

MONGOLIA

Nutrition

Sectoral and OR+ (*Thematic*) Report

January-December 2016



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CONTENTS

ABBREVIATIONS AND ACRONYMS	ii
I. Executive Summary	1
II. Strategic Context of 2016.....	3
III. Results in the Outcome Area.....	6
IV. Financial Analysis	12
V. Future Work Plan.....	14
VI. Expression of Thanks	17
VII. ANNEXES: Human Interest Story and Donor Feedback Form	18
ANNEX 1: HUMAN INTEREST STORY	18
ANNEX 2: DONOR FEEDBACK FORM	21

Cover photo: A health worker assesses a child's nutritional status.
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ABBREVIATIONS AND ACRONYMS

CERF	Central Emergency Response Fund
CPAP	Country Programme Action Plan
FAO	Food and Agriculture Organization of the United Nations
IYCF	Infant and Young Child Feeding
LQAS	Lot Quality Assurance Sampling Survey
MoH	Ministry of Health
MICS	Multiple Indicators Cluster Survey
NEMA	National Emergency Management Authority
NNS	National Nutrition Survey
NSO	National Statistics Office
SDGs	Sustainable Development Goals
SISS	Social Indicator Sample Survey
STEPS	STEP wise approach to surveillance
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WASH	Water, sanitation, and hygiene
WHO	World Health Organization

I. EXECUTIVE SUMMARY

Good nutrition is fundamental to the realization of every child's right to food and health. Malnutrition early in life can cause irreparable damage to the developing brain and body and is linked to major causes of death and disability.

Mongolia has made dramatic progress in reducing child under-nutrition since 2000. Between 2000 and 2010 underweight rates declined from 11.6 per cent to 1.6 per cent, stunting from 29.9 per cent to 10.8 per cent, and wasting from 7.1 per cent to 1.0 per cent.¹ Despite this progress, inequalities in stunting and other forms of malnutrition persist. For instance, children from the poorest 20 per cent of the population are more than three times more likely to be stunted than those from the richest 20 per cent. Children born in the Western region are three times more likely to be stunted than children in the capital. There has been no progress in reducing micronutrient deficiencies. Vitamin A deficiency affects 32 per cent of children under 5, vitamin D deficiency 22 per cent, and anaemia 28.5 per cent.² In addition, the prevalence of overweight and obesity among children and adults has dramatically increased in recent years. The rate of overweight and obesity among children under 5 is 10.5 per cent, the second highest in the East Asia and Pacific Region.

The year 2016 was challenging for Mongolia as the country faced severe economic and financial downturn, with increased unemployment and a sharp drop in household consumption that put many households at risk of nutritional deterioration. At the same time, living conditions for the most vulnerable deteriorated as a result of two consecutive harsh winters that turned into natural disasters, severely affecting the food security of vulnerable herders.

To improve the nutrition of children and women in Mongolia, especially among the poorest and those most in need, the UNICEF Nutrition Programme applied an equity focused life cycle approach that extends from programme implementation to policy advice, from prevention to treatment, from development to humanitarian situations.

With advocacy and technical support from UNICEF, the enabling environment for breastfeeding is improving. The Draft Law on Food for Infants and Young Children was submitted to Parliament in December 2016 for approval. The law's main objective is to protect and promote breastfeeding of infants through regulatory control of aggressive advertisement of breast milk substitutes and complementary foods.

UNICEF provided significant support to the Ministry of Health (MoH) in generating data and scientific evidence on the nutritional situation of the population. The Fifth National Nutrition Survey, the key instrument assessing the nutritional status of adults and children in Mongolia, was conducted with technical support from UNICEF. The survey collected data from 2,250 households (10,250 people) in 95 *soums* (districts) of 21 provinces and Ulaanbaatar. Once finalised in 2017 the data analysis and survey report will further inform the development of nutrition policies.

In the three geographic focus areas, UNICEF Mongolia rolled out an integrated package on nutrition including:

- i) counselling on maternal nutrition and infant and young child feeding (IYCF);

¹ NSO, MICS 2000 and SISS 2013

² MoH, National Nutrition Survey, 2010

- ii) multiple micronutrient supplements for children aged 6-23 months and pregnant and breastfeeding mothers;
- iii) prevention and treatment of severe acute malnutrition; and
- iv) nutrition support for those with infectious diseases.

More than 17,200 children age 0-2 years old and 15,100 pregnant and lactating women in the most vulnerable households within three focus areas benefited from the integrated package of nutrition services in 2016³. These interventions contributed to a decrease in children reported as stunted according to official health statistics, from 6 per cent in Khuvsgul in 2014 to 1.4 per cent in 2016.⁴ Results from the Nalaikh districts show that exclusive breastfeeding rates increased from 61.7 per cent to 65 per cent between 2013 and 2015.⁵

In 2016, UNICEF worked to safeguard the nutritional status of children and women during a prolonged *dzud*, a long-lasting and slow moving natural disaster with heavy snowfall and harsh temperatures. As part of the United Nations response, UNICEF Mongolia led and implemented life-saving comprehensive food and nutrition assistance that benefited 5,299 herder households (19,076 people) in the six most affected provinces. Nutrition interventions benefitted 6,497 children under 5 and protected them from malnutrition⁶.

The UNICEF Mongolia Nutrition Programme will continue its equity-focused advocacy, technical assistance, and capacity-building interventions to influence and support policy development that works toward Sustainable Development Goals (SDGs) 2 (Zero Hunger) and 3 (Good Health and Well-being), as well as to document and replicate equity-based good practices in 2017 and beyond.

³ Report on C-IYCF counselling supportive supervision, 2016

⁴ Khuvsgul Health Statistics, 2016

⁵ LQAS survey in Khuvsgul and Nalaikh 2013, 2015

⁶ Report on the Use of CERF funds, Mongolia, 2016

II. STRATEGIC CONTEXT OF 2016

Improved nutrition status is vital for saving lives and preventing illness as malnutrition causes almost half of all children's deaths at the global level. Nutrition is also a key driver in improving child learning achievement due to its essential role for brain development. Therefore, improved nutrition is a major driver for every country's development.

Since the 1990s Mongolia has steadily reduced the number of undernourished people. According to the Food and Agriculture Organization report, *State of Food Insecurity 2015*, the proportion of undernourished people in Mongolia from 2014 to 2016) reached 20.5 per cent (0.6 million), which is 4 per cent less than in the previous two years. Despite this progress, more work is needed for Mongolia to achieve the Millennium Development Goal target of halving the proportion of people suffering from undernourishment against the 1990 baseline of 29.9 per cent⁷.

Based on child nutrition indicators, Mongolia achieved Millennium Development Goal 1 (Eradicate Extreme Hunger and Poverty). From 2000 to 2010, underweight prevalence declined from 11.6 per cent to 1.6 per cent, stunting from 29.9 per cent to 10.8 per cent, and wasting from 7.1 per cent to 1.0 per cent respectively; reductions of nearly 86.2 per cent in underweight, 63.9 per cent in stunting, and 85.9 per cent in wasting over 10 years.⁸ However, the national progress hides huge geographic and wealth disparities.

The chronic malnutrition (stunting) rate among children under age 5 stands at 10.8 per cent nationally and 7 per cent in the capital, while it is 19.5 per cent in the Western regions. Meanwhile, the prevalence of chronic malnutrition among the poorest wealth quintiles (25 per cent) is four times higher than in the richest quintile (6.5 per cent)⁹.

Vitamin and mineral deficiency is persistently high, with no decline in the last 20 years. Vitamin A deficiencies affect 32 per cent, vitamin D deficiencies 22 per cent, and anaemia 28.5 per cent of children under 5. The prevalence of anaemia among pregnant women is 26.5 per cent.¹⁰ Micronutrient deficiencies are higher in the Eastern and Western Regions, as well as in Ulaanbaatar.

Overweight and obesity also affect both children under age 5 and adults, placing the country at risk of facing the double burden of malnutrition (NNS 2010, SISS 2013). The double burden of malnutrition refers to the simultaneous occurrence of undernutrition and overnutrition within the same population and household. The overweight prevalence is increasing at an accelerated rate, affecting 10.5 per cent of children under 5 (the second highest in the East Asia Pacific region) and 54 per cent of adults, exposing them to greater risk of cardiovascular problems and other diet related non-communicable diseases (STEPS Survey 2013).

The year 2016 was a challenging one for improving child nutrition. The country experienced a severe economic and financial downturn. World Bank data shows that the budget deficit in the first seven months of 2016 increased by threefold (MNT 1,974 billion) from the same period in 2015 (MNT 638 billion). The deficit resulted in the erosion of social budgets and an increased risk of reversing human development gains. Distribution of multiple micronutrient supplements

⁷ FAO, *State of Food Insecurity 2015*

⁸ NSO, MICS 2000 and SISS 2013

⁹ NSO, SISS 2013

¹⁰ MoH, NNS 2010

continues to depend on donor support. The increased unemployment rate and a sharp drop in household consumption indicates that many households near the poverty line may be sliding back into poverty and are at risk of nutritional deterioration.

Living conditions for the most vulnerable also deteriorated as a result of two consecutive harsh winters that turned into a natural disaster that severely affected food security for vulnerable herders. The winter of 2015-2016 was extremely harsh in Mongolia, where around 60 per cent of its territory had already been in *dzud* or near-*dzud* conditions since December 2015. *Dzud* is a cyclical, slow onset disaster unique to Mongolia. It consists of a summer drought followed by a deterioration of weather conditions in winter (10 to 350 cm snow, temperatures ranging from -40° C to -50° C), and a shortage of pasture and water in the Spring, leading to large scale livestock loss. Although primarily affecting livestock exposed to extreme winter conditions, *dzud* events are not simply winter emergencies or livestock famines; they have profound and far-reaching impacts on the Mongolian herders who depend on this vital sector for food and income. The Government reported that more than 225,000 people (62,719 herder households, or 41 per cent of the total herder population), including 28,290 children under age 5 and 3,340 expectant mothers in 211 *soums*, were living in the areas impacted by extreme temperatures. Between January and March 2016, approximately 463,652¹¹ of 56 million livestock perished, resulting in the loss of the main source of livelihoods for herder families. Several rapid assessments revealed that herders suffered from being unable to meet their basic needs, including food, nutrition, and accessing basic health services.

Adverse economic and environmental conditions were coupled with political volatility in 2016. While general elections in June 2016 provided fresh national leadership, this also resulted in a substantial turnover in Government positions and a slowdown in cooperation programmes, contributing to a complex operating environment for UNICEF Mongolia's programme implementation.

Nutrition did receive a high level of attention in 2016 with the introduction of the SDGs. UNICEF engaged with six newly elected Members of Parliament on the key role of breastfeeding in achieving the SDGs. This high level advocacy led to strong political support for the final submission to the Parliament of the draft Law on Food for Infants and Young Children in December 2016.

The Government approved Mongolia's Sustainable Development Vision-2030 in February 2016, which will be incorporated into medium term development policies, Government action plans, annual socio-economic development guidelines, and state budgets. The Vision outlines the following objectives to improve the nutritional status of children and women:

- (i) To provide healthy and safe food products to the population, and ensure that domestic production meets at least 70 per cent of meat demand and 80 per cent of milk demand in the country;
- (ii) To reduce factors affecting preventable maternal and child mortality by improving the quality and accessibility of reproductive health care services, and decrease maternal and child malnutrition.

¹¹ As of March 15, 2016 (NEMA)

Key food and nutrition policies and programmes were adopted and implementation started in 2016, including the UNICEF-supported National Nutrition Programme (2016-2025) and the Cross Sector Strategy on Ensuring Food Security (2016-2021).

New developments

Following the June 2016 parliamentary election, the Government Action Plan 2016-2020 was approved in September. The Plan includes nutrition related provisions to ensure the supply of healthy and safe food products and to create an environment in which citizens can consume healthy and safe food.

The new UNICEF Country Programme 2017-2021, approved by the UNICEF Executive Board in September 2016, provides important support to the Government of Mongolia in the implementation of its Sustainable Development Vision-2030 and Action Plan 2016-2020 through the following three Programme Outcomes:

Outcome 1. By 2021, the most disadvantaged children in Mongolia benefit from increased access and utilization of services that promote health and nutrition, including water, sanitation, hygiene and interventions that mitigate the impact of air pollution on child survival.

Outcome 2. By 2021, the most disadvantaged children benefit from increased access and utilization of educational services in a healthy, inclusive and quality learning environment.

Outcome 3. By 2021, child related national policies, budgets and systems, including the child protection system, are inclusive and equity-focused.

The UNICEF Country Programme 2017-2021 also contributes to the United Nations Development Assistance Framework for Mongolia 2017-2021, especially for Outcome Area 2, Enhancing social protection and utilization of quality and equitable social services, and Outcome Area 3, Fostering voice and strengthening accountability.

The new UNICEF Country Programme aims to increase national resources and efforts for child-centred policy reform, as well as to accelerate targeted programmes to address inequalities where gaps persist.

The programme component on Child Survival and Development aims to ensure that the most disadvantaged children in Mongolia benefit from increased access to and utilization of services that promote health and nutrition, including water, sanitation and hygiene (WASH) and interventions that mitigate the impact of air pollution on children. This includes scaling up nutrition interventions to address both stunting and overweight problems among disadvantaged children in areas with a high prevalence. The programme will strengthen the nutrition surveillance system through an inter-sectoral nutrition governance mechanism (thus also supporting Emergency Preparedness and Response and Disaster Risk Reduction), while advocating for sustainable budgetary allocations. UNICEF will also advocate for an improved legal environment in nutrition area with effective monitoring and enforcement, and to integrate nutrition modules in medical curricula. Counselling and communication will help to improve children's and caregivers' knowledge, attitudes and behaviour with regard to nutrition.

Partnerships

Within the context of this Programme UNICEF created a broad partnership base with national stakeholders, including:

- Sectoral institutions and bodies: The MoH, the National Centre for Public Health, the National Centre for Maternal and Child Health, the National Centre for Communicable Diseases, the Health Departments of Bayanzurkh and Nalaikh districts and Khuvsgul *aimag* (province), and the Metropolitan Health Department. These partnerships contribute to the effective and equity focused identification of the most disadvantaged to enhance programme design and implementation and they contribute to improved monitoring, advocacy, and awareness raising.
- United Nations agencies (the World Health Organization, the United Nations Population Fund, and the Food and Agriculture Organization), guided by the UN Development Assistance Framework, for the coordination of programme development and implementation.
- Bilateral and multilateral development partners (the World Bank and the Asian Development Bank) for advocacy, technical coordination, and leveraging resources within the framework of the National Development Strategy.
- National and international non-governmental agencies and civil society organizations (World Vision International, Immunization and Health, and the Mongolian Sub-Academy of Medical Sciences) for implementation, monitoring, advocacy, capacity building, social mobilization, and behaviour change.

III. RESULTS IN THE OUTCOME AREA

The overall results achieved by UNICEF and programme partners during the reporting period demonstrated a critical improvement in the nutrition status of children, with progress at both policy and local levels. In particular, the Programme addressed key barriers and bottlenecks in providing nutrition services at different levels (demand, supply, and the overall policy/enabling environment). The following is an outline of results achieved.

a) Improvement of the Policy and Enabling Environment on Nutrition

- *Law on Food for Infants and Young Children submitted to the Parliament*

A worrying decline in breastfeeding rates in Mongolia led the UNICEF Mongolia Nutrition Programme to focus on evidence-based advocacy and high-level policy interventions to strengthen an enabling environment for optimal breastfeeding.

With technical and financial support from UNICEF Mongolia, the MoH and the Public Health Institute completed a Survey on the Importation, Trade and Consumption of Breast Milk Substitutes. The survey results provided solid evidence on the factors affecting increased use of breast milk substitutes. It highlighted marketing and inadequate hospital support for breastfeeding, and it informed revisions to an amendment to the Breast Milk Substitute Law. The law's main objective is to protect and promote breastfeeding of infants by instituting regulatory control of aggressive advertising of breast milk substitutes and complementary foods. Significant changes in the existing Breast Milk Substitute Law take into account the World Health Assembly's new guidance on ending inappropriate promotion of foods for infants and young children. The name of the law was changed to the **Draft Law on Food for Infants and Young Children and was submitted to Parliament in December for approval.**

b) Generating an Evidence Base to Inform Nutrition Advocacy, Policy-making, and Programme Implementation

- **The Fifth National Nutrition Survey**

UNICEF provided technical assistance to the MoH and the Public Health Institute in designing, planning, training for, and implementing the Fifth National Nutrition Survey. The National Nutrition Survey assesses the nutritional status of adults and children in Mongolia and provides vital data on key nutrition indicators. The survey combines interviews, medical examinations, and laboratory tests (blood and urine) administered by an internationally recognized laboratory.

The 2016 National Nutrition Survey was comparable to previous collected surveys, but with an increased level of rigour to measure the level of malnutrition nationally and the causes of malnutrition at regional and wealth quintile levels. The Fifth National Nutrition Survey included a series of indicators not measured in previous surveys to enhance the understanding of malnutrition, food security, and how the nutrition transition (changes in dietary consumption pattern) impacts Mongolia's children, adolescents, and adults. This survey, for the first time, measured and compared standardized household food security along with indicators for iron deficiency, inflammation, and iron overload. Also for the first time, the National Nutrition Survey measured adolescent consumption of "junk food" and school-based exposure to junk food advertising. Finally, a series of 24-hour food frequency and dietary diversity questionnaires were included for children under 5, women of reproductive age, pregnant women, and men to determine the quality of diets consumed by region and to measure the impact of the nutrition transition (changes in dietary consumption pattern) in Mongolia with increasing availability and consumption of low nutrient, high calorie foods.

UNICEF provided technical assistance to train 12 survey team leaders and 70 enumerators on the survey sampling plan, the process of randomly selecting clusters and households, intra-household selection of children and women of reproductive age, collection of survey questionnaires, and anthropometric measurement.

The survey collected data from 2,250 households (10,250 people) from 95 *soums* of 21 provinces and Ulaanbaatar from September to November 2016. The data analysis and survey report, which will be finalized in 2017, will further inform the development of nutrition policies.

c) Direct Improvement of Children's Nutritional Status through High-impact Interventions

UNICEF Mongolia helped partners deliver models of an integrated package of nutrition services to reduce inequality in stunting and other forms of malnutrition among the most disadvantaged children in three hard to reach focus areas. The nutrition intervention package included:

- i) counselling on maternal nutrition and infant and young child feeding;
- ii) multiple micronutrient supplements for children aged 6-23 months and pregnant and lactating mothers;
- iii) management of acute malnutrition; and
- iv) nutrition support for those with infectious diseases.

More than 17,200 children age 0-2 years old and 15,100 pregnant and lactating women in three focus areas (Khuvsgul, Nalaikh, and Bayanzurkh) benefited from the integrated package of nutrition services in 2016. These numbers represent more than 80 per cent of the target population of poor and vulnerable households. The initial target was to reach at least 75 per cent.

The consumption of multiple micronutrient powder among target children 6-23 months old increased from 81.2 per cent to 86 per cent in Nalaikh, from 90.2 per cent to 95 per cent in Khuvsgul, and from 93 per cent to 94 per cent in Bayanzurkh compared to 2015. Counselling on infant and young child feeding reached 94.5 per cent in Bayanzurkh, and 100 per cent in Nalaikh and Khuvsgul¹².

These interventions contributed **to a decrease in children reported as stunted according to official health statistics, with a decrease from 6 per cent to 1.4 per cent in Khuvsgul between 2014 and 2016.** Results from districts show that **exclusive breastfeeding rates increased from 61.7 per cent to 65 per cent between 2013 and 2015.**¹³

d) Capacity Strengthening of Health Services for Infant and Young Child Feeding Counselling

Skilled support is critical to improving IYCF practices. The high turnover rate of practitioners in primary health services has increased demand for IYCF capacity development. UNICEF continued its technical assistance to enable health services in Bayanzurkh, Nalaikh, and Khuvsgul to provide counselling on maternal nutrition and IYCF. UNICEF supported the training of **60 health professionals in Bayanzurkh, 20 in Nalaikh, and 30 in Khuvsgul.** Improved practitioner skills enabled more than 90 per cent of the primary health facilities in the focus areas to provide skilled IYCF counselling services. To ensure that these efforts translated into results, follow-up support included monitoring, which revealed that **87.5 per cent of the trained health professionals are achieving key performance indicators** in implementing the package,¹⁴ resulting in increased coverage of nutrition interventions in the focus areas. Recognizing the effectiveness of the IYCF counselling service, the MoH adopted it as a **key intervention for nationwide implementation within the National Maternal and Young Child Nutrition Strategy 2015-2020.** Districts with the technical capacity to scale up IYCF counselling increased from 35 in 2014, which was limited to UNICEF focus areas, to 108 in 2016.

e) Communication and Public Advocacy to Promote, Protect and Support Breastfeeding

World Breastfeeding Week events are organized annually in partnership with the MoH, Members of Parliament, and the Public Health Institute to **promote optimal breastfeeding through TV channels, newspapers, websites, and social media, reaching at least 1 million people nationwide.**

World Breastfeeding Week was celebrated in 2016 with the slogan “Breastfeeding: A Key to Sustainable Development”, recognizing that breastfeeding is critical to achieving several SDG goals, including SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture; SDG 3: Ensure healthy lives and promote well-being for all at all ages; and SDG 10: Reduce inequality within and among countries. At Breastfeeding Week events, UNICEF engaged

¹² Bayanzurkh, Khuvsgul and Nalaikh Health Statistics, 2016

¹³ LQAS survey in Khuvsgul and Nalaikh 2013, 2015

¹⁴ Report on C-IYCF counselling supportive supervision, 2016

with six newly elected Members of Parliament on an advocacy and communication campaign promoting the key role of breastfeeding in achieving the SDGs. A series of promotional breastfeeding videos and print materials were produced and disseminated nationwide.

f) Emergency Preparedness and Response

UNICEF Mongolia played a leading role in the humanitarian response to the *dzud*, leading a comprehensive food and nutrition assistance programme that benefited 5,299 of the most vulnerable herder households (19,076 people) in 67 *soums* across six provinces (Uvs, Zavkhan, Arkhangai, Bayankhongor, Dundgobi, and Sukhbaatar). UNICEF efforts focused on nutrition services coordinated through primary health services that reached 1,870 children under five years of age (901 girls and 969 boys) and 943 pregnant and lactating women in targeted herder households. Multiple micronutrient supplements reached 96 per cent of children 6-59 months old and 92 per cent of pregnant and lactating women in Central Emergency Response Fund (CERF) target households. Non-CERF life-saving nutrition services reached an additional 4,694 nutritionally vulnerable children aged 6-23 months old in herder households in the targeted *soums*. A total of 7,703 children aged 6-59 months old and pregnant and lactating women in 67 *soums* were screened for acute malnutrition, with 57 children identified with moderate acute malnutrition.

The UNICEF Country Office worked with 67 targeted *soum* health centres to provide quality nutrition services, including nutrition counselling, to parents of children under 2 and to pregnant and lactating women, along with nutrition assessments and micronutrient supplementation. Health workers monitored every child in the CERF target households with bi-weekly home visits to check on the use of multiple micronutrient supplements and the children's overall health and nutrition. UNICEF Mongolia and local health centres distributed 3,000 leaflets containing key messages on appropriate IYCF practices and the use of multiple micronutrient supplements to the target population.

With Global Nutrition Thematic Funding, UNICEF Mongolia was able to provide substantial technical and financial support to the Government of Mongolia to improve the nutritional status of children and women at critical times, such as periods of economic and financial crises and during *dzud* emergencies. Additional flexible funding will help sustain the gains achieved, which is vital as malnutrition is likely to remain a major public health concern in the near future.

Results Assessment Framework

The table shows progress on most indicators as of 2015.

Output 314: By the end of 2016, national capacity to legislate, budget and provide quality maternal and child nutrition services is strengthened.			
Output indicators	Baseline (2012) (% and/or #)	Target (2016) (% and/or #)	Progress (2016)¹⁵ (% and/or #)
Percentage of Vitamin A coverage	54%	98%	95%
Percentage of multiple micronutrient powder coverage among children 6-23 months old	<div>Khuvsgul 20.8%</div> <div>Nalaikh 61.5%</div> <div>Bayanzurkh 83.5%</div>	<div>50%</div> <div>70%</div> <div>90%</div>	<div>95%</div> <div>86%</div> <div>94%</div>
Multi-sectoral and costed national plans that include clear targets on reducing double burden of malnutrition developed and implemented	No multi-sectoral and costed nutrition plan	Approved multi-sectoral and costed national nutrition action plan	Approved National Nutrition Programme 2015-2025
National Maternal and Young Child Nutrition Strategy developed and implemented	No Infant and Young Child Feeding Strategy	Approved and costed National Maternal and Young Child Nutrition Strategy	Approved National Maternal and Young Child Nutrition Strategy 2015-2020

¹⁵ MOH, 2016.

<p>Nutrition plan that includes a risk management strategy to address disaster risk</p> <p>developed and implemented</p>	<p>No nutrition plan that includes a risk management strategy to address disaster risk</p>	<p>Approved nutrition plan that includes a risk management strategy to address disaster risk</p>	<p>The Guidelines on Nutrition Services in Emergencies including nutrition emergency preparedness and response plan, nutrition cluster terms of reference, rapid assessment tool and nutrition in emergencies technical brief is finalized.</p>
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IV. FINANCIAL ANALYSIS

Table 1: Planned Budget by outcome area

Outcome area 4: Nutrition

Mongolia

Planned and Funded for the Country Programme 2016 (in US Dollar)

Intermediate Results	Funding Type	Planned Budget
04-01 Infant and Young child feeding	RR	
	ORR	318,000
04-02 Micronutrients	RR	
	ORR	75,000
04-05 Nutrition and emergencies	RR	
	ORR	
	ORE	688,900
04-06 Nutrition - General	RR	
	ORR	200,000
Total Budget		1,281,900

Table 2: Country-level thematic contributions to outcome area received in 2016

Outcome area 4: Nutrition

Thematic Contributions Received for Outcome Area 4 by UNICEF Mongolia in 2016

(in US Dollars)

Donors	Grant Number*	Contribution Amount	Programmable amount
Global - Nutrition	SC149904	501,253.14	476,190.48
Total		501,253.14	476,190.48

Table 3: Expenditures in Outcome Area

Outcome area 4: Nutrition

Mongolia

2016 Expenditures by Key-Results Areas (in US Dollars)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
04-01 Infant and Young child feeding		219,419	14,511	233,930
04-02 Micronutrients		177	13	190
04-05 Nutrition and emergencies	650,153	84,060	51,910	786,123
04-06 Nutrition # General	2,080	101,005	6,823	109,908
Total	652,234	404,662	73,256	1,130,151

Table 4: Thematic expenses by programme area

Outcome area 4: Nutrition

Mongolia

Thematic expenses by programme area

Programme Area	Expenditure Amount*			
Programme Area	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
04-01 Infant and Young child feeding		219,419		219,419
04-02 Micronutrients		177		177
04-05 Nutrition and emergencies		20,027		20,027
04-06 Nutrition # General		101,005		101,005
Total		340,629		340,629

Table 5: Expenses by Specific Intervention Codes**Outcome area 4: Nutrition****Mongolia**

Specific intervention code	Total utilized (USD)
04-01-01 Infant and young child feeding implementation (including BFHI)	204,612
04-01-02 Breastfeeding	259
04-02-05 Micronutrient supplementation for children	177
04-05-02 Nutrition # emergency preparedness and response	732,878
04-06-01 Nutrition # General	94,382
04-06-04 Nutrition surveys, assessments and surveillance	1,403
04-06-05 Routine nutrition information systems and reporting	539
08-02-03 MICS # General	43,821
08-02-08 Monitoring # General	774
08-09-06 Other # non-classifiable cross-sectoral activities	22,332
1011 Complementary feeding	
7921 Operations # financial and administration	28,973
Total	1,130,151

Future Work Plan

Plans for the utilization of the Global Nutrition Thematic fund in 2017 and 2018 will focus on advocacy and leveraging Government and development partners' resources to scale up good practices and innovative approaches on a wider geographic scale, and to put in place measures to make the results sustainable.

The programme will continue to focus on the following strategic intervention areas:

1. Taking into consideration the decreasing trend in exclusive breastfeeding, and persistent high rates of micronutrient deficiencies, particular emphasis will be placed on evidence generation and on strengthening the enabling environment to support breastfeeding and fortification of staple foods.
2. UNICEF will continue to support and advocate for the scaling-up of evidence-based sustainable nutrition interventions to reduce stunting inequality among the most disadvantaged children in hard to reach areas. In this regard, UNICEF will continue its engagement with local governments and communities to design evidence-based plans and to mobilize resources to address high stunting rates in selected communities with high levels of deprivation.
3. As childhood overweight and obesity are growing concerns in Mongolia, but have not yet received much attention, UNICEF Mongolia will pilot initiatives and support the education sector to build a healthy food/diet environment in school and preschool settings. The

objectives of these interventions will be to improve the knowledge of and have a positive influence on eating behaviours as early as possible to prevent overweight and obesity in later life. Results of the pilot models will inform policy formulation and revision.

4. Strengthening the health system is a central element for the successful delivery of nutrition interventions. UNICEF Mongolia will provide technical assistance in integration of the public health nutrition module (including maternal, child and adolescent nutrition) and the clinical nutrition module into pre-service and in-service medical curricula which is critical for strengthening the health system's capacity in the long-term. Development and adoption of online training modules for postgraduate professionals is also crucial for the institutionalization of such trainings into primary health services that experience high staff turnover.
5. The Nutrition Programme will provide information and evidence to create demand for quality food and nutrition services and enhancing children's, caregivers' and communities' knowledge, behaviour and practice with regard to healthy nutrition.
6. As the leading agency for the nutrition cluster, UNICEF will continue to work to build nutrition resilience in the Country including nutrition emergency preparedness and disaster risk reduction.

The winter of 2016-2017 has been harsh. The unfolding humanitarian crisis in the northern belt of Mongolia is the result of the cumulative impacts of erratic and extreme weather events (drought, late rains, early onset of extreme winter conditions), environmental degradation, and climate change, as well as a deep economic crisis and widespread rural poverty. In December 2016 the National Emergency Commission reported severe winter conditions in 110 districts (*soums*) of 15 provinces (*aimags*) and one district of Ulaanbaatar city. An estimated 37,000 herder households (157,000 people) are affected by harsh winter conditions.

In response to the quickly deteriorating winter conditions, UNICEF Mongolia agreed on geographic focus areas with the MoH and local governments, focusing on target populations and lifesaving nutrition interventions. The Government identified a total affected population of 157,000 people. UNICEF and the MoH estimated that **16,835 boys and girls under 5 and 7,196 pregnant and lactating mothers** are at high risk of under-nutrition. Since the *dzud* is a slow onset disaster and the acute malnutrition rate is low (1.0 per cent)¹⁶ in the country, the priority is to protect vulnerable herder populations, particularly the most vulnerable children and pregnant and lactating mothers, from micronutrient deficiencies and to mitigate the risk of deterioration of their nutritional status and the development of other forms of malnutrition.

¹⁶ Social Indicator Sample Survey, NSO, UNFPA and UNICEF, 2013

Table 6: Planned Budget 2017

Outcome area 4: Nutrition

Mongolia

Planned Budget and Available Resources for 2017

Intermediate Result	Funding type	Planned Budget	Funded Budget	Shortfall
04-01 Infant and Young child feeding	RR	-	-	-
	ORR	110,500.00	110,500.00	-
04-02 Micronutrients	RR	-	-	-
	ORR	20,000.00	20,000.00	-
04-04 Community-based management of acute malnutrition	RR	-	-	-
	ORR	22,000.00	22,000.00	-
04-05 Nutrition and emergencies	RR	-	-	-
	ORR	173,500.00	173,500.00	-
04-06 Nutrition # General	RR	-	-	-
	ORR	156,000.00	156,000.00	-
Sub-total Regular Resources		-	-	-
Sub-total Other Regular-Resources		482,000.00	482,000.00	-
Total for 2017		482,000.00	482,000.00	-

V. EXPRESSION OF THANKS

UNICEF Mongolia would like to express its special gratitude to the Korean National Committee, the Government of Canada, and the Government of the United Kingdom for their generous contributions to improve the nutrition of children in Mongolia.

UNICEF Mongolia would also like to thank its counterparts from the Ministry of Health, its agencies, local health departments, and health facilities, who contributed to the successful implementation of the UNICEF Mongolia Nutrition Programme. We would also like to thank all development partners and local and international non-governmental organizations working in the nutrition and health sector of Mongolia for their collaboration.

VI. ANNEXES: Human Interest Story and Donor Feedback Form

Annex 1: Human Interest Story

Ensuring every child has good nutrition



A delicious smell runs through the house when lunch is ready. “Today I made *bantan*. *Bantan* is a Mongolian flour soup. It is very simple, made only from two ingredients, flour and meat. When it gets cooler, I’ll add micronutrient supplements to make it more nutritious”, says 27-year-old Juldiz. When she served her three children lunch, they ate quickly to see who finishes first. “I am happy when they eat well. Because it means that they will grow healthy”, Juldiz smiles.

Juldiz is a young mother, who lives with her husband Khunbolat and three young sons in Nalaikh district, a peri-urban area of Ulaanbaatar. She is a stay-at-home mother, looking after her children. Khunbolat used to be a miner, but a year ago, he had an accident and is no longer working at the mine. The family now relies on the income Khunbolat earns by helping at construction sites.

When Juldiz had her first child Turar, she had very little knowledge about child nutrition. “I started giving Turar solid food when he was only 3 months old. I didn’t know at the time the benefits of exclusive breastfeeding to a child’s health”, Juldiz explains. Then she received nutrition advice from the local family health centre as part of the UNICEF supported Infant and Young Child Feeding Programme. She also received micronutrient supplements for her children.



Juldiz believes that the nutrition information she received has really helped her children become healthier.

“My oldest son Turar is thinner than his younger brothers. I think it’s because I stopped breastfeeding him too early. But after the counselling sessions, I learned that a child needs to be exclusively breastfed for the first six months in order for them to develop a good immune system. So I did that with my other two children, and they are very healthy. They don’t catch flu or get sick often”, she explains.

Juldiz with her three sons, Turar, 6, Azamat, 4, and Azat, 2.

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Juldiz also learned about cooking nutritious meals with simple ingredients and the benefits of micronutrient supplements. “I used to make *bantan* with only meat and flour. Now I learnt that even adding simple things like eggs and carrots make it a lot more nourishing. Even if you don’t have many ingredients, you can use the micronutrient supplements, which are full of vitamins and minerals”.

Improving parents' knowledge of nutrition

Juldiz is one of many parents who have received nutrition advice from local family health centres. Dr. Davaasuren, head of Achlalt Nalaikh family clinic, explains that the health centre's focus on nutrition programmes has been successful.

“Last year, child morbidity and hospital admission in our *khoro** fell 50 per cent thanks to multiple strategies to improve child health, one of which was increased focus on child nutrition. We gave nutrition counselling to more than 80 per cent of the parents who have children ages 0-5. As a result, parents now understand that good nutrition is vital to children's health”.

UNICEF supports the health centre by providing training for health care workers to improve their



knowledge and understanding of child nutrition. Following the training, counselling on maternal and child nutrition has become a routine part of health services in Nalaikh.

UNICEF also supported the establishment of Nutrition Counselling Rooms in several health centres. These facilities proved a space for parents to receive nutrition counselling and to learn how to cook micronutrient enriched food for young children.

Juldiz (left) believes that young mothers can help each other by sharing their knowledge. She is now one of the volunteer mothers helping health workers on nutrition counseling.

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“For mother with infants, we organized a cooking training to help them prepare nutritious meal for their children with easy to access ingredients. UNICEF has provided us with the cooking materials and kitchenware. Parents are very

happy and motivated after training. The practice helps them learn better”, explains Dr.Davaasuren.

From local level to nationwide implementation

Well-nourished children grow and learn better, and are able to participate in and contribute to their communities, and are resilient in the face of disease.

“Mongolia has achieved a lot in improving nutrition of children. Underweight prevalence has dropped by 90 per cent since 2000. However, deficiencies of vitamins and minerals, as well as stunting, remain key nutritional problems. The stunting level of children from wealthy households is 6 per cent, while the figure is three times higher, at 19 per cent, for children from poor families” explains UNICEF Mongolia's Nutrition Officer Munkhjargal.

To address this gap, [UNICEF's Nutrition Programme](#) focuses on children under the age of 5, and pregnant and lactating mothers of the poorest and hardest to reach rural and peri-urban populations. The programme focuses on evidence-based interventions including support for [breastfeeding](#), and [micronutrient supplementation](#) for mother and children. These investments

in nutrition – particularly in the earliest years – can yield dramatic results for children, their families, and communities.

“Our interventions have been very effective. According to local health statistics, the prevalence of stunting declined by 1.6 per cent in our programme areas compared to 2014. Recognizing its effectiveness, the Ministry of Health and Sports adopted the interventions as key components within the National Maternal and Young Child Nutrition Strategy 2015-2020 for nationwide implementation”, Ms. Munkhjargal added.

With the adoption of the strategy, more young mothers like Juldiz can now better ensure that their children have good nutrition for their health and development.

Annex 2: Donor Feedback Form

Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form by email to:

Name: Judith Bruno, UNICEF Mongolia Deputy Representative

Email: jbruno@unicef.org

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

To what extent did the narrative content of the report conform to your reporting expectations?
(For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

1. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

3. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

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If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

4. Please provide us with your suggestions on how this report could be improved to meet your expectations.

5. Are there any other comments that you would like to share with us?

Thank you for completing this form!