



REVIEW OF THE INTEGRATED EARLY CHILDHOOD DEVELOPMENT POLICY IMPLEMENTATION

Ulaanbaatar
2007

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FOREWORD

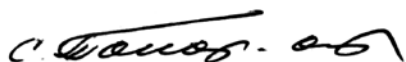
UNICEF and UNESCO supported the Early Childhood Development Policy review in Mongolia as part of a regional initiative implemented in nine countries of the Asia-Pacific region. The support provided facilitated the systematic and effective implementation of this review.

The Government of Mongolia expressed its readiness to conduct the Early Childhood Development Policy review. Under the guidance and coordination of the Ministry of Education, Culture and Science, an inter-sectoral research team was established to conduct the review. The team consisted of researchers and staff of the Ministry of Education, Culture and Science, Ministry of Social Welfare and Labor, Institute of Public Health, College of Pre-school Education and National University of Mongolia.

The objective of the Early Childhood Development Policy review is to improve the policy document, approved by Ministry of Education, Culture and Science, Ministry of Social Welfare and Labor and Ministry of Health, through national and local level reviews of its implementation, to develop approaches and mechanisms together with related recommendations for an effective implementation of the policy.

We strongly believe that the findings of the Early Childhood Development Policy review will contribute to the future improvement of the government policies to address the need of all children, families and the improvement of social services for young children in Mongolia. It hopefully will also serve as an important basis for future reference to measure the achievement the country has reached in the development of its young citizens.

We would like to thank the research team, the ministries involved in the research and those who supported the team to conduct the review in their respective aimags, such as the administrations of Uvs, Tuv, Bayanhongor, Umnugobi and Suhbaatar *aimag's* and of the Metropolitan districts Songino-Khairhan, Bayanzurh and Baganuur.



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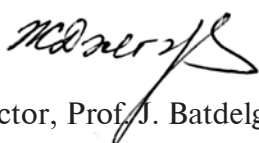
ACKNOWLEDGEMENT

The current report of the Integrated Early Childhood Development Policy review was prepared upon successful completion of the review by the team appointed by the Ministry of Education, Culture and Science.

The review aimed at developing recommendations for update of the policy paper basing on an analysis of the quantitative and qualitative data on access, quality and effectiveness of the education, health and social protection services delivered to young children as well as of the sector coordination.

The report of the Integrated Early Childhood Development Policy implementation review embraces essential information on development policy papers on the issues related to young children in Mongolia and their implementation.

We are extending our thanks to the regional organization offices of UNICEF and UNESCO, to the staff of UNICEF in Mongolia for their technical and financial support and their cooperation enabling the timely and successful implementation of the review in accordance to the international standards and at professional level. We specially thank the early childhood development advisor Ms. Judith Evans for her indispensable contributions to the development of the review methodology and writing the report.



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ABBREVIATIONS

CBSS	Convergent Basic Social Service
CPSE	College of Preschool Education
EC	Early Childhood
ECC	Education and Culture Center
ECD	Early Childhood Development
IECDP	Integrated Early Childhood Development Policy
IPH	Institute of Public Health
MDG	Millennium Development Goal
MECS	Ministry of Education, Culture and Science
MOH	Ministry of Health
NUM	National University of Mongolia
MSWL	Ministry of Social Welfare and Labor
NAC	National Authority for Children
NSO	National Statistics Office
PSE	Preschool Education
SCUK	Save the Children (UK)
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Fund
WVI	World Vision International

GLOSSARY

Early childhood: The period from the time of development of a child in his/her mother's womb (0 years old) and the of 6-7 years old;

Early childhood development: The cognitive, motor, language, social and emotional development of a child.

Child with a disability: a child with congenital, hereditary or acquired full or partial loss of mental, physical or sensory abilities.

Alternative training: Non-traditional training approaches (ger² kindergarten, mobile teacher, and mobile kindergarten) used for school preparation and support of the development of children between the ages 3-6 years old.

Variable cost: Normative expenses per child in a kindergarten and a (non-) formal school of any form of ownership.

Kindergarten: A pre-school education-training establishment providing physical and intellectual development services for children from the age of two years old until enrolment in primary school. Kindergartens provide pre-school education in accordance with the national education standard of Mongolia.

² Traditional dwelling

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INTRODUCTION

UNICEF and UNESCO have been conducting a review of the implementation of the Early Childhood Development Programme in nine countries of the Asia Pacific Region. The review aims to help improve early childhood education by studying and scaling up best practices. Although the regional review pursues a wide ranging goal, it was also designed to be relevant to the local conditions and needs of the participating countries. The policy review will support the implementation of national policies, facilitate improvement of the social services for young children and provide opportunities for enrichment of the knowledge and experience of the participating countries.

Goal of the review

The review aims to assess the current situation of early childhood development by analysing the implementation of the Integrated Early Childhood Development Policy (IECDP) at the regional and national levels. Through quantitative and qualitative comparison of the education, health, nutrition and protection services for young children, the IECDP review will formulate recommendations for improving the accessibility, quality, effectiveness and regulatory environment of social services for young children.

The recommendations of the policy review will help activities in the area of early childhood development to work towards the Millennium Development Goals, Education for All Goals and Master Plan to develop education of Mongolia in 2006-2015³ (MECS 2006).

Scope of the review

The IECDP review was performed in Uvs, Bayanhongor, Umnugobi, Suhbaatar and Tuv aimags as well as in the districts of Songinohairhan, Bayanzurh and Baganuur of Ulaanbaatar. Eighty-three representatives of related governmental and non-governmental organizations were interviewed individually and 31 focus group discussions were held amongst parents of young children.

Review methodology

The review methodology was developed following the general guidelines suggested by UNICEF and UNESCO adapting to the specific conditions of Mongolia. The review was also designed to ensure equal participation of the organizations and institutions providing services to young children and the stakeholders receiving those services. Interviews with the aimag, soum and district governors and the management and staff of health, education and social welfare institutions and non-governmental organizations were conducted according to a prescribed set of interview questions. These interviews generated a substantial amount of open information on the IECDP. Information from service recipients was collected through focus group discussions. The focus group discussions with parents, caretakers and staff of service organizations utilized several participatory appraisal methods, such as problem trees, pie charts, community mapping and process calendars⁴.

Review process

The IECDP review was implemented in three stages: preparation, data collection and analysis. The preparatory stage involved development of the review methodology, analysis of the secondary source data and enhancement of the capacity of the local researchers. The researchers in the aimags

³ Master Plan to Develop Education of Mongolia in 2006-2015. MECS. Ulaanbaatar 2006.

⁴ See the Annex for detailed information on the review methodologies.

and districts in accordance gathered the review data to the review methodology. The data analysis was performed at the national level, and the first report of the policy review was developed based on the data analysis⁵.

Review team

The College of Pre-School Education of the Mongolian State University of Education supervised the IECDP review team. The review team consisted of researchers and assistants. In connection with the objective of the review, the four main researchers were selected due to their expertise in one or more of the following areas: social psychology, health, children's nutrition, pre-school education and young children's social protection. The functions of the main researchers were to develop the review methodology, organize data collection in the field, analyze the data and prepare the report. After collecting and analyzing the data, the researchers formulated recommendations for improving implementation of the IECDP.

The research assistants played a major role in the collection of data in the field and in facilitating the review process overall.

Review report

The IECDP Review report has been organized into the following sections: introduction, overview of social environment, review methodology, findings of the IECDP review, conclusions and recommendations and the annexes.

The Introduction describes the objective, scope and methodology of the review. The first section introduces the present economic and social situation and the current state of social services for young children in Mongolia. An explanation of the legal environment, structure, budget and organization of the main areas of the services for young children, such as pre-school education, health and social protection and the inter-correlations between these areas, has been included. The second section describes the sampling, questionnaire design, data collection methodology and data processing of policy review. The third section describes the Integrated Early Childhood Development Policy and the outcomes of its review. It also briefly describes the objective, its quantitative and qualitative parameters together with the results of the analysis of the individual interviews and statistical data. The fourth section describes the achievements and problems in the implementation of the Integrated Early Childhood Development Policy through an in-depth study of the access, quality and efficiency of pre-school education services. The findings are followed by the conclusions and recommendations for improving implementation of the Integrated Early Childhood Development Policy. Key supporting documents and research tools have been included at the end of the report in the Annex.

⁵ The detailed review plan has been included in the Annex.

EXECUTIVE SUMMARY

Introduction

The review of the implementation of the IECDP in Mongolia was conducted as part of the Early Childhood Development Policy review carried out in nine countries of the Asia-Pacific region by UNICEF and UNESCO.

The review examined the access, quality and effectiveness of the social services delivered to young children within the scope of the implementation of the Integrated Early Childhood Development Policy and provided recommendations on how to align the early childhood development support activities with the Millennium Development Goal, Education for All goal and the Master Plan for Development of the Education Sector.

The IECDP review defined the inter-sectoral correlations and cooperation, enriching the knowledge for predicting future tendencies.

Pre-school education services

In 2007, the gross pre-school education enrolment rate was 54.1 percent⁶. In the academic year 2006-2007, 94,702 children were educated in 3,186 classes of 742 kindergartens nationwide. Of these kindergartens, 87 percent were public, 8 percent were private and 5 percent were owned and operated by non-governmental organizations.

Of the 12,500 people employed in the pre-school education sector, 3,262 were teachers. At the national level, pre-school education institutions had an average of 29 children per teacher. However, in Ulaanbaatar and other major settlements, this ratio climbed to as high as 45 children per teacher.

Since the inception of the IECDP, the pre-school education enrolment rate has increased and the care of parents for their children has improved in the aimags, soums and districts covered in this review. However, the direct and indirect impacts of the integrated policy were difficult to isolate. In the aimags included in the review, only 36 to 40 percent of pre-school age children were enrolled in kindergartens, and alternative training covered 8 to 10 percent of pre-school age children. On average, less than half of all children in the aimags included in the review have had access to pre-school education.

Health services for young children

The birthrate in Mongolia has decreased over the last five years from 64 to 40 per 1,000 live births. Thus, it has decreased by 36 per 1000. On the other hand, mortality among children under five years old decreased from 87 to 51 per 1,000 live births⁷.

Although the years of the policy implementation have seen decrease in the maternal and children's mortality, this indicator has still varied by location.

⁶ Statistical bulletin of the Education Sector for 2006-2007. MECS. Ulaanbaatar 2007.

⁷ Child and Development 2005 (MICS-3) survey. NSO, UNICEF. Ulaanbaatar 2007.

The most common diseases affecting children in Mongolia in order of prevalence have been: (i) respiratory diseases, (ii) diarrhea, (iii) prenatal diseases related to the process of birth and its complications, (iv) poisoning and injuries, (v) contagious diseases and (vi) skin diseases. In 2005, the differences between the health conditions of children under five years old in urban and in rural areas were: a) 2.2 times higher incidence of respiratory diseases, (18.4 percent urban and 41.7 percent rural); 1.8 times higher incidence of diarrhea (4.7 percent urban and 8.5 percent rural); 3.1 times lower incidence of poisoning and injury (4.1 percent urban and 1.3 percent rural); 1.3 lower incidence of contagious diseases (2.5 percent urban and 1.9 percent rural); 1.2 times lower incidence of skin diseases (3.2 percent urban and 2.6 percent rural)⁸.

Compared with the year 2000, underweight in children under five years old decreased by two times, wasting decreased by six times and standing reduced by five percent in 2005 and 2006.

Social Protection services for young children

In order to improve access to social welfare services for young children, the Government of Mongolia established its “Fund for Children” to deliver the so-called “Child Money”, cash grants for children under the age of eighteen years old. This activity covered 845,000 children by the end of 2006. The conditions for receiving the “Child Money” were refined in 2007 to include all children living and being raised in Mongolia as well as to children temporarily residing overseas.

The seventeen articles of legislature that cover the services delivered to children with disabilities were being merged into six articles of integrated services⁹. These changes have created conditions for social workers to provide social, psychological and legal counseling to children with disabilities and their families and to involve these children and their guardians in various programmes designed to improve the livelihoods of people with disabilities.

The social protection services were delivered to young children in the following forms: for children in difficult circumstances and child adoption. The services delivered to children in difficult circumstances were divided into discount, aid and community based care. The community based care services included developing self-confidence in parents with young children, providing training, working skills, counselling, and referral, inclusion in rehabilitation services, temporary sheltering, and family care.

Conclusion

The review has demonstrated that the implementation of the IECDP has been achieving certain impacts on the access, quality and effectiveness of the services for young children. Besides these positive achievements, the inter-sectoral coordination as an objective of the policy was insufficient at the local level. The government has been and should remain the main duty bearer for early childhood development, but the responsibilities of parents and communities should be increased. This will be effective in improving the access, quality and effectiveness of the social services and streamlining the functions of the government.

The following recommendations were suggested for further improvement of the impact and effectiveness of the IECDP in accordance with the Millennium Development Goal, Education for All goal and Master Plan to Develop Education of Mongolia:

- Revise the policy document to improve its feasibility of implementation in rural areas;

⁸ Statistics of the MoH, Ulaanbaatar 2006.

⁹ Mongolian Law on Social Welfare for People with Disabilities, Ulaanbaatar 2006.

- Reconsider the budget allocations for the activities necessary for implementation of the IECDP at the national and local levels;
- Build cooperation capacity of the parties implementing the IECDP and specify the mechanisms for this cooperation in the policy paper;
- Maintain equal participation of all stakeholders implementing the IECDP, improve inter-sectoral cooperation and streamline the management and implementation structures.

SECTION ONE.
THE ENVIRONMENT AND SYSTEM OF SOCIAL
SERVICES FOR YOUNG CHILDREN



© "Forest keeper" Ts. Tuvshintugs

1.1 SOCIO-ECONOMIC ENVIRONMENT

Mongolia is a landlocked country located between the Siberian region of the Russian Federation and the desert and steppe zones of Inner Mongolia and Xinjian provinces of the People's Republic of China. This geographic position deeply affects the nation's economy. Mongolia features a severe continental climate whereas the current global warming and disturbance of the world's ecological balance has led to increased frequency and duration of natural disasters in Mongolia. As a result, desertification has intensified across the country.

Mongolia's population was 2.6 million in 2006, fourteen percent of who were young children under the age of seven years old. Approximately 60 percent of the total population resided in the three major cities Ulaanbaatar, Darhan and Erdenet¹⁰. The remaining 40 percent lived in the aimag centers, soum centers and countryside.

There were over 700,000 women of reproductive age. The average annual increase of the population has been 1.3 percent since 2000. This trend has continued and even increased in 2007 as a result of the demographic policy carried out by the government. The "Total Birth Factor" (TBF) has decreased by 58 percent during the last fifteen years from four percent in 1990 to two percent in 2005¹¹. The "general mortality coefficient" decreased from 8.3 to 6.3 percent per 1,000 people between 1990 and 2006. Infant mortality also decreased from 64.4 percent to 20.7 percent per 1,000 live births.

Economic growth has stabilized during recent years with an increase in gross domestic product (GDP) of 4.0 percent in 2002 to 8.0 percent in 2006. The total annual income per capita was 446 USD in 2002 and grew to 885 USD in 2006. The boom of the price for gold and copper on the international market favourably influenced the economy of Mongolia. On the other hand, the economy has been negatively affected by the country's landlocked position. Mongolia imports most of its combustibles (100 percent), cereal and food products (70 percent) from the Russian Federation, Kazakhstan and PRC.

Agriculture, mineral extraction, processing and service industries have come to dominate the Mongolian economy. Together, these sectors made up 30 percent of gross domestic product in 2006. Mongolia's steady economic growth has been favourably influenced by the increased price of gold and copper on the global market.

Despite these positive economic trends, around 36 percent of the population lived below the subsistence line in poverty and extreme poverty. Hidden unemployment and employment in non-formal sectors of the economy were common with negative implications on the access to social services.

By the end of 2006, only 20 percent of households lived in apartment blocks with running water and centralized heating, while 2.3 percent were living in hostels and shelters unfit for decent living. Purified drinking water was available to less than two-thirds (62%) of urban households and to only 17.3 percent of rural households.

Air pollution in excess of the minimum tolerance level in Ulaanbaatar and other cities as well as the pollution of soil and water has served as the main factors of increasing rates of respiratory and contagious diseases among young children. According to the report of 2003 of the Ministry of

¹⁰ The city of Ulaanbaatar officially registered its millionth citizen in March 2007.

¹¹ Situation analysis of children and women in Mongolia, Ulaanbaatar 2007.

Health, 69 percent of children of the age below 1 year old, 65 percent of children of the age of 1-4 years old and 38 percent of children of the age of 5 and 9 years old have suffered from respiratory diseases. The number of children injured in accidents increased from 16,199 in 2003 to 17,174 in 2005. Domestic accidents involving young children made up a large part (75 percent) in these. Children under the age of five years old constituted 65 percent of all children who were injured by burning and ten percent of child victims of traffic accidents¹².

1.2 PRE-SCHOOL EDUCATION SERVICES

Current situation

In the academic year 2006-2007, the gross pre-school enrolment rate was 54.1 percent¹³. 94,702 children were enrolled in 742 kindergartens throughout the country. Of these kindergartens, 87 percent were public, eight percent were private and the remaining five percent belong to various organizations. These kindergartens have 3,186 classes including 664 school preparation classes.

Of the 12,500 people employed in pre-school education, 3,262 were teachers. At the national level, pre-school education institutions had an average of 29 children per teacher. However, in Ulaanbaatar and other major settlements, this ratio climbed to as high as 45 children per teacher.

Table 1: ECD system profile

Item	Description
Name of the discipline	Early Childhood Development: the period starting from the formation of fetus children under the age of seven years old is an especially important stage in human development, which encompasses issues of child health, survival, development, education and protection.
Age group concerned	under seven years old
Entry age into primary school	7-8 years old
Status within education	Pre-school education
Three main services by concerned age group (1)	Nursery: group of age 1-2 years old Main service: Care & Development
(2)	Kindergarten: group of age 3-7 years old Main service: Education, Development and Care
(3)	Alternative forms of ECDP: group of age 3-7 years old Main service: Development and Education
Three main ministries by concerned age group (if applicable, identify the lead ministry) (1)	Ministry of Education, Culture and Science, concerned age group 0-7 years old
(2)	Ministry of Health, concerned age group 0-7 years old
(3)	Ministry of Social Welfare and Labor, concerned age group 0-7 years old
GER in pre-primary education (ISCED-0) (% , year)	54.1% (2006)

¹² Injury studies of children (2003-2005). MSWL, Child and Adolescent Support Centre, UNICEF, Ulaanbaatar 2007.

¹³ MECS Statistics. Ulaanbaatar 2006.

Legal environment

Since 1995, the education system of Mongolia has been comprised of both formal and non-formal education. According to the Education Act of Mongolia, the education system consists of pre-school, primary and secondary school and tertiary (university) levels. The Primary and Secondary Education Act of Mongolia provides that kindergartens as pre-school educational institutions should assist the development of young children physically and intellectually beginning from the age of two years old until the point at which they enrol in a school. These laws provide in detail the content, standard and teaching methodologies of pre-school educational establishments.

The Government of Mongolia has been implementing a national programme called “Pre-School Education Strengthening-2” since 2001 to enhance the management and quality of pre-school education, increase the toy supplies, improve support for non-public pre-school establishments and build the capacity of pre-school personnel. In addition, the Master Plan to Develop Education of Mongolia in 2006-2015 has set up an objective to achieve a 95 percent pre-school enrolment rate by the end of 2015.

Institutions

The Ministry of Education, Culture and Science together with the aimag and city district-level education authorities and social development departments provide management and administration to pre-school education establishments. Councils with advisory functions in local education policy and development operate within the aimag and Ulaanbaatar education authorities. The Institute of Education that works under the supervision of the Ministry of Education, Culture and Science conducts surveys and research on pre-school education development. In turn, the research and survey data are distributed amongst public and non-public kindergarten teachers and methodologists. The MECS also delivers training to build the capacity of the staff of pre-school education establishments.

Budget and financing

In 2006, the Government of Mongolia spent twenty percent of the national annual budget income on the education sector. From this total spending on education, twenty percent was devoted to pre-school education. In addition, the support of national and international donors as well as the donations of individuals still played an important part¹⁴. The aimag/metropolitan education authorities and district departments for social development have been receiving funding from the MECS, submitting to it their long-term goals and action plans and entering executive agreements with it since 2002 in compliance with the Budget Organizations’ Management Funding Act of Mongolia. The budgetary funding of the educational and scientific establishments was 195.2 billion MNT in 2006. From this budget, 29.8 billion MNT were spent on pre-school education. The average annual operational cost per child in kindergarten was 150,000. From this, 72 percent (90,000 MNT) were spent for salaries and nineteen percent (23,800 MNT) were spent for social insurance premiums. The remaining nine percent (11,200 MNT) were spent on items such as stationery, postage, uniforms, medicine, books, furniture, repairs, training, per diem for domestic trips, various fees, sport competitions, one-time awards, and allowances.

Human resources

The School of Pre-School Education of the University of Education offers bachelor’s and master’s degrees through full-time, evening or correspondence courses for teachers, methodologists

¹⁴ International organisations have donated money to construct new kindergartens, repair existing buildings and to increase toys and training accessories. UNICEF, the European Union, Save the Children (UK), UNESCO and other international agencies donated toys and training supplies worth 1.5 million MNT to 150 kindergartens, computers and training equipment to over 30 kindergartens as well as motorcycles, cars and training aids for mobile teachers in order to support alternative forms of training.

and management staff of preschool education institutions. The pre-school education sector employed 12,500 people in 2007, including directors, teachers, assistant teachers and service staff. The kindergarten teachers were ranked as methodologists, leading teachers and advising teachers. A centralized governmental administrative institution issues teacher's licenses and professional rankings.

During the period of the IECDP implementation, Ministry of Education, Culture and Science formulated and approved the "Procedure for issuing and terminating licenses for teachers of schools and kindergartens", "Procedure for issuance and termination of professional degrees for methodologists of general educational schools and education authorities and for teachers of non-formal education", and "Procedure of promotion of qualification of teachers and related officials of pre-school, primary and secondary education".

Table 2: ECCE service profile

Item	Service 1	Service 2	Service 3	Service 4	Service 5
Names	Nursery	Kindergarten	Ger kindergarten	Mobile teacher	Nutrition care centre
Age served	1 - 2	3 - 6 (7)	3 - 6 (7)	3 - 6 (7)	3 - 6 (7)
Objectives (education, care or education and care)	Care & Development	Education, Development and Care	Development and Care	Education & Development	Care & Development
Settings	Building	building	traditional house/ger ¹⁵	family based	building
National curricula or other pedagogical guidelines	National curriculum for preschool education	National curriculum for preschool education	Guidelines for summer training	Guidelines for mobile teachers	National curriculum for preschool education
Enrolment rates (%, year; indicate GER or NER)	N/A	41.8%	12.3%		N/A
Responsible ministries	Ministry of Education, Culture and Science (MECS)	MECS	MECS	MECS	MECS, Ministry of Health (MOH)
Names of the workers	Nurse and teacher	Teacher	Teacher	Mobile teacher	Nurse ECD specialist
Training and educational requirements	BA of medical science BA of pedagogy	BA of pedagogy	BA of pedagogy	BA of pedagogy	BA of medical science, BA of pedagogy
Management status (public, private or public and private)	Public Private	Public Private	Public	Community based	Public Private

Pre-school education services for EC

The forms of pre-school education establishments are kindergartens, shelter-kindergartens and kindergartens-sanatoria.

Pre-school education establishments may be owned and operated privately or publicly.

¹⁵ Traditional dwelling

The nurseries and kindergartens have been organized into younger age, mid-age, senior age, school preparation and mixed classes to provide services in accordance with national pre-school education standards.

Kindergartens make up 90 percent of pre-school education establishments in Mongolia. On average, they operate eight hours per day, five days per week from 1 September until 1 June. Kindergartens provide training for speech development, basic mathematical abstractions, music and singing, physical development and fine arts. In addition, kindergartens conduct excursions and health enhancement activities.

There are twelve specialized kindergartens-sanatoria in Mongolia concentrated primarily in Ulaanbaatar. These sanatoria accept children of the ages 2.5 to 6 years old who are underweight or disabled and provide them due medical care and health enhancement activities. They work 10 hours a day during the same academic year as standard kindergartens.

There are five kindergartens-shelters in the aimag centers and Ulaanbaatar. They accept full and half-orphaned children from marginalised groups and children with disabilities.

Welfare groups in mainstream kindergartens include young children from poor or vulnerable households and are financed by the aimag/metropolitan welfare funds. Children of poor households and of those households who are unable to pay the food fees are accepted in to the welfare groups based on the requests of the parents and letter from the local administration. The Social Welfare Fund pays 50 percent of the food fee for the welfare groups and the remaining 50 percent is paid by the state budget, as in the case of all other children.

1.3 HEALTH SERVICES

Current situation

In Mongolia, the child and infant mortality rates decreased during the last five years significantly. If the year 2005 is compared with 2000, infant mortality decreased by 36 percent from 64 to 40 per 1000 live births. Mortality among children under 5 years old reduced by 41 percent from 87 to 51 per 1000¹⁶.

The most frequent diseases affecting children in Mongolia are as follows in order of highest incidence: (i) respiratory diseases, (ii) diarrhea, (iii) prenatal diseases related to the process of birth and its complications, (iv) poisoning and injuries, (v) contagious diseases and (vi) skin diseases. The differences between the health conditions of children under five years old in cities and in the country for the year 2005 was as following: a) respiratory diseases are 2.2 times higher in province, (18.4 percent in the city and 41.7 percent in the country); diarrhea is 1.8 times higher (4.7 percent in the city and 8.5 percent in the country); poisoning and injury are 3.1 times lower (4.1 percent in the city and 1.3 percent in the country); contagious diseases are 1.3 lower (2.5 percent in the city and 1.9 percent in the country); skin diseases are 1.2 times lower (3.2 percent in the city and 2.6 percent in the country)¹⁷.

Compared with the year 2000, underweight in children under 5 years old decreased 2 times, wasting decreased 6 times and standing reduced by 5 percent in the years 2005 and 2006 (Table 3).

¹⁶ Child and Development 2005 survey (MICS-3). NSO, UNICEF. Ulaanbaatar 2007.

¹⁷ Statistics of Ministry of Health. Ulaanbaatar 2006.

Table 3: Malnutrition in children under the age of five years old

	Underweight	Standing	Wasting
2000¹⁸	12.5	24.6	3.7
2000¹⁹	12.7	25.0	5.5
2005²⁰	6.7	19.6	0.6
2006²¹	6.3	21.0	2.2

Legal environment

The Law on Health regulates the governmental policy and principles on young children's health together with the relations concerning the health and medical services. The health of mothers and children are under special care and attention of the state in Mongolia. The government pays for the medical aid and services delivered to mothers and children through public agencies.

Institutions

The health service system in Mongolia comprises public health, medical aid services, medicine supply, medical science educational, and research and training organizations of various forms of ownership.

Medical aid services fall into three categories:

- Primary level services: provided at community clinics, soum and inter-soum hospitals.
- Secondary level services: provided by aimag/district health centers.
- Tertiary level services: provided by clinical and specialized hospitals.

In 2006, there were 15 clinics and specialized hospitals, 3 regional diagnostic and treatment centers, 18 aimag health centers, 9 district health centers, 4 rural health centers, 34 inter-soum hospitals, 228 soum hospitals, 224 community clinics and 780 private hospitals in Mongolia. There were 18,344 hospital places in Mongolia of which 2,404 are for children.

Budget and financing

For the health sector, 3 to 4 percent of gross domestic product (equal to 100 to 120 billion MNT) are spent from the national budget. Annually, 6 billion MNT have been spent for preventive and public health services and over 50 billion MNT for medical aid services.

Human resource

The doctors and nurses serving young children obtain health science education and are licensed by the centralized governmental administrative institution responsible for the health issues. In 2006, there were over 34,000 doctors working in the health sector. Among these, 569 were specialized doctors.

Health services for EC

The community clinics provide primary health services to young children. Primary medical services include preventive, immunisation, health and development monitoring, healthy nutrition and healthy lifestyle development activities.

¹⁸ Nutrition of the population report of the second National Survey on Nutrition. IPH, MOH, UNICEF. Ulaanbaatar 2000.

¹⁹ Child and Development 2000 survey (MICS). NSO, UNICEF. Ulaanbaatar 2001.

²⁰ Situation of Nutrition of Women and Children in Mongolia report of the third National Survey on Nutrition. IPH, MOH, UNICEF. Ulaanbaatar 2006.

²¹ Child and Development 2005 survey (MICS-3). NSO, UNICEF. Ulaanbaatar 2007.

The secondary or specialist medical services for young children are provided at the children's departments of the aimag/district hospitals and clinics specialized in pediatrics.

1.4 SOCIAL PROTECTION FOR YOUNG CHILDREN

Current situation

In order to improve the access to social welfare services for young children, the Government of Mongolia established its "Fund for Children" to deliver the so called "Child Money" to each child under the age of 18 years old. This activity covered 845 thousand children at the end of 2006. The conditions for receiving the "Child Money" were refined in 2007 to deliver to all children living and being raised in their families as well as to children temporarily residing overseas. The 17 articles of the services delivered to children with disabilities are being merged into 6 articles of integrated services²². These changes also involve development of new services such as participation of parents and guardians in the programmes aiming to deliver legal and psychological counselling to members of the vulnerable groups and to improve their livelihood.

Legal environment

The Child Rights Protection Act of Mongolia specifies the regulation requirements of social welfare services, allowances, grants, social insurances for children by the laws and regulations of Mongolia. The law also defined the scope of services and agencies in charge of delivering these services to children in emergency and to children in difficult circumstances²³. By children in emergency, this law understands children affected by natural disasters, epidemics, catastrophes and armed conflicts. This law defines "children in difficult circumstances" to include full orphans, children with disabilities, street children, children in extreme poverty, suffering physical and psychological damage due to sex abuse and humiliation and children engaged in work hazardous to their lives and health. The Law on Social Welfare defines conditional monetary aid for support of the livelihood of the vulnerable groups, a once-a-year monetary aid for paying residential bills or purchasing fuel, discounts for attending welfare kindergartens, provision of prostheses, orthopedic devices and wheelchairs, discount for rehabilitation services and treatment at domestic sanatoria.

Institutions

The development and monitoring of the child protection policy are born by the Ministry of Social Welfare and Labor. The implementation is the responsibility of the Labor and Welfare Authority, the Central Social Insurance Authority and the local agencies.

At the local level, the child protection policies are the responsibility of the governors of the given administrative levels within their agreements with the respective Minister. The social policy department, social insurance department, and labour and social welfare department of the aimag/metropolitan Governor's Office and by the soum/horoo social workers who carry out the implementation and monitoring of the policy.

Budget and financing

The social welfare and protection sector takes 18-20 percent of the total national budget. The total spending of the social welfare fund was 74.5 billion MNT in 2006 including the spending of 29.6 billion MNT for the "Child Money", 0.18 billion MNT for grants for adoption of a full orphan or raising twins and 7.5 billion MNT for grants for looking after a child or infant. The budget for

²² Social Protection of Persons with Disabilities Act of Mongolia. Ulaanbaatar 2006.

²³ Child Rights Protection Act of Mongolia. Ulaanbaatar 1996.

the social welfare fund will be 109.4 billion MNT in 2007, including 46.5 billion MNT baby-sitting allowance and 62.7 billion MNT for “Child Money”.

Human resources

Experienced professional staff with social work education was employed in the social welfare service institutions. The functions of social welfare service workers included conducting quantitative surveys and needs identification surveys of the young children of vulnerable and poor households, identifying households and young children that are eligible to receive social welfare grants, conditional allowances, community based welfare and specialized care services, referrals, providing advice and training and collaborating with governmental and non-governmental organizations.

Social protection services for EC

The social protection services for young children are delivered in two forms: services for children in difficult circumstances and adoption activities. The services delivered to children in difficult circumstances are divided into discount, aid and community based care. Although community-based care service providers are required to develop self-confidence in parents with young children, provide training, working skills, counselling, referral, inclusion in rehabilitation services, temporary sheltering, and family care, the realization of this has been far from perfect.

Adoption of young children involves the participation of many subjects such as parents, caretakers, local governors, social welfare service establishments.

1.5 INTER-SECTORAL COLLABORATION CONCERNING EARLY CHILDHOOD DEVELOPEMNET

The implementation of the early childhood related policies of the government is a function of the Member of the Government responsible for the issues of youth and children and the National Authority for Children (NAC).

The implementation of the government policies on children and the child rights protection legislation is the function of the NAC. The National Authority for Children also monitors the activities of the child development and protection agencies.

The National Council for Children is responsible for implementing child development and protection policies, management of the national resources for providing advice, coordination, monitoring to the government, related public agencies, and ensuring participation of the people.

Figure 1: Interrelations within the system of Early Childhood Development Policy

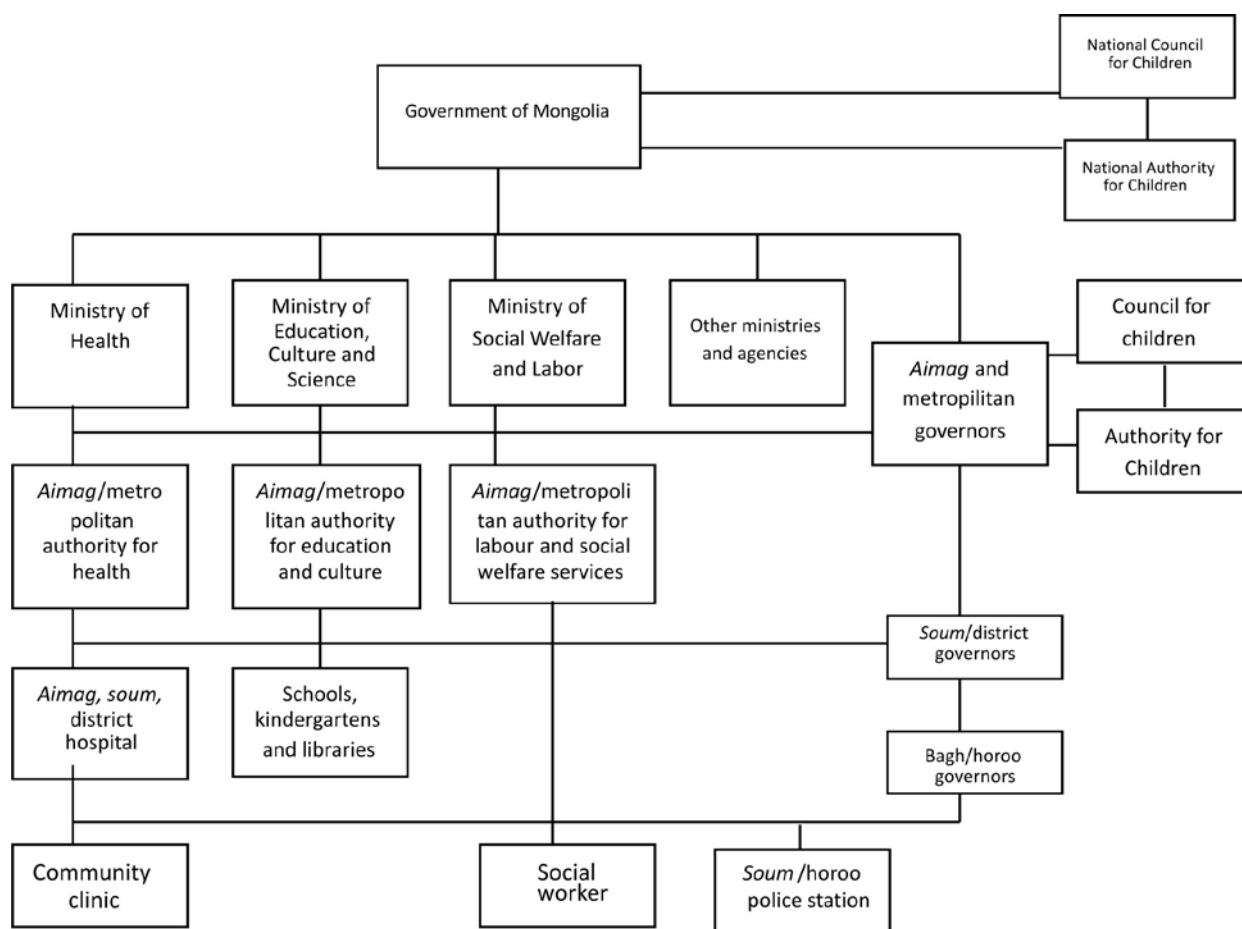


Table 4: The system of social services for early childhood development

Age group	Health service	Pre-school education service	Child protection service
0 - 2	Doctor's supervision before and after birth Midwifery Preventive services Immunisation Growth supervision Other services	Nursery (nursery group) Nursery-sanatorium and nursery-shelter	Conditional grant for expectant and nursing mothers Conditional grant for looking after a disabled person "Child Money" Adoption Specialized care service
3 - 7	Preventive service Healthy lifestyle training Other	Nursery (nursery group) Mainstream kindergarten Kindergarten-sanatorium Kindergarten-shelter Alternative training	Community based care Conditional grant for looking after a disabled person "Child Money"

SECTION TWO. REVIEW METHODOLOGY



© "Rainy day" T. Munkhsaruul 11 years old

2.1 SAMPLING

The sampling for the review of the Integrated Early Childhood Development Policy implementation was carried out by estimating the indicators of the access, quality and effectiveness of the education, health and social protection services for young children at the national level for the city, rural areas and regions.

Six regions—West, East, Central, Hangai, Gobi and Ulaanbaatar—were taken as the sampling groups and one aimag from each region and 3 districts from the capital were selected. The primary sampling was based on the population density, number of young children, pre-school enrolment rate, school dropout rate, and poverty rate, frequency of young children’s diseases and location, 3 soums were picked up from each aimag, and 3 horoos were picked up from each district.

Basing on the soum/horoo school, kindergarten, community clinic, and/or soum/horoo administration as the primary units for the sampling, the employees of these establishments were involved in the individual interviews. The parents of the target groups on the territories of the selected horoos were involved in the target group discussions by dividing into those whose children go to kindergarten and those whose children do not go to kindergarten.

Based on the suggestions of some of the teachers who participated in the individual interviews, teachers’ target groups were formed and discussions were held.

The members of the administration and the staff members of the aimag/district Education and Culture Centers, Social Development Departments, Health Departments, Social Welfare and Service authorities were chosen for the individual interviews.

Within the review, group discussions and individual interviews were held with the staff of the Ministry of Education, Culture and Science, Ministry of Social Welfare and Labor and Ministry of Health.

2.2 INTERVIEW AND FOCUS GROUP DISCUSSION

The data for the Integrated Early Childhood Development Policy review were collected by organizing individual interviews and target group discussions. The questions for the individual interviews and group discussions were developed basing on the guidelines provided by UNICEF and UNESCO.

The questions of the individual interviews and the target group discussions were tested in a pilot survey in Bayangol district of city Ulaanbaatar, Institute of Public Health, and College of Preschool Education to examine how the questions are understandable, how much time is required for a session and whether the questions help achieve the objectives of the review. Basing on the result of the pilot survey, the questions for the individual interviews and target group discussions were finalized.

2.2.1 Interview

The questions for the individual discussions were developed with options depending who are being interviewed. The participants of the individual interviews were grouped and coded by their job functions and positions. For example:

Interview Code 01.

Staff of the district/soum, aimag/ metropolitan administrations

Code 02.

Staff of the social protection institutions

Code 03.

Staff of hospitals, clinics and health institutions

Code 04.

Teachers, educators and social workers of the aimag/metropolitan Education and Culture Authorities, schools and kindergartens

Code 05.

Non-governmental organizations and private sectors, etc (See Annex 3 for details).

Each of the 5 codes consisted of 5-6 questions related to the occupational functions of the persons being interviewed and aimed at collecting information on the access, quality and effectiveness of the social services for young children in their sectors, locations and organizations as well as on the problems related to young children and the ways for their solution.

2.2.2 Focus group discussions

The questions for the focus group discussions were designed mainly for parents who are involved and not involved in the social services for young children. The key questions for the target group discussions comprised groups of questions aiming at surveying the access, quality and effectiveness of the services and the potential solutions of existing problems. The group discussions are commenced with a general question in order to focus the attention of the participants on the issue. The general question embraces in itself a request of information about positive changes in the education, health and social protection services during the last 3 years. The group discussions in the rural areas were organized with groups of parents and caretakers with children up to 6 year-old age, groups of parents and caretakers with children up to 18 year-old age and groups of parents-teachers who themselves have young children and who work with young children. The group discussions used participatory approaches and sought to ensure equal participation of the participants.

2.3 TRAINING AND DATA COLLECTION

Training for the main and assistant researchers of the review team was held with participation of Ministry of Education, Culture and Science, UNICEF and College of Preschool Education in February-April of 2007 and lasted for 8 days. The participants were taught the review methodology and the assistant researchers to take part in the fieldwork were selected during the training.

A team of 3 people worked at each location selected for the review to collect the data. Each team was headed by a member of the core review team. In total, 6 teams worked to collect the data for the review.

The data for the Integrated Early Childhood Development Policy implementation were collected in April-June of 2007. The staff members of the Ministry of Education, Culture and Science and UNICEF cooperated with the teams providing monitoring of the progress and quality of the data collection. The review team members met weekly at the data collection stage of the project discussing and sharing experience on the progress of the work, the activities for the next steps, what should be focused, the problems encountered and the ways of their solution.

2.4 DATA PROCESSING

The Integrated Early Childhood Development Policy review data were processed using SPSS software. The review data were analyzed for the aimag/district and soum/horoo levels and the results were compiled and summarized. The review data processing was undertaken in June-August of 2007.

SECTION THREE.
FINDINGS OF THE REVIEW OF THE INTEGRATED
EARLY CHILDHOOD DEVELOPMENT POLICY
IMPLEMENTATION



© "Holiday" G. Tserendorj 8 years old

3.1 INTEGRATED EARLY CHILDHOOD DEVELOPMENT POLICY

In order to develop inter-sectoral cooperation for improvement of young children's growth, development and protection, MECS, MSWL and MOH have begun jointly implementing the Integrated Early Childhood Development Policy, which was jointly approved in 2005. The IECDP paper aims to coordinate the central governmental institutions responsible for interrelated issues of health, nutrition, care, social protection and education of young children and their mothers and to enhance these institutions' capacities to meet the needs and rights of children under the age of seven years old for healthy growth, education, development, protection and participation in social life.

The IECDP defines the following strategies:

- i) allocating functions to the centralized governmental authorities responsible for early childhood development and developing their management;
- ii) improving the correlations between local social and economic factors with social and family values and beliefs and of early childhood development;
- iii) improving the quality and effectiveness of social services for young children;
- iv) ensuring equal access to social services for mothers and children found in vulnerable conditions due to regional and family situations, or disabilities;
- v) developing community and private sector participation to facilitate the development of mother-child development-oriented social services.

The general objectives and activities were defined within these strategic components. Implementation of the strategic objectives and activities will lead to improved access, quality and effectiveness of the social services delivered to children. The impact of the urban-rural difference in the level of development on children's health, education and social protection services will decrease. The family environment will enjoy better skills and responsibilities of parents and relations supportive to the rights of women. These outcomes should create many positive tendencies in the society.

The quantitative and qualitative indicators of the implementation of this policy have been defined:

Qualitative indicators:

- Integrated management, policy, legal environment and operational support of social services delivered to young children;
- Development of the operations and impacts of social services delivered to young children;
- Enhanced use of information technology in the social services delivered to young children;
- Conditions for reliable, risk-free development of social services delivered to young children;
- Support given to children from poor and low-income families to access social services;
- Support given to children with disabilities;
- Participation of herders' children in social services;
- Development of systems for monitoring and analyzing policy implementation and for identifying future development objectives;
- Government and community participation in social services delivered to young children.

Quantitative indicators:

- The number of children covered by each of the forms of social services for young children;
- Total expenditure for social services delivered to young children
- Per-child expenditure for social services delivered to young children;
- The size of human resources, including the number of personnel trained in each form of social services delivered to young children;
- The number of services created at the initiatives of individuals, communities and organizations.

3.2 THE IMPLEMENTATION OF THE INTEGRATED EARLY CHILDHOOD DEVELOPMENT POLICY

Integrated management, policy, legal environment and operational support of social services delivered to young children

Most of the governors and heads of governors' offices (70 percent) had no specific knowledge of the IECDP. The officials of the regions involved in the Integrated Basic Social Services project of UNICEF were informed about the IECDP, but the leaders of the other regions knew only about other governmental programmes and the local governors' election platform. No article has reflected the IECDP activity in the output agreements of the Ministries concluded with the governors.

“Improvement of the housing conditions, providing electricity, developing roads and creating jobs are all activities being carried out for young children, as I understand.”

Governor, aimag-level

As the IECDP has been implemented through the local government authorities, an integrated coordination of the functions of the related institutions is needed. Primary institutions for social services have been cooperating in some activities, but not to the extent outlined in the IECDP.

The activities in the area of improvement of the quality of health, education and social protection services for young children varied at the aimag and metropolitan levels. While aimag-level initiatives have focused on improving the health conditions of young children by supporting quality food provisions, Songino-Hairhan District has focused on improvement of the education services, especially on creating favorable conditions for enrolment of marginalised children.

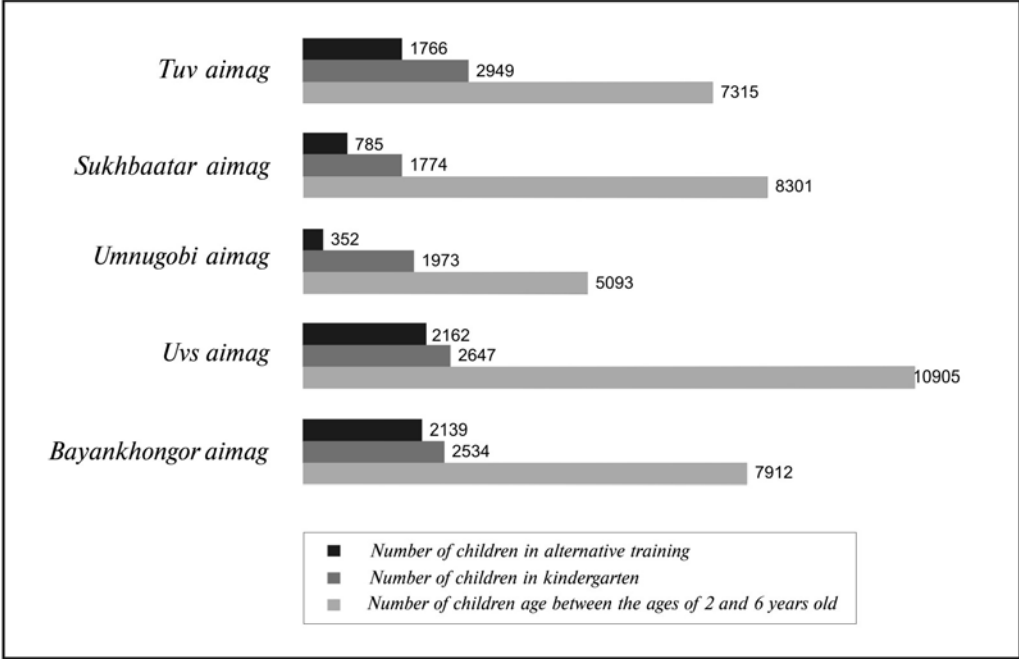
Some governors (12%) have developed work plans for implementation of the IECDP. However, the progress towards achieving their results has been limited. The most commonly cited constraint to implementation was the inadequate level of financial resources. The success of health, education and social protection activities in rural areas depended on how much funds were approved for health, education and social protection. Low economic capacity in the local administrative units negatively affected investment in and development of local initiatives. The level of potential investment locally has been very low, further inhibited by a lack of initiatives and incentives for additional investment and development.

The process and results of the social services provided to young children

Since the inception of the IECDP, the pre-school education enrolment rate increased and the care of parents for their children improved in the aimags, soums and districts covered by the

review. However, the direct and indirect impacts of the integrated policy are uneasy to determine. In the aimags included in the review, only 36-40 percent of pre-school age children are enrolled in the kindergartens and the alternative training has covered 8-10 percent of the children of that age. Thus, 44-50 % of all of the children in those aimags have had access to pre-school education.

Figure 2: Preschool enrollment by aimags



The local administrations have been working to improve the heating, training materials, equipment and furniture in the schools and kindergartens. For example, through the Sustainable Livelihoods Programme, donor organizations and individuals in Umnugobi, Uvs and Bayankhongor aimags, the pre-school learning environment has been improved and opportunities for mobile and ger-kindergartens have increased.

Within the activities for protection of the health of mothers and children, they work for early identification of pregnancies, improvement of the health conditions of the mothers and midwifery in hospitals, together with four home visits in the first month of newborns and monthly visits during the first two years after birth. The immunisation, health education and nutrition trainings organized by local health and education agencies have been important for prevention of children’s diseases. In addition, training on breast feeding and oral hygiene has been organized for parents and young children.

During the implementation of the IECDP, the maternal and child mortality rates have decreased, but this indicator still varied widely by locations (See Figure 3 and Figure 4).

Figure 3: Maternal mortality rate (per 100,000 live births) by region

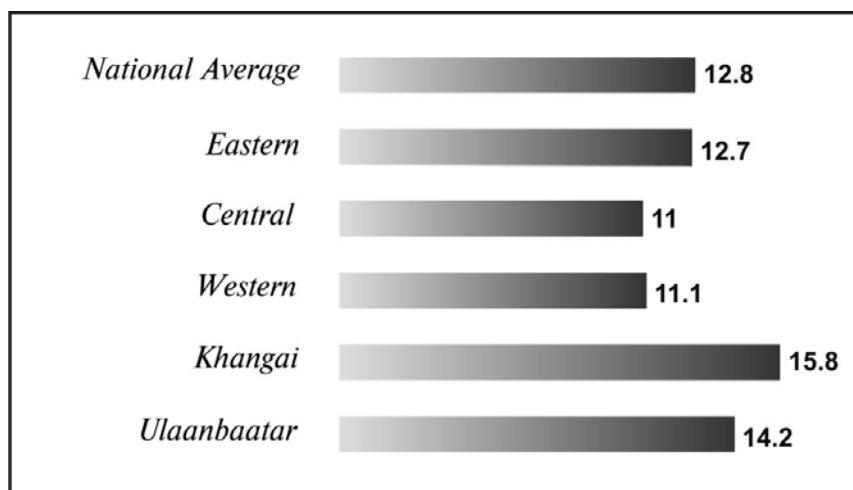
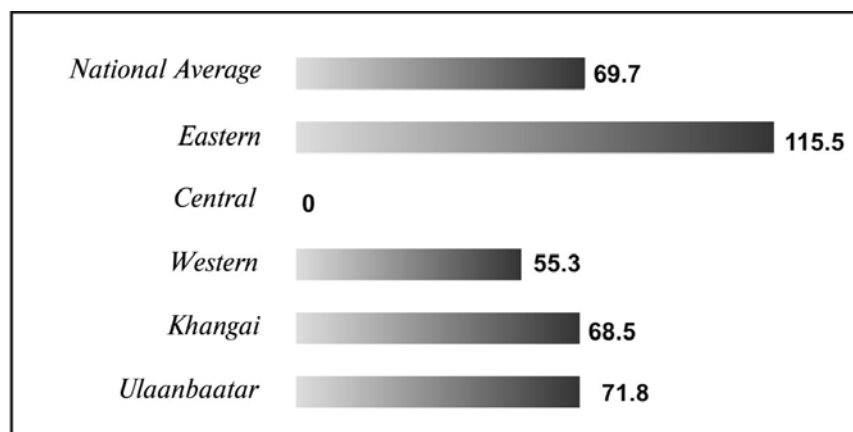


Figure 4: Mortality rate of children under five years old (1,000 live births) by region



Conditions for reliable, risk-free development of social services delivered to young children

Surveys indicated that the social service-related risks of parents were as follows:

- Limited opportunities for young children to enrol in kindergartens due to insufficient capacity of the kindergartens;
- Nursery services for children under 3 years old should be expanded;
- Insufficient supply of specialized personnel to provide services to children with disabilities;
- Insufficient quality of the alternative forms of training for young children;
- Low quality, caloric content and availability of food for preschool children;
- Exorbitant cost of medicines, treatment and equipment for young children. Subsidized medicines from the government not readily available;
- Limited availability of professional pediatricians in the primary level clinics;
- The environment around children is dangerous; abuse and violence against children are evident.

According to the medical workers engaged in the survey, observance of the standards on health services for young children has depended on equipment and material supply, capacities of the medical personnel and other factors. MOH provided diagnostic and immunization equipment to the soum clinics in Uvs, Bayanhongor and Umnugobi aimags. The equipment in the other aimags and soums involved in the research were outdated and no longer fit for usage. This is one of the main factors affecting the observance of the health service standards. The soum clinics have faced an endemic shortage of professional personnel. The issues of specialization in pediatrics, updating the qualifications of the existing pediatricians and preparation of the next generation of the pediatricians remained unsolved.

As the local medical and administrative staff members indicated, the provision of the “Child Money” by the government has led to a quantitative increase in the birth rate but has also negatively affected the quality of these births. The probability of births by women of vulnerable groups and groups with high risks has increased.

“In our soum, poor women are frequently giving birth in order to receive the money. Especially it is worrying that many women above the age of 45 years with chronic diseases are giving birth.”

Doctor, soum clinic

The number of children left by their parents in families has been increasing amongst marginalised groups. Women who emigrate to work in artesian mines or seek other employment leave their young children with relatives or friends for many months.

Parents who participated in this survey were critical about the food and nutrition for young children, but doctors and medical staff have mentioned that much work has been undertaken in this area. A Progress book is maintained for each child under the age of two years old and doctor’s visits are conducted on a monthly basis. Additional nutrition and vitamins are given to children with retardation of development, and malnutrition and training on nutrition is organized for their parents.

Among the factors negatively affecting the attempts to improve the social services delivered to young children were listed underdeveloped infrastructure, natural disasters, poverty, unemployment, migration, alcoholism, divorces, etc, but the situation varied between aimags, soums and districts. The reduction of the centralized heating period in the kindergartens and children’s hospitals increased morbidity among children. Moreover, the increased concentration of population in cities and settlements has increased poverty and unemployment, limiting access to social services. Simultaneously, the underdevelopment of roads and energy in the remote areas together with the depletion of the population has also decreased the accessibility, quality and effectiveness of services for young children.

Support given to children from poor and low-income families to access social services

The inability of parents to pay food fees and to purchase school supplies and uniforms negatively affected this situation. The aimag, district and soum welfare funds were taking measures to pay the food fees on their behalf. Some aimags operated children’s nutrition sanatoria and treated children from poor and low-income households.

Provision of employment to the parents and caretakers has been one of the conditions supporting early childhood development. There are beginnings of work in this area at the local level.

At the local level, relatives and grandparents have usually adopted full and half-orphan children. In Mongolia, there is also a practice in which childless couples adopt the children of their relatives, especially children of younger relatives who were born out of wedlock.

National and international organizations, such as World Vision International (WVI), and individuals have started initiatives to improve the accessibility and quality of social services for young children. For example, WVI has been implementing projects supporting health of young children in Ulaanbaatar and selected aimag centres since 2005.

Support given to children with disabilities

Training of children with disabilities requires specific approaches tailored to the special conditions of each child. Children with severe forms of disability require extensive care. In 2006, changes in the conditions for coverage of children with disabilities in the welfare allowances had a negative effect on many children.

“Of the 62 children with disabilities under the age of six years old in our aimag, 30 percent have cerebral palsy. These children have mild or severe forms of disability, and parents groups are operating to assist the parents of these children. Teaching them the methods of care and development of children with disabilities is giving good results.”

Doctor, rehabilitation center, aimag center

At the local level, the provision of prostheses, orthopedic and other devices to children with disabilities and the issue of involving them in treatments remained unsolved. This situation has led to a failure in realization of the rights of children with disabilities.

Although teachers working with children with disabilities are being further trained, the possibilities to include children with disabilities among their peer groups are limited. The material and psychological environments for development of children with disabilities at kindergartens is particularly inadequate.

“The pre-school enrolment rate is between 40 and 50 percent in our aimag. The pre-school enrolment rate of healthy children is much higher than that of children with disabilities. The pre-school enrolment rate should be further increased by developing forms of training adapted to the needs of poor children and children with disabilities while fully exempting children of poor households from the food fees.”

Officer, aimag government administration

Participation of herders' children in all forms of the social services

Alternative forms of training, such as mobile teachers, mobile kindergartens and summer kindergartens, have been organized in order to involve herders' children in pre-school education. Nevertheless, according to the participants, the access and quality of the social services remained inadequate for herders' children and children with disabilities to benefit. Although herders have been interested to include their children in pre-school education, insufficient access (low capacity of kindergartens) and limited dormitory options in the soum centres have restricted pre-school education enrolment.

"Herder households leave their 5-6 year old children with their friends or relatives in the soum centre to involve them in kindergartens. These little children miss their parents, but it is beneficial that they are covered by the pre-school education service."

Parent, soum-level

SECTION FOUR. PRESCHOOL EDUCATION SERVICES



© "Girls" G. Buyandelger 9 years old

4.1 THE ACCESSIBILITY, QUALITY AND EFFECTIVENESS OF PRE-SCHOOL EDUCATION

The access, quality and effectiveness of pre-school education were assessed based on the statistic data and individual interviews within the early childhood development policy review.

4.1.1 Access to pre-school education

The access of young children to pre-school education indicated whether the service reaches the target groups and whether those services are accessible for young children. To increase the accessibility to pre-school education, the capacities of nurseries and kindergartens are being increased and alternative forms of training are being introduced. The public kindergartens are mobilizing their full capacities and organizing alternative forms of training at the aimag and soum levels.

The review has shown that alternative forms of pre-school training help increase the overall enrolment rate, but their quality and effectiveness are insufficient. Besides the positive aspects of the alternative training, such as socialisation of children in their peer group and preparation for school, many shortcomings need to be addressed. The absence of documentation standards, including the requirements, procedures and curriculum for the alternative forms of training, they has made it difficult to compare the quality of alternative forms of preschool education with the national standard.

The capacities of pre-school educational establishments have been increasing by 1,000 children each year through the building new kindergartens with the governmental budget and international financial support, but at this rate 30-50 years will be required to achieve an enrolment rate of 100 percent.

The kindergartens of some of the soums included in the review were not working at their full capacities due to the high incidence of emigration to the cities and larger settlements. For example, Sergelen soum of the Tuv aimag is located just fourteen kilometers from the aimag centre. Most of the soum population has migrated to the aimag centre (what %?), and the number of children in the soum kindergarten has fallen sharply. At the time of this survey, there were only twenty children attending the kindergarten, which has the capacity to accept 90 children. A similar situation was found in Hanhongor soum of Umnugobi aimag.

The free-of-charge issuance of birth certificates and the provision of the monetary allowance to all children have facilitated the inclusion of children from vulnerable households in preschool education. The kindergarten food fees of vulnerable children were also paid by the social welfare fund. However, these conditions were still insufficient for inclusion of every young child of vulnerable groups in pre-school education. In the 2006-2007 academic year, six percent of children in kindergartens received aid from the social welfare fund.

Young children in the outskirts of cities and towns and in the “new settlements”, where gold, coal and/or spar are extracted by hand, have been unable to access pre-school education. The primary cause of this has been the total lack of preschool education establishments and the low capacity of existing kindergartens. Complicating matters further, some of the “settlements” of artesian miners have no official governmental administration.

The review also revealed that pre-school education services for children under age of three years old were unable to assist parents to find employment opportunities. Though the government

promotes breast-feeding of children under the age of two years old, most parents leave their children in nurseries and kindergartens in order to work. This has been closely related to the family budget and career opportunities of the parents.

“If I sit at home for two years looking after my child, I will certainly lose my job.”

Parent, soum-level

At the same time, many mothers lacked the knowledge and experience in raising children under the age of three years old.

“Children under the age of three years old are left out of consideration. It is important to focus on the education and up-bringing of these children below at all levels. It is especially common among parents to lack adequate experience and responsibility in raising their children.”

Officer, Department of Social Development

4.1.2 Quality of pre-school education

The quality of pre-school education services for young children is determined by whether the pre-school education standard, programme, learning aids, teaching staff, human resources, learning environment meet the national standards and other social needs of the community. The IECDP emphasizes the targets of development and implementation of the pre-school education standard, improvement of the learning environment, including the supply of toys and training materials, building the capacity of the teaching personnel and changing the public attitude towards child violence in all settings, including the family environment. The pre-school education methodology, content and technology have been developed to meet the needs and demands of society. A new pre-school education standard was developed in 2004, and its implementation has been organized by the local administrative units. However, according to kindergarten teachers, parents and officials, this process has been slow and varied by location.

“Every year, in cooperation with the Aimag Authority for Education and Culture, we work in the soums to conduct monitoring of the daily work of kindergartens and organize an in-service training to upgrade the qualification of the teachers. As a result, the implementation of the pre-school education and primary education standards has been improving in the course of the last few years.”

Officer, Aimag Government Administration

“The teachers of our soum kindergarten have not attended any training for qualification enhancement. The training in our soum kindergarten is inadequate. The children are not learning anything new.”

Parent, aimag center

The issue of the quality of pre-school education has been considered within the framework of mainstream kindergartens, while the issue of the quality of alternative forms of training shall not be left out. There were no official guidelines and procedures to specify what forms of alternative training should be organized, how, by whom, for what duration, where and for what age group of children. This situation has also negatively affected the quality of alternative training. The content and curricula of alternative pre-school training have been ad-hoc, as the concept itself has been

treated as a shadow of the mainstream preschool education system. The shift classes, part-time classes and mobile kindergartens have been considered as forms of alternative training. However, it is unclear what indicators should be used to assess them and whether they can be mutually compared, as the requirements to be imposed on them is unspecified.

Survey participants gave sub-standard evaluations for the organization, budget allocation, training materials, teaching staff and environment of preschool education establishments. This has indicated a need to include qualitative indicators together with the quantitative enrolment rate.

The ethics and attitude towards their jobs by the teachers was also an influencing factor. All participants of the study pointed out that besides training of the teachers on pre-school education standards and curriculum, the new approaches needed to be developed in the teachers themselves.

“It seems that most of the teachers are still working in the old style. However, the nowadays teachers hardly have the child-loving attitude.”

Director, soum-level kindergarten

The environment of the kindergarten has also affected the quality of pre-school education. Among those involved in this study, there were very few kindergartens that have had their buildings refurbished or their toys replaced.

The quality of food served in preschool education establishments varied widely, as did the approaches to improving the nutrition of preschool children. In order to improve the quality of the food, trainings have been organized for the cooks. Some kindergartens have organized public exhibitions various meal for children and food monitoring groups of parents. Methodological advice for improving young children’s nutrition has been provided by professional organizations such as nutrition center and child nutrition care centers.

“A children’s sanatorium is working in Zuunmod soum. The centre serves 100 children, 70 of whom are from marginalised groups of the population. The centre was established to improve and strengthen the health of the children by giving them more nutritional food. The organization of a survey of the children’s growth and development together with training on improvement of the calories in food under the initiative of the centre’s teachers and doctors indicates a new approach towards early childhood development.”

Director, Children’s sanatorium centre

At the same time, some kindergartens provided very limited diversity in meals, serving only wheat flour, meat and rice under the pretext that the food fee was too low.

“Each child in our kindergarten eats meals at a cost of 450-550 MNT. With this money, it is impossible to buy anything but meat, flour and rice. We cannot even afford to buy vegetables. We cannot claim to be providing nutritional food for the children. Without increasing the food fee, any improvement of the nutrition is impossible, and children will continue to feel hungry at the kindergarten.”

Cook, soum-level kindergarten

The parents also indicated that the quality and quantity of the meals at kindergartens was insufficient.

“My child always comes back from the kindergarten hungry. I do not know what they give the children at the kindergarten. Nevertheless, we do pay the food fee monthly. We should feed the child well at home; otherwise, it is impossible to attend kindergarten...”

Parent, soum level

4.1.3 The effectiveness of pre-school education

The indicators for the effectiveness are the positive changes in the lives of young children and in the attitudes of those who have received social services. Any changes in the capacities, resources and qualities of the agencies providing social service are also important indicators.

The participants of the review recognised the increase in the pre-school enrolment rate, but they stressed the failures in quality. They doubted whether the alternative training, which constitutes 12.3 percent of pre-school education, has really delivered qualitative gains in the development of the children.

There are beginnings of inclusion of children with disabilities in pre-school education. Although society as a whole has recognized the need for inclusive education for children with disabilities, only a few kindergartens have been involving children with mild forms of disabilities, constituting less than one percent of all children enrolled in preschool.

The review has demonstrated the urgency of support of development of children with disabilities and provision of education to them. Education services have been inaccessible for children with severe forms of disabilities, and their parents and families. With the exception of Kindergarten #10 in Ulaanbaatar, preschool education establishments do not provide educational and developmental services for children with disabilities.

Despite the legal environment for child cherishing relations in educational and family settings, it is far too early to assess the realization of the law in practice.

The survey also pinpointed the lack of professional staff in rural areas to work with young children. It is necessary to prepare and further train teachers to organize alternative forms of training and to work with children with disabilities.

Governmental spending on pre-school education has been increasing. This positively influences development of the pre-school education sector and early childhood development.

The recent years' growth of the pre-school enrolment rate and improvement of the kindergarten environment have helped reduce mortality and malnutrition among young children.

4.1.4 Inter-sectoral regulations

The IECDP formulated a set of targets towards achieve a cross-agency, inter-sectoral regulatory environment for preschool education establishments. These targets included maintaining a policy coordination council at the national and local levels, cooperation of stakeholders in a baseline study of social services, compilation of a centralized database and annual discussions of the IECDP implementation at the relevant ministries.

The cooperation between these social service organizations has been expanding at the local levels. For instance, the community clinics have been organizing a wide range of activities: they cooperated with local kindergartens to provide advice and trainings to parents of young children with malnutrition and to teach young children basic hygenical practices. In addition, they cooperate with local social welfare agencies to involve young children in sanatoria, treatments and kindergartens-

sanatoria. Although each child enrolling in kindergarten is required at the beginning of the academic year to undergo a medical examination, the legal environment and budgetary support have been lacking for this initiative.

Many aimags branch councils for the IECDP have been inactive, failing to plan or budget for any activities.

The participation and support of private and non-governmental organizations have also been important in complementing the government’s provision of social services to young children. Private and non-governmental organizations have increasingly shown interest since 2005 in providing social services to young children in Ulaanbaatar and other major settlements. This has created favorable conditions for reducing the stress on government and improving the quality of education.

4.2 THE RESPONSIBILITY OF FAMILIES WITH YOUNG CHILDREN

The level of responsibility of the government in Mongolia is still as profound as it was during the socialist period and this responsibility of the government remains. This situation is likely to continue in the medium term. This is related to the national tradition of treasuring children and the current legal environment.

The following table demonstrates the concept of the government being fully responsible for early childhood development, comparing the views of the staff of a local social service agency and of parents.

Table 5: Summary of group discussions on pre-school education services

Staff of a local social service agency	Parents
Make the age groups for the Pre-School Education Standard clear	Stop changing the curriculum so frequently
Increase the money for purchasing kindergarten equipment, tools and toys in the budget	The quantity of toys is insufficient and the budget is also insufficient
Increase the salary of kindergarten teachers	Eliminate the urban and rural differences between the kindergartens
Increase the food fee from MNT 300 to MNT 3000	Improve the calories and quality of the kindergarten meal
Employ a professional methodologist at every kindergarten and at the same time reduce the staff of the storekeeper or accountant	Improve the capacity of the teaching staff
Improve the social conditions of the kindergarten teachers	Provide gers or premises for kindergartens to increase the access for the herders’ children

Both groups mentioned the need to improve the quality and access of pre-school education, but none of them offered any ideas about involving the family more in early childhood development. In many countries, the participation of the private sector, community and individuals is regarded as a way to improve the quality and effectiveness of the services delivered by the government. When governmental service agencies handle the basic child development issues, more resources are dedicated to the services, the quality improves and the workload decreases.

Interestingly the rural participants mentioned that the parents have a significant role in the early childhood development, while the Ulaanbaatar participants did not stress much on the parental duties.

The pie diagram exercises showed that the parents identify shops, religious organizations and international aid organizations as being more influential than governmental service institutions and parents.

4.3 ACHIEVEMENTS IN PRE-SCHOOL EDUCATION

Local kindergartens work proactively to increase pre-school enrolment rate.

Since the first ger-kindergartens were introduced in 1998, considerable experience has been accumulated. This was the beginning of provision of pre-school education services to young children through an environment other than the mainstream. The alternative training has played an important role in the inclusion of marginalised children and herders' children from remote areas in pre-school education, preparing them for school and enhancing the participation of parents in pre-school education. Pre-school education establishments and teachers have actively worked to increase the pre-school enrolment rate. The support of international organizations and of private entities played an important part in the increase of the pre-school enrolment rate. These organizations fund the training premises, meals for children, training supplies and transportation in connection with alternative trainings.

Alternative forms of training improve the knowledge of young children, enabling them to advance into primary school. The parents who took part in the research pointed out that pre-school education enhances children's communication skills, speech and intellectual capacities.

Systematic preparation of teachers for alternative training needs to be organized locally, regionally and nationally. The MECS should prepare curricula for summer and temporary kindergartens and to issue handbooks.

The social welfare fund support plays an important part in inclusion of marginalised and disabled children in pre-school education.

The payment of the food fees from the social welfare fund and from the governor's budget in some areas created favorable conditions for inclusion of marginalised and disabled children in kindergartens.

Kindergartens provided education to children from marginalised groups and children with disabilities together with mainstream children. This enabled the vulnerable and disabled young children and their families to socialise, develop in the community and to achieve mutual understanding. Improvement of the skills of teachers and assistant teachers and streamlining their workloads will be instrumental for further inclusion of children with disabilities in mainstream classes.

4.4 PRESSING ISSUES OF PRE-SCHOOL EDUCATION

Insufficient legal environment, budgeting and information for stakeholders at the local level.

The traditional cooperation between the social service agencies remained at the previous level without any expansion or development. The IECDP failed to define in detail the ways of maintaining the integrity of the health, education and social protection services.

“We know of the IECDP. Nevertheless, the objectives of this policy are not fully achieved because they failed to develop the implementation structure and the ways for implementation. Besides, they forgot to perform a promotion of the policy.”

Officer, Department for social development

The stakeholders have begun understanding the importance of cooperation, but they lack knowledge, skills and experience for developing cooperation. There is no training on cooperation skills and cooperation methodology for the stakeholders.

“There are possibilities for cooperation of the social protection, education and health sectors. The main problem is that they are unable to share information. There are many programmes like the Integrated Early Childhood Development Policy and so on, but personally, I do not understand them. People never read the new and former policy papers. Many of these policies and programmes overlap in their content. I cannot see the differences between the Integrated Early Childhood Development Policy and the Child Development and Protection 2010 Programme. They need not have wasted so much time and resources writing so many policies or programmes, after all the same person in the aimag handles them all. Frankly, all these policies and programmes become only paper declarations. These are just official-sounding words on paper. Hardly anyone reads them.

Officer, soum governor’s administration

The IECDP has not been well linked to the legal documents that are currently in force. Therefore, it has been impossible to define and implement an inter-sectoral policy at local levels.

“Following up the Integrated Policy enactment, we have promoted it to our divisions. The policy objectives are reflected in the annual aimag plans. There is no specially planned activity to implement the joint resolutions of the 3 ministers.

Officer, Department for social development

A favorable environment for pre-school education services for young children has not evolved.

The buildings of most pre-school education organizations are old and in disrepair and the supply of necessary equipment, spare parts and materials to do so is insufficient. The problems of qualified teachers and assistant teachers remain unsolved. All survey participants insisted that teachers live and work in poor social conditions with low salaries (only 10 percent above the poverty line?). In-service trainings to improve the professional and communication skills of teachers and other staff need to be scaled up.

Implementation of the IECDP is still not linked with the national budgeting and investment processes.

No special funds were allocated from the national and local budgets for the implementation of the IECDP as it was planned to be realized within the routine work in 2006-2007. The budget of the pre-school education establishments have been distributed based on the current expenditures. In areas with high migration rates, the budget has not been sufficient for the delivery of services. Additional regulations are necessary to more effectively implement the IECDP.

The Ministry of Finance reduced the budget allocation that should be made in accordance to the three-year business plans of the pre-school education agencies. There was no incentive mechanism for mobilization of resources other than the national and local budgets for delivering social services.

The attitude of parents towards early childhood development is changing slowly.

Raising young children, providing them appropriate nutrition, protecting and improving their health, preventing them from injuries and giving them education are all important development issues. Therefore, it is crucial to support training of the parents and caretakers of young children to develop these skills and capacities in them.

“The number of children per household has decreased in recent years. Now parents focus on their children’s development more, but they have insufficient knowledge and experience in developing their children. Young parents in particular have had no experience in raising children. It is very unclear where they should seek the necessary information and who should provide this information. Only they are able to get some sporadic information on TV.”

Governor, aimag level

The negative social attitudes towards children with disabilities still have not changed.

Mongolian education law says that children with disabilities should be included in classes at school, it is not meet. Teachers whose classes include children with disabilities, are not rewarded, instead their classes lose points.

“Children with disabilities are left out of kindergarten. I can say no environment has been created for them. For example, there is no special desk, stool, roadway, wheelchair or anything in the kindergartens to make them more accessible to children with disabilities. If these conditions were created and those children could be included in kindergarten, it would be good.

Teacher, soum-level kindergarten

“ If the health, education and social welfare and protection agencies worked together for the Integrated Early Childhood Development Policy, this would be helpful for children with disabilities too. There should be a kindergarten involving children with disabilities.”

Health Teacher, soum-level kindergarten

CONCLUSION AND RECOMMENDATIONS



© "Dream" Z.Selenge 10 years old

The statistical data and the results of the review demonstrate that the IECDP has positively influenced the access, quality and effectiveness of the social services provided to young children.

The major indicators of early childhood development for children under the age of six years old, such as the pre-school enrolment, immunisation, and maternal/young child mortality rates, have shown considerable improvement.

However, the review demonstrated that inter-sectoral coordination has been insufficient especially at the local levels. Although the governmental social service agencies have been the main duty bearers in early childhood development, extending the responsibilities of parents and communities will help improve the accessibility, quality and effectiveness of social services and streamline the efforts of the government.

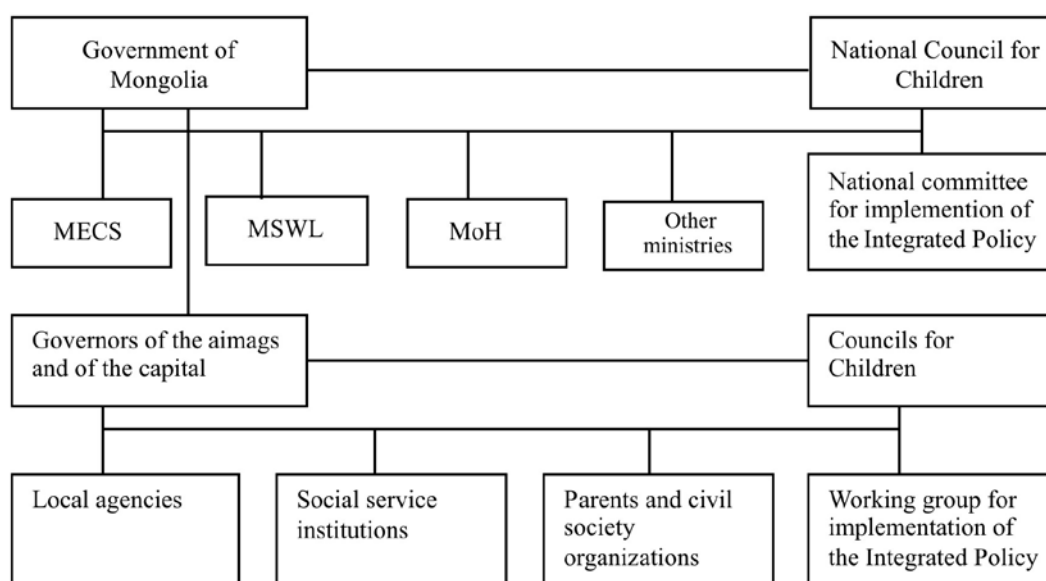
In order to improve the impact and effectiveness of the IECDP in achieving the Millennium Development Goals, Education for All Goals and the Master Plan to Develop Education of Mongolia in 2006-2015, the government should:

- Revise the IECDP to improve the feasibility of its implementation in rural areas;
- Reconsider the budget allocations for the activities necessary for implementation of the IECDP;
- Build cooperation capacity of the implementing agencies;
- Maintain participation of all stakeholders in implementation.

Revise the policy document to improve its feasibility of implementation at national and local level

The IECDP aims to improve the cohesion and coordination of the work of the central governmental administrative institutions. It is necessary to focus on improvement of the integrity of the services delivered to young children by expanding the participation and cooperation of the local level institutions providing services to young children and increasing the inter-dependence of those institutions. Therefore, it will be effective to establish a working group at the National Council for Children to develop and implement the IECDP. In addition, considering that the key functions of implementation of the Integrated Policy at the local levels can be managed by working groups at the aimag and metropolitan councils for children, the following management structure is suggested for the national and local levels (Figure 5).

Figure 5: The management structure for implementation of the Integrated Early Childhood Development Policy



The goal, objectives, their indicators, and monitoring mechanisms need to be formulated clearly, understandable, adapted to the local conditions and impact oriented. The newly developed policy is to focus on creation of a system to deliver an integrated service, which will satisfy the early childhood development standards, and it is recommended to concentrate on development of partnership for meeting the child development standards between the public and private sectors as well as the civil society. For example, alternative forms of delivery of integrated social services to children of herder's and children of manual gold extractors can be developed in cooperation with the private entities and civil society organizations.

Reconsider the budget allocations for activities necessary for implementation of the policy

An important condition for successful implementation of the Integrated Early Childhood Development Policy is a thorough study of the present legal system and its effective use as well as making amendments and adaptations in case it is essential. It is also recommended to reflect coordination, implementation and expansion of inter-sectoral cooperation in the laws on central budget, on management and financing of budget organizations and on protection of the rights of the child together with the sector laws and regulations. The necessary legal framework, budget and funding sources should be identified for each activity planned by the Integrated Policy. As the Policy paper will also formulate issues that cannot be solved directly through the sectoral policies and activities, it is recommended to clearly define the quantities and sources of the necessary funding. In addition to the allocation of funds in the inter-sectoral coordination budget line in the state budget for the implementation of the Policy, it is also possible to allocate certain funds to the Fund for Children.

The plan for implementation of the IECDP should reflect financial and technical contribution of international and civil society organizations, private entities and individuals.

Duplication in the IECDP of issues that can be solved within the functions of the social service agencies and within the other policies and programmes will be ineffective. Instead, it is more important to reflect capacity building for consistent development and effective implementation of the approaches, mechanisms and regulations for delivering integrated social services ensuring the

standards of early childhood development and activities for changing the public attitude in the Policy document. Thus, improvement of the training methodologies and curricula of alternative forms of ECD training and preparation of teachers are to be solved integrally with the other early childhood development services.

Build cooperation capacity of the parties implementing the policy

As the fundamental principle of the Integrated Early Childhood Development Policy is relatively new, a key to its effective accomplishment is to assist the stakeholders to understand it, and develop in them the skills necessary for its implementation. In the review conducted at the local levels, the participants pointed out that the policy approved in 2005 did not achieve its objectives as its implementation was attempted without enlightening the stakeholders. Especially the policy implementation mechanism should be clear at both the national and local levels and capacity to use it should have been created.

Development of cooperation skills should include explanation of the contents of the policy document to the stakeholders, encouraging their initiatives, promoting teamwork, and providing knowledge and skills of effective planning, spending funds and monitoring. For this purpose, it is recommended to plan work for promotion of the contents of the policy and building the necessary capacities in the stakeholders. It is effective to build a system of reporting the integrated policy implementation to the public. Development of the reporting system shall be correlated with the activities of the managing council of the kindergarten and of the livelihood support council operating at the soum/horoo levels.

Maintain equal participation of all stakeholders implementing the policy

Changing the attitudes of parents and of the public, delivering an integrated social service to young children and development of supporting legal frameworks will help streamline the government functions and reduce its monopoly.

It is important to develop a partnership environment for the public and private sectors and the civil society through the related legal acts and regulations. This will provide conditions for improvement of their participation and commitment for early childhood development.

Delivery of integrated early childhood development services also requires responsibilities of parents and caretakers. The governmental institutions shall support through their policies the participation and initiatives of parents.

The review team maintains that the Integrated Early Childhood Development Policy can only be implemented through an integrated cooperation and effective monitoring and evaluation mechanisms.

**ANNEX 1.
COUNTRY PROFILE**

Government and Administration		
Item	Description	
Administrative structure	<p>Mongolia is a landlocked country located between Russia and China.</p> <p>Mongolia has a territory of 1.5 million square kilometers and a total population of 2.6 million people.</p> <p>41 percent of the population lives in rural areas, and 38% lives in the capital city of Ulaanbaatar.</p>	
Decentralisation policy	<p>The Mongolian economy has been in transition since 1990. As such, it has experienced radical changes and reforms, especially during the 1990s. The collapse of the Soviet Union and transition to a market economy left the country with major financial difficulties, a severe lack of foreign currency, shortage of capital, consumer goods and materials, and high unemployment and poverty. After 1990, the Government struggled to stabilize the economy and established a market system embracing principles of democracy, private ownership and human rights. Radical reforms were introduced, including the privatization of many state-owned assets, the liberalization of prices and trade, and the establishment of private property rights.</p>	
Official language(s)	Mongolian	
Major language(s) of instruction in school	Mongolian	
Currency & exchange rate to the USD (as of date)	\$1 = MNT 1163 (4 July 2007)	
Demography		
Item	Data	Source
Size of population (millions)	2,594,800	Mongolian statistical yearbook 2006 2nd MDG report
Average annual population growth rate (%; indicate time bracket)	1.30%	Mongolian statistical yearbook 2006
Percentage of urban population (%; as of total population)	60.90%	Mongolian statistical yearbook, 2006
Distribution of population by region (%; by region)	<p>By region</p> <p>West region: 16 %</p> <p>Khangai region: 21%</p> <p>Central region: 17%</p> <p>East region: 8 %</p> <p>Capital city 38%</p>	Mongolian statistical yearbook, 2006
HIV prevalence rate (%; as of total population)	≤ 0.01%	Second Generation Semi trial Surveillance 2005
Economy		
Item	Data	Source
PPP GNI per capita (in USD)	USD 690 (2005)	http://devdata.worldbank.org
Sectoral contribution to GDP (% of GDP)	<p>Agriculture 22</p> <p>Mining 12</p> <p>Manufacturing 7</p> <p>Electricity 2</p> <p>Construction 3</p> <p>Wholesale & retail 26</p>	

	Hotels & restaurant 1 Transport, storage & communication 17 Financial intermediation 4 Real estate, renting 2 Public administration 3 Education 3 Health & social work 1	
GINI Index	0.380	2nd MDG report
Human Development Index (HDI) (and rank)	0.691 116th	Human development report 2006
Percentage of people living under \$1 per day (as % of total population)	27.0%	Human development report 2006
Poverty level (or income level) by region (USD)	Per capita per month by region Western 47 Khangai 46.9 Central 48.7 Eastern 44.5 Capital city 51.6	Mongolian statistical yearbook 2006
Women		
Item	Data	Source
Rate of participation in the labor market (% , identify age bracket)	64.40%	Mongolian statistical yearbook, 2006
Employment by sector (% of female employment, year)	51.5% (2006)	Mongolian statistical yearbook, 2006
Maternal mortality ratio (per 100,000 live births, year)	69.7	Mongolian statistical yearbook 2006
Gender-Related Development Index (GDI) (and rank)	0.685 87th	Human development report 2006
Children		
Item	Data	Source
Under-5 mortality rate (per 1,000 live births)	19.1	2nd MDG report
Vaccination rate against measles (% of one-year-olds, year)	98.9% (2006)	Statistical year book, MOH 2006
Underweight for age (% under age 5, year bracket)	Under age 5 6.7% (2006)	3rd national Nutritional Survey report 2006 Human development report 2006
Education		
Overview of formal education system of Mongolia	The Government of Mongolia has begun to implement an important structural reform, beginning in 2004-2005 with the addition of an 11th year to the primary-secondary education cycle. In that year, school system began serving 7 year olds, who entered a temporary "grade 0", but these pupils and that then in grade 1 both moved to "grade 2" (different grade 2's) in 2005-06. Since schools were not ready in 2004-05 to accommodate all 7 years olds in all parts of the country, some children (10,502) remained in kindergartens for their "grade 0" education. Both types of institutions (kindergartens and primary schools) were expected to provide the same first year curriculum. From school year 2006-06. All first-year pupils entered regular primary schools; The second step in the structural reform will involve the addition of a 12th year. There was lengthy debate as to whether to do this in 2008 or 2010, but the decision has now been taken to go with the earlier option.	

	<p>The goal is to move from the 4-4-2 system that existed prior to the reform, to a 5-4-2 system, and then to a 6-4-2 system, which will be more in line with education structures in other parts of the world. A further reorganization of Mongolia's basic education system (from 6-4 to 5-5) is planned for sometime further down the road, probably 2012-13, as can be seen in figure 3.1.</p> <p>Mongolia's education system also includes a vocational education and training (VET) sub-sector, which parallels lower and upper secondary education. Higher education (HE), science, and technology (S&T) make up two more education sub-sectors, and finally there is a non-formal/distance education sub-sector.</p>	
Item	Data	Source
EFA Development Index (EDI) (and rank)	0.94	EFA Global Monitoring Report 2006
Adult literacy Rate (% ,age bracket)	People ages 15 and above 97.8%	Mongolian statistical yearbook 2006
Male (% ,age bracket)	People ages 15 and above 98 %	Mongolian statistical yearbook 2006
Female (% ,age bracket)	People ages 15 and above 97.%	Mongolian statistical yearbook 2006
Net enrolment rates (NER) in primary education (% , year)	82.3% (2006)	MECS statistical year book 2006
Repetition rate for all grades (% , year)	0.12% (2006)	MECS statistical year book 2006
Drop-out rate for all grades (% , year)	2% (2006)	MECS statistical year book 2006
Survival rate to Grade 5 (% , year)	86.8% (2006)	MECS statistical year book 2006
Net enrolment rates (NER) in secondary education (% , year)	86.1% (2006)	MECS statistical year book 2006
Public expenditure on education, (as % of GNP, year)	17% (2006)	Budget set of Minister of Education, Culture and Science MECS statistical year book 2006

**ANNEX 2.
INDIVIDUAL INTERVIEWS**

Methodology: 2 people should conduct a given interview. One interviewer will ask questions to the respondent according to the questions given in Table 1. The other person shall record the responses in detail, in strict accordance with the instructions. The duration of an interview shall not exceed 90 minutes, and questions may be asked selectively depending on the situation.

Table 1: Questions for interview

Interview code		01
Respondent type:		Aimag/metropolitan/soum/district administration officers
1	What is the situation of the integrated early childhood development policy implementation? What activities are being undertaken for its implementation?	
2	What is the structure for implementation of the integrated policy? What size of budget and funds are being spent on it?	
3	What activities are being undertaken in your community to improve the access of young children to health, education and social welfare services?	
4	What activities are being undertaken in your community for improved quality of health, education and social welfare services for young children?	
5	What successes and good practices have occurred in the implementation of the integrated early childhood development policy in your community? What are the difficulties encountered? How is the work of issuing birth certificates being implemented? How many children could not receive birth certificates?	
Interview code		02
Respondent type:		Social welfare agency officers
1	What activities is your agency carrying out within the framework of the integrated early childhood development policy?	
2	What are the pressing issues in social protection of vulnerable and marginalised children in your community? What activities are being undertaken to solve them?	
3	Are there cases of child adoption that were performed through your agency? What is the role of your agency in child adoptions? What is the frequency of child adoptions in your community? Who deals with the children who have lost both parents? How are the living environment and security of the adopted children controlled?	
4	What services is your agency providing to children who cannot access education because of poverty or disability? How are these services related with other agencies? How do you assess the impact of these services?	
5	How do you cooperate with local education and health establishments and local governmental administrations in the area of integrated child development? How is the participation of parents and the community organized? What are the opportunities for enhancement of these collaborations?	
Interview code		03
Respondent type:		Clinic and health agency officers
1	What activities is your organization carrying out for the implementation of the integrated early childhood development policy? Have conditions for effective implementation of the policy has been created? Especially in terms of budget, resources and structures?	
2	How does your organization observe the standards in maternal and child health protection, prevention and healthy lifestyle? How sufficient are equipment, supply of medicines and staff capacity for observance of these standards?	
3	What is the situation of malnutrition of mothers and children in your community? What activities is your organization carrying out to improve the quality of nutrition for mothers and children and to develop healthy nutritional practices and habits? Is there sufficient access to basic services to be delivered to children with malnutrition and retarded growth?	

4	What activities are being undertaken to improve access to health and medical services? How does your organization cooperate with educational and social welfare agencies? How is the participation of parents and communities in these activities organized? What else needs to be done in this area and by whom?
5	What activities are being undertaken to improve the quality of health and medical services? How does your organization cooperate with educational and social welfare agencies in this area? How is participation of parents and communities in these activities organized? What else needs to be done in this area and by whom?
Interview code	
04	
Respondent type:	Teachers and social workers of aimag/metropolitan Education and Culture Authorities, schools and kindergartens
1	What activities is your organization carrying out for the implementation of the integrated early childhood development policy? Have conditions for effective implementation of the policy been created? Especially in terms of budget, resources and structures?
2	What is the pre-school enrolment rate in your community? What activities are carried out to increase access to pre-school education? What activities are implemented to improve access for vulnerable and marginalised children?
3	What activities are carried out to improve the quality of pre-school education? What is done to improve the skills of the staff in pre-school education?
4	What difficulties have been encountered in implementing measures to support early childhood development in your community? How do you think these problems can be addressed? How can cooperation and participation of health and social welfare agencies, parents and community help to address these problems?
5	Do you think there are differences in the levels of development of children who attend kindergartens and who do not attend kindergartens? Please give examples.
Interview code	
05	
Respondent type:	Non-governmental organizations and the private sector
1	How does your organization participate in the implementation of integrated early childhood development activities? What can your organization do to further implement the integrated early childhood development policy? What support is needed from the government and the local administrations to do so?
2	At what level are the activities for integrated early childhood development implemented in your community? Why?
3	What should the relevant agencies do to improve access to social services for children?
4	What should the relevant agencies do to improve the quality of social services for children?
5	How would improved access and quality of social services for children influence the development of the society?

ANNEX 3. FOCUS GROUP DISCUSSIONS

Methodology: Two facilitators will conduct the focus group discussions. One of the facilitators will activate the group using the key questions given in Table 1. The other facilitator will take detailed notes of the discussion. The minutes shall be taken in strict accordance with the instructions. The recorder shall not make any changes or additions to the speeches of the focus group participants.

The following principles shall be observed during the focus discussion:

- The facilitator shall not ask questions on any topics that may be personally sensitive or that violate the human rights and personal freedoms of the participants. The facilitator shall ask questions from the approved list only;
- A focus group discussion shall be conducted during a period of no more than 90 minutes;
- No more than eight people will participate in any given focus group discussion;
- A focus group shall be formed in consideration of age and gender of the participants;
- A focus group discussion shall be conducted sensitively in view of the specific local conditions;
- The recorder shall type the minutes of the focus group discussion within the same day and may attach necessary additional data or notes;
- The facilitator shall read the notes within the same day and make corrections or clarifications as necessary. In order to clarify some cases, the facilitator may use an individual interview to follow up with participants.

Table 1: Key questions for the focus group discussions

№	Questions	Exercises
A. General questions		
1.	What changes have occurred in the local health, education and social protection services during the last 3 years? Please give examples.	Calendar
2.	What do you know about the integral early childhood development policy? What is most important in integrated early childhood development?	Depiction Problem tree Prioritisation
B. Access		
1.	How many young children in your community cannot access health, education or social welfare services? Why?	Depiction Problem tree
2.	Are ALL young children in your community involved in the services of the community clinic? (E.g. preventive health examinations, immunisations, growth observations, etc.) If not, why not?	Depiction Problem tree
3.	Can EVERY young child in your community be enrolled in kindergarten? If not, why not? Is there any form other than the kindergarten to provide pre-school education to young children? If so, what are they?	Depiction Problem tree Prioritisation
4.	Are all eligible young children in your community involved in social welfare services? How about children with disabilities and children of marginalised groups?	Depiction Problem tree Prioritisation
C. Quality		
1.	What changes in quality occurred in the local health, education and social protection services during the last 3 years? (E.g. the service environment, staff capacity, funding, equipment, observance of standards, etc.)	Depiction Problem tree Prioritisation
2.	How does the community clinic (hospital, health agency) work in the area of maternal and child nutrition? What are the opportunities to improve the quality of their services?	Problem tree Prioritisation

3.	Do you think that the content and methodology of training for young children meet the needs and requirements of their development? If not, why not? What are the ways to improve them?	Problem tree Prioritisation
4.	Are ALL young children with disabilities in your community involved in the services of the sanatoria and nurseries? If not, why not? (What do you know about child adoptions?)	Depiction Problem tree Prioritisation
5.	Who can do what to improve the social welfare, health and education services for young children in your community? How can you contribute?	Depiction Problem tree
D. Effectiveness		
1.	What do you know about the budget and funds spent for activities to support early childhood development? Do related social service agencies give you information about this? What should be done to increase the effectiveness of the spending of these agencies?	Depiction Prioritisation
2.	Do you take part in making decisions related to social services to be delivered to young children? If not, why not?	Problem tree Prioritisation

PARTICIPATORY EXERCISES

Pie Chart: the Pie chart exercise is used to define the participation of local groups and organizations and their correlations, cooperation and contributions to local development.

Steps of the Pie Chart exercise:

1. Identify the goal: Ask the participants “What do you want to find out, in which sector or area?” Examples could include the participation in decision making processes, participation in the local citizen’s council meetings, and participation by material contributions.
2. List the famous influential figures in the community, including poor households, herder households, soum/bagh administrators, of social groups, representatives of civil society organizations (for women/men, senior citizens or children).
3. Classify and sort the list by their percentage in the population, power, reputation, influence or other criteria of your choice.
4. Cut out pie pieces or shapes of various dimensions. Write the names of the social groups, organizations or individuals on the pieces. The largest piece should represent the most influential person/group or the group/organization that represents the highest number of people.
5. Draw a large circle on a paper and write on it what this circle represents, e.g. local development issue or implementation of plan.
6. Decide the distance of placing each pie from the centre of the large circle depending on the participation/involvement of the group in the issue and/or how they cooperate with each other. The organizations/groups that cooperate with each other should be placed close together, while those that do not cooperate with each other should be placed farther from one another.

Matrix exercise: The Matrix exercise is used to identify the best solution by ranking information according to selected criteria.

Steps of the Matrix exercise:

1. In order to select the priority issue, criteria should be identified. (E.g., whether poor and marginalised groups can benefit from the results of a project.)
2. Create a list of criteria to be used for identification of priorities. The principle of choosing the criteria should be to choose generic and positive criteria. For example:
 - Deliver impact in society,

- Reduction of spending,
 - Achievable,
 - Effect positive changes in the community.
3. The participants should rank the issues by checking each of them against the criteria. Points from 1 to 5 are used for the ranking, where 1 indicates the lowest priority, 3 neutral or average priority, and 5 the highest priority.
 4. for each issue, summaries the points given.
 5. The idea that was given the highest sum of scores should be chosen by the group discussion.

Prioritisation of the impacts of projects by the Matrix method

	Establishment of an information and training centre at the horoo	Building a playground	Clean environment-hygiene	Civil registration
Poor and marginalised groups and the community benefit from the outcomes of the project	3	2	3	5
The project brings positive changes to the lives of the community members	3	1	3	4
The outcomes and benefits of the project are sustainable	5	4	4	5
The benefits of the project are accessible to the community covering as many as possible people	3	3	4	3
Relevance to the national and local development policies and development programmes	5	1	5	4
Total	19	11	19	21

- The Matrix method can be used to determine the perceived benefits of a project by selecting the most successful project according to the sum of its scores for each category.
- Alternatively, a given priority category can be isolated, selecting projects that scored well in that category.

Brainstorming Exercise: Brainstorming aims to generate as many new ideas as possible with participation of a group. It is effectively used during various types of meetings and discussions. This model enables people to think freely and creatively without being restricted to a template. It focuses the participants on the issue of the discussion.

Steps of the Brainstorming exercise:

Brainstorming is usually employed to generate ideas and options for the issue under discussion. It is also used to introduce a new topic and to start a discussion. All participants are asked to speak out everything that comes to their mind in relation to the topic even if expressed in one or two

words only. All ideas spoken out during a brainstorm should be accepted without any criticism. The participants should be encouraged every time they speak out an idea with phrases such as “Good!” or “What else?”

The advantage of this method is that it generates many ideas in a short period of time, activates and energises the group, induces creativity, enables people to express themselves without embarrassment of being criticised and provides an indication of the level of knowledge of the participants. This method lets people think freely beyond the restrictions of more conventional discussion models.

**ANNEX 4.
POLICY REVIEW PLANNING**

Review stages and activities	Period	Targets
One. Preparatory stage		
1.1. Develop guidelines for the policy review	December 2006	Guidelines for the review work developed and prepared to be used in regional training.
1.2. Form the policy review working group and select researchers	January 2007	The composition of the review-working group is clear. Joint resolution of the ministries of MECS, MSWL and MOH is issued.
1.3. Participate in the regional policy review training	January 2007	The review working group participates in regional training and learns about the findings of the review in Mongolia. The review guideline and methodology are finalized.
Two. Research stage		
2.1. Conduct preparation of the policy review at the ministries and in the local administrative units	February 2007	A meeting of the participating ministries and local administrative units involved in the review and preparatory work is completed.
2.2. Conduct the policy review, receive advice and support from the regional advisor	February-June 2007	Policy review is conducted and the main objectives are met.
2.3. Write a preliminary report of the policy review and prepare for the regional workshop	June-July 2007	The policy review is ready for introduction to the regional workshop. The local policy review is discussed at the regional workshop.
Three. Post-review stage		
3.1. Finalise the policy review report	July-September 2007	The policy review report is discussed at the ministries and in small groups.
3.2. Organize meeting to introduce report findings	October 2007	The conclusions and recommendations of the policy review are introduced to the public.
3.3. Publish and disseminate the policy review report	October-November 2007	Conclusions and recommendations about the preconditions for national level implementation of the policy are created.

**ANNEX 5.
REVIEW TEAM**

№	Names	Function in the review	Organization and position
1.	J. Batdelger	Team leader	Director, College of Pre-School Education
2.	B. Bathuu	Researcher	Researcher, Center for Social Development
3.	Sh. Erdenechimeg	Researcher	Researcher, National University of Mongolia
4.	D. Ganzorig	Researcher	Researcher, Institute of Public Health
5.	T. Tsendsuren	Advisor	ECD officer, UNICEF Mongolia
6.	G. Batjargal	Assistant	Lecturer, College of Pre-School Education
7.	B. Boldsuren	Assistant	Psychologist
8.	Ch. Tsendmaa	Assistant	Early childhood educator
9.	D. Surenhorloo	Assistant	Early childhood educator
10.	B. Enkhtsetseg	Assistant	Student, National University of Mongolia
11.	Ch. Chintsogt	Assistant	Student, National University of Mongolia
12.	D. Otgonchimeg	Assistant	Student, National University of Mongolia
13.	G. Solongo	Assistant	Student, National University of Mongolia
14.	D. Dorjmyagmar	Assistant	Student, National University of Mongolia
15.	E. Bolortuya	Assistant	Student, National University of Mongolia
16.	D. Yunjirmaa	Assistant	Student, National University of Mongolia
17.	O. Enhator	Assistant	Student, National University of Mongolia

