents with Disabled Children operating in Mørøn soum and, in cooperation with the Child and Family Development Division, conditions for children with disabilities to learn and socialise with their peers were created through inclusive education.

As a result of this initiative, greater opportunities for inclusive education and socialisation with peers were created for children with disabilities, helping them in learning sign language, drawing, cooking, and playing with puzzles, and thus developing their self-confidence.
Ger school for lifelong learning – Ger-schools were established in all soums to conduct summer trainings based in nomadic neighbourhoods (khot-ail), using equivalent education programmes and providing lifeskills trainings for community members. A survey of children who dropped out of school due to meteorological conditions, geographic situation, and herder migrations was carried out, establishing and mapping the causes of leaving or not enrolling in school. Then, the provision of education to those children were added to the performance indicators of soum and bagh governors, as well as school principals, reflecting in their work agreements. As a result, 175 children who had dropped out of school since 2012 returned to school and were given education certificates. In total, 309 children received training under the equivalent education programme.

For quality and impact assessment of this work, a team from the Aimag Education and Culture Department conducted a review according to the criteria of child friendly school. Erdemiin Dalai school complex and the schools of Alag-Erdene, Burentogtoh, Galt, Ih-Uul, Shine-Ider soums were elected as child friendly schools and given Governor’s certificates.
3.5. CHILD FRIENDLY DORMITORY

Child Friendly Classroom and Child Friendly Dormitory programmes have been implemented since 2014 and, within these programmes, professional teachers were selected to work in the dormitories. Also, child development centres were established, where children could do their homework together, play, and exchange information, as well as participate in scheduled activities organised in those centres.

The Child development centre of the dormitory was equipped with a computer, printer, TV set, vacuum cleaner, bookshelf, desks, chairs, whiteboard, carpet, chess, checkers, and other games, creating favourable conditions for leisure for the students. The Education and Culture Department conducted review of the child-friendliness of the dormitories of all soum schools, and the dormitories of the schools of Galt, Ikh-Uul, Burentogtoh, Bayanzurhe, TseTserlig, and Tsagaan-Uul soums met the terms of child-friendly dormitories. The schools refurbished their model rooms, transferred the dormitory rooms to the supervision of parents, and child friendly, comfortable settings are being created with their participation.

B.Ganzorig, principal of Tsagaan-Üür soum school, at the child development centre, playing with children.

The main criteria of Child Friendly Classroom were defined as the implementation of the rights of children. A common understanding of a child friendly classroom and collective was reached and is stated as the “collaboration of the school, families and community in the implementation of children’s rights, supporting each child in the classroom to learn and develop, conducting training in a safe and healthy environment, and the social participation of children”. A training titled “Self-assessment of child friendly classroom and planning methodology” was organised for teachers and handouts were disseminated. Every classroom instituted the 5 criteria of child friendly schools in order to become a child friendly classroom and conducted self-assessments as the main outcome of this initiative. The self-assessments of the schools demonstrate that 63.5% of all classrooms have met the criteria of the child friendly classroom.
3.6. WATER AND HYGIENE

Water supply and sanitation facilities were built at 12 schools and kindergartens with UNICEF funding including:

- Clean water filter – 120 pieces
- Clean and sewage water networks
- Deep wells – 6 units
- Mobile sanitation facilities
- Improved pit latrines
- Water containers, shower hoses and other accessories.

Based on the above services and in order to satisfy the norms and requirements of water and sanitation facilities, the following actions were undertaken:

- Training for introduction of school principals, kindergarten headmasters, and soum governors to the norms and requirements of water and sanitation facilities
- Local experience sharing events for school principals (to Burentogtokh and Tunel soums)
- Study tours for the directors of Education and Culture departments
- 7 types of surveys to define the current situation of the norms and requirements for water and sanitation facilities were undertaken at 35 schools and 37 kindergartens, and the data were analysed.

The outcomes of this work were:

- 90.9% of all schools and kindergartens utilise potable water, meeting the hygiene requirements, and the water is supplied from a centralised network and/or from deep wells.
- 9.1% of them harvest water from rivers, lakes, and glaciers, cleaning them with simple traditional methods.
- Every school and kindergarten placed a water filter and water boiler in the classroom and in the corridor, and 64.4% of the children have been provided potable water containers.
- 57.5% of the schools and 76.6% of the kindergartens have been provided with safe metal containers for carrying and storing water.
- Dormitories have provided conditions to consume safe and healthy water, and 54.5% of them have been supplied with water filters.
- According the requirements, there should be 1 handwash tap for 30 students, but in reality there is 1 tap per 15 students as there are 491 handwash taps in overall. 27% of the handwashing tap have a handdryer beside them. Towels and rubbish bins with lids have also been provided everywhere.
- Information on how to use the sanitation room, how to correctly wash hands and teeth, and how to clean rooms is included in the training programmes and are linked to the extracurricular activities.
- 51% of all schools and kindergartens have training accessories for health education.
- 62% of the schools have special rooms for hygiene training and communications, 68% developed a system of monitoring the knowledge, skills and behaviour of the students, and 80% provide advice to girls and boys.
Renovation of water and sanitation facilities

The sanitation room in Galt soum school before and now

Before programme implementation

After programme implementation

Improved pit latrine – Tunel soum school

Before programme implementation

After programme implementation

The results of this initiative are:

For child and family:

- Children cultivated correct hygiene behaviours and practices, and are now developing and learning in safe and healthy environments.
- Children regularly use the water filter placed in the school corridor and in the dormitory and are cultivating the culture of consuming clean water.
- Prevalence of communicable diseases was reduced by 20%.
- Through correct hygiene behaviour, children influence their family and friends, initiating activities to improve the hygiene situation in their households.

For the community and society:

- Schools and kindergartens are serving as the major setting for the development of a child friendly environment.
- A model of meeting the standard requirements for living in a healthy environment has emerged.
- Community attitudes are evolving to see the need to change the water and sanitation facilities in the overall community.
FOUR. CHILD FRIENDLY PARTICIPATION AND PROTECTION
FOUR. CHILD FRIENDLY PARTICIPATION AND PROTECTION

4.1. POLICY, COORDINATION, INDICATORS

The aimag child and family development division included 5 child protection and participation objectives and 28 activities in the Child Friendly Aimag strategy and linked the planning and implementation of the Child Friendly Community programme with the action plan of the aimag governor.

Family based development and protection policy was delivered to all the children, families, and target groups through prevention, protection, and rehabilitation services. There was a focus on the development of child protection service mechanisms in the province, prevention, protection, and advocacy as routine activities, creation of settings to ensure children’s development and participation, the empowerment of children, and the development of child self-governance.

The implementation of the policy and coordination based on sectoral involvement and leadership, and the work was implemented to create a system of combining agency functions with child friendly services, and enhancing child-friendliness in all spheres of society.

THE FRAMEWORK OF THE POLICY OF AIMAG CHILD AND FAMILY DEVELOPMENT DIVISION

<table>
<thead>
<tr>
<th>Create integrated policy and coordination for child and family development and develop a system and structure of intersectoral cooperation.</th>
<th>Create integrated policy and coordination for child and family development and develop a system and structure of intersectoral cooperation.</th>
<th>Strengthen a system of adolescent participation.</th>
</tr>
</thead>
</table>
| • Renovation of the aimag Council for Children  
• Establish a subcouncil at the implementation level  
• Improvement of the implementation of the policy by bagh councils for children at the primary administrative level  
• Link child participation with decision making institutions. | • Observance of protection policies and procedures  
• Formation of a responsible multidisciplinary team to increase response to violence  
• Develop a family oriented counseling assistance service  
• Increase in the number of children capable of identifying and recognizing risks of violence, and of naming and reporting violence for self-protection | • Implementation of a child development programme  
• Creation of conditions and services supporting child participation in organisations  
• Increase child participation in press/media |
The mission of the Child Friendly Community programme is equal opportunities of development and protection for all children. Community child protection systems and mechanisms are important for the effectiveness and sustainability of such opportunities. The development of a child protection and support model, and then providing parents and children with knowledge and skills for preventing child violence were at the centre of the work.

| IMPLEMENTATION OF CHILD FRIENDLY COMMUNITY PROGRAMME |
|----------------------------------|----------------------------------|
| BEFORE                           | AFTER                           |
| • Child protection was an ad-hoc problem and lacked links and coordination with other services. | • Multidisciplinary child protection teams were established under the Council for children, with 4 sub-groups in Mørøn soum with the heads of the police station as members of the team. |
| • Insufficient premises and settings for receiving and serving children and women whose rights have been violated. | • The work of the multidisciplinary teams was coordinated with the operations of the outreach health team and identification and response are now carried out in an integrated fashion. |
| • Lack of budget for child protection services. | • Family counseling support services were established at the aimag and soum levels with the founding of the Family Counseling Centre and units. |
| • Deficiency of human resources and officials to get directly involved in the issues of child protection. | • A group of experts providing socio-psychological support was created under the Division. |
| • 51% of the children in the age of 2-14 years suffer some forms of psychological and physical punishment from their parents and other people. (CDS 2012) | • the role of social workers in child protection increased and one-stop social services were established in soums. |
| • The rate of the attitude allowing family violence was 20.1%, which was twice as high as the national average. | • The relevance of the implementation of children’s rights to every agency was explained, and a system of implementing agencies’ major functions in combination with child friendly services was formed. |
| • Lack of family counseling services. | • Every agency adopted a child protection policy and established a parents’ council. |
| • Child participation was missing in child protection. | • The activities of socialisation, rehabilitation, and the provision of general knowledge are carried out by the APDC in connection with the Division. |
| • The structure of the multidisciplinary team is unclear, works only in name, the members lack capacity, the coverage is little, and they don’t recognise the children and the community members. | • Mobile services were created and children with disabilities began receiving the services at home. |
| • The multidisciplinary team members receive insufficient support from their agencies to perform their functions in the team. | • Psychological consultants were prepared and they worked with the Family Counseling Centre in connection with the Child and Family Development Division. |
Child participation pertains to children voicing their views, positions, and opinions in the processes of decision-making that will impact their lives, and in the process of implementation of those decisions. Thus, the programme aimed at providing opportunities for children to express their opinions and positions in all issues related to them.

**IMPLEMENTATION OF THE CHILD FRIENDLY COMMUNITY PROGRAMME**

<table>
<thead>
<tr>
<th>BEFORE</th>
<th>AFTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Insufficient consultation with the children before making decisions impacting children’s lives.</td>
<td>• A procedure of how to ensure child participation at the soum level and what duties public institutions should carry out was implemented.</td>
</tr>
<tr>
<td>• Because child participation was perceived as taking part in art and sport events, no actions ensured real participation was taken.</td>
<td>• Views and opinions of children and adolescents are regularly listened to in decision making processes.</td>
</tr>
<tr>
<td>• Child members of the Council for Children lacked necessary competences such as work planning.</td>
<td>• The child members of the council for children and the leaders of the Aimag Children’s General Council are aware that child participation is to know one’s rights and to help others to know their rights.</td>
</tr>
<tr>
<td>• Insufficient availability of rooms for children’s participatory organisations to organise their activities, or to gather and discuss their work.</td>
<td>• Mobile services for child participation organisations were developed anew and a supportive environment was created.</td>
</tr>
<tr>
<td>• Local press and media offer children no opportunities for receiving information they seek.</td>
<td>• A development programme oriented at lifeskills was organised among children of the age of 10-14 and 15-17. Development programme “My Family” involved 40% of all school age children and development programme “My world” involved 28%. In total, 76.6% of the children were able to create safe environment in their families.</td>
</tr>
<tr>
<td>• Because of poor financial and methodological support, the children’s participatory organisation work was irregular.</td>
<td>• The Young Reporter Club was reorganised and began implementation of a programme “Students’ Press”.</td>
</tr>
<tr>
<td>• A child development centre was established under the Child and Family Development Division with activities directed at the leisure time of the children in the participatory children’s organisations.</td>
<td>• A child development centre was established at all schools organising activities regularly with the increased capacity of children’s self governance organisations.</td>
</tr>
<tr>
<td>• Carl Popper debut clubs were established at schools, and special solutions on child protection issues were developed and studied by children. Thus, 50% of school age children became aware of child violence and how it should be reported.</td>
<td>• Child development centres were established at all schools organising activities regularly with the increased capacity of children’s self governance organisations.</td>
</tr>
</tbody>
</table>
## TARGETS AND INDICATORS OF ACTIVITIES IN CHILD PROTECTION AND CHILD PARTICIPATION

<table>
<thead>
<tr>
<th>№</th>
<th>OBJECTIVES</th>
<th>Units</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Targets</td>
<td>Achieved</td>
<td>Targets</td>
<td>Achieved</td>
</tr>
<tr>
<td>1</td>
<td>Number of establishments with child protection policies</td>
<td>N</td>
<td>0</td>
<td>0</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>2</td>
<td>Percentage of soums where multidisciplinary teams provide child protection services</td>
<td>%</td>
<td>12.5</td>
<td>12.5</td>
<td>25.0</td>
<td>25.0</td>
</tr>
<tr>
<td>3</td>
<td>Individuals having received service at family counseling centres</td>
<td>%</td>
<td>0.0</td>
<td>0.9</td>
<td>2.5</td>
<td>2.3</td>
</tr>
<tr>
<td>4</td>
<td>Decrease in crimes committed by children</td>
<td>%</td>
<td>24.0</td>
<td>14.3</td>
<td>34.0</td>
<td>12.1</td>
</tr>
<tr>
<td>5</td>
<td>The children in conflict with law and children convicted by court</td>
<td>%</td>
<td>30.0</td>
<td>62.9</td>
<td>40.0</td>
<td>-47.3</td>
</tr>
<tr>
<td>6</td>
<td>Decrease in child work, including the children in worst forms of child work</td>
<td>%</td>
<td>1.3</td>
<td>1.1</td>
<td>1.0</td>
<td>0.3</td>
</tr>
<tr>
<td>7</td>
<td>Time and special programmes devoted to children in the local TVs</td>
<td>N</td>
<td>0.0</td>
<td>0.0</td>
<td>1/2</td>
<td>2/4</td>
</tr>
<tr>
<td>8</td>
<td>Percentage of children involved in extracurricular self-development programmes</td>
<td>%</td>
<td>0.0</td>
<td>15.0</td>
<td>15.0</td>
<td>40.0</td>
</tr>
<tr>
<td>9</td>
<td>Engagement of children and adolescents in children's participation organisations and in collective movements</td>
<td>%</td>
<td>0.0</td>
<td>21.0</td>
<td>30.0</td>
<td>30.1</td>
</tr>
<tr>
<td>10</td>
<td>Percentage of soums where children’s committees work in the citizens’ halls and where days for listening to children are organised</td>
<td>%</td>
<td>0.0</td>
<td>0</td>
<td>30.0</td>
<td>20.8</td>
</tr>
<tr>
<td>11</td>
<td>Number of issuances of magazines and newspapers reflecting the issues of children</td>
<td>N</td>
<td>0.0</td>
<td>0</td>
<td>2/4000</td>
<td>2/4000</td>
</tr>
</tbody>
</table>
4.2. CHILD PARTICIPATION

CHILD DEVELOPMENT PROGRAMME:

A programme for extracurricular child self-development was implemented, and within the policy of developing self-confident, independent, and responsible citizens with interpersonal skills and creating thinking, 4 types of development programmes were implemented in 2014-2016 among 20000 children of the age of 10-17 years.

**Activities of the Child Development Programmes**

- **“MY FAMILY”**
  - 66 social workers were trained as methodologists covering 10000 children age 10-14 years.
  - 54.5% of all children now keep a piggy bank at home.
  - 34.2% created safe environment in their homes.
  - 42.4% collected essential telephone numbers and placed the list at home.
  - 31.2% calculated the amount of water to be daily consumed by their family and made it routine.
  - 62.6% maintain their family trees
  - 39.8% have selected a family pride.

- **“MY WORLD”**
  - 90 social workers were trained as methodologists covering 9000 children age 15 - 17 years.
  - This is a programme to support children’s individual development.
  - 9000 children covered by the programme will read special handbooks on 25 topics in 5 areas and perform the related tasks.

- **“DEBUT”**
  - Carl Popper debut clubs were established at 33 schools. The capacity building training was attended by 1 teacher and 3 children from each school, 132 people in total.
  - The 33 debut clubs have 900 supporters and members besides the 99 moderators.
  - 20 child protection solutions were approved and are being communicated.
  - Debut sessions are held in the Children’s palace and at other schools every week with direct and indirect participation of 13000 children.
  - 50% of the children of the school age know about violations of child protection and are able to tell where to report those violations.
  - 41 people have been trained as jury and now debut sessions can be organised regularly.

- **“STUDENTS’ PRESS”**
  - In total 99 people, 1 child and 2 teachers from each school, were trained and the Students’ press club was opened. They were retrained 3 times.
  - 33 school of the aimag issue their own press.
  - The students’ press is published monthly and delivered to every child and 24488 children benefit from this programme.
  - The work of the Young reporters’ club allows children to identify their problems independently, to develop solutions themselves, and to voice them at the decision-making institutions, taking an active part in the implementation of solutions.
CHILD PARTICIPATION AND ORGANISATIONS OF CHILD PARTICIPATION

To create conditions for hearing the voices of children and adolescents, and collaborating with children at decision-making levels, a discussion on “Child friendly community and child participation” was held in September 2012 for the first time with the goal to support child participation and children's self-governance organisations.

Problems encountered by children were discussed in 4 groups with topics “Child in the family”, “Child in the hospital and at school and kindergarten”, “Child on the street, public places and in service establishments”, “Child and opportunities to voice opinions” and participants identified ways of solution.

Children wrote letters themed “Everything that is child friendly is my dream” and sent them to the officials at the decision making level. Items required for creating a child friendly environment in Khuvsgul aimag were listed and placed on the aimag map.

A club named “Wings of Development” was founded anew with 30 children, 4 children were made members of the Aimag general children’s council and a work plan was drafted and implemented.

Further, the Aimag general children’s council, Club “Wings of Development,” and other child participation organisations became active, their role in local development increased and they organised multifaceted activities under their own initiatives.

As a result, the aimag and soum policies and planning became child-centred, the attitude and behaviour of decision-makers changed, and they began to listen to the views and opinions of children in a serious way when they are making decisions.
Children’s participation and the support children’s self-governance organisations at the decision-making level increased, and the coordination between their activities became streamlined.

CHILD DEVELOPMENT CENTRE OPENED IN THE CHILDREN’S PALACE

A Child development centre was opened at the Aimag Children palace in cooperation with UNICEF. As a result, the children’s participation organisations assumed a unified structure which enabled their mutual learning, information sharing, and collaborative execution of all tasks. The procedure of the work of the child development centre was specially developed, and the Aimag general children’s council, Club “Wings of Development”, Young Reporter, Students’ press, Debut club and other child participation organisations meet weekly and the operations became routine for 120 children who lead these organisations.

The scheduled meetings of the Aimag children’s general council, forum “Childhood and Development”, forum of children’s participatory organisations “Child participation and development opportunity,” and a series of training sessions on child development and participation have been organised since 2013, and 13400 children have collaborated with 6000 adults. A Children’s committee was opened at the Child development centre, listening to the reports of the children’s participatory organisations and the opinions of their members on a monthly basis where the opinions and proposals are delivered to the head of Child and Family Development division and to the aimag officials.

Activities organised at the Child development centre:

<table>
<thead>
<tr>
<th>№</th>
<th>Activities and events</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Involved</td>
<td>Number</td>
<td>Involved</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children</td>
<td>Adults</td>
<td>Children</td>
<td>Adults</td>
<td>Children</td>
</tr>
<tr>
<td>1</td>
<td>Regular meetings of the Aimag general children’s council</td>
<td>3</td>
<td>54</td>
<td>1</td>
<td>6</td>
<td>72</td>
</tr>
<tr>
<td>2</td>
<td>Forums and trainings</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>120</td>
</tr>
<tr>
<td>3</td>
<td>Forum of organisations of children’s participation</td>
<td>2</td>
<td>136</td>
<td>3</td>
<td>4</td>
<td>201</td>
</tr>
<tr>
<td>4</td>
<td>Children’s committee</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
CHILDREN’S INITIATIVES ARE REALISED AND SELF-GOVERNANCE IS STRENGTHENING

A self-assessment questionnaire was used to update the database of the children involved in the organisations of child participation and children’s self-governance. Also Clubs “Wings of Development” and “Young Reporter” were established and 19 events such as “Assessment kit”, “Gorgeous hands”, “Child participation and development opportunities”, “We can” and “Let’s talk, buddy” were held involving 8432 children and 3861 adults. A participatory approach was used to socialise 35 children with behavioural challenges.

Children mastered the methodologies of assessing services designed for them. Furthermore, a message was given to the Aimag Governor and the Chairperson of the Council for Children. Children’s active participation was enhanced in the health related activities and learning healthy lifestyle and behavior, and the number of healthy children increased. Children actively cooperated with each other and they created a creative environment in which every child takes an active part for solution of all problems.
ARTS EXHIBITION HALL “CHILDREN’S WORLD”:

The Aimag Child and family development division opened an arts exhibition hall, “Children’s World,” to support imagination and creativity in every child, to enhance their gifts and talents, and to enable them to express their views and positions through their creative work.

Works on the topics of A Day against Child Violence, Anti-HIV Day, Valentine’s Day and the 90th anniversary of children’s movement in Mongolia were displayed in the academic year 2014-2015. The exhibitions displayed the works of 135 participants and were visited by over 2000 children and adults.

Arts exhibitions were organised in 2015-2016 school year on the children’s celebrity days to display the results of the development programme “My world” implemented among children of the age of 15-17. The works of 536 children were displayed and 2500 children and adults visited the exhibitions.

Activities and events organised during “My World” programme:

<table>
<thead>
<tr>
<th>№</th>
<th>Activities and events</th>
<th>Number of people involved</th>
<th>Number of works displayed</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Exhibition of the works of the participants of the arts contest held preceding the Day Against Child Violence</td>
<td>350</td>
<td>78</td>
<td>*</td>
</tr>
<tr>
<td>2</td>
<td>Exhibition of essays for Anti-HIV Day</td>
<td>200</td>
<td>120</td>
<td>*</td>
</tr>
<tr>
<td>3</td>
<td>Exhibition of the participants of the contest of hand-made postcards announced amongst the high school students for Valentine’s Day</td>
<td>160</td>
<td>56</td>
<td>*</td>
</tr>
<tr>
<td>4</td>
<td>Exhibition for the 90th anniversary of establishment of the first children’s organisation</td>
<td>350</td>
<td>150</td>
<td>*</td>
</tr>
<tr>
<td>5</td>
<td>Exhibition of creative works of children with disabilities for “My World”</td>
<td>500</td>
<td>86</td>
<td>*</td>
</tr>
<tr>
<td>6</td>
<td>Exhibition of selected photos “So close to the heart”</td>
<td>560</td>
<td>120</td>
<td>*</td>
</tr>
<tr>
<td>7</td>
<td>Exhibition of creative works of 4-5 old children (preschool age)</td>
<td>1500</td>
<td>200</td>
<td>*</td>
</tr>
</tbody>
</table>

Resident Representative of UNICEF Mr. Roberto Benes visits the arts exhibition “Children’s world”
4.3. CHILD PROTECTION

“CHILD HOTLINE- 108”

Within the strategy, the response of the children’s hotline was improved. With the intensification of operations, the frequency of calls have increased year-by-year. Thus, there were registered 40 calls connected with Khuvsgul aimag to the child hotline 108 in 2015. Of these, 26 were from Mørøn soum and 14 were related with other soums. The Division opens a case for each call and timely organized a response action throughout the aimag, working together with the multidisciplinary team.

The children’s hotline 108 can be contacted from anywhere in Mongolia, from any telephone and cellular phone, toll free. It operates 24 hours a day, and children can timely contact it to raise a complaint in case they experience any abuse or violence, suffer as a victim of a crime, or their rights are violated. Also adolescents are provided with advice and services concerning the issues they encounter.

MULTIDISCIPLINARY CHILD PROTECTION TEAM.

Multidisciplinary teams were established in 24 soums, and 192 people were prepared by 3 sessions of training to enhance their work. Thus the child protection services reached the primary administrative level, with the rate of detection of child related cases increasing by 20% and the rate of their solutions increasing by 16%. The multidisciplinary team in Mørøn soum was restructured, creating 4 sub-groups with 54 members in 14 baghs. The issues related with 157 children were addressed and settled by the multidisciplinary teams in 2012-2015. The multidisciplinary teams were given a room at the Child and Family Development Division for organising case discussion every month.
A Family Counseling Centre was established at the Child and Family Development Centre within the Child Friendly Community programme with support of UNICEF and WV International. The Centre provides counseling and protection services for children and families.

The experts in the centre receive complaints and initiatives on child rights violations in writing, provide individual consultations to visitors, perform assessments, defines risk levels, and implement responses through the soum multidisciplinary teams.

A Family Counseling Centre was established

FAMILY COUNSELING CENTRE ESTABLISHED

The psychological services are provided by 15 experts certified as counselors.

In 2013-2016, in total 320 people were given individual consultations.

40% of the clientele sought legal and psychological advice, 30% requested to receive family education training, 20% sought mediatory services, and 10% requested to help to stop violations of their rights.

Child and family counseling support is organised in the aimag in two stages:

- Trained social workers and doctors provide primary consultation services at each school.
- Advanced consultations are provided at the Family counseling centre through a group of experts on child protection and socio-psychological counseling support.

FAMILY SUPPORT COUNSELING SERVICES IS PROVIDED IN MURUN SOUM WEEKLY BY 15 PSYCHOLOGISTS.

FAMILY SUPPORT AND COUNSELING SERVICE ESTABLISHED UNDER THE STRATEGY

On average, 80 people whose problems have reached high levels of risk are served at the Family counseling centre annually. The number of clients has been increasing each year and there was 56% compared to previous years in 2015. In the first half of 2016, the Centre served 63 people.

A Socio-psychological support club was also established.
CHILD SITUATION ANALYSIS REPORT

The Child situation analysis report is prepared for the entire aimag. The local administrations, leadership, decision makers, and providers of social services use the Child situation analysis report for their decision making. Officers responsible for regular updates of the Children’s database are appointed at each branch. The Child situation analysis report for the 1st quarter of 2016 was developed and distributed to the cooperating agencies.

As an outcome, databases on the issues of children were generated by each of the 4 areas of child rights, and the numerical data and documents are maintained according to a unified formatting procedure.

INITIATIVE TO ERADICATE CHILD VIOLENCE

The Aimag Governor’s letter appealing and advising community members to be the pride and model for their children has been sent out to every household 4 times every year since community members became able to voice their opinions, promotion of child and family focused services were activated, and new approaches for positive discipline of children were introduced.

As the first aimag implementing the Global Initiative to Eradicate Child Violence, 19 agencies and 3250 people joined the activities leading to a 40% increase in detection of violence and timely delivery of protection response to the target groups. 287 local trainers were prepared to disseminate positive discipline approaches. 13 local group leaders’ work were distributed to 9 teams of 30 members each and parents’ trainings weekly. The trainers attend the bagh community khurals to disseminate the methods of positive discipline. At the moment, 9530 people have been reached.

Child participation in child protection is ensured. A forum of 100 children representing 10 schools was held, 13 letters were submitted to the decision-makers, a mini drama play “It’s not the child’s fault” was played, a TV programme “Our choice is a violence-free future” involving 100 children was made, and a Child Protection Facebook group was created.
FIVE. CONCLUSION
CONCLUSION

UNICEF selected Khuvsgul aimag, the northernmost aimag of Mongolia with 127 thousand population, 37912 households, where children make up 31% (46830) of the entire population, for implementation of Child friendly community programme which has successfully entered its completion phase.

First of all, with deepest respect to this choice, we accepted with greatest thanks as the most ideal decision to implement the programme in the aimag with the highest child population size and with a large number of remotely inhabiting households.

From the very beginning of its implementation, the programme introduced many activities and initiatives in the spirit of the modern life creating new atmosphere and images. The main impact and outcome of the programme are the deep changes that occurred in the understanding of children and child development and in the attitudes of the primary level administrative officials of Khuvsgul aimag and their recognition of children as the moving force of future.

The Child friendly community programme covered 11 major areas of work such as health, nutrition, school, kindergarten, education and child protection. Also, special attention was paid to development of a child friendly governance.

The policies, objectives and targets on children’s issues were implemented as part of the Governor's action plan, mid-term strategy, and annual work plans, the decisions to introduce child friendly changes were discussed at the Aimag Citizens’ Representatives' Khural, meetings of the presidium of the Khural and meetings of the Governor’s council carrying out the appropriate decisions and issuing the corresponding resolutions, necessary structure were instituted and the outcomes were assessed basing on a number of indicators and incentivised.

Maternal and child mortality dropped down together with reduction in child morbidity to all types of diseases and parental knowledge and competence of growing their children healthy significantly improved in the result of multifaceted work in the area of maternal and infant health.

The health care to outreach mothers and children in remote and isolated areas was streamlined, the approach of the work of the doctors and nurses to provide care to children from the moment of birth changed with introduction of new technologies and child friendly service has developed.

The education sector, among the social sectors, was given thorough attention, especially in the area of development of the teachers. All schools throughout the aimag created a Teacher development centre while Child development centre have been established at the children’s palace, schools and dormitories providing children conditions for independent development and productive leisure time.

Together with the increase in the number of child friendly schools and kindergartens, the school and preschool enrolment rates also increased. New models of involvement of children in remote areas such as using cottages and tents as temporary kindergartens were introduced.

Among the initiatives with the best impacts was the construction of deep wells, water supply and sanitation facilities are schools, kindergartens and dormitories bringing numerous benefits to the children.

The work of the aimag/soum councils for children was focused on implementation of the Child friendly aimag strategy, family counseling support service was instituted and child protection service improved while child protection policies were adopted.

Many activities for the family and the primary incubator children's growth and development were organised leading to favourable child protection environment. The operations of the multidisciplinary teams became routine and the rate of child crime and child violence reduced immensely.
We shall increase the numbers of the:
- child friendly aimags
- child friendly soums
- child friendly baghs
- child friendly establishments and
- child friendly families create
- child friendly health care and
- child friendly education
- protect our children,
- listen to child friendly,
- engage child friendly in making decisions and
- work under our programme for child centred development programme.

The concept, methods and the content of every activity of the UNICEF programme implemented in Khuvsgul aimag will be helpful models and experience to be replicated in the other aimags.

The mission of the people of Khuvsgul aimag is to sustainably maintain and develop the concept of the programme to reach the best possible outcomes. We thank the staff of UNICEF for the first introduction of the concept of being Child friendly and guiding through the path of reaching it and making us the pioneers on that path. Child friendly Khuvsgul is forever.

G.TUMURBAATAR,
HEAD OF THE AIMAG GOVERNOR’S OFFICE AND
HEAD OF THE COORDINATION COMMITTEE OF THE CHILD FRIENDLY COMMUNITY PROGRAMME
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TODAY’S CHILDREN – TOMORROW’S PROSPERITY