



Economic and Social Council

Distr.: Limited
12 July 2006

Original: English

For action

United Nations Children's Fund

Executive Board

Second regular session 2006

6-8 September 2006

Item 4 of the provisional agenda*

Draft country programme document**

Mongolia

Summary

The draft country programme document for Mongolia is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$4,535,000 from regular resources, subject to the availability of funds, and \$12,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/18.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

Basic data†
(2004 unless otherwise stated)

Child population (millions, under 18 years)	1.0
U5MR (per 1,000 live births)	52
Underweight (% , moderate and severe)	7
Maternal mortality ratio (per 100,000 live births, 2005)	93
Primary school enrolment (% net, male/female)	84/84
Primary schoolchildren reaching grade 5 (% , 2003-2004)	91y
Use of improved drinking water sources (%)	62
Adult HIV prevalence rate (%)	<0.1
Child work (% , 5-15 year olds)	30
GNI per capita (US\$)	590
One-year-olds immunized against DPT3 (%)	99
One-year-olds immunized against measles (%)	96

† More comprehensive country data on children and women are available at <http://www.unicef.org>.
y – Survival rate to grade 4.

The situation of children and women

1. Mongolia has undergone a dramatic socio-economic and political transformation since the transition from a centrally planned system to a market economy. During the last 15 years, there have been significant socio-economic achievements. The country's ranking on the Human Development Index surpassed the 1990 level; the gross domestic product grew steadily with double-digit figures recorded in 2004; and Millennium Development Goals for child mortality and universal primary education have been achieved.

2. Challenges remain, however, include widening disparities between urban and rural areas; deepening of poverty in peri-urban centres due to in-migration; and poverty rates have not changed for over a decade with more than one third of the population living below the poverty line. Under current trends, the Millennium Development Goal targets for poverty reduction, maternal mortality, safe water and sanitation are unlikely to be met. 'Unintended' consequences for children such as increased school drop-out, abandoned and street children, working children, commercial sexual exploitation of children and trafficking of young women remain as key challenges.

3. The *Human Development Report* (2003) suggested that in terms of legislative framework and major social indicators, Mongolia fares relatively well in fostering gender equality. Mongolian women are in an advantageous position with respect to education and health. However, there is a reverse gender gap in secondary and tertiary education that favours girls. In terms of gender empowerment, Mongolia has much more to achieve. Women's participation in the political and economic spheres is low, as is their representation in public and private sector establishments. Women and young girls are often vulnerable to violence, sexual exploitation, gender discrimination and trafficking.

4. Between 1985 and 2001, Mongolia suffered a total of 10 major *dzuds* (summer drought combined with severe winter) that killed up to 50 per cent of the country's livestock population. Although *dzuds* do not affect human survival directly, their impact on herder families results in migration from rural to urban areas and hampers delivery of basic services. A study of 850 children aged 12-18 years showed that nearly one quarter had psychosocial symptoms which could be attributed to *dzud*.

5. A successful expanded programme on immunization (EPI), high levels of vitamin A supplementation and a nationwide Integrated Management of Childhood Illness programme have led to declining infant and under-five mortality rates (IMR and U5MR), which now stand at 21 and 26 per 1,000 live births respectively. Fifty-seven per cent of infant deaths occur within the first month of life, of which 86 per cent die within one week. Perinatal deaths (39 per cent), acute respiratory infections (ARI) including pneumonia (30 per cent) and diarrhoeal diseases (10 per cent) are among the major causes of child mortality.

6. The same source reports a maternal mortality ratio (MMR) of 94 per 100,000 live births in 2005, down from 158 in 2000. Marked disparities can be observed among regions and poor families. In the western region, the MMR was 361 per 100,000 live births in 2004. Complications during pregnancy and childbirth are the main causes of maternal deaths. Maternal malnutrition is mainly related to micronutrient deficiency, especially iron-deficiency anaemia, which affects nearly 14 per cent of women of child-bearing age.

7. A pilot study on water and sanitation revealed that 62 per cent of urban households and 17 per cent of rural households have access to improved water sources. Some 43 per cent of urban households have improved sanitation against 5 per cent for rural households. A national survey conducted by Ministry of Health in 2005 showed that only 16 per cent of district hospitals and 28 per cent of district schools had a drinking water supply, only half of which met the standard for safe water quality. Only 47 per cent of district hospitals and 25 per cent of district schools had adequate sanitation.

8. According to the Third National Nutrition Survey, the proportion of underweight children aged 6-59 months decreased from 13 per cent in 1992 to 7 per cent in 2004, and stunting declined from 26 to 20 per cent. For 6-23-month age group, boys tend to be four times more malnourished than girls. Micronutrient deficiencies, especially of vitamin D and iron, for children under age five remain a persistent challenge. By 2005, 84 per cent of all households consumed adequately iodized salt.

9. According to routine data from the Ministry of Education, the net primary-school enrolment rate increased from 88 per cent in 2003 to 90 per cent in 2005; and the completion rates for primary and lower secondary education are 88 and 83 per cent, respectively. The drop-out rate for children aged 8-15 years is relatively low at 2 per cent and majority of drop-outs take occur in grades 1-3. Of the children dropping out, 95 per cent reside in rural areas and 59 per cent of them are boys.

10. Data from non-governmental organizations (NGOs) and official sources indicate that there are 1,186 children, including orphans and street children, in care centres and some 8,811 disabled children. In 2004, 5,429 orphaned children were recorded, compared to 4,312 in 2000. It is estimated that 68,650 children (10 per cent) nationwide are engaged in economic activities, of whom two thirds are boys

and nearly one quarter do not attend school. Two thirds of the 1,871 children engaged in hazardous forms of child labour are boys who mainly work in the informal mining sector. The number of underage girls engaged in commercial sex is estimated to have increased from 38 in 2001 to 215 in 2005. The number of children in conflict with the law declined from 1,703 in 2002 to 1,332 in 2005.

11. Institutional capacities at subnational level to plan, implement and monitor social programmes with community participation are weak. Although the country has a Regional Development Strategy (RDS), weak technical and management capacities and poor resource allocation are major challenges to its implementation.

12. Key national institutions that are directly responsible for children's issues such as the National Council for Children, the Office of the Deputy Prime Minister and the National Authority for Children need continued support to formulate "pro-poor", child-friendly policies and legislation which conform to international norms and standards.

13. A number of factors are creating an enabling environment for UNICEF and other children's organizations to achieve tangible results for children. These include sustained efforts by the Government, supported by the United Nations and donor agencies, to achieve the Millennium Development Goals; legal provisions for budgetary support to social sectors, particularly health and education; and legislation pertaining to the survival, development, protection and participation of children.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

14. The mid-term review (MTR) of the country programme showed significant results at both cross-cutting and sectoral levels. As a result of advocacy with the Government by UNICEF and other United Nations partners, the social dimensions of poverty were included within the Economic Growth Support and Poverty Reduction Strategy and the child-related Millennium Development Goals were included in the Government's socio-economic guidelines. In addition, key recommendations of the Committee on the Rights of the Child and the unmet goals of *A World Fit for Children* (adopted by the General Assembly Special Session on Children) were included in the National Programme of Action for the Development and Protection of Children 2002-2010.

15. In the two cross-cutting programmes on child participation and HIV and AIDS, UNICEF supported the Office of the Deputy Prime Minister and the National Authority for Children in drafting a national framework on children and young people's participation. On HIV and AIDS, UNICEF collaborated with faith-based organizations on prevention activities for young people. It also provided technical support to the Ministry of Health in preparing the country's proposal to the Global Fund to Fight Aids, Tuberculosis and Malaria, which included voluntary and confidential counselling and testing (VCCT), prevention activities for young people and life-skills based education. UNICEF has been identified as a subrecipient by the Global Fund to implement these programmes.

16. The draft Education Sector Master Plan includes early childhood development and the dimensions of access and quality of primary and non-formal education. The approval of national policies for integrated early childhood development and child-friendly schools were significant results to help sustain these initiatives in the new country programme. Multi-grade teaching has been accepted as a methodology for small rural schools. Pilot testing of the East Asia Learning Achievement Study has been completed and will be replicated nationwide shortly.

17. The Health Sector Master Plan, prepared with UNICEF support, incorporates key aspects of primary health care services, maternal mortality reduction, child health, maternal and child nutrition and water and environmental sanitation. Key achievements at the policy level were the approval of a law on iodized salt, the National Code on Breastmilk Substitutes, a national strategy on maternal mortality reduction, the national strategy on prevention of micronutrient deficiency and the finalization of the comprehensive Multi-Year Plan for Immunization for 2006-2010. The country's EPI coverage rate is one of the highest in the region. Mongolia has achieved the Millennium Development Goal targets for IMR and U5MR and has seen a sustained decline in MMR. Underweight, wasting and stunting have declined significantly over the last decade. Nearly 84 per cent of households consume iodized salt and the country has high rates of vitamin A and iron folate coverage.

18. UNICEF supported the setting of national standards for child-care institutions. It also advocated and provided technical support for the adoption of the National Plan of Action on commercial sexual exploitation and trafficking of children and women, and the Law on Domestic Violence. In the area of juvenile justice, with the support of the country programme, pre-trial detention centres were renovated to make them child-friendly; training modules were developed for service providers on psychosocial rehabilitation of children; and judges, prosecutors and law enforcement agencies were trained on child-friendly juvenile procedures.

19. Within the convergent basic social services (CBSS) programme, the family empowerment strategy has the potential for replication in the implementation of the RDS. A number of initiatives such as outreach early childhood development for the children of rural herders, community-based water and sanitation services and a new growth monitoring chart incorporating milestones of development were pilot tested in the CBSS areas and replicated nationally.

Lessons learned

20. The key UNICEF strategy of a "two-tier" approach, with a national component supporting policy development and a subnational component to pilot test models for replication nationwide, strengthened advocacy for policy reform and targeted programmes for vulnerable and disadvantaged children.

21. Through the family empowerment strategy, the capacities of national and local counterparts and communities have been strengthened in participatory planning, service delivery and community-based monitoring. However, to ensure sustainability, convergence of basic services needs to be linked to the plans of provincial governments and city councils.

22. Advocacy with the international financial institutions and bilateral development agencies for leveraging financial resources for children, with an emphasis on poor and disadvantaged groups, needs to be pursued further.

23. Information management needs to be strengthened at all levels, as does capacity-building for gathering and analyzing data on the situation of children through multiple indicator cluster surveys and using these data in national planning.

The country programme, 2007-2011

Summary budget table

<i>Programme</i>	<i>(In United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
Child, health and nutrition	630 000	3 560 000	4 190 000
Basic education	510 000	2 000 000	2 510 000
Child protection	1 330 000	1 570 000	2 900 000
Convergent basic social services	580 000	2 000 000	2 580 000
Communication	305 000	350 000	655 000
Policy analysis and participation	350 000	470 000	820 000
HIV and AIDS	180 000	1 750 000	1 930 000
Cross-sectoral costs	650 000	300 000	950 000
Total	4 535 000	12 000 000	16 535 000

Preparation process

24. The preparation of the country programme drew on the draft analysis of the situation of children, the Common Country Assessment and the United Nations Development Assistance Framework (UNDAF) 2007-2011, the UNICEF medium-term strategic plan (MTSP) 2006-2009 and the concluding observations of the Committee on the Rights of the Child on Mongolia's second State Party report (see below). A Joint Strategy Meeting with relevant sectoral ministries also provided guidance.

25. The Committee on the Rights of the Child has expressed concern about Mongolia's non-compliance with United Nations protocols on juvenile justice and has recommended the creation of a protective environment for children; addressing the needs and rights of disadvantaged and minority children; disaggregating data by gender and ethnicity; and strengthening the capacities of national-level institutions to monitor and coordinate children's rights. These recommendations were taken into account in the preparation of the new country programme.

Goals, key results and strategies

26. The overall goal of the country programme is to sustain and accelerate the efforts of the Government on child-related Millennium Development Goals and support Mongolia's National Programme of Action for the Development and Protection of Children 2002-2010, based on the guiding principles of human rights and the Convention on the Rights of the Child.

27. The policy analysis and participation programme will support the development of sector-wide approaches (SWAs) and master plans; advocate for "pro-poor",

child-friendly legislation consistent with international standards and United Nations protocols; and facilitate mainstreaming of children's and young people's participation at all levels.

28. The child health and nutrition programme will support government efforts to sustain and accelerate progress towards the Millennium Development Goals through strengthening of health systems, improving the quality of care and rationalizing user charges to address the needs of the poor. The programme will contribute to achievement of the unmet Goals for maternal mortality reduction, water and sanitation, hunger and malnutrition. The programme will also build the capacities of service providers to ensure a timely response to emergencies.

29. The basic education programme will improve the quality and content of preschool education through development of standards for early learning, promotion of child-centred-learning and strengthened institutional capacities for non-formal education. The programme will develop the capacities of service providers for a timely response to emergencies.

30. The child protection programme will strengthen institutional capacities through establishment of a national database; supporting capacity-building of service providers; and advocating for legal reforms. It will facilitate reform of the juvenile justice system and aim to prevent commercial sexual exploitation and trafficking of women and children. The programme will emphasize family tracing and psychosocial support in response to emergencies.

31. The convergent basic social services programme will develop innovative strategies and contribute to the development of national policies and standards through the implementation of the family empowerment strategy to deliver basic social services in disadvantaged geographic areas. The capacities of regional development councils and families to provide a timely response to emergencies will be strengthened.

32. The **HIV and AIDS programme** will support the national strategy based on the globally accepted role of UNICEF including youth prevention and care, prevention of mother-to-child transmission of HIV (PMTCT), VCCT, life-skills based education and participation of young people. The programme will support the implementation of the National Law on HIV and AIDS through a rights-based strategy to address possible stigma and discrimination among people living with HIV and AIDS.

33. The **communication programme** will advocate with policy makers, government institutions and the media to promote children's issues and strengthen capacity to undertake programme communication for behavioural change.

34. The strategic priorities of the country programme are:

(a) Capacity-building of key institutions. UNICEF will continue to collaborate with the National Agency for Children in institutionalizing children and young people's participation at all levels and with the Office of the Deputy Prime Minister in planning, coordinating and monitoring the National Plan of Action for the Protection and Development of Children 2002-2010. UNICEF will work with the National Human Rights Commission to monitor violations of children's rights and to publish and disseminate an annual status report;

(b) A three-pronged strategy that will focus: (i) at macro level on advocacy and social mobilization for policy development, setting of standards and resource mobilization; (ii) at meso level on developing the capacities of local governments to plan, implement and monitor services for children; and (iii) at micro level on empowering families and communities to assess, analyze and prioritize actions for children for effective service delivery, using the family empowerment strategy;

(c) Joint United Nations programmes. Consistent with the approved UNDAF, joint programmes will be implemented for: (i) reduction of MMR in western province; (ii) reducing the risks and vulnerabilities of young people to HIV and AIDS; (iii) development and implementation of a national water and sanitation strategic plan that addresses poor urban and rural areas; and (iv) strengthening human rights education and statistical capacities;

(d) Support to the RDS, through advocacy and capacity-building of regional development councils and the family empowerment strategy in western regions;

(e) Human rights-based approach. Through capacity-building, the country programme will strengthen accountability between claim holders and duty bearers and address the needs and rights of children in disadvantaged families and communities. The programme will promote gender mainstreaming for achieving greater gender equality.

Relationship to national priorities and the UNDAF

35. The country programme will complement the efforts of the United Nations Country Team to achieve the UNDAF outcomes and to support Mongolia in achieving the Millennium Development Goals for poverty alleviation, eradicating hunger, water and sanitation and maternal mortality reduction targets, as well as the country's specific goal to strengthen human rights and foster democratic governance. The programme will support and contribute to the preparation of the National Development Strategy, based on the Goals, and will complement government efforts to achieve the goals of the Health and Education Sector Master Plans. It will also support the RDS in the western region.

Relationship to international priorities

36. The country programme will support the millennium agenda, including the Millennium Declaration call for protecting the vulnerable and the Millennium Development Goals. It is aligned with the goals of *A World Fit for Children*, is consistent with the UNICEF MTSP 2006-2009 and addresses the key recommendations of the Committee on the Rights of the Child.

Programme components

37. The **policy analysis and participation programme** includes three projects:

(a) The policy analysis and development project will ensure that existing national laws and legislation relating to children conform to the Convention on the Rights of the Child and relevant international conventions and protocols. It will support the joint programmes with the United Nations Development Programme (UNDP) and the World Health Organization (WHO) on aid effectiveness and harmonization. In close collaboration with sectoral programmes, the project will

provide technical support to operationalize the health and education sector master plans, SWAps and the National Development Strategy;

(b) The monitoring, research and capacity development project will continue capacity-building and operationalization of *DevInfo* for monitoring progress towards the Millennium Development Goals at national and subnational levels, and the updating and use of the analysis of the situation of children and women for national planning and programming. The project will also use the community-based monitoring and information system for monitoring the implementation of the country programme and the situation of children in the focus areas;

(c) The participation of children and young people project will institutionalize the participation of children and young people participation at the grass-roots, subnational and national levels.

38. The **child health and nutrition programme** will have three projects:

(a) The child survival and growth project will strengthen the capacities of the national vaccine fund to sustain high immunization coverage nationally, contribute to disease elimination efforts and focus on hard-to-reach districts by applying the Reach Every District strategy. It will improve the knowledge and practiced of families and caregivers on preventable causes of child deaths, i.e., ARI and diarrhoeal diseases. The project will also address the new and emerging trend of mortality associated with injuries through advocating for implementation of policies on the prevention and care of childhood injuries. The project will support the national micronutrient deficiency and prevention strategy to control vitamin D and iron deficiencies and sustain universal salt iodization. Fortification of food with iron and vitamins will be pursued as a long-term strategy for the elimination of micronutrient deficiencies;

(b) The maternal health and newborn care project will promote reduction of MMR nationally and in the western region where MMR is higher than the national average. The UNICEF contribution will focus on promoting access to and utilization of emergency obstetric care services, provide early antenatal care services and correct iron deficiency anaemia among pregnant mothers. The project will also develop the capacities of service providers on safe delivery practices and newborn care, and promote exclusive breastfeeding;

(c) The water and sanitation project will deliver the basic package as defined in the UNICEF water, sanitation and hygiene strategy. It will promote behavioural change among school children, families and care givers on safe hygiene practices and provide technical assistance in monitoring water quality at the community level.

39. The **basic education programme** will have three projects:

(a) The early childhood development project will support improved access to quality early learning opportunities for pre-school children and focus on the development of early learning and development standards. The project will support better parenting through development of communication strategies and improve the content and quality of pre-school education through curriculum reform and teacher training to promote child-centred learning;

(b) The child-friendly school project will extend an ongoing project for capacity-building of primary-school teachers on child-centred teaching and learning methodologies at both pre- and in-service levels. The project will strengthen school

development councils and ensure the participation of children, teachers and parents on issues such as violence, abuse and corporal punishment. The project will promote inclusiveness by promoting equal opportunities for physically and mentally challenged children;

(c) The non-formal education project will ensure that children who have dropped out or have never had the chance to attend school, especially among ethnic minorities, are provided the opportunity for a second chance. The project will support the development of a policy for equivalency and non-formal education. The project will also support a data-driven monitoring system to track progress of the efficiency of the non-formal education system.

40. The **child protection programme** will use a systems approach aimed at strengthening the institutional capacities of key partners to achieve the key results and is comprised of four projects:

(a) The data analysis project will establish a national database on child protection for programme planning, monitoring and advocacy purposes;

(b) The advocacy and awareness project will advocate and promote conformity of national laws and legislation to international standards and relevant United Nations protocols on juvenile justice;

(c) The legal and regulatory systems project will support the creation of an enabling policy and legal framework for the protection of children from abuse, exploitation and neglect in conformity with international standards and relevant United Nations protocols;

(d) The capacity-building project will develop the capacities of judges, prosecutors, law enforcement agencies and social workers on international norms and practices to address juveniles and children in conflict with the law in a child-friendly manner.

41. The **convergent basic social services programme** will have two projects:

(a) The basic services and family empowerment project will support government efforts to institutionalize the family empowerment strategy, which will serve as the delivery mechanism for basic services in the focus areas;

(b) The strengthening the capacities of regional development council project will support coordination and planning for “pro-poor” essential services for families and children and the coordination of services from technical ministries at national level.

42. The **HIV and AIDS programme** will support the national strategy and subprogramme on HIV and AIDS. The programme will consist of two projects:

(a) The VCCT and PMTCT project will address high-risk populations through the use of existing health structures at national and subnational levels. The project will support the national policy on PMTCT and paediatric care and also develop the capacities of paediatricians and health care providers, and equip health care centres at national and subnational levels to effectively respond to paediatric HIV and AIDS. It will provide quality counselling and testing along with outreach interventions among high-risk groups;

(b) The life skills-based education project will provide training of in-service teachers and support development of training modules and student textbooks on HIV and AIDS prevention. It will also provide technical assistance for the revision of the curriculum and advocate for an increased number of classrooms hours devoted to HIV and AIDS prevention. The programme will also provide technical support to mainstream HIV and AIDS within the country programme and support participation of children and young people in improving their knowledge, awareness and safe behaviour practices for preventing HIV and AIDS and in the design of activities and project monitoring and evaluation.

43. The **communication programme** will advocate for a social and legal environment which promotes children's rights and supports programmes in communication for behavioural change, through two projects:

(a) The building partnerships and alliances project will involve the media, the legislative process and civil society to advocate and promote key children's concerns;

(b) The support behavioural change project will promote behavioural change through programme communication and define the most effective modes and channels of communication to reach target beneficiaries.

44. **Cross-sectoral costs** will cover the operational costs of staff working in such areas as supply, programme communication and monitoring and evaluation, as well as the costs of security equipment and travel.

Major partnerships

45. UNICEF collaboration with UNDP, the United Nations Population Fund and WHO will be strengthened in the agreed joint programme areas reflected in the UNDAF. UNICEF will explore collaboration with the United Nations Centre for Human Settlements (Habitat) to provide basic services through a community-based delivery mechanism for the urban shanty towns (*ger* districts); with the United Nations Educational, Scientific and Cultural Organization on providing non-formal education to ethnic minority children; and with the Japan International Corporation of Welfare Services on water and sanitation.

46. UNICEF will provide technical assistance in establishing early learning development standards for reform of pre-school education in the third education development programme, funded by the Asian Development Bank (ADB). This collaboration will help to operationalize early childhood development in the Education Sector Master Plan. UNICEF will continue collaboration with the ADB on sustainable food fortification. It will also collaborate on the World Bank's sustainable livelihood project and second Ulaanbaatar services improvement project to promote community-based approaches and implement water and sanitation models for disadvantaged communities in the rural and urban slums (*ger* districts) of the focus area. UNICEF will also collaborate with the Fast Track Initiative on universal primary education and advocate for non-formal education and quality of basic education. UNICEF will collaborate with the World Food Programme in school feeding programmes and provide technical assistance to Ministry of Education, Culture and Sports based on global best practices.

47. UNICEF engagement with the Joint United Nations Programme on HIV/AIDS theme group will consist of technical support in the areas of VCCT and life-skills

based education. UNICEF will be an active member of the joint United Nations team on AIDS and promote key challenges facing children and young people in combating the emerging threat of HIV and AIDS. UNICEF will continue and further strengthen its collaboration with Save the Children (United Kingdom) on child protection and basic education, with the International Labour Organization on ending hazardous and exploitative forms of child labour and with World Vision and the Adventist Development and Relief Agency on juvenile justice reform and capacity-building of the judiciary and law enforcement agencies on child-friendly procedures.

Monitoring, evaluation and programme management

48. The Ministry of Foreign Affairs will be the coordinating ministry for the overall implementation of the country programme. UNICEF will collaborate with line ministries and international and national NGOs to develop the country programme action plan and annual work plans.

49. Joint annual reviews will be held to monitor progress of the annual work plans and the UNDAF results matrix will be developed by the United Nations agencies. An MTR of the country programme will be held in 2009 to review the achievements and challenges of the current programme of cooperation. The UNICEF integrated monitoring and evaluation plan and the UNDAF monitoring framework will guide the implementation of the country programme to support the key expected results of the UNDAF.

50. UNICEF will support the Resident Coordinator in institutionalizing *DevInfo* for monitoring the Millennium Development Goals at national and subnational levels and the Deputy Prime Minister's Office to monitor the goals of the National Programme of Action for the Development and Protection of Children 2002-2010.
