



Reducing Persistent Chronic Child Malnutrition in Mongolia

Child Malnutrition in Mongolia

Mongolia has a youthful demographic profile. As of 2007, 36% of the population was under 18 years old.¹ Despite efforts of the Government of Mongolia to reduce poverty, the country faces many challenges, including those directly affecting children, such as child labor, orphans and street children, child trafficking, and child abuse.²

Every third child in Mongolia is poor, and the dropout rate among children is high.³ Children in Mongolia are also facing the challenges of malnutrition. It is estimated that 20% of children below 5 years old are anemic (mostly caused by iron deficiency),⁴ while about 13% of them are underweight and many suffer from other nutrition-based conditions, such as skin disease and rickets.⁵

The Government has adopted laws protecting and promoting the rights of children in the country, including the Law on Protection of Child Rights, which provides a legal framework for actions concerning special protection of children.⁶ In 2001, the Government adopted a National Program on Food Security, Food Safety and Nutrition for 2001–2008. The program had been replaced with the newly adopted National Programme on Food Security for 2009–2016 in February 2009. The Government, through the Ministry of Health (MOH), has also adopted a mother and child micronutrient deficiency prevention strategy.⁷

Despite several child-sensitive social protection programs sponsored by the Government, nongovernment organizations, and other development agencies, Mongolian children remain at risk of malnutrition considering the country's food security issues. The country is also threatened by a *dzud*, which is

a multiple natural disaster consisting of a severe winter and a summer drought. The *dzud* severely impacted the economy of the herder population, which constitutes more than one-third of all employment in the country, resulting in food insecurity, malnutrition, and acute infections particularly for children and pregnant women.⁸

ADB Response to Reduce Chronic Malnutrition among Children in Mongolia

In 2009, the Asian Development Bank (ADB) approved a grant for Reducing Persistent Chronic Malnutrition in Children in Mongolia, which aims to improve nutrition among children under 3 years of age. The grant also supports the country's partnership strategy pillar of inclusive social development. The grant provides a comprehensive approach in addressing malnutrition problem among children in the country through (i) participatory assessment of the causes of malnutrition within households; (ii) direct outreach and extensive information and education campaign (IEC) with mothers and communities; (iii) assessment of constraints with the MOH system; and (iv) capacity building among key health stakeholders.⁹

Food security and child malnutrition are among the major challenges faced by Mongolia.



The grant project supported approaches to reduce chronic malnutrition among mothers and children. It designed and conducted in-service and on-the-job training in community integrated management of childhood illness (IMCI) for family group practices and local health clinics to improve nutrition services. It also promoted innovative multiple micronutrient powder (or “sprinkles”) among children 6–24 months old and pregnant and lactating women of the project areas. The United Nations Children’s Fund, World Vision Mongolia, and ADB’s Japan Fund for Poverty Reduction project on Protecting the Health Status of the Poor during the Financial Crisis supplied sprinkles for the rest of the country and made them available nationwide for the first time. It developed and implemented improved nutrition services and behavior change communication (BCC) methods and materials in all project areas. The project pilot tested food and nutrition approaches geared toward the prevention and treatment of chronic malnutrition among infants, children below 3 years old, and pregnant and lactating women in selected areas of Mongolia.

The pilot approaches are expected to (i) improve quality and coverage of regular growth monitoring and promotion services through primary health care (PHC) workers of below 2-year-old children; (ii) improve diagnostic and treatment, by PHC staff, of anemic

and rickety children and their mothers in project areas; and (iii) make locally available good infant and young child feeding (IYCF) practices. The pilot approaches also develop, implement, and test package of IEC/BCC methods and materials on improved mother and IYCF nutrition among communities and households, and increase awareness among officials and the public of the importance of addressing the poor maternal and child nutrition situation in disadvantaged communities.

Another important activity was the development and institutionalization of formal undergraduate and graduate public health nutrition (PHN) training. This was implemented in coordination with the Health Sciences University and the MOH. Outcomes of this activity include (i) revised PHN curriculum based on the needs assessment, and project experiences; (ii) promotion of PHN training curriculum in the regular undergraduate and graduate training of PHC workers; and (iii) provision of draft PHN training curriculum for undergraduate and graduate schools.¹⁰

Finally, the grant was geared toward improving health policy and project management. It facilitated inter-institutional coordination and supported policy analysis based on the knowledge outputs of the approaches. Further, the grant provided models for use by the MOH to carry out reforms to better provide health services to communities.¹¹

Endnotes

- ¹ UNICEF Mongolia. n.d. *Mongolia: A Country of Children and Youth*. Available online at www.unicef.org/mongolia/overview.html
- ² UNICEF Mongolia. 2010. *Child Protection*. Available online at www.unicef.org/mongolia/activities_2190.html
- ³ Save the Children. n.d. *Mongolia*. Available online at www.savethechildren.org.uk/en/mongolia.htm
- ⁴ Asian Development Bank (ADB). 2009. *Grant Assistance to Mongolia for Reducing Persistent Chronic Malnutrition in Children in Mongolia*. Manila (JFPR 9131 – MON, \$2,000,000, approved 16 March 2009, financed by Japan Fund for Poverty Reduction)
- ⁵ World Vision. n.d. *Mongolia. Facing Food Challenges*. Available online at www.worldvision-institut.de/_downloads/allgemein/Food%20security%20in%20Mongolia.pdf?mysid=pranvmjp
- ⁶ UNICEF. 2009. *Convention Rights of the Child (CRC) and Mongolia*. Available online at www.unicef.org/mongolia/overview_2571.html
- ⁷ Footnote 3.
- ⁸ United Nations Country Team in Mongolia. 2010. *Situation Report No. 1. Severe Winter Weather*. Available online at [www.reliefweb.int/rw/RWFiles2010.nsf/FilesByRWDocUnidFilename/SKEA-824ESV-full_report.pdf/\\$File/full_report.pdf](http://www.reliefweb.int/rw/RWFiles2010.nsf/FilesByRWDocUnidFilename/SKEA-824ESV-full_report.pdf/$File/full_report.pdf)
- ⁹ Footnote 4.
- ¹⁰ Footnote 4.
- ¹¹ Footnote 4.

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