



FONDATION
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GAUTHIER

CHILDREN'S RIGHTS AND PROTECTION: IN PRACTICE

STORIES:

Experiences of non-governmental organizations working on real cases

Ulaanbaatar
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The booklet "Children's Rights and Protection in Practice" STORIES
shares experiences of non-governmental organizations working in the field
of children's rights and protection

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The cases, their settlements, and the views expressed in this booklet are those of their respective authors and organizations while the Dufresne and Gauthier Foundation has not expressed any views here.

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You can obtain this booklet free of charge by
requesting our e-mail at fdgmon@mongolnet.mn.

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ABBREVIATIONS

MEDS	Ministry of Education and Science
CYPPD	Children and Young People's Protection and Development Center
CP	Cerebral Palsy
MPP	Mentor Parents' Program
VTC	Vocational Training Center
MCRC	Mongolian Child Rights Center
TCDC	Tolgoit Community Development Center
NGO	Non-governmental organization
CWD	Children with Disabilities
APDC	The Association of Parents with Differently-abled Children
MLSP	Ministry of Labour and Social Protection of Mongolia
NCAV	National Center Against Violence

The pictures included in the booklet are not related to the case stories. We would like to express our sincere gratitude to the children who specifically drew for this booklet and who agreed to have their drawings included in the booklet.

ACKNOWLEDGEMENT

12 non-governmental organizations have written these case stories in which they dedicated their professional knowledge and experience to work on cases within the framework of projects funded by the Dufresne and Gauthier Foundation in this booklet.

These stories are based on the working methods of non-governmental organizations that have been providing comprehensive social work services to children in need of assistance and support, children who are victims of abuse and at risk¹, and their families since 2000. This booklet can be composed as a manual of case management² methods adapted to the socio-economic situations of Mongolia. The methods based on these 12 real cases are presented to those responsible for working with children's issues, those who determine relevant policies and directions, researchers, university lecturers who prepare the future workforce, and students who study social work. These true stories may be similar to the story of someone you know, please try not to associate with the stories.

Undoubtedly, our children and the country's future generations are the fundamental interests and spirit of the existence of Mongolia. 62.6% of the total population of our country is made up of children and young adults aged between 0 and 34³, and we have been proudly announcing to the world that we are a young nation. One of the main problems of a young nation is the problem related to children. Although the protection of children is the government's responsibility and has been legislated to be the core of government policy, since 1990, efforts to stop the violation of children's rights, to ensure the implementation of the law, and to reach all children, including children in the target group, and their families, have failed to show real results.

We are aware that non-governmental organizations working on children's rights have filled the gap that the government could not reach in the past years. The work these organizations have done and are doing for children, and the valuable history they created through their work, is not only the

¹ A child at risk is a child whose health, life, safety, or normal environment for development has been lost, who does not have a guardian, supporter, or legal representative, or who is in a disaster or emergency. (Child protection law, Mongolia, 2016)

² It is a way to organize and implement professional activities in a timely and systematic manner through direct support and communication by the needs of clients in risky situations requiring social work services. (Common Requirements for Social Work MNS 6949:2021)

³ National Statistics Office, 1212.mn

current reality of child protection in Mongolia but also the basis of future policies and methods of practical directions. It is believed that the activities and cases of organizations that have worked with children for many years can become a valuable study.

This booklet is the second creation of partner organizations that receive funding from the Dufresne and Gauthier Foundation. The first booklet, "Children's Rights and Protection in Practice" initiatives and good practices of non-governmental organizations, was published in 2020 and became available to the public. The Dufresne and Gauthier Foundation is a private foundation founded by Helene Dufresne and Daniel Gauthier is based in Canada. The foundation was established to support and finance projects to ensure the implementation of children's rights, empower children and young adults to develop their strengths and develop communities. The results of the work of organizations with extensive experience in providing comprehensive social work services are directly related to the continuous support of the foundation.

In addition, we hope that the work experiences, practical approaches, and methods accumulated during the long-term implementation of comprehensive activities for the children at risk and the target group, the challenges they encountered in their work, and the solutions they found will be valuable information and knowledge for all organizations devoting their efforts to this area. We also believe that after reading these stories, the reader can contribute to determining the appropriate social work services for children and their families by asking questions such as "What response was taken when such a situation occurred? What led to it? and What measures should have been taken?" when making policy solutions and using them in action planning. It can also be seen that it would significantly affect the use of these stories as research material in students' practical curriculum.



N. Chinbolor, age 17

CASE 1.

THE STORY OF A MOTHER WHO OVERCAME
DOMESTIC VIOLENCE WITH HER CHILD

"With tears in my eyes, wounds in my body and soul, I left the door of violence with my child, which was the beginning of slowly opening the door to change my life." Even though everything was uncertain, I managed to escape without knowing where to spend the night or who to ask for help. During the six years of her marriage, she endured emotional, mental, physical, and economic abuse from her husband, no freedom, and complete isolation from others. However, there was a risk to her and her daughter's life if she stayed at her home any longer. Therefore, one day, she took the courage and left with her daughter. The place they went to needed to be safe from abusers.

In Case 1, the "National Center Against Violence" NGO provided referral services and supported them. The woman and her daughter were placed in a shelter house for six months and provided with social and psychological services and an attorney.

THE DOOR OF CHANGE OPENS FROM WITHIN

This is the story of a woman who overcame domestic violence, protected her daughter, and found herself through socio-psychological services. Just as war obliterates childhood, domestic violence is equivalent to war in the family, destroying the woman's self-confidence, dreams, and goals for the future, leaving her in a state of sadness, despair, and deep-seated fear. She felt like she was nobody and believed her husband could control her appearance, where she went, who she talked to, and even what she thought. While in the shelter, she mentioned that her husband will never bear legal responsibility because he is a high-ranking law enforcement officer and is afraid of how he will affect others, saying "I can no longer live without my husband. He is the one who works. He is the one who makes the right decisions and I always do the wrong things, etc." and in the beginning, she talked about going back home occasionally.

Becoming an overcomer is not as easy and smooth as everyone thinks. This case, in particular, is an example of how domestic violence can happen to anyone. The consistent service and professionalism of social work impact greatly by creating light and change in clients' lives. Counselors need a considerable amount of skill and time to work with and provide services to abused children and women.

For 27 years, the NCAV has provided comprehensive human rights-based services to children and women victims of domestic and sexual violence at a professional level and uses methods based on experiences working with abused children and women.

In this case, the first thing is to make the client feel that she is in a safe place, to reassure her she is not guilty and that many organizations and experts will protect her, revive the client's childhood dreams and good memories, and start working to define her life goals and to build her self-confidence. As a result of multiple individual meetings and support group training, the client was able to lay a solid foundation for starting her life anew with her dreams, goals, and aspirations. The client's self-confidence increased day by day, a smile appeared on her face, and she had a will: "I want to do that. I want to learn this again." When at home, she was good at cooking, so she successfully completed a chef's course to become a chef in the future.

A safe home is a basic human need. For women who are victims of violence, there are many cases where they have to choose to return home because they have no other places to go to. This woman had the same problem. As a result of inter-organizational relations and cooperation, we were able to enroll our clients in the rental housing program and also provided her with a qualified attorney to fully resolve the legal issues. Although the legal process lasted for more than a year, she was able to get her husband to bear a legal responsibility, divorce, custody of the child, and compensation for emotional damages.

Currently, the client works as a chef in a restaurant and lives well with her daughter. Unfortunately, our cooperation and the steps we took to change her life were not easy or quick. It was genuinely hard to start her life over. There were problems at every step and times when she got discouraged and turned back when she felt she couldn't do it. The cooperation of our experts and victim-centered comprehensive services based on human rights is important to create safety, a home, and hope for the upcoming life of the client.



CASE 2.

THE STORY OF SISTERS WHO WERE SEXUALLY
ABUSED WHEN THEY WERE CHILDREN

The client is a 15-year-old girl. She lived in Ulaanbaatar with her parents and 13-year-old sister. They have been trying their best every day for a happy life. Since their father is severely ill, their mother and sisters have been fighting together against their father's illness. Her father is a teacher, but in recent years, his health has deteriorated, and stopped working. Her mother had primary education and no profession, worked in a factory, and tried to keep her husband healthy without interrupting his medication. She leaves home at dawn and returns only at dusk.

His father spends the day lying at home due to his illness. One evening, while her mother was at work, the husband called to say that the eldest daughter had a high fever. She asked if the daughter caught COVID-19 and told him to call an ambulance. When the paramedic came to the house, examined the girl, observed her condition, and took a pregnancy test, it came out positive. The doctor told the father the news, and he immediately called his wife. At that time, the paramedic took the girl to the maternity hospital for a thorough examination. She was five months pregnant. The mother, who rushed to her daughter after hearing that, thought the work hours to end felt like months or even years. After work, she went to the hospital and asked, "Who is the child's father?" "Do you have a boyfriend?". The girl did not say anything. Then the doctor who performed the abortion said, "Because the child is a minor, she needs treatment, so she cannot be discharged from the hospital immediately." As soon as the mother left, the doctor informed "Children's Helpline 108". After some time, the helpline called the mother and told her that they had received information from the hospital about the pregnancy of a minor. The caller informed that there might be a potential crime since the pregnancy is of a minor and asked if she would like this case to be reported to the police and investigated. The mother expressed that she was in agony and that she wanted to find the person who made my little daughter hurt, bear legal responsibility and protect her daughter's rights.

In Case 2, the "Beautiful Heart" NGO provided trauma-based socio-psychological services to girls who were victims/overcomers of child sexual abuse for 6 months.

FOREVER CHANGED

The “Beautiful Heart” NGO works with specialists who support women and children who are victims of abuse, overcoming their past and moving towards a peaceful future. Every child and family that come to us has a different world, and its door opens with a different key. Therefore, respecting each client’s choice and supporting them in opening the door to a world that suits their unique needs is important. This story is about an incident that happened two years ago.

A complaint investigation process was initiated at the request of the victim/overcomer’s mother, and the National Institute of Forensic Science obtained a sample of the fetus to begin a paternity testing after the abortion. The girl was placed in a temporary shelter from the day she was discharged from the hospital, and the police contacted her mother about the test result. The detective in charge of the case told the mother that the person who got the girl pregnant was “your husband, the girl’s father.”. After hearing the result, her breath shortened, throat swelled, and hands and legs shook. At that time, his father was temporarily detained and gave a statement, but soon after, he was released on bail due to the diagnosis of an “incurable disease”. When the social worker of the khoroo assessed the family’s situation, it was found that the father “molested his little daughter”, and the girl was also placed in a shelter.

When the siblings were in the shelter, the investigation was significantly delayed due to factors such as the curfew during COVID-19, the presidential election, and the fact that their father was not arrested. They tried to overcome the difficulties, but it became more and more difficult, considering that they were missing their mother, friends, and school. They always thought that it was unfair that the perpetrator was taking advantage of his illness and roaming free on the streets while they were away from their loved ones.

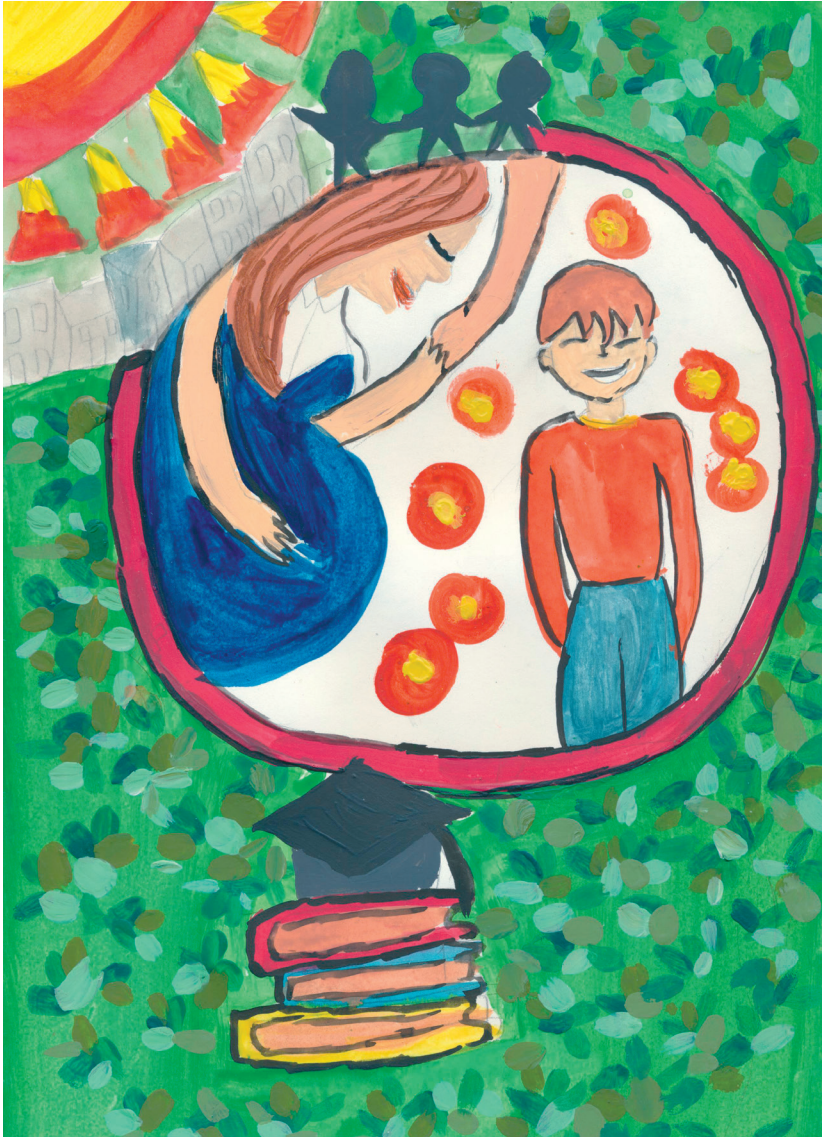
The mother was becoming desperate to seek support from all available organizations to solve this case and be with her two daughters quickly. This is because of the ethics and unprofessionalism of some staff of the professional organization (the tendency to blame the victim/overcomer such as the girl getting pregnant in her own will, blaming the mother for failing to protect her daughter, talking behind their back and revealing their secrets), the uncoordinated actions of the multidisciplinary team members, and soon relatives, friends, and neighbors knowing the truth made it difficult once

again. Her attorney was the only person who trusted the mother, listened to her and did not blame.

The attorney contacted the “Beautiful Heart” NGO, cooperated with them, and began to offer services. Based on the situation analysis, the mother was moved into a rented house with her two daughters without waiting for the perpetrator to be incarcerated. Also, because the environment they lived in before was risky and privacy was lost, we transferred the official address and the girls’ school, provided a new home, and supported them in getting used to their new environment in cooperation with an international organization.

After the clients were transferred to a safe environment with their mother, the trauma-based socio-psychological services were stabilized. Also, in that case, he was responsible for all the management, coordinated the activities of government and non-government organizations such as hospitals, schools, police, and shelters, provided quality services at a professional level, and worked to push what was held back and influenced them.

When the girls and their mothers attended socio-psychological services for a certain period, the negative changes in their mental state and physical body decreased, and the healing process began. The court hearing was held and the perpetrator of sexual abuse was sentenced to life imprisonment. “Beautiful Heart” NGO was able to compensate for the emotional damages for the clients. Girls may think about what happened in the past, meet someone who knows about this event, and worry that other people will know. They will not focus on the old wounds they suffered in the past but focus on the present, feel what they want, and know how to protect themselves. Each day, they overcome the past and walk toward a peaceful future.



O. Nomindari, age 16

CASE 3.

THE STORY OF GIRLS WHO BECAME
MOTHERS IN THEIR TEENAGE YEARS

Story 1: T is in the 12th grade of secondary school and lives with her father, brother, child, and husband. She met her son's father at the age of 15 and they became parents a year later. Since they are both high school students, they were very scared after finding out but decided to give birth instead of feeling down. T's father and her husband's mother did not oppose them and said that they would decide for themselves. However, plenty of their relatives scolded them by saying, "You are undisciplined and disobedient". Due to their peers' discrimination, they started attending classes online and stopped going out of home. Every time they went to the hospital, she was wearing big clothes to hide her pregnancy as much as possible. Since she had no friends, was blamed by others, and no longer had self-confidence, she only spent time with her child. She was not interested in continuing her studies, gradually lost her dreams and goals, and became depressed. The social worker of our center got her information from the family clinic and offered to participate in the program for young mothers. She hesitated but agreed on that spring day. Her child was left with her grandfather and she went to the opening of the program. She saw that there were girls who looked like her, who were pregnant, and who had one or two children and thought, "There are girls like me".

In Case 3, the "Princess" center NGO provided socio-psychological services and included them in the "Young Mother's Empowerment Program" for ten months.

ACCEPTING AND LOVING YOURSELF IS COURAGEOUS

One of the happiest moments for a woman is knowing that she is going to be a mother and feeling the little heart beating in her womb. Yet, it is unfortunate to experience this feeling with fear, regret, and sadness.

The World Health Organization considers births under 19 as "girl births"⁴, while the Family Law states that Mongolian citizens who have reached the age of 18⁵ can get married. To some degree, this is accepting the earliest legal recognition of family planning.

⁴ www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

⁵ www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

8% of teenage girls who become mothers receive quality reproductive health education at school, 84% did not plan to have children, 56% have little or no knowledge of reproductive health education⁶, and do not discuss it with their parents, and 44% are single or raising their children alone. Reproductive health education is not only an issue for teenagers and young adults. It also depends greatly on parents' and guardians' knowledge and attitudes.

Young mothers face many challenges every day. This story shows how important a supportive environment is to them.

Client T participated in our organization's "Young Mother's Empowerment Program" for ten months. There is a series of ten courses within the framework of the program, such as social work services, socio-psychological counseling, and empowerment training, which are personal development, life skills, reproductive health, girls and women's rights, gender equality, as well as involved in community activities, including with meeting and talking with strong women and going to summer camps. By going to the summer camp, all the program participants get out of the city with their children in the fresh air, learn how to take care of the child and prepare nutritious food, engage in interesting activities to relieve stress and spend quality time with friends. Within the framework of this program, a support group for young mothers is created to provide opportunities to learn and inspire each other.

As a result, the girl who was ignored by her peers and had limited social interactions gave up on the idea of taking a leave of absence from school and started school on September 1st. She courageously told her classmates that she was a young mother, stopped being afraid of anyone, and gained self-acceptance and self-confidence. At first, her classmates looked at her as if they had seen something "out of the ordinary", but soon they all forgot about it and started paying attention to their studies. A mother's duties never end as she gets up early every morning, prepares the baby's food and milk, goes to school, and rushes home after school to nurse the child, wash clothes, clean the house, and cook. And then, of course, it's already 10 pm when she tries to do homework. Sometimes, when she is tired, she doesn't want to go to school or do her homework, but during service, it can be observed that she understands her responsibility as a mother and tries every day to get a good education and profession.

⁶ www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

STORIES

As someone who became a mother while being a student, she mentioned, *“A woman needs to think and plan carefully at what age she will become a mother. It is difficult and discouraging when you can’t study with your friends, prepare for exams, go out and play, and don’t know what to do when your child is sick or has a fever. I fully acknowledge that most parents should discuss this openly with their teenage children.”*

The United Nations and the World Health Organization are appealing to countries to reduce the birth rate of girls and to pay special attention to the problems of girls who are giving birth. However, the Mongolian government does not have policies, rules, regulations, or services for young mothers and their children and families. An example is the story of A, a 17-year-old young mother who lives with her child.

STORY 2: Due to being a victim of domestic violence and sexual abuse, the court has terminated her parents’ parenting rights, and A has not been appointed a legal guardian because she will soon turn 18.

According to the Child Protection Law, starting from the situation analysis, social workers, multidisciplinary teams, and child rights inspectors are supposed to provide comprehensive services based on children’s rights until the end of the service. However, it is unfortunate that the services provided in that case were closed after the court decision. There are no other support and services young mothers receive from the government, except for the allowance for pregnant mothers, “40,000 MNT per month from the 5th month of pregnancy”, and “50,000 MNT from the paid mother program” from birth until age 3.

In the future, our country must create human-friendly, comprehensive policies, rules, and regulations with prevention, rehabilitation, and protection stages, paying special attention to the issue of girls’ birth.



Sh. Sainbayar, age 16

CASE 4.

THE STORY OF A BOY WHO SHARES HIS OLDER
SISTER'S BURDEN OF SUPPORTING HER FAMILY

Ts lives with his grandmother, father, sister, and two younger brothers. He is in 8th grade. His grandmother is retired and their father is sick and unable to work. His sister works in a construction company and supports her family alone. His two younger brothers study in an elementary school. Since his sister's salary alone is not enough, he goes to school and then works part-time as a dishwasher in a restaurant and construction assistant to support her sister and family. He has not participated in extracurricular development programs and courses but focuses on earning money rather than personal development. He wishes to quickly graduate from school and enroll in a vocational training center. He is tired since he is busy with work and his studies and often gets into an argument with his family. When he feels lonely and communicates with others, he expresses through anger and frustration. He is an introvert, does not talk to anyone, and has almost no friends in class. Due to his life situation, he even tried to steal and was caught by the police.

In Case 4, the "Children's and Young People's Protection and Development Center" NGO involved Ts in its socialization through an art center, summer camp activities, and a development program for children from vulnerable groups for four years.

MUSIC ADDED MELODY TO HIS LIFE

The common problems encountered while working with children of the target group are that they hide their problems that are difficult to solve from others, make mistakes when they try to solve it by themselves, are afraid to ask for help from others, and lack self-confidence. During this time, the main support from teachers and social workers is to increase children's self-confidence, to make them understand that it is not wrong or bad to ask for support and advice from others when necessary, to support the child's participation, and help them live a righteous life.

In 2018, Ts received information from a friend and came to the CYPDP center. We discussed with the boy to clarify his problems and dreams and did a situation analysis since the change is more visible in children who apply to social work services by themselves. According to the analysis, it

was determined that he has anger issues and a problem communicating with others, lacks self-confidence, is at risk of recidivism and child labor, and needs to choose a career since he is about to graduate from secondary school. After discussing this with him and his father, the social worker decided to take him to a summer camp for socialization through art and outlined his service plans with him.

When developing a service plan, the child will determine his goals with the teacher with the criteria of being realistic, achievable, and aligned with the child's wishes. After defining an accurate goal, we need to plan the activities to achieve the goal and mention the rights and responsibilities of the teacher, the child's efforts, and the participation and support of the parents, and write the participation and responsibilities of the three parties. Also, the most important aspect of the service plan is to put a time frame on the plan, which indicates how long the child can reach the goals with continuous and consistent services.

Before starting the development program, Ts spent six months in individual psychological counseling, which helped the child to trust and open up to the teacher and prepare for the following art course and activities. When Ts went to an art course, he had no fundamental knowledge of playing music.

Within a year, the boy learned the basics of music and art. He became psychologically stable and confident, and his self-expression was improved through continuous participation. His improvement also positively affected his family. His father proudly said, "After learning music, my child has become calmer and less angry." The boy said, "When I come to the center, the center is very comfortable and peaceful, just like my home. And when I sit down to play my music, I feel confident, I don't think about anything, I feel calm." He has attended the summer camp program for four years and started volunteering at the development center in the fourth year.

Ts is studying to become a chef after determining his interests and profession. As a result of the boy's participation in the socialization program through art, he can ask and receive help from others. The results of our four years of consistent professional service demonstrate the importance of ensuring children's participation at every level of service.

The difference between a development center for target group children from other art training centers and courses is that it is not important to pursue one field and be successful at it but to participate in all kinds of training and activities based on his/her abilities and interests. In other words, rather than being limited to one type of art, the child can simultaneously participate in various courses such as music, song, dance, drawing, and creative activities. The main goal of the development center aimed at the target group is not to become a good musician, a good singer, or a dancer but to gain knowledge within his ability through the programs, as well as to bring feelings and positive changes that can be obtained from the art program.



N. Munkh-Anirlan, age 13

CASE 5.

THE STORY OF A LITTLE BOY WHO GAINED HIS
HEARING AND A FAMILY

On a cold winter day in 2018, the district's Family, Children, and Youth Development Department asked us to pick up a three-year-old boy. That is how the boy and I saw each other for the first time. He had almost no ear auricles, was born deaf, and I will never forget that he wore big pink snow pants. In the fall of 2019, the district's Family, Children and Youth Development Department called to inform about finding the boy's biological mother. I felt good about seeing his mother, so I dressed up the boy and went. While we were sitting in the room, the boy's biological mother, a middle-aged woman, entered. Both mother and child were like strangers and did not acknowledge each other. The child did not know his mother and was beckoning that she smelled awful and wanted to go. I felt odd since I imagined a different meeting in my mind. We started talking, and she said, "What can I do with this child? I abandoned him after birth. He's deaf, right? now I have a different family with other children. They don't know anything about him, don't tell them." This mother's words gave me the strength to raise the boy well, bring light and color to his life, and educate him.

In case 5, the boy came to the "Erdem" care center for children at risk in 2018 and is still living at the care center and studying at school.

A CHATTER OF SPARROW

The children who come to our center become our family. Every child who comes is loved by a grandmother, mother, and sister, lives as one family, educates them, and gives hope for further living and learning. It is certain that every child who comes to the care center has health problems and experienced abuse. Among them, there is even a child with a disability that they rejected due to their disability. Since they are born as human beings, they have a fundamental right to be loved, respected, and receive service. That's why we've been looking for ways to alleviate the disability and deal with financial issues whenever possible.

When the abandoned boy first arrived, he was very angry and used to wet himself without realizing it. At first, we used to communicate with the boy using common gestures. Then we decided to teach the boy professional sign language and started looking for schools and kindergartens. While searching, we found out that he could hear through cochlear implants and started

contacting otolaryngology clinics. It was difficult for the child to be in an overcrowded public place and long queues at the hospital as he was showing tiredness and moodiness, but the quick examination and diagnosis at private hospitals were a big help. The "MED-EL hearing center" doctor said the boy should take a few tests, and after the results, they would thoroughly examine him. After the tests and the hearing aid were put on, the boy was overjoyed to hear. The first sound the boy heard was the chatter of a sparrow.

I was filled with happiness when they told me that it would be possible to undergo an operation and a device is placed on the bone surrounding the brain. So, the boy could hear on both sides by the "Bone Bridge" bone conduction implant⁷ surgery. The next step was teaching the boy to speak. All words are new to the boy, but the first word he said was "Mother". After that, he attended speech therapy courses under the supervision of professional doctors at the center for four years. Even during the COVID-19 curfew, his speech therapy lessons were uploaded online without interruption.

He could not go to a school close to the care center due to the lack of teachers capable of working with children with disabilities, including hearing-impaired children. Here, I learned that one of the biggest problems for children with disabilities is going to an ordinary school. Our belief, determination, and dedication to our boy's attending an ordinary school greatly impacted his development. The boy is now in 3rd grade and has become a curious little boy who can speak and express himself freely and has many friends. In particular, I am thankful to his classmates and teachers who do not discriminate against him due to his disability. I am delighted to see my boy has future aspirations and dreams.

Parents and professionals of children with disabilities tend to focus solely on their health. Of course, if there are certain problems in the body, it is necessary to cure them but also we need them to develop cognitive and social skills. By understanding their needs, requirements, and characteristics and teaching them every day without getting irritated, the children are gradually acquiring the necessary skills. I want people to always have a second chance in life. Even though my son was not treated kindly by his biological family, he had the opportunity to have a second mother and was fortunate enough to hear the beautiful sounds of life along with the chattering of the sparrow. But I know that everything is not perfect behind the scenes. Our efforts and perseverance to overcome difficult challenges, with the desire to wish for the best life, created a second chance for the boy.

⁷ Bone conduction implants are a surgical solution for people over 12 years of age with hearing loss caused by damage to the function of the middle ear or associated hearing loss.



B.Nomun, age 14

CASE 6.

THE STORY OF AN ABANDONED BOY
SURNAMED "FOUND"

On a breezy spring morning, a call came from the Bayangol District Police Station: "A baby has been abandoned in the railway station garden. Please take the baby according to the proper procedure!" Without a reply, the phone hung up. We went to the police station, and the baby boy in the cradle was sleeping peacefully as if he had just been fed.

Every product has a name, address, and label stating what year, where it was manufactured, and what ingredients it contains. Unfortunately, the poor boy baby had no name or address and was in a thick, dull, dirty blanket. When the baby was unswaddled, he looked like he was eight months old and had a mark on the left shoulder, indicating that he was vaccinated. There were no visible wounds or scars on the body. He was breathing fine and was sleeping without any signs of pain. He had dark curly hair, double eyelids, and a skinny but lean body. The boy was brought home after signing the document.

It looked like the baby was never bathed or breastfed. When he was getting a bath, he cried loudly, but without letting go of the bottle, he greedily sucked the milk. He was put in a new swaddle blanket. The baby's father and mother were searched for several days by the police, but were never found. We desperately needed the birth date, registration number, and birth certificate of the baby. About two months later, we officially named the baby and registered him in the civil registration of Mongolia.

In Case 6, the boy lived at "Our Family Association" childcare center from the age of 8 months until he went to Japan to study at a university at 22. He still has a close and positive relationship with his mother and siblings.

RAISING THEM TO BECOME GOOD PEOPLE IS DIFFICULT

At that time⁸ abandoned children were given the surname "Find". When I got my son's documents, he was given Find as a surname according to this standard, which still hurts me. I always worried how much it would hurt my

⁸ Started in 1990.

son if people were shocked when he started kindergarten and school.

My son, who was abandoned as a baby, went through all the stages of being a child, crawled and walked for the first time, and said his first word “Amaa” like other children. I still remember the fun and adorable moments of playing with the children, expressing himself, and reciting and singing the songs they learned from kindergarten. The cold, flu, fever, chicken pox, and mumps, we got through it all.

With the support of all the nursing centers, family clinics, and our care, my son grew up healthy, went to kindergarten, and entered school. Once, we had a conversation as follows:

- “From whom did I come?” - From your mother and father.
- “Where are my parents?” - At that time, I was stunned and said that my son’s parents were working abroad and would come when he grew up. I was worried that I lied and wondered what I would say later. I had a little experience at that time. The poor thing instinctively did not ask me any more questions about it.

My son, who had no health problems, had a sudden pain in his leg in the 8th grade and was excused from physical education class with a diagnosis of osteoporosis. From the experience of raising my children, I nursed him by dipping his feet in bone broth and feeding him with powdered eggshells and cattle tripes. As a result, he was cured at the end of 9th grade. My son studied in the cooking class at the VTC at his own will for 2.5 years on a scholarship and was taking care of his own needs. He takes full responsibility for celebrations at the care center, such as Lunar New Year guest food and services. He became a beloved brother who was a role model for others and respected by his many siblings.

After graduating with honors from the VTC, he was admitted to the tourism management program at a university and started his student life again. He was well-respected and got excellent grades at the university. From the 3rd year, he went to Japan for a 2.5-month internship. He sent two boxes of parcels before coming and told us not to open them. We were surprised but waited until the day of our son’s arrival without opening them. After his arrival, he opened the box and gave presents to each child, making many siblings and teachers happy. Three years have passed since then. My son went to Japan to study at university in 2022. He never thinks of this place as a care center but considers it as his home and his brothers and sisters

as his own. The care center he grew up in created a family atmosphere; everything was dedicated to them, and was raised by the same mother. My son's academic journey to Japan took his four younger brothers with him due to his promise to help his younger brothers become competent and strong human beings.

As I have been working with children for many years, I saw that if children grow up in a peaceful environment and feel love and affection, they will become caring people and lead others by positively influencing them. The family care services we provide focus on children's learning to live independently, developing and teaching them to share household chores, and making a good example out of older siblings for younger siblings. Raising them to become good people is not easy, but it is the best feeling to bring a bright future for the little children.



S.Enkh-Khishig, age 13

CASE 7.

THE STORY OF A SERVICE THAT WAS
JUST ON TIME

One time, I went to have a meeting with the school social worker. The students at the school were playing and messing around during recess and a girl caught my attention unintentionally. She looks insecure, introverted, without fire in her eyes, and sad, just like a poor birdie whose wings have been injured. I offered her our organization's service, trying not to make her feel this situation as much as possible, and said I was offering her to join the service because of her artistic talent. She said, "I don't have the ability, teacher, but I know you," with a happy and surprised face. I ended our conversation with, "If you want to participate in the activities of our center, meet me at the center and bring an adult with you". Even though the girl was interested in art classes outside of school, no one supported her. Since the mother was unavailable to meet, looking after her children, I went to her home. I observed that there wasn't any food in the kitchen, the wind whistled through her home, and her siblings had dirty clothes and were in a miserable state. She lives with her mother, two siblings, and stepfather. After meeting with her mother, I offered the "Shineleg" care center's activities and informed her that I would support the girl outside school hours.

The girl's family is among the households whose income is under the poverty line. Her mother is busy raising her younger siblings, and her stepfather is an assistant at a construction company. Her stepfather's addiction to alcohol and behavioral problems caught my attention, so I contacted the social worker of the khoroo and asked for some clarifications. We talked with the girl's mother, who agrees that her daughter will take time off from household work and come to the center thrice a week.

For the girl described in Case 7, the "Shineleg" care center of the "Mongolian Child's Rights Center" NGO provided services such as protecting her rights and rehabilitation through art activities for four years.

THE FEELING OF FLYING GAVE HOPE

According to the experience of social work services, the rehabilitation service method of developing children through art has an important effect on the socialization of children in a short time. In particular, it impacts the development of their talents based on the strengths of lonely and discriminated children. We have learned that when providing child development and rehabilitation services through the arts, we must not only work with the child but also focus on the relationships and attitudes of all family members.

The fact that her dream has come true and she seems thrilled about it gives me the strength to work with all my heart. So, based on the girl's desire to learn to dance and play music, she started learning according to the program. We also worked with the girl's family and met with the stepfather to make him understand the importance of his role in supporting her.

She continued attending the program and after a month of learning to dance and play music, we noticed that the girl's talent for dancing was superior. She entered a dance competition in the youth category held amongst Songinokhairkhan district schools, where she took first place and received a trophy. This boosted her confidence and made her a bright, intelligent girl that her family and classmates respected.

She continued her studies and entered VTC, where she was elected the best student in her class and was chosen to be a class president. She mentioned, *"When I dance, I feel like flying. I am so glad I met you back then. Even though my mom loves me, she didn't have the opportunity to support my interest. Now, I am not ashamed of my life with limited opportunities, and I have made many friends. Also, my family treats me differently than before, spending as much time as possible with me and supporting me in developing myself. Therefore, I will try to be a good role model for myself and the little sisters and brothers of the center."* Certainly, our development and social work services gave her the confidence to fly further.

In the khoroos of remote districts, teenagers aged 10 to 17 want to participate in development training according to their interests. Unfortunately, there are no centers close to their homes, few child development centers, high fees, and no support from their families, so this

only comes across as a dream for them. Should children from families with limited opportunities and unable to support their children continue to be kept in conditions where they cannot develop? An opportunity to change the life one was born and grew up in is education, especially the support of development services based on the child's interests and abilities. How can it be delivered realistically and qualitatively? To conclude, it is a very important step for any type of child protection and development service to be based not only on the passions and interests of the children but also on developing their potential strengths.

Providing the necessary opportunities at the time of need is a life-changing factor for someone. It is a pleasure for us to give some of these children the opportunity to learn and develop together.



B.Nemekhjargal, age 6

CASE 8.

THE STORY OF A BOY WHO IS A VICTIM
OF NEGLECT

A is one of four children in a family consisting of parents, 2 older brothers, and a younger brother. Even though mother and father care for their 4 sons, they care for their younger brother more. His younger brother turned 2, so his mother sent him to kindergarten and went to work. Of course, in today's society, there is a big difference between one parent working and both working and making a living. Therefore, the parents leave in the morning to work and return in the evening, so they cannot pay much attention to A's studies. The environment in which the child lives is neither satisfactory nor lacking, but there is no one to pay attention to, so A does not have the habit of studying independently at home, and his younger brother interrupts his studies. This shows that he lacks parental supervision, does not listen or talk to him, and does not always help the child's studies. Although he is currently in 2nd grade, he cannot read or write, so he cannot do all his studies. He is embarrassed due to his inability to read and doesn't like to study in the presence of other children. He does not have confidence in himself, which affects his relationship with other people and his behavior, and therefore, is displayed by stubbornness, falling silent, crying, and insulting others to protect himself, etc.

In Case 8, "Living Hope" NGO provided services for A are catch up with the studies he fell behind and develop his motivation to learn. He has been participating in the services for six months and continuing to learn.

STUDYING MATH IS NOT DIFFICULT

Children live in situations where they are at high risk of neglect, and physical, emotional, and sexual abuse, such as being locked in their homes unattended all day or being abandoned by their families. Most parents are unemployed, and some are working, but they struggle to survive, worrying about their children, who are left at home with little supervision.

Many temporary residents have moved from rural areas and families living in poor conditions in the city's suburbs, designated as "ger districts". Due to not having a permanent address and an inadequate number of public schools and kindergartens in the area, they have limited opportunities to get a quality education. Also, there are not enough classrooms, which makes it difficult to carry out extracurricular developmental activities and engage in

clubs, and because the only available daycares and training and clubs are expensive, children cannot study. Due to the parents' low education level, unemployment, and a lack of suitable care for their children, they live in a poor learning environment and scarce food.

From September 2022 until now, A has been participating in our center's child development program activities to catch up with the studies he fell behind and improve and develop his motivation to learn. Our center has developed a plan for each child and has opportunities to work with each child. A is learning and developing in a safe and comfortable environment with the opportunity to eat warm meals, attend various courses, and receive support from professional teachers to carry out his studies.

He caught up in his studies through one-on-one training by teaching him how to identify alphabets, connect words, read in syllables, and dictate paragraphs. Due to his inability to read, he could not understand the instructions and problems in math class. Now, he can read and understand, motivating him to study harder. Also, his self-confidence increased by including the boy in the "Successful Student" course. He realized that if he worked hard, he could study successfully, which is the main result of the course. We believe the program's main focus is to make parents understand the importance of emotional support in the child's learning process and that it will be more effective if they start working with them.

However, when he is at home he lacks parents' attention and support and his younger brother interferes with his studies and he cannot concentrate, which makes him not doing his homework. Therefore, it becomes a continuous cycle of parents not revising their children's studies. We want many parents to understand that children can draw an entire pencil with a broken pencil. Parents need to support their children and be their good helpers to prevent their children from inheriting generational poverty despite their poor living conditions. Education is a powerful weapon that can change life in any situation.



B.Enkhzul, age 16

CASE 9.

THE STORY OF A GIRL WHO BECAME A VICTIM
OF IRRESPONSIBLE PARENTS

In October 2010, khoroo ... of ... district called to inform us that there was a neglected nine-year-old girl. Her mother is alcohol dependent and has been missing for 14 days, so the girl was living in the janitor's room of the apartment and came to us due to the high probability of being at risk. According to the khoroo social worker, "The mother is a citizen of ... province, registered as a temporary resident in ... district, and has been residing at our khoroo for 4 months." She works as an apartment janitor. There is no specific information about her relatives. The girl never went to school. Her two brothers, 11 and 15 years old, work as child jockeys in the countryside. Their mother does not know where they are. Children have different fathers but they are named after their mother.

After two months, the mother was found and we met her once. Later on, she went missing again. A year later we met her in the hospital when she had a stroke and was bedridden. When she saw her daughter, she sobbed and said, "My daughter is in good hands, please help my daughter to become a good person. "She must have thought that this was her end. At that time, she was staying at "Enerel" Hospital which provided services to people living on the streets and in difficult situations. The girl, who had not seen her mother for a long time, cried when she saw her in this state. The administration of "Enerel" Hospital referred the patient to an organization with a foreign investment and the doctors helped her to get back on her feet even though one of her legs was numb. After two years of nursing at the organization, the numb leg got better, now she's able to walk regardless of her condition.

In Case 9, the girl lived in the "Desert Rose Foundation" care center for 8 years.

DARK DAYS OF TRANSITION PERIOD-ABANDONED CHILDREN

Upon examining the lives of the children's parents who are currently receiving care from nowadays centers, they are children who have fallen on their knees in the storms of life, street people, so-called sewer people who are abandoned children that grew up not feeling love and have been placed in care centers or families they know. They lack the knowledge and responsibility to create a family that they did not see and experience when

growing up. Most of the children who come to the care center are children who are named after their mother and do not even know their father.

The girl whom we had taken in our service came to us when she was 9. She looked like she hadn't bathed in a long time: her clothes were dirty, her hair was greasy and tangled, and smelled bad. She was thin and had weak self-expression. She had never enrolled in preschool education or first grade which she exceeded the age limit. At first, we checked her body for any injuries, bathed her, changed her dirty clothes, and made her into a new person. After a few baths, the girl's unpleasant smell disappeared. Dental disease was the main problem after primary health examination. Starting from dental care, there was a need to provide knowledge and take care of her hygiene.

Most children at the age of 6 entered first grade but we faced many problems to get her into school because she was 9. It was clear that the girl was physically and mentally different from 6-year-old children. The district school that she was registered with told us she was too old to attend first grade and advised us to enroll her at a special education school but we insisted that she should go to a normal primary school since she was mentally healthy. After a month, we finally found a school. The class teacher reluctantly took the girl to the class, questioning whether she would cause any trouble or make a bad example to other children. It was not easy for a child who had not attended an early education program to learn to read and write from the beginning or even hold a pen. However, thanks to the tireless efforts and encouragement of our teachers, she not only learned to read and write but also became one of the trusted children of the class teacher.

One day, the khoroo notified us of her big brother's whereabouts. So, we visited khoroo to meet. They hugged each other tightly and cried a lot. We decided to meet their mother and the social worker at the care center appointed time at the hospital. Three months later, the mother was discharged from the hospital and the brother and mother started residing at the new fully furnished ger that the hospital provided them on a good day of autumn. Soon after, the other older brother came back from the countryside and the three started living together. The daughter usually visits them on weekends. The brothers were registered and got their civil documentation at the khoroo. The middle brother enrolled in VTC and the oldest one started working to support his family at 18. As the family requested, the daughter was reunited with her family when she was 12 years old.

According to the rules⁹ for reuniting children with their families issued by the MLSP, we visited the family every season. Even though they were living paycheck to paycheck, it was evident from their eyes that living as a whole family was wonderful. In the spring of the next year, one of the brothers called to tell the unfortunate news of his mother's death. After the funeral, he came to consult about her younger sister. He shed tears and said, "Why is life so hard? What did we do wrong? Why was my mother taken away when we were trying to live? We have no one but our mother. My mother used to drink, but still, she is our mother." We asked about his father and after he calmed down, he said, "Since I was born, my father was never there, neither were the fathers of my two siblings. We have no one but our mother." It was as if the word father had never been in his vocabulary. The girl is returned to the care center based on a conversation with her brother and the conclusion of the multidisciplinary team. The poor girl only lived with her mother for a year.

Life goes on, the two brothers cherish their only sister as much as their lives, keeping contact and bringing gifts for her birthdays. Four years later, when the girl turned 17, the two brothers came with a stranger to meet. They said "He's our big brother, we wanted her to meet him". I was surprised to see that the stranger looked exactly like her mother. He was raised by his mother's distant family, gained a good education, was well-reserved, and was a good listener. When he heard that his mother had passed away, he searched for his family and found his siblings. This was the second occasion where they reunited as a family. Four children were born from the same mother's womb all of whom had different fathers who never saw each other. The girl, who arrived at the care center at the age of nine, entered university when she reached 18, which was paid by a kind individual. She has become a university student and is now living with her brothers.

More than 70% of the children in our care center are named after their mothers. If you research the families of all the children in foster care, what is the percentage of children who are named after their mothers and do not know their fathers? We want many people to understand that irresponsible sexual relations and lack of family life education lead to a tragic fate for children. Child abandonment has many factors and reasons, but should foster care centers bear the responsibility of raising that child? It can be seen that if family education is not addressed at the policy level, the problem will continue and the responsibility of parents will continue to be forgotten.

⁹ Order number A/33, February 23rd, 2017 Minister of Labour and Social Protection of Mongolia



B. Mergen, age 5

CASE 10.

A HEARTBREAKING STORY OF A YOUNG
MOTHER'S FIRST SON

With a weak body that had just given birth, I heard the worst news about my son, and it felt like everything turned upside down. "Why so irresponsible? The doctor who delivered didn't even tell me where the baby was. Why didn't they say anything? Is it because of the poor coordination of the hospital's internal process? Or from being an inexperienced parent who didn't even know if I should have asked for my baby or not? Whatever it was, if the doctors and hospitals had been a little careful and responsible, my son would have been running as healthy as others today." My heart aches when I think about it. When I was discharged from the hospital, I was given no specific instructions other than to see a neurologist on the 23rd day. Due to the workload, doctors and nurses are not able to take the time to visit each person receiving services and provide detailed advice and information.

When I went to the neurologist, the doctor looked at me very angrily and said, "He's fine." and nothing else. When the boy was nine months old, a doctor I met by chance said, "The child's physical development is different from others." and advised me to see a doctor. I went to the same doctor again. After several detailed examinations, the doctor instantly said: "This child has a seizure focus, which means he can't eat anything other than porridge and can only lie down on his back." It was one type of paralysis. It was a bit harsh that he said the last words without caring for the mother's feelings when the mother visited him the last time and said, "He's fine.". Due to a lack of knowledge and information, young parents like us did not notice whether our child's development was normal, and on the other hand, the family hospital did not give warnings, advice, or recommendations on the topic.

In Case 10, the "Enereliin Tuuchee" NGO developed a plan appropriate for the boy's specific needs and provided home-based services for 2 years with a team of teachers, physical therapists, social workers, and psychologists of a development service. At the same time, parents were given psychological training and advice on developing and caring for their children.

HOPE-RELIEF

Being a parent is great but not easy. Responsibility is important. As parents, there are days when you devote everything to the "third precious

person” who comes into your family. People define it as the meaning of life and happiness, but everyone knows that it is not easy. Especially for families with children with disabilities, there are many challenges to overcome. Fathers often run away from responsibility, while mothers sacrifice their jobs and professions to care for their children. Let’s share the story of a young family that overcomes all these difficulties with precious love, understanding, and perseverance.

After their wedding, they counted the days for the arrival of their first child. One day, labor pains started in the early hours of the morning and they went to the hospital. The water broke without dilation. Therefore, they put her under spinal anesthesia. About an hour later, it was dilated, but there was still no pain, so she could not give birth on her own and had to have a cesarean section. The baby boy was separated from his mother immediately after birth due to the complicated birth, and the mother had to spend the night in the rehabilitation unit. The doctors were the most trusted and important individuals in the hospital. The doctor said, “He’s okay”, so we just kept waiting. I looked for my son for two days, but the doctors and nurses said he was fine and did not let me see him. My sister, who was looking after me, found out that the boy was in an intensive care unit. I asked the doctor to stay near the room where my son was. At that time, the nurse of the children’s intensive care unit said, “Why didn’t you take care of your child for two days? Two hours after birth, he had a severe seizure, and the next time he had such a seizure, it would be life-threatening!”.

After leaving the hospital, I didn’t know whom to turn to and what to do with my child. I pulled the door of every good hospital, but I got the same answer: “Your son has no chance of recovery”.

Families with CWD focus solely on their child’s health, hoping that they will get better and overlook other aspects. In the case of this family, they later found out that they had left out many things and only kept in mind, “as long as my child is recovering” while the child was continuously in the care of the Central Children Sanatorium until he was four years old. At this time, for the couple, comforting and supporting each other was the strength to overcome this challenge. The boy needed many important skills, including social and cognitive skills and physical development.

One day, the “Enerelii Tuuchee” NGO contacted and gave information about their services. They visit the homes of CWD every week to provide development and rehabilitation services tailored to the needs and situations

of the children. The comment: “If you want, you can participate in our services,” a good conversation, and attitude shone over us like the never-setting sun.

What is better than kind and gentle communication and service for a person going through a hard time? The organization’s team of teachers, physical therapists, social workers, and psychologists of the development service will determine the child’s developmental age, evaluate, and provide suitable health services every week throughout the year. A comfortable and fitting splint was made for the boy, and the physiotherapist and the boy’s father even assembled a “stand”. The most important thing is that they came as a team, not just one specialist, and provided services according to the tailored plan for my son. Also, they included us in psychological counseling and training on how to develop and care for our child. I couldn’t help but be happy. My son, who rarely sees anyone other than a few family members, waits for his teachers to arrive. We have been participating in the service for two years.

The parents have already become the father and mother of three children. The eldest son is paralyzed due to birth complications, and the family lives far from the city since it is good for his health. Now, the boy is studying in school with his peers.

They participated in the social work, psychological counseling, and focus group meetings of the “Enereliin Tuuchee” NGO, got to know families and parents with the same story, and learned, experienced, and developed from their experiences throughout the years. The mother was comforted by the feeling from other families that she was not alone in the harm and guilt of the doctor’s careless words. The family seems to have passed a big milestone with this experience.

In addition to child health services, providing family-oriented services to families with CWD supports the child in many ways. According to international experience, the family should be constantly supervised and provided with appropriate services from the early stages of pregnancy to after birth. Based on this standard, by providing support appropriate to the level of development of disabled children as early as possible, it is possible to prevent risks that may occur at the next stage and improve their abilities without impairing them.



O.Anungoo, age 14

CASE 11.

THE STORY OF A MOTHER'S CARE WORK
FOR HER DISABLED SON

The boy has a motor impairment and has been diagnosed with cerebral palsy, according to the doctors. In early 2000, the boy's family moved to the city from the countryside and started living on the city's outskirts by renting a yard. His father was a self-employed tire technician, and his mother took care of her disabled son at home, although she had a serious illness. The family's living space is cramped due to living in a small space behind their tire repair shop. One person's income is not enough to feed a family. Despite the hardships of their life, the mother, who dreams of educating her son like any other child, takes him in his wheelchair on the rocky road for his education in winter and summer. She tried her best to keep her son among people, to make him understand that he was a part of society and to have a community of his own. Unfortunately, she left her son behind and passed away.

In Case 11, the "Tolgoit Community Development Center" NGO provided social work services for 8 years. The NGO organizes the "Home-based Training" program with the participation of local retired teachers, which aims to socialize disabled children and help their families.

IS THE CURRENT GOVERNMENT SUPPORT ABLE TO SHARE THE WORK OF MOTHER'S CARE?

In our country, it is common for one family member to dedicate their life to taking care of a CWD. In the middle of the 2000s, there were many families, including those families with CWD, who came to the capital city and couldn't figure out how to get social services. In particular, with an attitude such as "How are we going to take care of CWDs when we can't even take care of the healthy ones?. CWDs were left behind. For the migrants, this became a double problem¹⁰.

The involvement and support of parents is the most important factor in working with CWD. Therefore, we make efforts to take care and socialize children and make the good experiences of parents who actively work with us be known. This case is the story of a mother and son who became role models for many parents.

¹⁰ The study "Poverty of people with disabilities and their families" aimed to clarify the poverty of the people with disabilities and to find out its causes.

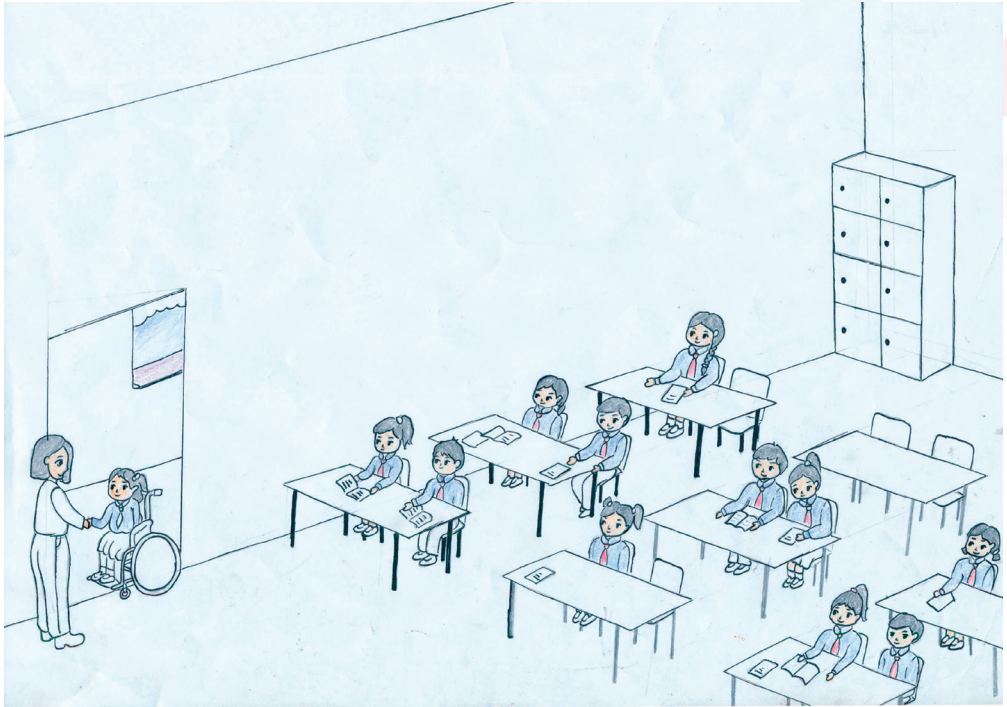
When the mother first realized there was an opportunity to educate and socialize her son, she was surprised and said, "There are teachers who go from home to home to teach like this." She continued with gratitude, "They are coming for my son."

"Home-based training" was started with local retired teachers' participation in socializing with CWD at home. Volunteer teachers assess the child's self-care skills, provide first aid while teaching health lessons about child care at home, and exercises for building child independence with parents and guardians. In literacy classes, they teach them to write letters and numbers and draw their favorite pictures, preparing them to join the secondary education program. Home-based training is organized in two stages: fall and spring. Classroom training is conducted 2 times a week at the "Yurt" office of the Tolgoit Community Development Center (TCDC); on other days, teachers visit homes to teach lessons. By working with children in this strategy, the mother, who has been at home for many years looking after her child, had the opportunity to have time for herself and to communicate with others. She was trying to overcome her illness and send her son to school. She left the world without any company and time for herself to take care of her child. Opportunities and support are still important to make life easier for mothers like her.

After 6 years of consistent home-based training, the boy improved his ability to sit and talk with other children and participate in the secondary school's non-formal learning program.

Many families with CWD, specifically mothers, work tirelessly not only to provide continuous care for their children but also to provide opportunities for them to learn and develop with other children. Unfortunately, she worked hard for her son till the end and passed away before her son started a non-formal learning program. After his mother's passing, the son became less happy to go to school and come to the center, and his condition worsened. His father took care of his son on his own when he was off work and sent him to the non-formal learning program, but when he turned 16, he made him stop going entirely. For us, the case was closed as soon as we enrolled the boy in non-formal learning. The boy was left at home again. What to do next for children with such problems? It should be noted that government support is not only measured by money.

The CWD's right to develop is not guaranteed since the privilege of education and socialization of the child is completely dependent on the parent's attitude, the number of available people in the family, and poverty. It is right for the khoroo's multidisciplinary team to discuss children in need of permanent care and youth with disabilities who have reached the age of 18 as part of their welfare policy and make decisions based on local resources. Local daycare centers for children and youth with disabilities should be established and include everyone who needs the service. Without these policy measures, CWD and vulnerable groups may remain unsupported forever.



D.Namuun, age 15

CASE 12.

THE STORY OF A MOTHER WHO FOUND
THE TRUTH LED BY HER SON

I used to think that April 3rd, 2003, was the darkest day of my life. At that time, my son was 8 years old. Even though I tried my best to find a cure for this disease, it started with fainting, and due to having multiple seizures, it affected his mentality. When I think about the fact that I spent years visiting every doctor, entering every hospital, hoping he would get better. Now I see it as if I wasted my time.

More than 20 years ago, when only a few doctors could give solid advice about this disease or even knew about it at that time, my son had the opportunity to visit a foreign doctor who came to the Association of Parents with Differently-Abled Children. The doctor diagnosed him with “drug-resistant epilepsy¹¹” and that he would never fully recover. Even now, the seizures are still there, but compared to then, I accept my son and take him as he is. In the past years, I have become a small part of the APDC. Thanks to the Mentor parent’s program, it opened my eyes, gained knowledge, and felt the beauty of volunteering to help people who are in the same situation as me and need help. Now, by becoming a legal guide-paralegal in the association, I train mentor parents, let them approach problems from a human rights perspective, create opportunities provided by the law in the local community, and become a team member to help parents in provinces and districts.

Case 12 shows the “Mentor Parents” program result of the APDC. The program aims to give information and guidance to the parents of children with disabilities by providing each other with the necessary services.

CHILDREN’S DEVELOPMENT IS MEASURED IN HOURS AND MINUTES

I want to remind you that regardless of what difficulties your son or daughter may have, accept it as they are as soon as possible and take the right steps. They are just like other children, but the little difference is that you need to pay attention every day. This is not as easy as it sounds in one sentence.

¹¹ Epilepsy is a common condition that affects the brain and causes frequent seizures.

At first, when my son started having seizures, we would go from the countryside to the city to get checked, get the prescribed medicine, and then go back. I was happy when he was not having seizures. It's been 4 years since he started having seizures and getting in and out of the hospital, etc. At this time, when I realized that it was not the disorder that I thought it was, I moved to the city to find a competent doctor and a qualified hospital. Just like he was fine before it happened, I hoped that some wizard would appear and heal my son. I went to places and individuals that people said were good, such as monks, shamans, local healers, etc. I see that I spent the last few years in vain, visiting every doctor and hospital, thinking that he would get better. I have spent several years clinging to the thought that as long as he is alive, he will be fine. It was the best feeling if he hadn't had seizures for three or four days.

Even though he went under a doctor's supervision and changed the medication, he was still having seizures. When the supervising doctor said, "A German neurologist came to APDC, he is going to give training to the doctors", I wondered if we visited him, he was going to "cure my son's disorder. So, we went to see the doctor but he said, "Your son has drug-resistant epilepsy and he will not recover completely. We will try to find a way to reduce the repetition of seizures." I was devastated to hear the news and felt like all the sufferings of this world were given only to me. I still have that feeling of shock as if the earth shook and the sky collapsed. At that time, I hit rock bottom, the tears flowed for my beloved son and I couldn't reconcile. I couldn't get out of this situation with all this regret and all these years of pain, and I "cried until my vision deteriorated and my face wrinkled."

During the times I was nervous and worried, I later learned that the important years of my child's development had already passed, and realized that it was a mistake that I regret. Later on, I learned that the value of time is irreplaceable. We should remember every day that a child's development progresses not by months, but by hours and minutes and that regardless of how they are, they will grow up and become independent individuals like any other human being. It is a common mistake for parents with CWD to be overly protective, caring for them too much thinking that they should love them more than others, making them dependent on themselves beyond their personal space, affecting their independence, and ignoring them to be their own person. One of the important things we should pursue in our lives is to think about what kind of person our son or daughter will be in five or ten years.

The path to my realization came from becoming a member of the APDC. With the support of the APDC and good people, my son participated in many activities such as courses and training in painting and sports, and saori weaving to develop himself. He tried many things but he has not yet made consistent results, not yet found his feet in life, and not yet become independent. During this moment, my son graduated from a special education school and at that time, there was no individual learning program. But now, there are many legal opportunities to include CWD in education¹². My son studied at “Enerel” VTC and completed a craft class. If I had realized earlier, I think my son would have become more independent and self-sufficient.

Apart from being a member of Mentor Parents, I manage the “Let’s talk about seizure” online group with about 3,000 members and give advice to parents and people with epilepsy with what I know and guide them in the right direction every day.

Before I had CWD, I didn’t value anything and I always looked at it from my perspective. Now, thanks to my son, I can see things from many points of view, know the different colors of this world, have a positive attitude, think about the essence of life, understand the preciousness of life, and become a person who loves life. Each person is a universe. Even though a person is born from their parents, the most important thing a parent can give is accepting their children as independent individuals and a part of society.

¹² Order number A/55, 2018, Minister of Education, Culture and Science of Mongolia



B.Nomun, age 14

CONCLUSION, RECOMMENDATION

Although these true stories end happily or sadly, we, as a part of this society, can see that solutions can be created and concrete results can be achieved if we work together by facing the problem, not pushing it away from ourselves. The efforts of the NGOs show that it is possible with the commitment, dedication, and effort of working with these cases. If we can increase the number of successfully closed cases and happy-ending stories, we will bring light and opportunities to the lives of many families, children, and young people.

The stories mentioned in the booklet are about real cases that have achieved certain results in life, so they are observed as tested activities and methods that can be a lesson for others. Although many laws and regulations have been passed, these stories show that there are still many problems that are left unregulated and inadequately implemented. It is necessary to elucidate who is responsible for the issues faced by children when they are not solved, to improve interdepartmental coordination to solve the problems quickly, and to increase the responsibility of government employees. Also, it is mandatory to include the appropriate information in the relevant regulations on how to solve the problem and which officials should be approached for the unregulated and unresolved problems. In this way, we can solve the problem on every occasion, and in turn, by incorporating the solution into the rules, it is possible to avoid dead ends and delays when similar problems arise.

From the experiences accumulated through working on these cases, social workers and psychologists' attitudes towards their work, knowledge, and skills, as well as providing stable socio-psychological services, are important for working with children of the risk group. However, most social workers working in khorroos and schools don't have a social work background and employment turnover is high. As a consequence, there are many cases where children's issues are not resolved for a prolonged time and are raised repeatedly, and causing difficulties for children, which becomes a major problem for NGOs working in this field cooperating with the government.

Therefore, it is recommended to pay attention to the following issues.

1. Ensuring recruitment of professional social workers in khoroo by reducing the employment turnover rate and providing opportunities for professional growth.

2. Although there has been a relative increase in the number of graduates as social workers, researching what percentage of the graduates are working in the field after graduation, clarifying the reasons for frequent employee turnover, and taking measures based on the results and recommendations of the research.
3. Students studying as social workers must have their internships at NGOs that work with children and people of the target group, and create a system for graduates to work on difficult cases after getting accustomed to their work, as well as organize activities aimed at captivating the value and pride of their profession as part of the student development program.

From the stories, it can be seen that the children who grew up without parental love and who were victims of discrimination and violence were able to make a change by providing protection services with development activities tailored for each child for an extended period and in a comprehensive and stable manner. In some cases, even though the child reached the age of 18 and the service stopped, we continued to contact the client and provided advice and support when needed. This indicates that it was part of a long-lasting process. A lack of family education and irresponsible parents caused a part of the many problems faced by children. In the future, it is necessary to foresee the loss of family values and inbreeding and the problems arising from it.

Therefore, it is recommended to pay attention to the following issues.

4. All parties associated with the cases must pay particular attention to the fact that real results can be achieved by providing comprehensive client-oriented services over a long period.
5. Regular improvement of the staff skills of professional organizations is important, especially the multidisciplinary team members and obliging them to work with the right attitude and ethical relations.
6. Prevent children from being left unsupervised for long hours and getting at risk of abuse by establishing centers where children can freely enter and support the center's activities.
7. Create a mechanism to raise awareness, maintain, and account for the responsibilities of parenthood, especially for young parents, and optimize how to update and regularly conduct educational programs and news about health, proper upbringing of children, and family values.

Due to the lack of a favorable environment and services that meet the personal characteristics, needs, and requirements of CWD, the situation of many families with a CWD is difficult, and one of the family members taking care of the CWD is unemployed, has no friends and colleagues, and is living in isolation from society.

Therefore, it is recommended to pay attention to the following issues.

8. Increase awareness of disability, conduct early detection of disabilities from the time the child is in the mother's womb, give special advice to young families with CWD, regularly deliver information on child development and early health screening through the family clinic, and advise pregnant women to give a fetal development test in the early stages.
9. Government organizations at all levels should pay special attention to recognize the development level and needs of the CWD and provide appropriate services.
10. Continue to develop young people with disabilities who have been adequately educated and are socializing, and increase the support provided in employment based on their characteristics.
11. Capacity-building the support teams at khorroos, family clinics, kindergartens, and schools by NGOs specialized in the development and protection of CWDs.
12. Improve the updated methods and forms for the comprehensive development of CWD with the organizations that provide genuine services.
13. Empower parents with CWD, evaluate their contribution to the care economy, and support their participation in activities and employment.

APPENDIX 1. INFORMATION ON ORGANIZATIONS WORKED ON THE CASES



National center against violence

Address: Chingeltei district, khoroo 6, Ikh toiruu, LOGOS center,
number 302-303
Email address: mongolcav@gmail.com
Website: www.safefuture.mn
Phone number: 7011-9949, 9649-0505
Contact person: Director Arvintaria N.

The National Center Against Violence has been providing services to victims of domestic and sexual violence since 1995.

Main areas of activity:

- Influence the government to responsibly fulfill its obligations to ensure a safe life and equal opportunities for everyone, and provide accessible support services for overcoming domestic and sexual abuse based on public participation and the development of local communities
- Provision of comprehensive services for children and women's rights and needs who are victims of domestic and sexual abuse and work to influence public policy and legal reforms.
- Legal advice and legal assistance
- Psychological and telephone counseling, child protection and social work services
- Placement services in temporary shelters



“BEAUTIFUL HEARTS” NGO

Address: Sukhbaatar district, khoroo 1, IC tower, number 502
Email address: huurhunzurh@gmail.com
Website: www.btifulhearts.org
Phone number: 7015-9688
Contact person: General coordinator Oyundari B.

“Beautiful Hearts” NGO has been working to stop sexual violence against children since 2012.

Main areas of activity:

- IMPACT - Influencing policies to prevent gender-based violence, protect victims and overcomers, and create a human rights-based legal system.
- SERVICES - Providing trauma-based socio-psychological services to women and children who are overcomers of domestic and sexual abuse.
- PREVENTION - Advocating children, adolescents, and adults to prevent any potential risks caused by gender-based abuse.
- CAPACITY BUILDING - Increase the professional skills, knowledge, and experience and strengthen the capacity of experts working in the field of protection of the rights of victims and overcomers.



“PRINCESS” CENTER FOR THE PROTECTION OF GIRLS
AND YOUNG WOMEN’S RIGHTS

Address: Sukhbaatar district, khoroo 1, apartment 58,
number Y4
Email address: info.princesscenter@gmail.com
Website: www.facebook.com/princesscenter
Phone number: 96 110 110, 70 105 105
Contact person: Executive director Erdenetsetseg E.

“Princess” Center for the Protection of Girls and Young Women’s Rights is a non-profit civil society organization and was founded in 2003. We aim to be the main driving force behind the movement of girls’ rights at the national level through girls’ voices and meaningful participation and contribute to the creation of a girl-friendly society.

“Princess” Center operates in the following 4 areas.

- Capacity building of girls and develop their LEADERSHIP
- INCREASE public awareness of girls’ rights
- INFLUENCE policy on girls’ rights issues
- CAPACITY BUILDING of organization



“CHILDREN AND YOUNG PEOPLE’S PROTECTION
AND DEVELOPMENT” NGO

Address: Sukhbaatar district, khoroo 1, Baga toiruu, Zumber
apartment 15, number 3
Email address: battuya@cyppd.org
Phone number: 976 320941
Contact person: Director Battuya Ts.

Children and Young People’s Protection and Development NGO was established in 2003 and works to protect the rights of vulnerable children and young people, implement projects and programs aimed at supporting them to find their place in society and develop, and organize training in the field of youth employment.

Main areas of activity:

- Implementation of development programs based on social work and psychological services for target group children
- Influence the government policy in the field of protecting the rights of working children
- Organize skills training and professional training for the target group households in the field of income-generating
- “Tsoglog” summer camp



Voluntary Service for Vulnerable Part Children

“ERDEM” CENTER VOLUNTARY SERVICE FOR VULNERABLE PART CHILDREN

Address: Songinokhairkhan district, khoroo 6,
Email address: Erdem.ch.center@gmail.com
Phone number: 95094706
Contact person: Director Unur A.

“Erdem Center” was founded in 2006 and aims to take care of children that are half or full orphans, disabled, victims of abuse, and children from very poor families who dropped out of school, provide basic education and protect them from abuse.

The center does not take children out of care when they reach adulthood but prepares them to live independently and supports them in all ways to discover and develop their talents.



“OUR FAMILY ASSOCIATION” CARE CENTER

Address: Bayanzurkh district, khoroo 6, Ikh Mongol residence
Email address: enhtsetseg972@yahoo.com
Phone number: 9191-3482
Contact person: Executive director Gaamaa N.

“Our Family Association” has been operating since 1998. Care services are provided to children who are orphaned, homeless, whose parents' rights are terminated, or who are sentenced to prison by the court.

Main areas of activity:

- Taking care of children in a calm, safe and pressure-free environment similar to home
- Enrolling them in a kindergarten and school and acquiring a profession
- Teaching them to learn to live independently



“SHINELEG” CARE CENTER OF THE MONGOLIAN CHILD RIGHTS CENTER NGO

Address: Songinokhairkhan district, khoroo 2, Tolgoitiin khutul
Email address: shinelegchild@gmail.com
Facebook: Shineleg Child Development Centre
Phone number: 88662444
Contact person: Executive director Burenmend S.

“Shineleg” care center of the MCRC NGO was established in 2002. Through the development center, children aged 6-16 who live in the remote districts of khoroo 1 and 2 of Songinokhairkhan district will be socialized through art, support their talents through courses, and provide risk prevention services to help them become independent and well-rounded citizens in life.

Main areas of activity:

- Organizing child development art classes
- Providing children the opportunity to study and get warm meals and tea
- Counseling and training for parents
- Preventing discrimination in the school environment



“LIVING HOPE” NGO

Address: Bayanzurkh district, khoroo 10, street “Khangamj”,
door 293
Email address: amidnaidvar@gmail.com
Facebook: Амьд Найдвар ТББ
Phone number: 99009604, 96009303
Contact person: Care center employee Dulamjav M.

Living Hope NGO, established in 2016, aims to develop and protect children and adolescents in need of support.

Main areas of activity:

- Run a kindergarten to provide early childhood education to 25 children aged 3-5 years.
- Library services
- Child Development and Protection Day Care Center Services
- Training for parents



“DESERT ROSE” FOUNDATION

Address: Bayanzurkh district, khoroo 28
Email address: rose.mongolia@yahoo.com
Phone number: 9915-1498, 9817-2534
Contact person: Director Amarjargal Ts.

The Desert Rose Foundation was established in 2007. The care center aims to protect the teenage girls of the risk group who have experienced sexual abuse and domestic violence.

Main areas of activity:

- Provision of protection and care service
- Inclusion in case management services
- Socio-psychological service, family support, and family reunification



ЭНЭРЭЛИЙН ТҮҮЧЭЭ ТББ
ТӨМӨР ХУУЛЬ ЗӨВШӨӨГЧИЙН ДЭГЭЭСЭН

“ENERELIIN TUUCHEE” NGO

Address: Khan-Uul district, khoroo 3, micro district 19, Chingis Avenue, Sumer tower, floor 16, number 1605
Email address: info@etuuchee.mn; project@etuuchee.mn
Website: www.etuuchee.mn
Phone number: 8906-9935, 8900-8668
Contact person: Executive director Darisuren Ts.

“Enereliin Tuuchee” NGO was founded in 2012. It has been implementing various projects and programs to support the development of children with special needs and providing training and psychological counseling services to their parents and guardians.

Main areas of activity:

- On-site educational and rehabilitation services for special needs children and their families /DREAM GARDEN SPECIAL KINDERGARTEN/ and MOBILE SERVICES
- TRAINING-RESEARCH CENTER to conduct research and organize training by contributing to the dissemination of the ideas and values of inclusive education.
- PSYCHOLOGICAL COUNSELING for families and teachers of children with special needs
- CONSULTING SERVICES for organizations and service providers support and work for the development of children with special needs



TOLGOIT COMMUNITY DEVELOPMENT CENTER

Address: Songinokhairkhan district, khoroo 3, Baga Naran 4-43
Email address: tolgoit@tcdc.mn
Website: www.tcdc.mn
Phone number: 9918-22317
Contact person: Local coordinator Altanzul T.

Tolgoit Community Development Center was established in 2005. The mission of the center is to support the participation of citizens in local development based on the initiatives and needs of citizens living in the Tolgoit community, to develop partnerships between local organizations, and to strengthen the capacity of local government.

Main areas of activity:

- Improving the citizen's public health knowledge
- Planning an environmentally friendly neighborhood
- Developing smart local self-governance by supporting citizens' participation in local development
- Supporting the equal delivery of social services to children living in the high-risk environment of the target group and their families



THE ASSOCIATION OF PARENTS WITH
DIFFERENTLY-ABLED CHILDREN

Address: Bayangol district, khoroo 20, Rehabilitation and development center of CWD, number 211
Email address: info.apdcmongolia@gmail.com
Facebook: APDC Mongolia
Website: www.apdc.mn
Phone number: 976-95907012
Contact person: Executive director Selenge S.

Parents of children with disabilities, with the desire to solve the problems in their lives together, established the APDC in 2000. Now, the association has more than 4,300 members in 20 branches in 16 provinces and districts of Ulaanbaatar city. We are working to make public services accessible to children and young people with disabilities by mobilizing capable parents and caretakers and encouraging the community.

There are 4 main programs:

- Child Development Center to empower and guide parents in early childhood development
- The “Green Hand” workshop to show employment opportunities for young people with different intellectual abilities
- Mentor Parents Program for capacity-built and powered counselors provide legal assistance to other parents and work together in an organized manner to ensure their children’s development rights in public services.
- Impact Program for parents to unite their voices and influence policies to ensure, support, and protect the rights of children with disabilities.

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