



Health Care Programme Annual Report 2016



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The Christina Noble Children's Foundation is dedicated to serving the physical, medical, educational and emotional needs of vulnerable children in Vietnam and Mongolia. We believe that every child deserves love, respect and freedom from all forms of exploitation and abuse.

We establish long-term relationships with the children we support and empower them to live happy, emotionally rich, and independent lives.



Receiving vitamins at sponsorship distribution day.

ACKNOWLEDGEMENTS

By funding our Health Care Programme you are helping to provide free medical examinations, treatments, and nutritional care to children and families who have very often been living in incredibly unhygienic, unhealthy and squalid conditions.

Without the support of the Foundation many of these children would have no access to basic medical attention, clean water, sanitation, or good quality food. We are deeply grateful to all of our donors who help us to support these families by giving them access to these basic needs.

We would also like to acknowledge all of our local and government partners who make it possible for us to implement the programme successfully.

Thank you to the Songino Khaikhan District Medical Centre, the Family Clinic of Songino Khaikhan District, the National Centre for Maternal and Child Health, the City Optical Centre, the Central Laboratory for Tuberculosis, and the Mongolian National University of Medical Sciences.

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PROGRAMME OVERVIEW

Established	1997
Location	Ulaanbaatar, Mongolia
Objectives	To provide all children under our care, and any others who may come to our attention, with free and professional medical attention and healthcare.
Programme Components	Medical checkups, screening examinations, diagnoses, and medication for disadvantaged children and their families; maintaining and monitoring health records of children at the ger village; providing nutritious meals and supplements; training and awareness workshops for children, parents and staff.
Beneficiaries	Children under the care of CNCF Mongolia (<i>Blue Skies Ger Village, Blue Skies Day Care, Child Sponsorship Programme</i>) and their relatives; CNCF staff and their families; any other children in need.
Local Partners	Songino Khairkhan District Medical Centre, Family Clinic of the Songino Khairkhan District, National Centre for Maternal and Child Health, Central Laboratory for Tuberculosis, City Optical Centre, Mongolian National University of Medical Sciences.
CNCF Involvement	Fully responsible for funding, programme management, monitoring, and evaluation.
CNCF Staff	Ms Dagvadulam (Dagvaa), Programme Manager and Nurse; Dr Munkhjargal (Muugii), Paediatrician; Dr Purevdulam, part-time paediatrician; Ms Anujin, part-time staff and trainee doctor who is currently a student at the Mongolian National University of Medical Sciences
Monitoring and Evaluation	Upkeep of medical records for all children. Regular meetings between programme staff and CNCF management, in addition to the submission of monthly reports. Full programme reports are prepared annually and circulated to all Foundation stakeholders.
2016 Actual Costs	\$21,218.08 USD
Reporting Period	January-December 2016

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PROGRAMME BACKGROUND

Fundamental to our Foundation's philosophy is the belief that all children, without exception, should be entitled to good quality healthcare. Our Health Care Programme was established in 1997 to provide the disadvantaged and at-risk children of Mongolia with free professional medical attention, required treatments, and emergency care.

Since the programme's conception we have served over seven thousand children including their family members. We believe that helping our children to build strong healthy bodies is central to giving them the best start to life possible.

Healthcare In Mongolia

Mongolia has made steady progress in improving the health of its population over the last two decades and is on track to meet its Millennium Development Goal targets for maternal and child health.¹

Despite the good progress, however, there still exists a wide disparity between urban and rural areas, with the majority of regional hospitals being desperately unequipped and with many doctors who are decidedly undertrained. Poor access to water, sanitation, medications, and good quality healthcare is the main concern in Mongolia's rural areas. In the cities, especially the capital Ulaanbaatar, poor air quality is the most significant risk factor caused by pollution from Ulaanbaatar's overcrowded road system, Soviet-era power plants, and the burning of low quality energy sources to heat gers in the winter such as discarded plastics and old rubber tyres.

It is estimated that between 30,000-40,000 people migrate from the countryside to Ulaanbaatar every year,² which has put tremendous stress on the capital's healthcare system, the economy, and society as a whole. State hospitals – including the one dedicated children's hospital – are continuously oversubscribed with waiting lists stretching months for many basic procedures.

State healthcare is provided free for those who make Social and Health Insurance contributions. Yet for many of the poorest families who have no employment, and in many cases no official documents or paperwork whatsoever, the state system is inaccessible.

¹ World Health Organization (2014) *Mongolia: Country Cooperation Strategy*, http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_mng_en.pdf [accessed 12/04/16]

² National Statistical Office of Mongolia (2010) *Population and Housing Census 2010*, Population and Housing Census Bureau, <http://catalog.ihsn.org/index.php/catalog/4572> [accessed 24/04/16]

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Mongolian Healthcare System

Mongolian state healthcare is based on a geographical system that divides the country into thirty administrative regions: the nine districts of Ulaanbaatar (the capital city), and the twenty-one regional provinces – known locally as *aimags*.

Each district in Ulaanbaatar is subdivided into *khoroos*, and aimags are subdivided into *soums*; soums are then further divided into *baghs*, which serve as community meeting points for local nomads.



Primary Care – Each khoroo and each soum has its own small clinic, typically with one or two doctors depending on the number of residents within that administrative area. Baghs may have one doctor who works from a small room or yurt.

Secondary Care – Each of Ulaanbaatar's nine districts and each of Mongolia's twenty-one aimags has a central hospital that provides both inpatient and outpatient care.

Tertiary Care – There are four main general hospitals in Ulaanbaatar, each with its own areas of specialization: the three 'National Hospitals' and the National Centre for Maternal and Child Health. In addition, there are a number of specialist centres such as the National Centre for Infectious Diseases and the National Cancer Centre.

In the provinces four national regional centres (in Hovd, Dornod, Orhon, and Övörhangay) aim to provide tertiary care, although this is often not provided at an adequate level and patients are frequently referred to the centres in the capital.

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OUR BENEFICIARIES

- **Children at our *Blue Skies Ger Village***

The majority of children who come into our care at the *Blue Skies Ger Village* have often grown up in incredibly unsanitary and squalid conditions, such as cold dilapidated sheds or sleeping rough on the city streets.

- **Children enrolled on our Child Sponsorship Programme**

The children on our sponsorship programme mainly live in Ulaanbaatar's ger district or rural countryside areas, often in extreme poverty. They are exposed to incredibly harsh winters and without access to running water, a sewage system, sanitation facilities, or nutritious food.

- **Families of children enrolled in the Sponsorship Programme**

Many of Mongolia's poorest families have no access to the state healthcare system as they are often not officially registered. Our Healthcare Programme offers free access to healthcare professionals, consultations, medicines and treatments for everyone.

- **Children who attend our *Blue Skies Day Care***

Similar to many of the children from the sponsorship programme, the children who attend the Foundation's day care, aged 2 to 6, live in the Songino Khaikhan ger district area with no access to running water or health and hygiene education.

- **Staff at our *Blue Skies Ger Village* and *Blue Skies Day Care***

All our staff who work directly with the children have an annual general health checkup. By law, they must also have an infectious diseases checkup.



“Crowds of them [children] came into the city from the countryside on the trains and ended up living rough, begging and stealing, and becoming involved in prostitution.”

To keep warm they slept in the sewers, but in the winter the temperature in Mongolia drops to minus 30°C, and many died from hypothermia and frostbite.”

— Christina Noble
from the book *“Mama Tina”*

Burns are common in Mongolia due to children often being left unsupervised around large, burning hot stoves, which are used to heat traditional Mongolian homes.

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OUR YEAR – 2016 HIGHLIGHTS

- Our Health Care Programme provided medical checkups to 69 children from our *Blue Skies Ger Village*, 63 little ones from our *Blue Skies Day Care*, 344 children and their family members on our Child Sponsorship Programme, and 21 members of CNCF staff.
- 983 treatments were administered for a variety of conditions, including: malnutrition, skin wounds, joint sprains and dislocations, respiratory problems, and stomach related ailments.
- 45 of our daycare children and 47 children living at the ger village received a dental check-up at the National Centre for Maternal and Child Health; 21 children received further treatments.
- All children who attended our daycare and 185 children considered most in need on the Child Sponsorship Programme received a 3 month supply of vitamins during the winter months.
- Since the beginning of February all children living at the ger village received a regular supply of four different types of vitamins.
- Doctors from the Optometry and Otolaryngology departments of the National Centre for Maternal and Child Health visited the *Blue Skies Ger Village* and *Blue Skies Day Care* to carry out ear, eye, nose and throat screenings on all children.



HEALTH CARE 2016 HIGHLIGHTS

497 children or their family members benefited from medical care

983 treatments administered

92 children received dental examinations **21** received dental treatments



648 people attended water sanitation and hygiene training

325 children received a supply of vitamins

1220 sponsorship children and their family members had access to health education and treatments.

132 children from our day care and ger village received regular nutritious meals and checkups.



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- WaSH Action of Mongolia provided water sanitation and hygiene training to 600 parents and relatives of children on our Child Sponsorship Programme, 25 older children living at the ger village, and 23 members of Foundation staff.
- 25 children from the ger village were invited on a field trip by WaSH action to learn about water policy, environmental, and sustainability issues. The children enjoyed the interesting and informative day out where they visited the Fresh Water Conservation Centre and the Water Education Centre Of Water Supply And Sewage Authorities.
- 27 new arrivals at the ger village were given a full medical check-up for the first time in their lives, and necessary steps taken to improve their health to a regular level.
- Educational workshops were held for children, staff and parents on topics such as first aid, personal hygiene, and diet and nutrition.



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PROGRAMME ACTIVITIES

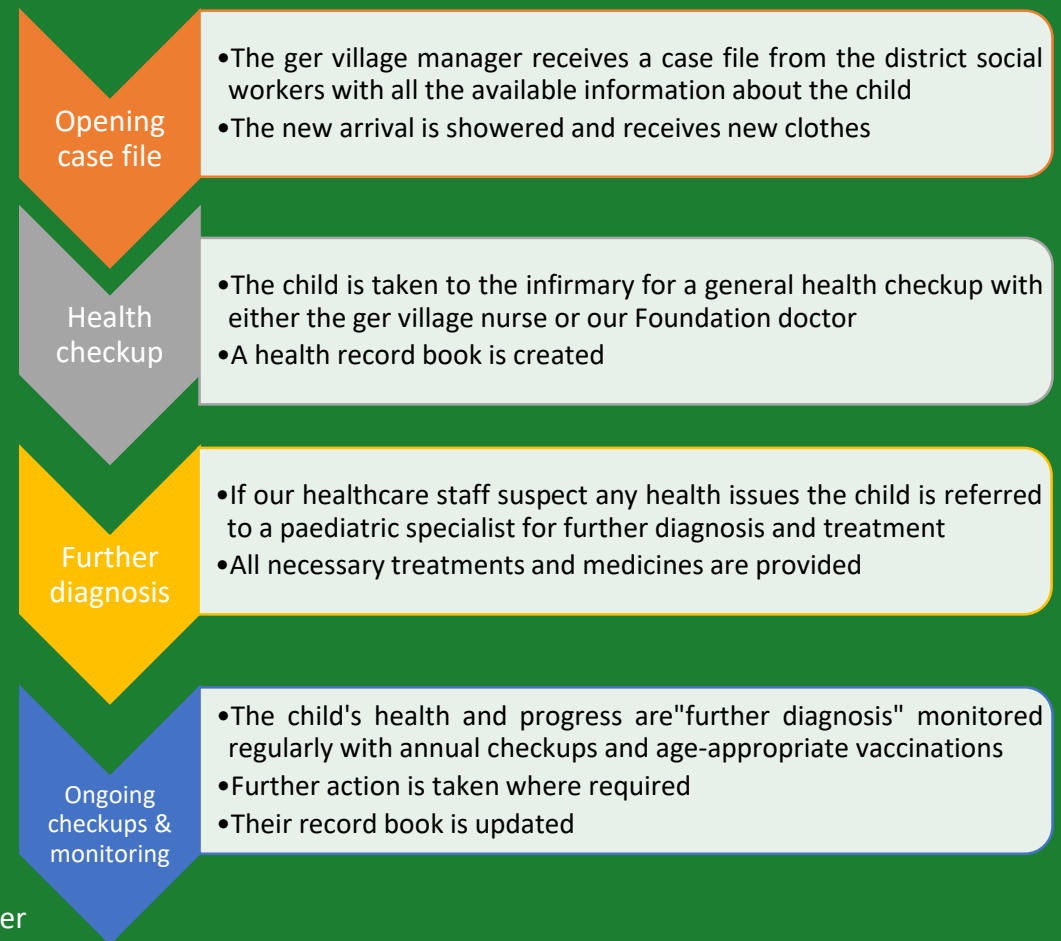
Medical Examinations and Treatments

When a new child first arrives at the *Blue Skies Ger Village* they receive a full health check-up and a medical file is opened up for them.

Our caring and sensitive medical team (Nurse Dagvaa and paediatrician Muugii) carry out these examinations, ensuring that the children feel safe and comfortable at all times. Some of the most common ailments we see in our new arrivals are malnutrition, rickets, growth retardation, and severe dental issues.

Children living at home with their parents in gers, such as those children enrolled on our sponsorship programme and our day care, are often diagnosed with respiratory problems primarily as a result of the ger district's poor air quality. Air quality in Ulaanbaatar is typically three times worse than the World Health Organization standard, and on bad days can climb to twelve times the recommended limit.³

The children under our care are treated with modern and traditional medicines for all mild to moderate health conditions. If our healthcare team is unsure about the diagnosis, or if the case is more serious, the child will be referred to a tertiary level hospital for further diagnosis and treatment.



³ Edwards, T. (2015) *Mongolia's Booming Ulan Bator, World's Coldest Capital, Is Choking On Smoke*, Los Angeles Times, 15 May 2015

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If a child requires emergency treatment – if they are in pain, for example – the Foundation will pay for the child to be treated at a private clinic so that they are not waiting for weeks or months to be seen at a state hospital. Thanks to partnerships with local organisations our children are often able to receive private check-ups and treatments for free or at a significantly reduced cost.



Our children loves Nurse Dagvaa, whose caring and gentle approach helps them to feel relaxed and at ease.

Each year doctors from the Optometry and Otolaryngology departments of the National Centre for Maternal and Child Health visit the *Blue Skies Ger Village* and *Blue Skies Day Care* to carry out eye check-ups and ear, nose and throat screenings for all the children. As a result of the check-ups, this year three children received prescription glasses and two have been scheduled for eye surgery due to a condition called 'Ptosis' – the operations are planned to take place in January 2017.

Five children were diagnosed with chronic tonsillitis and will undergo a tonsillectomy next year – the date is yet to be confirmed. Furthermore as a result of the examinations thirty-one children from our day care were diagnosed with respiratory conditions and have been prescribed traditional remedies.

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As of February all of the children living at the ger village began receiving a regular supply of four different types of vitamins. During the winter months our day care children also received a three month supply of vitamins in order to support their immune systems and keep their bodies strong during this harsh time of year.

Twenty-one members of our staff received mandatory screenings for contagious diseases. This is required by the government for all adults who work firsthand with children.



Nurse Dagvaa and medical student, Anujin, with some of our children in the *Blue Skies Infirmary*.



Annual eye check-ups are carried out in our *Blue Skies Ger Village* infirmary by specialists from the National Centre for Maternal and Child Health.

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Sponsorship Distribution

At our sponsorship distribution days we provide general health check-ups for the children enrolled on our sponsorship programme. Our doctor is also available to see their parents and relatives.

This year 344 sponsorship children and their relatives came to see our doctors – many of whom were parents bringing their newborn babies.

Similarly to the previous year, among the children and adults who received checkups respiratory related illnesses were by far the most common condition, with around 80% affected. This is mainly the result of high levels of air pollution in Ulaanbaatar, something that was especially prevalent this year due to a particularly long and harsh winter where temperatures regularly remained at -40°C.

As the majority of the families on our programme live in gers or small huts - where they burn coal or low quality energy sources such as discarded plastics and old rubber tyres to keep warm - they are at the greatest risk of developing these types of conditions.



Happy to receive her vitamins!

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Many of the children we received were also malnourished due to a poor quality diet lacking in essential vitamins and minerals. Through our Health Care Programme, this year 185 children received a three month supply of vitamin and mineral supplements to help replenish deficiencies that could otherwise contribute to chronic conditions.



Our paediatrician Muugii attends each sponsorship distribution day and offers free medical care to all children and their relatives.

Other examples of conditions diagnosed throughout the year were diabetes, obesity, anemia, epilepsy, allergies, chronic stomach inflammation, stomach ulcers, malnutrition and heart conditions. In the case of serious illnesses, our doctor referred them for further specialist treatment.

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Training and Awareness Workshops

As prevention is better than cure our medical team organises regular workshops and seminars to help educate and guide our children about the importance of maintaining good health, including how to make healthy lifestyle choices and the value of a good diet, physical fitness, and personal hygiene.

Topics this year included *How to Brush Your Teeth*; *Keeping Your Body Clean*; *The Benefits of Exercise*; and *Diet and Nutrition*.

Individual and group sessions are also held with pre-pubescent and pubescent girls and boys to talk about hormonal changes and how to manage some of the related challenges such as acne, body odour, and menstruation.

One of our children's favourite workshops is first aid training, organised by our part-time employee and seventh year university medical student, Anujin.

The children love the hands-on learning and came away from the session feeling confident in how to tend to minor injuries like nosebleeds, cuts, and small burns. They also had fun learning how to put a bandage on and practicing CPR using a dummy.

The session was also delivered to twenty-one members of our Blue Skies Ger Village and Day Care staff.



Medical student Anujin, teaching our children about maintaining a healthy diet.

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Training sessions this year included:

<u>Topics</u>	<u>Trainer</u>	<u>Beneficiaries</u>	<u>Number of beneficiaries</u>
Water education training for children	Wash Action LLC	Ger village children	25
Water education tour for children	Wash Action LLC	Ger village children	25
Water education and sanitation training for staff	Wash Action LLC	Ger village staff	23
Water education and sanitation training for parents	Wash Action LLC	Parents	600
How to brush your teeth workshop	School of Dentistry/Health care staff	Ger village children	44
First Aid training and workshop	Anujin	Ger village children	46
First Aid training and workshop	Dr Muugii & Nurse Dagvaa	Ger village staff	21
How to keep your body clean	Dr Muugii & Nurse Dagvaa	Ger village children	19
How to wash your hands properly/why is it important to wash	Dr Muugii & Nurse Dagvaa	Ger village and day care children	79
Menstruation	Dr Muugii & Nurse Dagvaa	Teenage girls at the ger village	18
Girls hygiene	Dr Muugii & Anujin	Teenage girls at the ger village	24
Healthy eating	Anujin	Ger village staff and children	22
How do we keep ourselves healthy	Dr Muugii & Dagvaa	Ger village staff	21
Correct usage of pills and antibiotics	Anujin	Ger village staff	18
Caring for your skin	Anujin	Ger village children	29
Personal hygiene workshops	Dr Muugii & Nurse Dagvaa	Ger village children	46
TOTAL PARTICIPATIONS			1060

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Full Water Cycle Analysis and Trainings by WaSH Action of Mongolia

Towards the end of 2015, WaSH (Water, Sanitation and Hygiene) Action of Mongolia (washaction.mn) conducted an initial full water cycle analysis of our ger village. We take our water hygiene very seriously, and living in the ger district with no running water or sewage system has a number of inherent challenges that need to be closely monitored.

WaSH Action of Mongolia are a UNICEF-trained organization partnered with the international NGO Action Against Hunger. They have implemented many important projects in Mongolia and work closely with the Ministry of Health and the Ministry of Education.

This year WaSH carried out an extensive assessment of our water processes at the ger village, from drawing from our well through to usages in



Six hundred families benefited from water hygiene and sanitation training.

cooking, cleaning and washing, and then to disposal. Based on their analysis they then gave full training to our staff and children so that we can improve our water hygiene even more.

Posters, comics and other fun educational materials have been placed around the village in order to reinforce what our children have learnt and further promote positive habits such as washing hands and turning off taps when they are not in use.

In addition to educating our ger village community, in September WaSH organised a training session for six-hundred families on our sponsorship programme. The course was titled “Water hygiene and sanitation” and provided important, practical advice on how to conduct daily water and waste regimes in a healthy and safe way.

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Dental Assessments, Treatments, and Education

Problems with teeth are particularly prevalent among the children that we care for partly due to a lack of education on the importance of oral hygiene in the ger district area. A focus this year was to ensure that all children received a full dental examination and further treatments where required. The check-ups were carried out by the National Centre for Maternal and Child Health and benefited forty-five children from our day care and forty-seven children living at our *Blue Skies Ger Village*.

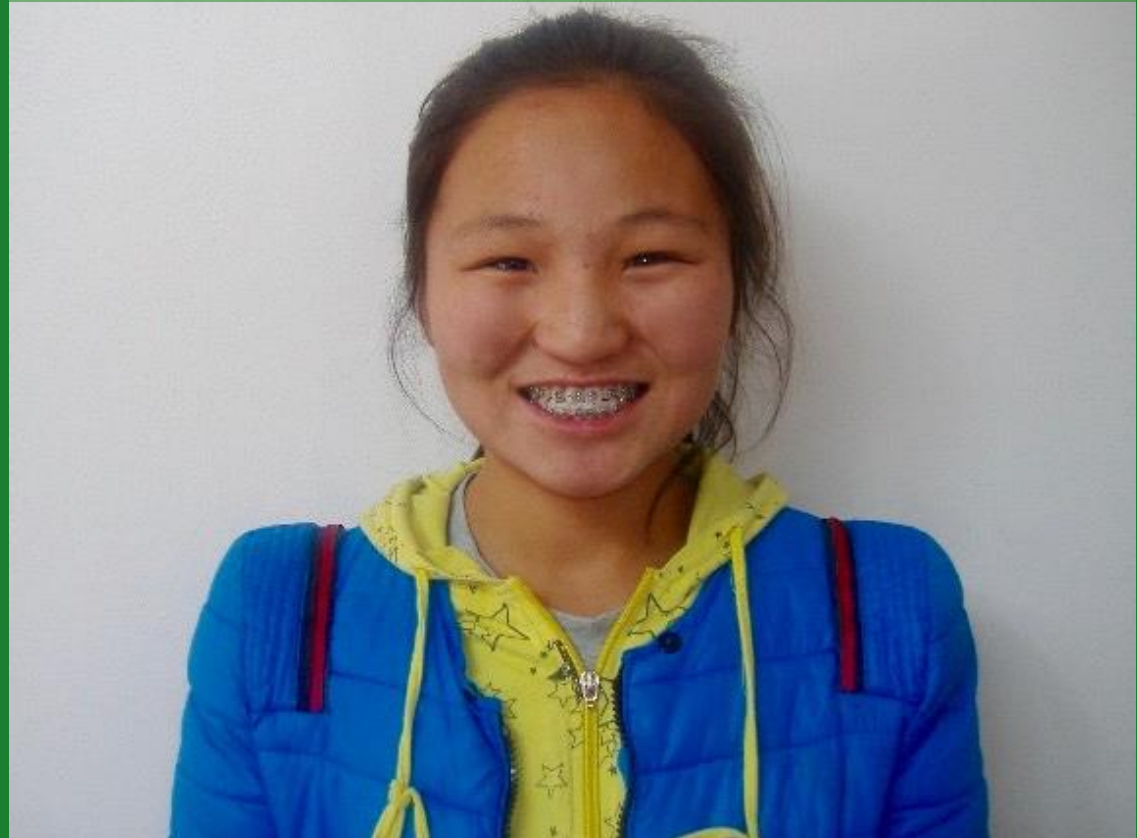
Following the examinations twenty-one children needed further treatments, which were carried out over the course of the year. Numbers and treatments are as follows:

- Seven children were fitted with braces, two of which are permanent and five are removable
- Three children had teeth removed
- Fourteen children had their teeth cleaned by a hygienist
- Nine children received fillings
- Three children had root canals
- Three children were treated for Gingivitis
- Two children received orthodontic surgery. This included: the removal of a cyst from the inside of the mouth and the exposure of impacted canines.

To ensure that our children learn good oral hygiene habits and prevent future damage to their teeth, a variety of educational workshops were held at the ger village and in our day care centre. The children learnt about how to brush their teeth properly and foods to limit in order to prevent tooth decay and staining.

A professional dentist from a clinic in Ulaanbaatar also

Happy with her new braces!



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came to the village six times to reinforce what we had taught the children and provide further advice. During her visits she demonstrated the correct teeth brushing technique and watched the children to make sure they were following the instructions properly. This provided motivation for our young people, who wanted to show off how well they had been looking after their teeth each time she visited. Furthermore, posters were placed around the village to reinforce what they had learnt in a fun and engaging way and all of our children were given good quality, colourful toothbrushes to create an enjoyment for cleaning their teeth.

Subsequently, we have been happy to see significant improvements in our children's attitudes and behaviours towards their oral health. They now take great pride in caring for their teeth and rarely need prompting by our staff to do so. We have also noticed an increase in confidence among the children who received braces. Typically orthodontic work in Mongolia is only available to children from the most wealthy families and many poor children grow up with misaligned, protruding teeth which can cause a great deal of embarrassment and self consciousness.

One of our older girls who received braces this year expressed her happiness to our staff *"I am so thankful that I have been able to have this special dental treatment. I felt self-conscious about my teeth and didn't ever want smile with my mouth open. Now I see my teeth getting straighter and I feel so much more confident about my appearance. I can't wait until I have them removed and I can see the end result!"*.

These treatments will greatly impact the futures of our children, helping to improve their confidence and allowing them to enjoy their lives to the fullest.

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OUR HEALTH CARE PROGRAMME IN NUMBERS

Beneficiaries by Programme and Age Group

Programme	Age (in years)				Total number of beneficiaries
	0-5	6-10	11-16	17 and above	
Ger Village	17	18	28	6	69
Sponsorship children	12	141	78	19	250
Sponsorship relatives	27	22	14	31	94
Day Care	57	6			63
Staff				21	21
TOTALS:	113	187	120	77	497

Number of Beneficiaries Receiving Checkups and Treatments

Beneficiaries		Occurrences	
Checkups only	201	Checkups	497
Checkups & Treatments	296	Treatments	983
	497		1480

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Number of conditions treated (does not include the number of check-ups and diagnosis)

Conditions/treatments		Gender		Age (in years)				Number of treatments
		Male	Female	0-5	6-10	11-16	17 and above	
Respiratory problems		136	77	61	92	41	19	213
Malnutrition	Vitiminisation	127	198	124	96	81	24	325
	Special diet plan	4	3	5	2			7
Tapeworms		5	2	4	2	1		7
Stomach related ailments		29	26	12	9	23	11	55
Rickets		4	3	5	1	1		7
Traumatic ulcer		6	7	9	2		2	13
Dental problems		14	7	3	4	12	2	21
Skin related ailments		4	3	5	2			7
Malnutrition		4	3	5	2			7
Eye related conditions		3	3	3	3			6
Otorhinolaryngology		42	47	37	18	28	6	89
Scabies		1		1				1
Surgery			3		1		2	3
Chicken pox		10	13	6	9	8		23
Physical therapy		4	6		8	2		10
Asthma		9	7	4	1	11		16
Small wounds		24	62	18	27	39	2	86
Bandages		28	49	17	21	32	7	77
Injuries		12	2	3	9	1	1	14
Anaemia		2				2		2
Sunstroke			1		1			1
TOTALS:		464	519	317	308	282	76	983

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OUR STORIES

Amaraa and Amgalan

Four-year-old, Amaraa, and her three-year-old little brother, Amgalan, arrived at the *Blue Skies Ger Village* in August this year. They had been brought to us by the Child and Family Development authorities to stay temporarily until their situation had been investigated and an appropriate course of action had been established.

Prior to their arrival our ger village management, medical and psychosocial teams were informed about the siblings' background and the appalling conditions they had been found in. Their parents were both heavy alcoholics and would spend their days begging for money on the streets, using their tiny children to attract sympathy from passers by. When the authorities discovered the children their mother was completely intoxicated, aggressive and unable to communicate with any sense. The children were filthy and clearly traumatised by the on-going neglect and mistreatment they had experienced in their young lives.

After trying to reason with their mother, the authorities had no choice but to remove Amaraa and Amgalan immediately and conduct a thorough investigation. To leave them under her care would put these little ones at severe risk of mental, physical and emotional harm.

When the children arrived at the village our team were shocked by the terrible state that they were both in – it was clear to see that they had received no adult love and guidance. Their demeanour was withdrawn, frightened and despondent. Equally concerning was their tiny, malnourished and weak



Amaraa and Amgalan when they first arrived at the Ger Village.

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bodies, which meant that both children looked much younger than their actual age.

Once the children had been given some warm food and began to feel relaxed and secure in their new environment, our nurse helped them to have a wash, clean their teeth and put on some cosy, new clothes. Having never been looked after properly before this was a strange and bewildering experience for these young children, who had grown used to fending for themselves.

After a couple of days settling in, our caring and sensitive medical team carried out a full health check-up, ensuring that Amaraa and Amgalan felt safe and comfortable at all times. As many of our children come from extremely squalid and unhealthy living conditions, providing these initial examinations is an important part of our work and allows us to develop an effective healthcare plan based on each child's individual needs.

As expected both children were severely malnourished. Amgalan weighed just half the amount he should for a healthy child his age and was 13 cm's under the average height. He had also developed rickets – a preventable but common illness in Mongolia most often caused by a severe and prolonged vitamin D deficiency. This was causing him discomfort, muscle weakness and it was clear to see that his legs were beginning to bow. Amaraa was also half the weight of a normal child her age, weighing only 11 kilos compared to a healthy 22 kilos.

As their stomachs were so underdeveloped a special six-week diet plan was formed in order to gradually increase their intake of food and build up their strength and tolerance. During this time the children enjoyed lots of nutrient rich foods that were also sensitive to their small stomachs. On top of this they received daily multivitamins, omega and vitamin D supplements in order to support their immune systems and help to accelerate their growth. The children were encouraged to take part in gentle exercise to develop their muscles and overall fitness. In order to monitor Amaraa's and Amgalan's progress, and make any necessary adjustments to their meal and exercise plans, our medical team measured their weight and height daily.

In addition to healthcare, our onsite psychotherapist worked closely with the children using a variety of techniques to build up their confidence and help them to process and overcome some of the traumatic experiences of their pasts. They were also enrolled into our *Blue Skies Day Care*, where our team gently encouraged them to interact with the other children and participate in the lesson activities and games. It has been beautiful to watch Amaraa and Amgalan open up over time and begin to enjoy their childhoods with the other young people at our village.

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Amaraa having her height and weight recorded by nurse Dagvaa.

Following the investigation into their previous living conditions, the local government decided that the children's parents were unfit to take care of them. Despite many efforts to communicate, on each occasion the authorities were met with a lack of interest and often highly aggressive, drunk behaviour. They have shown little desire to make any of the necessary life changes needed in order to get their children back. Amaraa and Amgalan have therefore been placed into our soul custody until the parents have shown a willingness to change and are demonstrating positive action.

The physical and emotion process of healing from a childhood experience that has been shaped by neglect, fear and deprivation is often long and challenging. However, with consistent love, care and medical attention it did not take long before we started to notice visible changes in these little ones appearance, strength and energy levels. Amgalan legs are significantly straighter and he is less restricted in his movements. Both children radiate more energy and with

each passing day looked stronger, healthier and happier. They have reached a much healthier weight and are able to eat the same meals as the other children..

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Furthermore, they are interacting with the other children and staff and are much more expressive about their thoughts and feelings. Amaraa and Amgalan no longer withdraw when they feel upset but instead communicate their emotions in a positive way to the staff, seeking their guidance and support. They adore having cuddles and hugs and enjoy the warmth and security of being in a community where the adults are there to provide protection and unconditional love. It is clear to see that their previous negative beliefs about the world are being reshaped and they are becoming more trusting in those around them.

Amaraa and Amgalan are now experiencing a happy and secure childhood: they are safe, loved, and respected as individuals with their own unique needs. Although there is still a long way to go we are confident that with continued support these beautiful young siblings can go on to lead happy, healthy and fulfilled lives, where they are able to build meaningful relationships with others and share their beautiful kind hearts with those who will cherish them.

As with all of our children's parents and relatives, we will continue to work with Amaraa and Amgalan's mother and father in the hope that one day they will be able to provide the stable and nurturing family home that all children need.



Amaraa and Amgalan with nurse Dagvaa.

One person **CAN** make a difference. **YOU** can make a difference.

FINANCIAL OVERVIEW

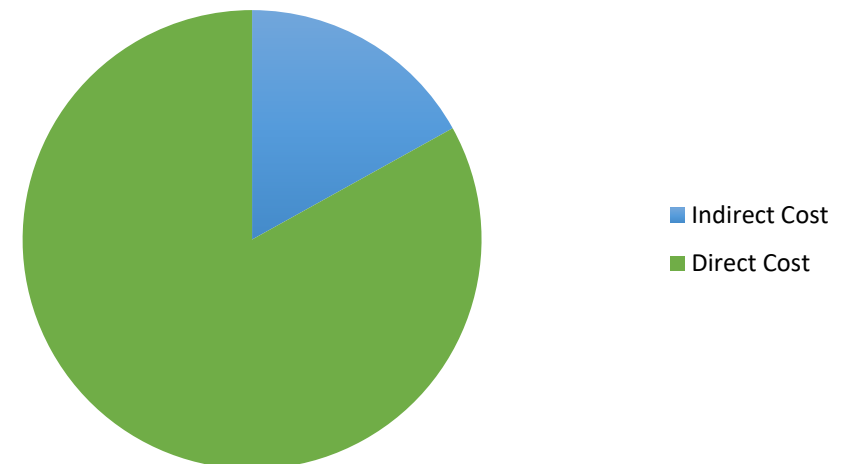
The direct cost of our Health Care Programme in 2016 was \$21,218.08 USD.

Direct costs include all expenditure that is specifically dedicated to the running and operations of the programme, including the *Blue Skies Infirmary*, the doctors' and nurse's salaries, medicines and treatments.

The indirect cost of supporting the programme was \$4,326.19. This includes the salaries of CNCF Mongolia management and administration staff, office rent and utilities, stationery and supplies, communications, staff training, professional consultancy, and travel. This expenditure was paid for by the Foundation's administration budget.

The Health Care Programme is funded by individual, corporate, and institutional donors. Our 2016 accounts are available upon request.

Expenditure - Health Care Programme



From all of us at the Christina Noble Children's Foundation Mongolia, especially our beautiful children, thank you for your love and support, and for believing that all children have the right to healthy, happy and enriching childhood. It is only through the kindness and generosity of people like yourself that the Foundation can continue in its incredibly important work.



“Childhood is the foundation of life. Help us make it a good one!” – Christina Noble

Each of us is only one person. But by joining all the ones together, we can accomplish greatness. If you or your organisation is interested in supporting us in 2017/2018 please contact our Foundation. It is only through the love, care and generosity of others that we are able to continue our work with some of the world's most vulnerable children.

Christina Noble Children's Foundation – Mongolia

www.cncf.org | international@cncf.org | mongolia@cncf.org



CNCFmongolia | Head office UK: +44 20 7381 8550

