Save the Children

Baseline Survey Report

"Promoting Sustainable, Holistic and Inclusive Developmental Support in Early Childhood" Project

‘Promoting Sustainable, Holistic and Inclusive
Developmental Support in Early Childhood’ Project

BASELINE SURVEY REPORT

Ulaanbaatar, Mongolia
2025

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ABBREVIATIONS

BZD	Bayanzurkh district
CHD	Chingeltei district
CSO	Civil society organisation
FHC	Family Health Centres
IEP	Individual education plan
JICA	Japan International Cooperation Agency
KII	Key informant interview
MCH	Maternal and child health
MoE	Ministry of Education
MFLSP	Ministry of Family, Labour and Social Protection
MoH	Ministry of Health
NCMCH	National Centre for Maternal and Child Health
NGO	Non-governmental organization
SCJ	Save the Children Japan
SKHD	Songinokhairkhan district

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EXECUTIVE SUMMARY

Save the Children Mongolia is implementing the project 'Promoting Sustainable, Holistic and Inclusive Developmental Support in Early Childhood in Mongolia' between April 2025 to March 2026 as a second phase of the project, targeting the improvement of physical environments and the capacity-building of local public service providers—namely family health centres (FHCs), the branch commissions for health, education and social protection of children with disabilities, and kindergartens—in Ulaanbaatar (specifically Bayanzurkh, Chingeltei, and Songinokhairkhan districts), as well as in Selenge and Bayankhongor provinces. Cognos International LLC conducted the survey between May and July 2025.

In this survey, qualitative and quantitative approaches were used to collect data, and a total of 297 people participated in the baseline. For the quantitative survey, 252 parents of children who attend the five target kindergartens in Bayanzurkh, Chingeltei, and Songinokhairkhan districts and Selenge and Bayankhongor provinces were surveyed. For the qualitative part, 19 KIIs with people working in the field of early identification and intervention of disabilities in the five target locations involving five heads of FHCs and kindergartens, representatives of five branch commissions and a central commission as well as of Ministry of Health (MoH), Ministry of Education (MoE) and Ministry of Family, Labour and Social Protection (MFLSP) representatives, in addition to 11 doctors of five FHCs as well as 15 teachers of five kindergartens.

Key results and recommendations

Outcome 1: The environment is set up for early identification and intervention at five targeted FHCs.

Use of the Maternal and Child Health (MCH) Handbook is relatively good among parents of children aged 0–2, but poor among parents of children aged 3–5. Doctors regard the indicators in the MCH Handbook as highly important and emphasize the need for training and awareness-raising among parents to improve their record-keeping practice. Doctors from the target FHCs regard participation in training on early identification of developmental delays and disabilities as essential. There is a high demand for training on recognising the various signs of autism and providing appropriate guidance to parents. The infrastructure and facilities for serving children with disabilities are poor. Most target FHCs lack specialized examination and sensory rooms for children with diverse needs, which makes conducting detailed assessments difficult. Stairs and sanitary facilities do not meet required standards.

Therefore, rooms suitable for the examination of children with diverse needs should be in place. Further training topics requested by medical staff include: causes of developmental delays, diagnosis of autism spectrum disorders, physical therapy, speech therapy, diagnosis of mental conditions, and psychological and other counselling for parents of children with diverse needs. It is recommended to establish infrastructure at FHCs that accommodates individuals with various developmental disabilities. This will help raise public awareness of the appropriate conditions FHCs should provide and serve as a model example. In addition to disability-specific screening tools, ensure that FHCs are equipped with the necessary tools, equipment, and facilities required for developmental screening. Making available short video content to raise awareness of the importance of timely developmental assessments and early identification would be highly recommended, as well as providing parents with information on child feeding, breastfeeding, monitoring development, and maintaining psychological resilience to cope with developmental delays and disabilities, and raising public awareness through short video content.

Outcome 2: The quality of developmental and educational support provided by the branch commission in the target areas will be improved.

Among the five criteria used to assess the performance and outcomes of the branch commissions, the highest-rated was "clarity of roles and responsibilities" (average score of 8.75), indicating that legal frameworks, regulations, and the roles of specialists are well-defined and understood. Conversely, the lowest-rated criterion was "policy/regulatory environment" (6.25), highlighting weak inter-ministerial coordination and a lack of targeted policies for children with disabilities. This also

suggests the need for an objective assessment methodology to accurately assess and improve the performance of branch commission members. According to interview findings, children's conferences are being conducted effectively. However, issues remain regarding collaboration (particularly with FHCs and kindergartens), parental involvement, and differing levels of understanding. While international projects and training have positively contributed to improving the knowledge and capacity of branch commission members, the lack of stable human resources and permanent positions continues to undermine consistent performance. Although branch commissions generally rated their capacity positively, workload, financial constraints, and lack of incentives for members affect overall performance. The absence of a dedicated digital platform for managing information means data is recorded manually, which is time-consuming and prone to errors. To enhance performance, there is an ongoing need to improve infrastructure and resources by appointing permanent staff, providing office space, strengthening financial management, clarifying incentive policies, and developing an efficient digital platform for reporting and data management.

Therefore, specialists from both the central and branch commissions (particularly secretaries) should be employed in official, full-time positions. They should be provided with office space and supported by a stable team of qualified professionals. It is important to invest in early childhood development support and responsive interventions under the slogan "The First Golden 1,000 Days Cannot Be Missed" with the support of government bodies, taxpayers, policymakers, parents, and children. This includes disseminating best practices among stakeholders and organising consultative meetings.

Outcome 3: An environment is in place at the target kindergartens to provide instruction and developmental support tailored to individual needs, including disabilities and developmental delays.

An assessment using the MoE's "Inclusive Education Checklist for Preschool Teachers" shows that the target kindergartens satisfy 64.6% of the required benchmark. The lowest area is the kindergarten environment, with a score of just 30.8%. The checklist looks at four core components, with the following results: (i) teacher function – 61.4%; (ii) kindergarten environment – 30.8%; (iii) kindergarten measures – 79.6%; and (iv) collaboration with parents and caregivers – 86.7%. The survey results confirm the necessity for comprehensive improvements in inclusive education environments, human resources, methodologies, collaboration, and policy at the targeted kindergartens.

Therefore, creating an inclusive and accessible environment in kindergartens is essential to ensure that all kindergarten buildings are made accessible and inclusive, in line with barrier-free building standards tailored to the needs of children with diverse needs. This includes adapting toilets according to standard requirements, procuring necessary equipment, and allocating a regular budget for maintenance and improvement works. Establishment of inclusive classrooms and child-friendly learning environments is needed for children with diverse needs. Teachers must be informed of the key features of such learning environments and actively involved in the process of designing and setting them up. Classroom teachers should, each term, identify and request teaching materials and toys that are tailored to the developmental needs of children with diverse needs. These efforts and outcomes should be reported and reviewed on a regular basis. Developing and implementing Individual Education Plans (IEPs) effectively needs to be strengthened, and when professional guidance is needed, this should be sought from specialist trainers. Teaching method teams within kindergartens should share successful practices and experiences, present findings, and contribute to the development of recommendations and practical manuals. Support teams should share their experience in working with children suspected of having developmental delays—even if not formally diagnosed—with other teachers. Parents should also be encouraged to participate actively in these teams. Initiatives such as forming support groups for parents of children with developmental challenges and organising regular meetings to exchange support and experiences will strengthen parental and community engagement.

Outcome 4: Parents and community members will provide support and assistance for early identification and intervention of disabilities.

Although 96.8% of surveyed parents consider early identification and support services important, attendance at mandatory comprehensive health check-ups decreases as children get older. Notably, the participation rate in the 36-month check-up dropped to between 51–80%, which is concerning. The use of the MCH Handbook is relatively high (91.7%), but there are still significant challenges in ensuring that parents un-

[1] Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017). The First Thousand Days: An Evidence Paper. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute.

derstand its full purpose and use it properly. One in every six parents surveyed was predicted to have a child with some form of developmental delay or difficulty, which has not been officially diagnosed. Only 1.6% (4 children) were formally diagnosed. This may be due in part to the fact that a majority of parents (79.8%) lack knowledge about the specialists responsible for diagnosing developmental disabilities. In addition, 17.5% of parents said they would not know where to seek help if their child showed signs of a developmental delay or difficulty. Although public and parental attitudes towards developmental delays and disabilities have become more positive compared to previous years, understanding of neurodevelopmental disorders such as autism remains limited. Feelings of shame and a tendency to hide such conditions are still prevalent.

Therefore, parents should be encouraged to actively participate in awareness-raising initiatives organised by relevant stakeholders and to incorporate the information shared through these campaigns into their daily routines. They should ensure that their children receive the mandatory comprehensive health check-ups at their FHC as per the schedule outlined in the MCH Handbook at 9, 18, and 36 months. If a scheduled appointment is missed, it should be rescheduled without delay. Additionally, parents and caregivers should share relevant information about their child with kindergarten teachers and create a supportive developmental environment at home. Strengthening communication with teachers and FHC doctors, and using official information channels, will enable more effective collaboration to support child development. Information on early childhood developmental screening and support services should be delivered through a combination of in-person and online training sessions, advisory webinars, short videos, and audio content. A structured and frequent campaign-based approach likely be more effective. Kindergarten teachers are encouraged to collaborate with parents to develop and implement individual development plans and to create space for meaningful dialogue to better understand parents' needs. Encouraging parents to actively participate in the kindergarten's support team and establishing peer support groups for parents of children with developmental delays or disabilities through regular meetings would help foster stronger community involvement and support. To improve effectiveness, awareness activities for parents could be integrated into other events such as kindergarten open days or year-end performances. Since many parents have limited time, these initiatives should deliver essential information in a concise format. Campaigns and training sessions should be developed and implemented in collaboration with professional teams or NGOs working in this field, combining best practice and evidence-informed approaches with practical strategies.

Outcome 5: Central and local governments will be able to support the promotion of early identification and intervention of disabilities through legislation and support for its implementation.

Meetings with the MFLSP, MoH, and Ministry of Education on revising and amending policy documents with an aim to improve early identification and development support for children with diverse needs have become regular since phase 1 of the project. In particular, consultative and participatory meetings involving expert organizations were held to revise the "Regulations for Health, Education, and Social Protection of Children with Disabilities" and "Inclusive Education Checklist for Preschool Teachers." These platforms are crucial in improving the current policy. Though, a need to integrate and improve coordination across health, education, and social welfare sectors in classifying the severity of developmental disabilities and delays, facilitating inclusion in mainstream and special schools, and preparing adapted learning environments and materials persists. Such integration will enable medical and health professionals, teachers, educators, policymakers, and parents to participate more effectively in supporting children's development, thereby increasing their satisfaction and contributing to the development of a national network for early identification and developmental support for children.

Therefore, to improve policy implementation and overcome challenges, efforts from a single organisation or sector are insufficient; all stakeholders must take responsibility within their mandates and develop coordinated, sustainable collaboration, in particular by ensuring the participation of all relevant stakeholders, and implement a collaborative management mechanism based on an inter-ministerial platform (including shared vision, standards, and monitoring). Furthermore, the three participating ministries should reach a consensus on solutions to build and sustain professional human resources. For example, attention should be given to the absence of employment opportunities for graduates of the "Teacher and Inclusive Education" programme at the Mongolian National University of Education, improving doctors' skills in training and counselling, preparing teachers' capacity to work with children with disabilities, and parents addressing psychological readiness. Joint investment of resources and efforts by stakeholders in activities to raise public awareness and knowledge will significantly enhance the practical implementation of inclusive education and foster an equitable and inclusive environment that supports the development of every child.

1. INTRODUCTION

BASELINE SURVEY PURPOSE

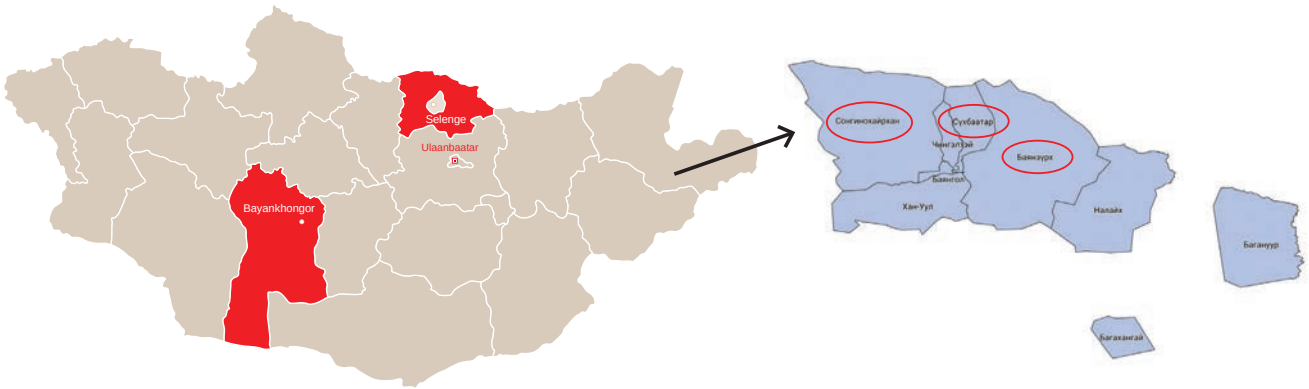
The purpose of the Baseline Survey commissioned by Save the Children Mongolia was to gather baseline information for the 2nd phase of the project "Promoting Sustainable, Holistic and Inclusive Developmental Support in Early Childhood in Mongolia." In particular, the Baseline Survey aimed to assess the policy environment for supporting the early identification of developmental delays and disabilities in children, the current situation of capacity and systems of FHCs and kindergartens, and cross-sectoral coordination of key stakeholders and service providers, and to provide recommendations to inform the project implementation.

The first phase of the project was undertaken from April 2024 to March 2025, targeting the improvement of physical environments and the capacity-building of local public service providers—namely FHCs, the branch commissions for health, education, and social protection of children with disabilities, and kindergartens—in Ulaanbaatar (specifically Bayanzurkh, Chingeltei, Songinokhairkhan districts), as well as in Selenge and Bayankhongor provinces. The second phase is being implemented from April 2025 to March 2026.

SURVEY SCOPE

The Baseline Survey took place in the project's target five locations, including Bayanzurkh, Chingeltei, and Songinokhairkhan districts of Ulaanbaatar city, Bayankhongor, and Selenge provinces, involving parents whose children attend the kindergartens in the target areas and directors and teachers of the five target kindergartens, heads and doctors of the five target FHCs, representatives of the central and five branch commissions, as well as of MoH, MoE, and MFLSP, as shown in Figure 1.

Figure 1. *Target provinces and districts of the survey*



The following list of FHCs and kindergartens chosen as targets participated in the research:

Table 1. *List of FHCs and kindergartens that participated in the survey*

Location	Kindergarten	FHC
Bayanzurkh	320th KG	“Nemuulen” FHC
Chingeltei	83rd KG	“Mend-Arvijikh Uilst” FHC
Songinokhairkhan	81st KG	“Anan” FHC
Bayankhongor	1st KG	“Otoch Mandal” FHC
Selenge	3rd KG	“Nomt Khan” FHC

SURVEY FRAMEWORK

Although some of the output indicators were updated for phase 2 of the project ‘Promoting Sustainable, Holistic and Inclusive Developmental Support in Early Childhood in Mongolia,’ the data collection tools used for the base-line survey for phase 1 served well to extract data for the newly created output indicators.

Table 2. *Conceptual framework of the Baseline Survey*

Outcome	Indicator	Assessment method
Outcome 1: The environment is set up for early identification and intervention at five targeted FHCs.	**Outcome 1-1 indicator:** 90% of doctors at the targeted FHCs will improve their knowledge of early identification and intervention. **Outcome 1-2 indicator:** In the five targeted FHCs, satisfaction of families who use the FHCs will reach 70% or higher.	Outcome 1-1 indicator baseline is assessed using the percentage of doctors who attended the following trainings: - training on identifying developmental delays and disabilities - use of the MCH Handbook - counselling parents to monitor child development using the MCH Handbook This baseline data could be updated once the pre-test among the doctors is taken before participating in the training by SCJ this Autumn. Outcome 1.2 indicator baseline is assessed using the satisfaction level of those parents who received services at the targeted FHCs regarding whether the enabling environment for early identification of developmental delays and disabilities in children is in place at FHCs.
Outcome 2: The quality of developmental and educational support provided by the branch commission in the target areas will be improved.	**Outcome 2 indicator:** In the five branch commissions within the targeted area, user satisfaction of families of children with disabilities will reach 70% or higher.	Outcome 2 indicator is assessed using the satisfaction level of parents regarding the branch commissions.
Outcome 3: An environment is in place at the target kindergartens to provide instruction and developmental support tailored to individual needs, including disabilities and developmental delays.	**Outcome 3 indicator:** In all target 10 kindergartens , 80% of the check items on the MoE's checklist for measuring the level of inclusion in kindergartens (teacher competence, environment, implementation system, and collaboration with parents) will meet the requirements.	Outcome 3 indicator baseline is assessed using the checklist for measuring the level of inclusion in kindergartens in the areas of teacher competence, environment, implementation system, and collaboration with parents.
Outcome 4: Parents and community members will provide support and assistance for early identification and intervention of disabilities.	**Outcome 4 indicator:** 80% (420) or more of 600 parents will improve their understanding of the importance of early identification and intervention.	Outcome 4 indicator baseline is assessed using data from three areas: i) participation in mandatory comprehensive health check-ups, ii) proper use of the MCH Handbook among parents of children aged 0–5, and iii) access to support services and information on developmental delays and disabilities.
Outcome 5: Central and local governments will be able to support the promotion of early identification and intervention of disabilities through legislation and support for its implementation.	**Outcome 5 indicator:** At least two policy documents promoting early identification and intervention of disabilities will be discussed in a policy advocacy workshop and the results of the discussion will be reflected in the draft.	Outcome 5 indicator is assessed based on the number of policy documents on promoting early identification and intervention that resulted from the project intervention.

[2] Five kindergartens in Phase 1 and five kindergartens in Phase 2 of the project

2. SURVEY METHODOLOGY

SAMPLING

A proportionate to population sampling method was used to calculate the sample size of the survey. A total of 1,786 children are enrolled in the five target kindergartens in the 2024-2025 academic year, according to the administrative statistics. The following formula was used to estimate the sample size.

$$n = \frac{Z^2 \times P_0 \times (1-P_0)}{e2}$$

- z– significance level is 95%, and the critical value of the z allocation is 1.96
- P_0 – estimated that P0 is 0.5
- e – In this survey, the margin of error, which is estimated as few as possible, will be 0.575
- rr = adjustment of response and coverage rate

Calculation results give a sample of **250**.

According to the Law on Pre-School Education and General Education, children aged 2-5 attend kindergarten. Therefore, when classifying the parents, the sample size was divided according to the child's age group, i.e., 2-3-year-old children into the "lower" group, 4-year-old children into the "middle" group, and 5-year-old children into the "upper" group. The table below shows the number of parents from each kindergarten who participated in the survey. In addition, if two or more children from the same family attended kindergarten, the parent will only take the survey on behalf of one child.

Table 3. *Sample size planned vs. actual*

Kindergarten	Total admitted children	Children with disability	Planned sample among parents				Children with disability	Actual sample among parents			
			Lower group	Middle group	Upper group	Total		Lower group	Middle group	Upper group	Total
320th KG (Bayanzurkh)	203	0	9	11	9	29	3	9	11	9	29
83rd KG (Chingeltei)	540	4	23	26	26	75	12	23	28	26	77
81st KG (Songinokhairkhan)	298	3	12	14	16	42	3	16	12	14	42
1st KG (Bayankhongor)	408	2	19	19	19	57	0	17	18	22	57
3rd KG (Selenge)	337	1	16	15	16	47	1	14	17	16	47
Total	**1,786**	**10**	**79**	**85**	**86**	**250**	**19**	**79**	**86**	**87**	**252**

The Baseline Survey used a qualitative and quantitative approach to collect data, a total of 297 people participated. For the quantitative approach, 252 parents of children who attend the five target kindergartens in Bayanzurkh, Chingeltei, and Songinokhairkhan districts and Selenge and Bayankhongor provinces were surveyed. For the qualitative section, 19 KIIs with participants working in the field of early identification and intervention of disability in the five target locations, involving five heads of FHCs and kindergartens, representatives of five branch commissions and a central commission, as well as of MoH, MoE and MFLSP, in addition to 11 doctors of five FHCs and 15 teachers of five kindergartens.

Table 4. *Sample size of key-informants, planned vs. actual*

Key-informants	Number of KIIs	Total planned	Totalactual
Heads of target FHC	5	19 Key-informants	19 Key-informants
Directors of target kindergartens	5		
Representatives of the central and branch commissions	6		
Policy level stakeholders (MoH, MFLSP, MoE)	3		

DATA COLLECTION AND ANALYSIS

The Cognos International LLC research team carried out the field data collection from May 19-31, 2025, with nine researchers divided into five teams. During the data collection, the participants were given detailed information about the purpose of the survey and the extent of their involvement, including how their data would be used, stored, and their right to withdraw. Informed consent was verbally obtained from all participants. Various approaches of data collection were employed: face-to-face computer-assisted personal interview (CAPI) for the quantitative survey, KIIs, field observation, reviews of relevant laws, regulations, and policy documents, as well as administrative data. Quantitative data collection was conducted using Kobo Toolbox, and all the data were analyzed in STATA to produce means, percentages, and all relevant descriptive statistics. For the qualitative data analysis, thematic analysis was carried out with notable themes (e.g., dominant topics, major issues, and quotes of typical or illustrative statements).

LIMITATIONS OF THE SURVEY

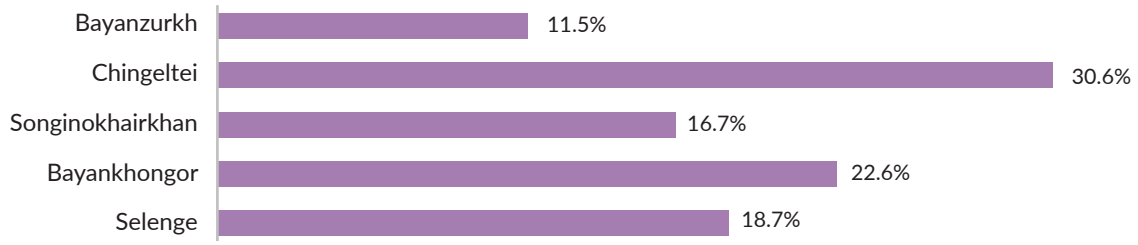
This survey is not a nationally representative sample; therefore, the findings should be used with caution and not generalized to the overall children in pre-school education. Instead, the findings should be understood as the situation of those who participated in the research.

3. RESULTS

3.0 DEMOGRAPHIC PROFILE OF SURVEY PARTICIPANTS

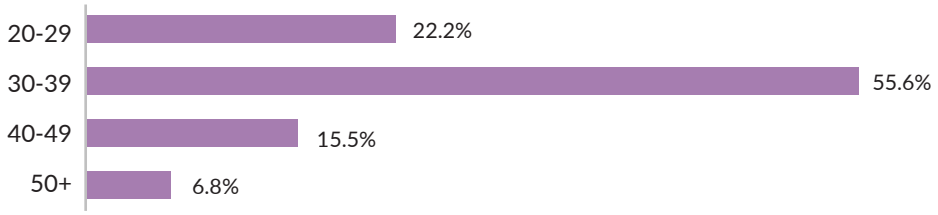
In this part, the socio-demographic characteristics of the parents who attended the survey are illustrated. A total of 252 parents from the target three districts of Ulaanbaatar and two provinces participated in the survey. Of the total parents, the highest proportion (30.6%) was from the 83rd kindergarten in Chingeltei, whereas the lowest (11.5%) was from the 320th kindergarten in Bayanzurkh district.

Figure 2. *Percentage distribution of parents who participated in the survey, by location*



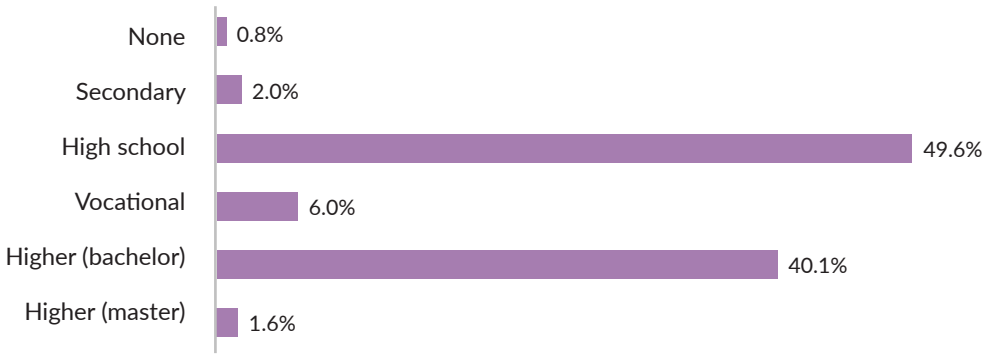
Of the total participants, 83.3% were female and 16.7% were male. A majority (55.6%) were in the age group of 30-39, and 6.8% were in the age group of 50 and older.

Figure 3. *Percentage distribution of parents who participated in the survey, by age group*



Among the parents, 49.6% have a high school education, followed by 40.1% Bachelor's, 6.0% vocational, 2.0% secondary, 1.6% Master and 0.8% have no education.

Figure 4.*Percentage distribution of parents who participated in the survey, by level of education*



3.1 CAPACITY AND CONDITIONS OF FHC DOCTORS IN IDENTIFYING DEVELOPMENTAL DELAYS AND DISABILITIES IN CHILDREN

This section presents findings related to Outcome 1 of the Promoting Sustainable, Holistic and Inclusive Developmental Support in Early Childhood in Mongolia project. Specifically, it covers: (i) the current situation of screening for developmental delays and disabilities among children aged 0–5 years at targeted FHCs; (ii) the capacity of FHC doctors to conduct early identification of such issues and their further training needs; (iii) the availability of infrastructure, equipment, and materials necessary for developmental screenings at these centres. The findings are based on document reviews, interviews with doctors and directors from the targeted FHCs, and parental surveys. Baseline for the Outcome 1 indicators is shown in the Table below.

Table 5. *Baseline results for Outcome 1*

Outcome	Indicator	Baseline	Means of Verification
Outcome 1: The environment and capacity of the targeted FHCs for early identification of developmental delays and disabilities in children have improved.	**1.1** 90% of doctors from the five targeted FHCs have improved their capacity to carry out proper early identification, health assessments, and developmental screenings of children.	**1.1** 63.0% of doctors participated in training on identifying developmental delays and disabilities. 45.5% participated in training on the use of the MCH Handbook. 35.0% participated in training on counselling parents to monitor child development using the MCH Handbook.	**1.1** Survey responses from doctors and pre- and post-training test results of capacity-building sessions for doctors in the targeted FHCs.
	1.2 Over 70% of households receiving services from the five targeted FHCs report satisfaction with the services.	**1.2** Satisfaction level regarding the enabling environment for early identification of developmental delays and disabilities in children at the FHCs is 89.5%.	**1.2** Survey to determine satisfaction levels of parents who received services at the targeted FHCs.

Under Outcome 1.1, the project set a target of improving the skills of 90% of doctors from five targeted FHCs, which will be measured with the pre- and post-test among doctors during the Autumn training organized by SCJ. With the current baseline survey, 11 doctors were asked about their training in relevant areas. About 63.0% of the surveyed doctors had received training on identifying developmental delays and disabilities; 45.5% had been trained in using the MCH Handbook; and 35.0% had been trained to guide parents on using the Maternal and Child (MCH) Handbook to track their child's development in previous years. While doctors had participated in some training, overall participation remained insufficient. During the survey, the researchers identified the specific training topics that doctors felt they still needed.

For Outcome 1.2, regarding the baseline measurement of whether an enabling environment for identifying developmental delays and disabilities has been established at the FHCs, 89.9% of parents whose children had received screenings at 9, 18, and 36 months and had visited the FHC reported satisfaction (good + excellent). Meanwhile, of the 45% of parents who visited the FHC because their child might have developmental issues, 89.5% (19) were satisfied. This baseline level has passed the project's target, and the research team considers that there is a possible reason for this high score as follows: According to self-assessments from FHC doctors and managers, professional skills were rated 3.6 out of 5, while infrastructure, environmental conditions, and availability of equipment received scores of 2.7 and 2.3, respectively. Despite this, parents of children who may have developmental disabilities still reported high satisfaction, which may be due to limited parental understanding of what an inclusive environment entails; their positive feedback may reflect satisfaction with cleanliness and doctor-parent communication rather than service adequacy for children with disabilities.

The survey team recommends revising this indicator to measure not parental satisfaction with FHC services, but rather that over 70% of parents with concerns about their child's development utilise FHC services.

3.1.1. Current practice of screening for developmental delays and disabilities in targeted FHCs

The five targeted FHCs conduct developmental screenings for children aged 0–5 in the following ways:

1. During regular health check-ups;
2. Based on entries in the MCH Handbook;
3. Concurrently with scheduled vaccinations;
4. During specific age-based screenings (e.g., 9, 18, 36 months).

Since 2021, the legal framework for conducting these comprehensive screenings has developed more robustly in Mongolia. In line with the joint ministerial order of the three ministries, FHCs at the khoroo, soum, and bagh levels have been tasked with regularly conducting comprehensive health and developmental check-ups for children aged 9, 18, and 36 months. These check-ups aim to support early identification of children with developmental delays or disabilities.

The table below presents how the target FHCs have been implementing these comprehensive child health screenings.

Table 6. *Status of comprehensive screenings at targeted FHCs (9, 18, 36 months)*

№	Province/ District	Implementation of Comprehensive Child Development Screening
1	Bayanzurkh district	Child health screenings are organised in accordance with Order A/546, which sets out a specific schedule. During these sessions, children's average weight is measured and vitamin A is administered. In addition, screenings are conducted in kindergartens during May.
2	Chingeltei district	Compared to previous years, activities were more intensive this year. Screenings are conducted using specific questionnaires tailored to children aged 9, 18, and 36 months. For 9-month-old children, screenings are conducted alongside their regular vaccinations, while for children of other ages, parents are contacted and invited to bring their child in for screening.
3	Songinokhairkhan district	Parents are contacted, and screenings are arranged for the respective age groups. Participation is high among parents of 9- and 18-month-old children. During these screenings, the MCH Handbook is reviewed together with the parents. However, participation in 36-month-old screenings remains very low. This is mainly due to parents not understanding the importance of early identification and their limited availability, which prevents them from attending.
4	Bayankhongor province	Each year in May and October, two integrated screenings are conducted in collaboration with the respective kindergartens and schools.
5	Selenge province	Screenings for children aged 0–5 to identify developmental delays and disabilities are carried out through home visits for 9-month-old children, and in collaboration with kindergarten teachers for 36-month-old children. However, 18-month-old children are typically not yet enrolled in kindergartens, which results in delayed or reduced participation. Although parents are called and invited, attendance remains relatively low..

Among the four screening methods listed above, the most inconsistently implemented is the age-specific comprehensive screening at 9, 18, and 36 months. In contrast, developmental assessment during general medical visits is most common.

Although FHCs call parents for scheduled screenings, attendance was reported to be low. Survey results show that 2.0% of parents did not bring their child to the 9-month screening, 9.9% missed the 18-month screening, and 16.3% missed the 36-month screening. The main barrier is that parents often do not bring their child to FHCs as scheduled. Instead, FHCs typically rely on integrated health check-ups organised with kindergartens or during routine outpatient services.

As part of routine activities, nurses at the FHCs compile monthly lists of children reaching 9, 18, and 36 months of age, contact their parents or caregivers, and provide information about scheduled days for the check-ups. However, doctors report that participation remains insufficient due to parents' limited availability and varying levels of engagement. As a result, it has proven difficult to carry out the screenings on fixed dates each month. All target FHCs collaborate with their local kindergartens to organise integrated health screenings for children aged 3–5 years once or twice a year. These screenings are implemented based on the centre's available resources and in cooperation with both public and private kindergartens and schools in their catchment area. Typically held in spring and autumn, the integrated screenings include the following preventive health services:

- General paediatric clinical examination;
- Measurement of height, weight, and calculation of body mass index (BMI);
- Assessment of developmental milestones;
- Psychosocial and behavioural screening;
- Oral health examination.

Table 7. *Availability of designated days for monthly child health and development screenings*

№	Province/ District	Monitoring child development at key ages (comprehensive health and development screening for children at 9, 18, and 36 months)
1	Bayanzurkh district	Children reaching the target age are called in. Screenings are conducted for those who attend. Since many do not show up on time, early identification screenings are carried out for children who visit outpatient services. For some children, home visits are conducted.
2	Chingeltei district	Children are called in when they reach the relevant age. It is challenging to organise screenings on fixed days due to inconsistent attendance. Furthermore, due to a high patient load, it is not possible to conduct detailed assessments for every child.
3	Songinokhairkhan district	Screenings specifically aimed at identifying developmental delays or disabilities in children aged 0–5 are not conducted. Instead, preventive health check-ups are performed. If a child presents for a medical reason and is suspected of having a developmental concern, the attending doctor will investigate further.
4	Bayankhongor province	One fixed day per month is designated for this purpose. A nurse calls in children who are turning 9, 18, or 36 months old that month. Upon arrival, a doctor conducts the screening. A specific doctor is assigned to lead these screenings.
5	Selenge province	In 2021, a designated room was established at the FHCs for comprehensive child development screenings under a joint ministerial order. However, when screenings are organised at the clinic, it often leads to overcrowding with sick patients. As only one family doctor is available, this causes a workload issue. Attention to children with developmental delays or disabilities remains limited.

The utilisation of the MCH Handbook is relatively strong among parents of children aged 0–2 years, whereas its use and maintenance significantly decline among parents of children aged 3–5. Parents of younger children tend to be more attentive, particularly because of the mandatory vaccination schedule, which prompts them to complete the handbook more diligently. However, if a child has a cold at the time of scheduled vaccination, parents often do not bring the child to the clinic, which can result in missed early identification opportunities. Among parents of 3–5-year-olds, the reduced use of the handbook appears to stem from a lack of awareness regarding the importance of regular assessments at FHCs. In the absence of noticeable issues, many parents do not actively seek follow-up care for their child.

> Parents also tend not to attend educational sessions. There is, therefore, a need to introduce a policy framework that encourages parental engagement through both incentives and accountability mechanisms. In cases where developmental issues are identified in children who have not attended routine screenings, a system should be in place to hold parents accountable.
>
> KII, FHC head

The MCH Handbook for children under five contains necessary information for early identification, which allows family doctors to monitor the child's health in collaboration with the parents. Under the Prime Minister's decree, as part of the health sector's digitalization in 2023, the Ministry of Digital Development, Innovation, and Communications and the MoH collaborated to implement over 20 healthcare services within the unified state e-service system, E-Mongolia. Most recently, on June 1, 2024, the "MCH Handbook" was converted into an electronic format. This change helps resolve issues like the loss of the health handbook and important health information. All families with children aged 0-5 can now use this service.

To access this, parents can log into E-Mongolia using their registration and select the "MCH Handbook" service from the "Health Services" menu, following the instructions provided. This electronic service consists of the following sections:

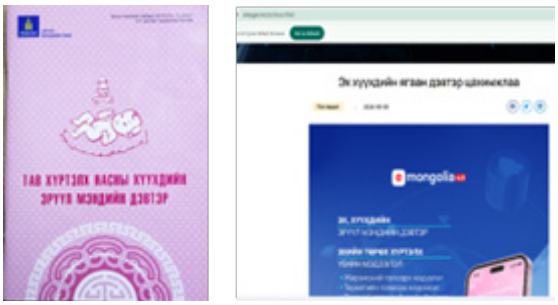
- Information about the mother's childbirth
- Information about the mother's pregnancy
- Information about the delivery
- Post-birth health status

Child's information:

- Growth development graph
- Vaccination records
- Home visitation schedule for children under 2
- Doctor's examination history
- Recommendations and information
- Child's nutrition

To upload prior data into the system, parents are advised to visit their local FHC, where staff will enter the information into E-Mongolia.

Figure 5. *Digitalization of MCH Handbook for children under 5*



Although doctors highly value the MCH Handbook as a core tool for monitoring, they emphasise the need for enhanced parental education and awareness-raising to improve its consistent use. Doctors from the target FHCs reported that the supply of the handbooks was relatively sufficient, as all pregnant women receive one at their initial check-up. Healthcare providers noted that, compared to other reporting templates, the handbook is the most effective tool for identifying developmental delays. However, they recommended improving the design of the developmental screening questions to make them more concise and clearer. It is also important to avoid duplicating content across forms, which increases the administrative burden on healthcare providers.

Table 8. *Use of MCH Handbook at FHCs, as reported by FHC heads*

Province/ District	How actively does your FHC use and maintain the MCH Handbook?	In your opinion, how effective is this handbook in identifying developmental delays or disabilities in children?	What is your assessment of the need to build the capacity of your FHC's medical staff in the early identification of developmental delays and disabilities in children?
Bayanzurkh district	5	4	4
Chingeltei district	4	4	4
Songinokhairkhan district	2	4	5
Bayankhongor province	4	5	4
Selenge province	4	4	4
Average	**3.8**	**4.2**	**4.2**

Note: 5-excellent, 4- good, 3- average, 2- poor, 1- very poor

FHC doctors indicated that parental usage of the handbook closely correlates with clinic visits. Most parents only bring and use the handbook when attending appointments. Due to more frequent visits for younger children, the use of the handbook among parents of 0 to 2-year-olds is relatively high. However, after age three, visits to FHCs become less frequent, and accordingly, use of the handbook declines. To address this issue, awareness-raising efforts should highlight the importance of the handbook, especially for parents of children aged 3–5. FHC doctors should be actively involved in these efforts, which would also support system-wide capacity-building.

There is a pressing need to offer parenting education on how to use the handbook and how to care for young children. For instance, young mothers should be trained on appropriate breast-feeding techniques and the introduction of complementary feeding. Organising parents into small groups (e.g., five participants per group) for tailored training sessions where doctors explain the purpose and function of the handbook and report their outcomes would be an effective strategy.

KII, FHC

FHCs reported relatively strong collaboration with both kindergartens and branch commissions. They conduct regular screenings once or twice annually at kindergartens within their jurisdiction or through established partnerships. Kindergarten doctors refer children who exhibit signs of concern to the FHC for further examination. If deemed necessary, the FHC refers the child for specialist diagnostic services. Where a diagnosis is confirmed, the child's details are submitted to the branch commission for review to facilitate access to additional social and health support services.

Some FHCs noted that they had formulated collaborative action plans with branch commissions to expand support in areas such as social psychology. In high-demand districts such as Chingeltei, however, FHCs reported that branch commissions typically function as convening bodies and do not provide direct assistance with diagnoses.

Table 9. *Collaboration between FHCs, kindergartens, and branch commissions in early identification of developmental delays or disabilities in children aged 0–5, reported by FHC heads*

Province/ District	With kindergarten	With branch commission
Bayanzurkh district	5	4
Chingeltei district	3	1
Songinokhairkhan district	5	5
Bayankhongor province	5	4
Selenge province	3	4
Average	**4.2**	**3.6**

Note: 5-excellent, 4- good, 3- average, 2- poor, 1- very poor

3.1.2. Capacity and training needs of FHC doctors in early identification of developmental delays and disabilities in children aged 0–5

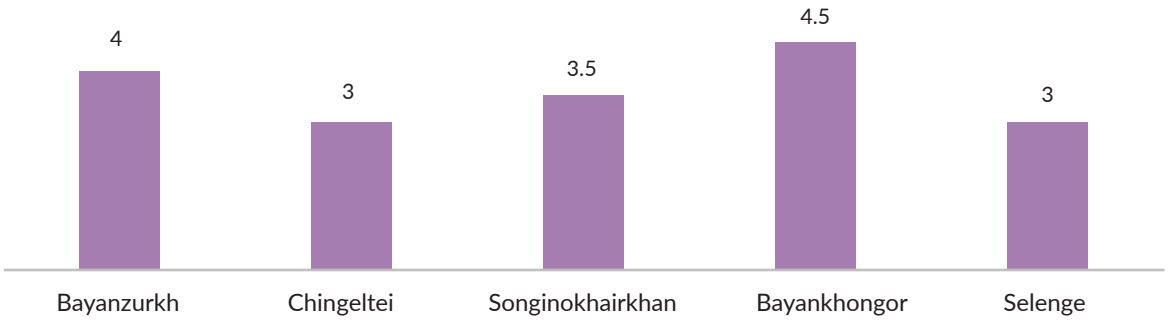
Doctors from the target FHCs expressed a strong need for additional training in early identification of developmental delays and disabilities. In particular, they reported a significant knowledge gap in recognising the diverse signs and symptoms of autism spectrum disorder. All five target FHCs indicated that through the MCH Handbook and regular paediatric screenings, they can identify developmental concerns and provide parents with guidance on child growth and development. They also emphasised the need to strengthen their ability to refer families to the next level of care when needed, which is a key goal of the project. The following section outlines the baseline capacities of doctors and staff within the target FHCs.

When asked how necessary it is to build the capacity of doctors at their center in the early identification of developmental delays and disabilities in young children, the heads of the family health centers gave an average score of 4.2, indicating that it is highly necessary.

As shown in Figure 6, while many doctors rated their competencies as above average, they consistently emphasised the need for further specialised training in specific disability categories, delivered by subject-matter experts.

Although doctors had participated in training sessions organised by District Health Centres, the National Centre for Maternal and Child Health (NCMCH), the MoH, and Asian Development Bank (ADB)–funded projects, they noted that critical topics remained unaddressed. Several reported missing opportunities for training due to workload constraints or limited participant quotas.

Figure 6. *FHC doctors' ability to identify and recognise developmental delays and difficulties among children aged 0-5, reported by FHC heads*



Note: 5-excellent, 4- good, 3- average, 2- poor, 1- very poor

Moreover, newer doctors who entered the practice during the COVID-19 pandemic lacked foundational training in the use of the MCH Handbook. Many also reported a need for training in delivering psychological and physical therapy advice to parents, making accurate diagnoses of autism spectrum disorders, and supporting children with visual or speech impairments. Doctors participating in the survey expressed interest in specialised training across the following areas (see Table 10).

Doctors and directors of the target FHCs expressed interest in receiving training in a phased manner, following a fixed schedule. They also recommended the development of an online platform where educational content could be delivered to parents, noting that this would be a valuable tool to support early identification efforts.

Table 10. *Essential training topics needed for targeted FHC doctors*

№	Training focus
1	Training by a specialist doctor on identifying autism, attention-deficit/hyperactivity disorder (ADHD), and screen dependency/addiction disorders
2	Information on conditions leading to developmental disabilities in children
3	Differentiating between typical and atypical development in children aged 0–6 months
4	Opportunities for doctors and nurses to visit secondary-level hospitals and rehabilitation centres for hands-on training
5	In-depth 2–3 month training covering speech therapy, physical therapy, and hydrotherapy
6	Training by an ophthalmologist on visual impairments
7	Providing psychological support to parents of children with diverse needs
8	Using standardised screening tools and assessments to identify children with mental health conditions and effectively communicate with parents

Nearly half of children with developmental delays are believed to go unidentified, highlighting the critical importance of building trust and ensuring close collaboration between parents, teachers, and FHC staff. For example, while official data from the five target kindergartens recorded 10 children with disabilities, survey results from parents revealed 19 children either diagnosed with or suspected to have developmental delays or disabilities. Many parents are reluctant to seek formal diagnoses due to fears of stigma and societal reactions, leading to a significant number of undiagnosed children, as reported by doctors.

3.1.3. Infrastructure of target FHCs, availability of equipment and materials used for early identification screening

The accessibility of buildings, infrastructure, and necessary tools and equipment is insufficient for children with disabilities to access services. The project set an objective to ensure that an enabling environment is established at each FHC for the early identification of developmental delays and disabilities. In this context, when assessing the conditions of the centres, the management of the FHCs rated both the accessibility of the medical facility buildings and the availability of tools necessary to conduct comprehensive developmental screenings for young children as "inadequate". Most FHCs are located in old buildings with limited space, highlighting the need for improved accessible infrastructure. Doctors responsible for children's screenings shared the same assessment.

Among the centres, the "Otoch Mandal" FHC in Bayankhongor province rated its infrastructure slightly higher compared to other districts and provinces. However, all five target FHCs were found to lack wheelchair access, had non-standard stair railings, lacked specialised rooms suitable for children with diverse needs, and were without adapted sanitary facilities. Parents usually carry their children into the clinic, and doctors often have to come downstairs to conduct examinations. Doctors also noted that while there is a need to provide tailored counselling to parents, FHCs do not have the capacity to provide sufficient information about the psychosocial environment or the care needs for children with developmental delays and disabilities. Fifty-five percent of parents whose children faced developmental issues reported that they did not seek services from FHCs, instead turning to district hospitals or private medical providers. This trend is primarily due to the perceived lack of capacity at FHCs to identify children with developmental delays or disabilities. Therefore, it is crucial that, within the scope of the project, the environments, equipment, and resources at the five target FHCs be brought in line with appropriate standards and that the standards of these services be publicly promoted.

Table 11. *Accessibility of infrastructure for children with disabilities at FHCs, reported by FHC heads*

Province/ District	To what extent is your FHC's building and physical infrastructure accessible to children with disabilities?	To what extent are the necessary materials, equipment, and tools available at your FHC to identify and assess young children who may have disabilities or developmental delays?
Bayanzurkh district	3.5	3
Chingeltei district	2	1.3
Songinokhairkhan district	2	2
Bayankhongor province	4	3.5
Selenge province	2	1.5
Average	**2.7**	**2.3**

Note: 5-excellent, 4- good, 3- average, 2- poor, 1- very poor

In terms of infrastructure, most of the targeted FHCs do not have a dedicated sensory or assessment room for children with disabilities, making early identification and screening difficult. The absence of a designated examination room adapted to the needs of children with developmental concerns - where developmental assessments can be conducted and meetings or consultations with parents can take place- limits doctors' ability to communicate openly with parents. The five target FHCs reported that there is a need for appropriate rooms suited to examinations of children with disabilities, noting that some children are sensitive to noise and have difficulty concentrating, which affects the examination process, and that conditions for serving children with physical limitations are inadequate.

Parents' understanding and awareness of the standards that should be met for such services and environments remain low. While doctors and heads of FHCs view their infrastructure, equipment, and resources as insufficient, the 19 parents whose children were considered at risk of developmental delay in the survey gave a satisfaction rate of 89.5% for FHC services. This may be attributed to parents' limited understanding of the environmental conditions required for children with disabilities, leading them to rate the services as satisfactory. Of the parents who participated in the survey and had concerns about their child's development, 55% (23 out of 42) chose not to visit FHCs, instead seeking services elsewhere.

Table 12. *Accessibility of buildings and infrastructure for children with disabilities at FHCs*

№	Province/ District	How accessible is your FHC's building and infrastructure for children with disabilities?
1	Bayanzurkh district	There is no designated room or toilet that meets the needs of children with diverse needs.
2	Chingeltei district	There are no adequate sanitary facilities. Parents or caregivers have to carry or lift children with mobility impairments in their arms or on their backs to access the premises. Sometimes, the doctor goes downstairs to conduct the examination. Other than a single ramp outside, there is no other infrastructure adapted for children with disabilities.
3	Songinokhairkhan district	There is no way to enter the clinic in a wheelchair except by carrying the child up the stairs. There is no separate room for examining children with disabilities — they are examined under the same conditions as other children. While doctors can do the examination, the facility lacks any infrastructure adapted to diverse needs.
4	Bayankhongor province	Due to a lack of space, during flu season, it is difficult to separate sick and healthy children, making diagnosis challenging. Administering vaccinations along with infected children causes disruption, limited concentration, and reduced efficiency of the health service.
5	Selenge province	Fixed clinical examination equipment and a suitable environment are provided. Regarding buildings and infrastructure, they meet approximately 70–80% of the required standards.

The necessary equipment, tools, and developmental assessment instruments tailored to specific age groups are insufficient. Doctors expressed the need for a toolkit including simple medical instruments and cognitive screening books. Suggestions included improving height measurement tools to make them more portable for use in kindergartens and replacing them with automated devices similar to those used for adults to save time. Equipment for outreach screenings should be allocated to each doctor individually.

Table 13. *Material environment (equipment and supplies) required at FHCs for identifying young children with possible disabilities or developmental delays*

№	Province/ District	How well equipped is your FHC with the necessary materials (equipment, supplies) to identify young children who may have disabilities or developmental delays?
1	Bayanzurkh district	The diagnostic manual for conducting child development assessments needs improvement. The MCH Handbook has become digital, so digital devices such as iPads are needed. These are also useful for educating parents.
2	Chingeltei district	There are no chairs, wall visuals, or reading materials adjusted to the eye level of children with visual impairments. There are also no devices for hearing screening.
3	Songino-khairkhan district	Special examination rooms need to be equipped with appropriate tools, toys, and materials. Child development and cognitive assessment tools and equipment are needed.
4	Bayankhongor province	There is a need to provide sufficient ENT (ear, nose, throat) scopes based on the number of doctors. Projectors are needed for parental education. Many children have dental problems, but there is no dental equipment. If such equipment were available, additional services could be provided during examinations.
5	Selenge province	Rehabilitation tools for addressing developmental delays and disabilities in children need to be made available locally. Currently, parents have no choice but to travel to Ulaanbaatar.

3.2 BRANCH COMMISSION'S FUNCTIONS AND SUPPORT TOWARDS CHILD DEVELOPMENT

The Branch Commission for the Health, Education, and Social Protection of Children with Disabilities was first established in 2016. As of now, a total of 30 branch commissions operate across 21 provinces and nine districts, in accordance with the regulations approved by Government Resolution No.173 of 2021, based on Article 37.5 of the Law on the Rights of Persons with Disabilities.

This section of the report presents the survey findings related to the anticipated Outcome 2 of the project. It specifically examines the current situation and challenges faced by the branch commissions in the project's target areas-Chingeltei, Songinokhairkhan, and Bayanzurkh districts of the capital city, as well as Selenge and Bayankhongor provinces. These are analysed under the following sub-sections: "Performance and Effectiveness of Branch Commissions," "Policies, Procedures, Guidelines and Methodologies," "Governance and Capacity of Branch Commissions," "Stakeholder Collaboration," and "Public Participation and Awareness Raising."

In addition to document analysis based on the reports submitted by the local commissions, the findings of the MFLSP were also consolidated. The survey included both experienced professionals with up to 10 years of service and newly appointed secretaries of branch commissions who are actively involved in developmental planning and service coordination. Their activities are not limited to early identification of developmental disabilities in children, but also contribute significantly to creating a supportive policy environment that ensures integrated services aimed at child development and improving accessible infrastructure.

Table 14. Baseline results for Outcome 2

Outcome	Indicator	Baseline value	Means of verification
Outcome 2: The quality of developmental and educational support provided by branch commission in the target areas will be improved.	In the five branch commissions within the targeted area, user satisfaction of families of children with disabilities will reach 70% or higher.	Satisfaction of families of children with disabilities is 66.7%.	Parents' questionnaire

3.2.1 Performance and effectiveness of branch commissions

At the local level, professionals involved in early identification and developmental support for children with disabilities actively participate in decision-making, organisation, and planning for policy implementation. Their alignment with their job responsibilities significantly contributes to the effectiveness of the system. While the branch commissions demonstrate strong professional capacity and collaboration among members, they face challenges in areas such as financial, technical, and material resources, outreach activities, and monitoring and evaluation systems. Therefore, there is a pressing need to improve resource management and establish digital reporting and monitoring platforms.

Members of the branch commissions assessed the performance and effectiveness of their respective commissions with varying perspectives. Selenge and Bayankhongor provinces, along with Bayanzurkh district in the capital, received high ratings (8.2–9.0), whereas Songinokhairkhan and Chingeltei districts were rated lower (5.7–6.0). Compared to the previous year's central commission assessment and practical experience (e.g., Songinokhairkhan previously leading), the self-assessments are based on scores from one member per commission, showed discrepancies. This highlights the need to develop more objective assessment tools to measure the performance outcomes of branch commissions.

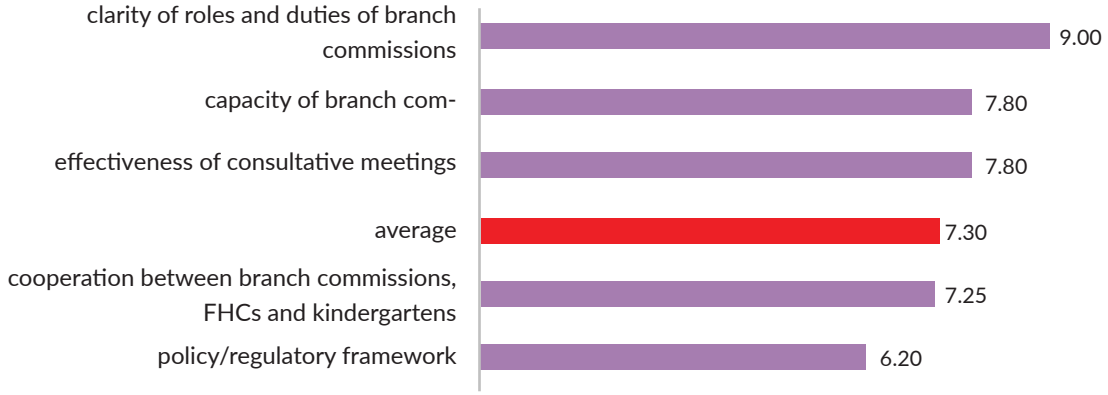
Table 15. Performance and effectiveness of the branch commission's work, self-assessment by the branch commission representatives

	Key Indicator	BZD	CHD	SKHD	Bayankhongor	Selenge	Average
1	Clarity of the branch commission's rights and functions	10	8	9	8	10	**9.0**
2	Capacity of the branch commission	10	5	6	9	9	**7.8**
3	Effectiveness of children's conferences	10	4	7	8	10	**7.8**
4	Collaboration between the branch commission, FHC, and kindergarten	8	7	5	8	8	**7.2**
5	Policy/regulatory environment	6	6	3	8	8	**6.20**
	Average	**8.8**	**5.7**	**6.0**	**8.2**	**9.0**	**7.3**

Note: 10-excellent, 1- very poor

Overall, members of the branch commissions rated the performance and effectiveness of their commissions at 7.3. The clarity of roles and responsibilities received a high score (9.0), as did the effectiveness of children's conferences (7.8) and the capacity of the commissions (7.8), all of which are above the average. In contrast, the policy/regulatory environment (6.2) and collaboration (7.2) were rated below average.

Figure 7. Assessment of the branch commission's performance and effectiveness, self-assessment by the branch commission representatives



The roles and responsibilities of branch commissions are generally well defined (average score: 9/10). Provinces and districts rated the clarity of roles and responsibilities outlined in the commissions' rules and regulations between 8 and 10, indicating a high level of clarity in role allocation, documentation, and procedural guidance. While 50% of respondents considered the roles and responsibilities of the commissions to be clear, challenges remain at the policy implementation stage, including a lack of coordination, unclear human resource and accountability structures, overlapping policies, and complex or misunderstood role allocations. Therefore, improving organisational efficiency and inter-agency coordination is necessary.

The capacity of branch commissions varies significantly (average score: 7.8/10). Commissions in Selenge (9), Bayankhongor (9), and Bayanzurkh (10) were rated highly for their experience, human resources, and material base. In contrast, Songinokhairkhan (6) and Chingeltei (5) were rated lower (5–6), indicating lower capacity. This highlights the need to improve assessment tools for measuring infrastructure, secretarial support, and budget and human resource management performance, to reduce subjectivity. Most respondents agreed that the commissions' operations have been effective, particularly children's conferences, which have had a tangible impact on identifying children with disabilities, developing support plans, and assigning responsibilities across sectors. For example, one discussion led to the first-time identification of a disability in a 12-year-old child, demonstrating that the screening was effective in identifying a child previously missed. The inclusion of parents of children with disabilities and professionals from education, health, and social sectors in the commissions is seen as a strength.

However, at the local level, the capacity of stakeholders remains insufficient, and parental involvement and accountability are poor. This sometimes results in poor performance by support teams. These issues are not only internal to the commissions but also reflect broader systemic factors. Therefore, capacity should be assessed not only in terms of individual knowledge and skills but also in terms of structural frameworks and collaborative processes.

The results of the children's conferences carried out by the branch commission show considerable variation (average score: 7.8/10). Comissions in Selenge and Bayanzurkh were reported with the highest scores for organizing their children`s conferences effictively (10) and for providing solutions to the cases consulted and ensuring coherence of supports in their communities. For the commissions of Songinokhairkhan (7) and Chingeltei (4), main comments were to improve the implementation mechanism of the decision of the cases discussed. During the KIIs, the commission representatives noted that effectiveness of the children`s conferences are 'good' and 'moderate,' in particular,

they emphasized that the coordination between public organizations are relatively good. Having a specific plan and clear direction for children`s conferences and their implementations has proven to positively affect performance in real term. Despite the fact that the public organization coordination being good, the implementation faces lagging or not taken up well due to low level of parents' involvement, discouragement and personal conditions.

Though there are support teams in place, their accountability mechanism is weak which affects negatively the implementation of decision made from the children`s conferences. Furthermore, the facts that difference of collaboration with kindergartens and FHCs, and insufficient knowledge level of these organizations regarding the implementation of policies and regulations, contribute to weakening the implementation.

Collaboration among branch commissions is generally average (average score: 7.2/10). Commissions in Selenge (8), Bayanzurkh (8), and Bayankhongor (8) reported strengthened relationships with FHCs, kindergartens, and NGOs. However, Songinokhairkhan (5) and Chingeltei (7) were rated lower due to the absence of formal partnership agreements, regular meetings, and information-sharing platforms. Respondents noted that a joint order by three Ministers of Education, Health, and Labour and Social Protection on the 'Regulation of establishing support centres for inclusive education', along with the SCJ's project "Promoting Holistic and Inclusive Developmental Support in Early Childhood", helped build capacity and improve collaboration. The MFLSP also highlighted ongoing reforms and new procedures aimed at enhancing cooperation, which were described as "appropriate systems" and "well-designed policies." While progress has been made in appointing secretaries and organising human resources, the need for full-time staff remains.

At the policy level, ambiguity and implementation challenges persist, particularly regarding parental involvement and inter-sectoral coordination. These issues continue to hinder systemic optimisation and collaborative alignment.

The policy and regulatory environment is generally average to below average (average score: 6.2/10). This was the lowest-rated indicator (3–8 points). In Chingeltei (6) and Songinokhairkhan (3), respondents cited outdated regulations, poor financial oversight, and a lack of monitoring by central and local commissions. Although some progress has been made, the lack of comprehensive coordination and implementation support remains a concern. Comments such as "... coordination between family, labour, social protection, and health policies is unclear..." and "... weak inter-ministerial coordination and lack of clear responsibilities..." reflect governance and policy implementation gaps.

Additionally, policies addressing the needs of people with disabilities are often generalised within broader frameworks, leading to the neglect of the specific needs of young children. The lack of policies supporting parental involvement and capacity—despite their direct impact on children's quality of life—is a critical gap in the policy and regulatory environment. This continues to hinder efforts to increase children's participation in society and ensure genuine inclusion.

3.2.2 Policies, procedures, guidelines, and methodologies

The operations of branch commissions are based on the Government Resolution titled "Regulations of the Commission for the Health, Education, and Social Protection of Children with Disabilities," and each commission operates with a team of seven members.

The rules of operation, as well as the roles, responsibilities, and participation of commission members, are generally well understood. However, there is a need to improve the alignment of budget planning and expenditure with actual performance. According to the KIIs with branch commission members, it is necessary to enhance budget management, transparency of expenditures, and digital reporting systems. Additionally, quarterly incentives should be linked to the provision of comprehensive services for child development and protection.

While the human resource policies, roles, and responsibilities of the commissions are highly rated, the lack of stability among members and the absence of full-time specialised staff negatively affect productivity. The KIIs have highlighted the need to appoint full-time professionals to the commissions and ensure the stable employment of secretaries, social welfare officers, and early childhood development specialists, so that experience and institutional capacity can be built over time.

Currently, the implementation and effectiveness of policies and procedures are hindered by insufficient digitalisation, inadequate human resource coordination, and poorly equipped working environments.

> The electronic system is not yet operational, resulting in a heavy reliance on manual work. Although technically feasible, the number of service users requires careful consideration of human resource capacity and workload distribution. The branch commission has started conducting children`s conferences and now has access to a child development room. To better support children with diverse developmental needs, it would be beneficial to adapt and furnish this space accordingly, creating a more positive and inclusive environment.
>
> KII, branch commission

Although the structure of the branch commissions is relatively new, to strengthen it, it is necessary to improve the coherence between policies and procedures, ensure regular and effective collaboration between central and branch commissions, systematise stakeholder participation, and enhance the flow of unified information.

> The lack of a clear reference to the age of 18 in the welfare law has created gaps in policy alignment. However, the roles of both local and central commissions are clearly defined and currently function in coordination within the existing system. There is a need to meet with the central commission more than once a year and to improve effective collaboration. There is often a lack of understanding among leadership. Therefore, it is important to disseminate a unified understanding, direction, and knowledge to seniour officials. Among parents, awareness of children's rights and disabilities is low. It is essential to provide parents with early and clear understanding, and to emphasise the importance of investing time and resources early in activities that support developmental delays and disabilities."
>
> KII, branch commission

The principles and assessment methodology of the commissions' operations are relatively clear, but there is a lack of objective criteria for measuring performance outcomes, and significant differences in understanding remain.

> There is a need to develop a checklist (template) for assessing the activities of commission members, improve self-assessment methodologies, and update policy documents accordingly. Branch commissions do not conduct diagnostic activities themselves; rather, they collaborate on early identification and provide information on diagnostic methods. For example, in the case of children with autism, diagnoses are made by tertiary-level hospitals. There is currently no assessment for intellectual developmental delays. While the assessment principles and methodologies are generally sound and evidence-based, they have not been fully implemented. There is a need to increase the number of experienced professionals.
>
> KII, branch commission

The participation of civil society organisations is limited, and parental involvement remains unsystematic and unclear. Although stakeholder engagement (parents and civil society organisations) is a critical component of the commissions' work, it remains ad hoc and unstructured, negatively affecting the accessibility and quality of services. There is a need to establish mechanisms for regular collaboration with parents and civil society organisations (CSOs) through planned seminars, digital partnerships, and monitoring frameworks.

3.2.3 Governance and capacity assessment of branch commissions

Branch commissions are responsible for ensuring the coordination of early identification, assessment, and support services for children with developmental disabilities. In this regard, various training programmes and projects aimed at strengthening their capacity have been successfully implemented. Notably, the project titled "Supporting Early Childhood Development through Inclusive, Sustainable, and Comprehensive Services", implemented with the support of JICA, has made a significant contribution to enhancing the knowledge and skills of commission members.

Representatives of stakeholder groups provided quantitative assessments, which were supplemented by interviews explaining the reasons behind their assessments. The following results were derived from this combined analysis.

Table 16. *Governance and capacity assessment of the branch commission, within self-assessment*

	Key indicators	BZD	SKHD	CHD	Bayankhongor	Selenge	Average
1	Professional personnel (human resources)	10	6	8	9	10	**8.6**
2	Management of financial resources	5	3	5	6	10	**5.8**
3	Assessment of time spent	3	8	5	10	9	**7.0**
4	Technical resources/materials	3	3	4	7	10	**5.4**
5	Advocacy activities	3	7	5	7	6	**5.6**
6	Monitoring and evaluation	8	4	8	6	5	**6.2**
7	Collaboration among branch commission members	7	10	10	9	10	**9.7**
8	Support from higher-level institutions (such as local government authorities, ministries, etc.)	4	8	4	7	10	**6.6**
	Average	**5.14**	**6.13**	**6.13**	**7.63**	**8.75**	**6.87**

Note: 10-excellent, 1- very poor

The professional skills of branch commission members, their attitudes, and practical competencies were rated relatively high, with an average score of 8.6 (6–10 score). This indicates that the sector is being supported by qualified human resources. According to the KIIs, further clarification and support are still needed.

> Since human resources are regulated by official rules and procedures, the commissions are generally staffed with professionals selected according to their roles and responsibilities. Although it complies with the relevant rules and regulations, there is a need for continuous capacity building for team members. New members are being trained through practical experience.
>
> KII, branch commission

The financial resource management system was rated as moderate, with an average score of 5.8 (3–10 score). Some branch commissions operate with very limited budgets and make decisions within the constraints of existing regulations. Weak coordination between the central and branch commission financial management systems was also noted.

> "There is an urgent need to implement financial and policy measures such as budgeting for office supplies, printers, pens, fuel for field visits, and daily allowances, as well as improving the incentive system. Although financial support is provided, the link between work performance and incentives needs improvement. Local government offices manage finances but do not allocate necessary expenses in bulk. Funding for meeting meals, refreshments, and incentives remains insufficient."
>
> KII, branch commission

The average score of 7 (on a scale of 3 to 10) for activities such as family discussions and working group meetings suggests that tasks are generally being completed within the planned timeframe. However, the duration of children's conferences, lack of breaks, and follow-up actions were seen as burdensome, leading to lower scores and areas for improvement.

> "Children`s conferences are held continuously with minimal breaks, which can lead to fatigue and frustration among children and parents. There is a limited link between quarterly incentives and the time spent in meetings. The workload and participation in meetings and children`s conferences can affect staff retention. Low hourly pay and limited incentives reduce the stability of professionals working under challenging conditions, increasing stress and dissatisfaction among both children and staff. With high workloads and the need to process hundreds of children in a short time, the lack of proper scheduling, breaks, and incentives reduces productivity and increases the risk of errors."
>
> KII, branch commission

Technical resources and materials received a score of 5.4, indicating a need for improvement (3–10 score). There is a lack of essential equipment (computers, printers, software) for preparing recommendations and collecting data, as well as inadequate working space conditions. Improvements in office equipment are necessary.

> There is generally no direct provision from the government. In particular, it would be helpful if items such as printers, cameras, and voice recorders could be supplied from the child protection budget. Although the issue was raised with the Governor, no action was taken..... A new printer was provided by Save the Children....We print our own documents..... Printers and computers were received from Save the Children, but technical equipment remains insufficient.....However, there are opportunities to improve budget planning.
>
> KII, branch commission

The advocacy activities were rated at 5.6, indicating a need for improvement (on a scale of 3 to 7). It is necessary to enhance the effectiveness of the commission's decisions and recommendations, improve the communication of impact-related activities to the public, and strengthen collaboration with civil society and media organisations.

Table 17. *Branch commissions' assessment on advocacy*

Branch commission	Current situation of advocacy activities	KII explanation and reason*
Bayanzurkh	There is currently no established mechanism for planning and organising advocacy work.	*"... Due to the workload from children's conferences, there is no time left for advocacy work..."*
Chingeltei	To enhance the branch commission's advocacy efforts, there is a need for FHC doctors to regularly conduct public training sessions, presentations, and discussions.	*"... As of 2023, our team conducted training sessions for FHC doctors to introduce the commission's activities... Two members of the professional team visited to provide guidance and advice..."*
Songinokhairkhan	Budget and human resource support for advocacy activities targeting parents is consistently lacking.	*"... We do organise advocacy activities fairly regularly. We arrange events such as trips and check-ups for parents... however, due to limited budgets and the availability of specialists' time, it is difficult to sustain these efforts consistently..."*
Bayankhongor	There is a need to establish an accessible and consistent mechanism for measuring, validating, and formalising results through agreements and decisions directed at administrative unit leaders.	*"... In terms of advocacy work, there is a need to strengthen the leadership of soum governors and local politicians and reflect this in agreements... It has been two years, but the full impact has yet to be seen..."*
Selenge	Although the rules, regulations, and member responsibilities are clearly defined, there remains a need to improve practical impact.	*"... Representatives from soums are gathered at the provincial level for training and awareness-raising activities, and those who attend are expected to pass on the information in their own soums. However, there is still a need to improve advocacy efforts on the ground. At present, we are only just managing to hold meetings..."*

**Based on the results of interviews with branch commission members*

The indicator for monitoring, evaluation, and performance measurement received a score of 6.2, highlighting the lack of a permanent monitoring system and a mechanism for reporting through an electronic platform (4 to 8 score). There is a need to establish clear tools, such as checklists (forms) for assessing the performance of central and branch commissions and their members, self-assessment sheets, and rubrics for scoring.

Table 18. *Assessment result of the branch commission's monitoring and evaluation indicators, along with explanations*

Branch commission	Current situation	Main problem	KII explanation and reason
Bayanzurkh	Insufficient time and human resources to conduct proper monitoring.	There is no established mechanism, and no dedicated time, funding, or personnel for monitoring and evaluation.	*"... There is no time for monitoring and evaluation..."*
Chingeltei	There is no regular evaluation from the MFLSP.	Regular or quarterly assessments are absent, and the guidance provided is ad hoc and unstructured.	*"... In the summer of 2023, the MFLSP conducted a one-time inspection and criticised our work before leaving... The ministry does not conduct regular evaluations, but it does provide guidance and advice..."*
Songinokhairkhan	The commission lacks internal monitoring, feedback mechanisms, and evaluation processes.	Feedback-based monitoring has broken down.	*"... We generally do not follow up on or monitor the work we have done... We don't reflect on whether we did things right or wrong..."*
Bayankhongor	Monitoring and evaluation are actively carried out within the framework of the project.	There is no regular evaluation or internal monitoring mechanism within government institutions.	*"... Monitoring and evaluation are being carried out under the project, but government institutions have not conducted any evaluations..."*
Selenge	While there are opportunities for M&E, capacity is limited and systems are not well established.	Monitoring lacks standardised procedures and platforms, and human resource capacity is insufficient.	*"... There are opportunities for monitoring and evaluation, but capacity—particularly in anagement—is lacking..."*

**Based on the results of interviews with branch commission members*

The ability of members to work collaboratively received a score of 9.7, which is relatively high (on a scale of 7 to 10). This was the highest score among all indicators, reflecting strong cooperation, the sharing of knowledge and experience, and active participation in working groups.

> Although all members perform their assigned duties well, it is important to further strengthen collaboration by regularly organising seminars and discussions to resolve differences of opinion among members. A notable feature is that even when team members are frequently rotated, they adapt quickly and work well together.
>
> KII, branch commission

According to the results of interviews with members of the branch commissions, support from higher-level institutions was rated at 6.6, indicating a need for improvement (on a scale of 4 to 10). Guidance, financial and human resource support from ministries and local administrative bodies is moderate, while budget allocations, training funding, and professional methodological advice are not provided consistently.

***Table 19**. Assessment of support from higher-level institutions, along with explanations and underlying reasons*

Branch commission	Current situation of methodology support	Main problem	Reason, explanation
Bayanzurkh	Overall support is poor, and no methodological advice or training is provided.	There is a need to deliver unified and ongoing methodological recommendations.	*"... Support from higher-level bodies such as the ministry and the Governor's Office is inadequate..."*
Chingeltei	The ministry regularly provides guidance at the policy level.	It is important to ensure that instructions are continuous and consistent.	*"... Ministries support at the policy level, but there remains a need to achieve tangible results..."*
Songino khairkhan	The district administration provides support with clerical work and equipment, but only limited methodological guidance comes from the ministry and the central commission.	The ministry and central commission provide limited methodological guidance.	*"... The ministry is supposed to provide us with methodological support... but this seems to be lacking..."*
Bayankhongor	The central commission and the ministry do not provide regular methodological guidance or monitoring.	There is a lack of clear guidance and practical advice.	*The central commission should visit and provide methodological advice..."*
Selenge	Policy and methodological support from local government, the ministry, and NGOs is generally strong and sufficient.	While local government support is strong, there are discrepancies in understanding.	*Support from higher-level organisations is quite sufficient..."*

**Based on the results of interviews with branch commission members*

The challenges encountered in delivering early identification and developmental support services for young children, along with suggestions for improvement, have been outlined under two main areas:

a) identifying and diagnosing developmental delays and difficulties in children, and

b) providing comprehensive developmental support for pre-school-aged children.

These findings reflect the issues, challenges, and suggestions raised by professionals working within the sectoral commission in their respective fields. They are intended to be acknowledged and discussed at the policy council level, with the aim of exploring solutions and determining how this project could contribute to improving the current situation in the future.

A. To diagnose developmental delays and difficulties in children quickly and accurately, it is necessary to simultaneously develop mechanisms such as updated equipment, standardised assessment methodologies, and collaboration among district-level hospitals.

> In local healthcare facilities, there is a strong need for high-capacity 4D ultrasound machines and equipment for identifying fetal developmental abnormalities (Bayankhongor). Although there is ongoing discussion about using standardised assessment forms such as the International Classification of Functioning, Disability and Health (ICF) to assess developmental delays and disabilities in children, these methods have not yet been introduced in practice.
> There is a significant demand for identifying developmental delays in young children—particularly cognitive delays—but current services are unable to go beyond basic support for children with disabilities (Selenge). In Chingeltei, collaborative efforts are being made in early identification, with information being shared on diagnostic methodologies.
> Specialist teams attached to tertiary-level hospitals are responsible for confirming diagnoses, but there is a recognised need to update the official list of developmental disabilities. (Songinokhairkhan, Selenge).
>
> KII, branch commission

B. The main challenges in providing comprehensive developmental support for pre-school-aged children include the lack of modern, adaptive environments and materials, standardised assessment methodologies, professional capacity, integrated service mechanisms, and effective collaboration.

> The collaboration between health, education, and social welfare institutions for children with developmental disabilities is inconsistent. There is a strong need to create adaptive support environments in kindergartens and development centres. Although screening at 9, 18, and 36 months is being carried out effectively, many parents tend to ignore or overlook the results.
>
> While there is ongoing discussion about methods for assessing children's cognitive delays, these techniques have not yet been introduced in practice. The "Mongolian Tanaka-Binet" test was developed jointly by the Mongolian State University of Education and Nagoya University. With project funding, over 100 test administrators have been trained. Participants from target kindergartens, FHCs, and branch commissions were involved in this training, and there is now a growing need to train parents as well.
>
> Issues such as parents dismissing or misunderstanding teachers' observations are directly limiting the effectiveness of early identification. Therefore, it is considered essential to increase awareness-raising efforts to reduce these misunderstandings.
>
> KII, branch commission

3.2.4 Assessment of stakeholder collaboration

Information was gathered regarding the sectoral commission's collaboration with kindergartens, FHCs, and civil society organisations. It is necessary to strengthen coordination not through informal or ad hoc cooperation, but through formal partnership agreements, established projects, and structured action plans.

Table 20. *Stakeholders' collaboration assessment*

	Stakeholder	BZD	CHD	SKHD	Bayankhongor	Selenge	Average
1	Kindergarten	5	3	1	4	4	**3.40**
2	FHC	5	5	3	4	4	**4.20**
3	CSO	5	3	1	3	2	**2.80**
	Average	**5.00**	**3.67**	**1.67**	**3.67**	**3.33**	**3.47**

***Results of the branch commission members' self-assessment (1 very poor – 5 excellent)*

The branch commission's collaboration with other stakeholders (FHCs, kindergartens, CSOs) was rated at 3.47. There is a need to strengthen regular coordination with relevant organisations. To raise public awareness, it is important to work together, seek opportunities for joint development, and share good practices.

Table 21. *Stakeholders' collaboration assessment and reason*

Stakeholder collaboration	Average score	KII's explanation and reason
Kindergarten	3.40 (68.0%)	**The need to improve collaboration with kindergartens is evident from the moderate score of 3.4.** While some provinces and districts—such as Bayanzürkh (5) and Selenge (4)—demonstrate stable and cooperative engagement, others show a lower level of collaboration. For instance, Songinokhairkhan district scored 1, indicating no established cooperation, and Chingeltei district scored 3, highlighting the need for improvement in joint efforts.
FHC	4.20 (84.0%)	**The branch commissions have been maintaining stable collaboration with FHCs through formal agreements and children's conferences.** This indicates that cooperation with FHCs is relatively strong; however, there remains a need to further strengthen these partnerships. It was emphasised that collaboration should not be limited to one-off activities, but should instead be continuous and systematic, as current partnerships lack consistency and structure.
CSOs	2.80 (56.0%)	**Collaboration with CSO is weak, and there is a need to introduce mechanisms such as formal partnerships and structured cooperation.** Among all stakeholder groups, collaboration with CSOs received the lowest assessment score. With the exception of the successful partnership reported by the sectoral commission in Bayankhongor Province, engagement with CSOs in other regions appears to be superficial and lacks a foundation of repeated or sustained activities.
Total average	**3.47 (69.4%)**	**There is a clear need to improve collaboration, with particular attention required in certain regions and sectoral commissions.** It is essential to strengthen regular coordination with relevant organisations, enhance public awareness and access to information, and create opportunities for shared learning and development by exchanging good practices and experiences.

**Based on the results of interviews with branch commission members*

Members of the commission expressed general satisfaction with the structure, authority, and functions of the central commission and noted that being affiliated with the MFLSP would likely pose few issues going forward. A priority moving forward is to appoint a dedicated secretary. This role would support the identification of children with developmental challenges and enable the delivery of integrated support services in a more timely and effective manner.

3.2.5 Public participation and awareness raising

An assessment was made of how public participation has evolved based on the activities, past experiences, and lessons learned from the branch commissions. Parental involvement and public attitudes are key factors that directly influence the effectiveness of the commissions' work.

There is a pressing need for public education and information dissemination related to child development, early identification, and support for children with developmental disabilities.

> Many parents experience frustration and stress due to misunderstandings. A lack of knowledge and awareness has contributed to the formation of negative social stereotypes. It is essential to promote accurate understanding and awareness within society.
>
> KII, branch commission

Human resource capacity, workload, infrastructure, and financial constraints of the branch commission, along with negative stereotypes and attitudes from the public and parents, are barriers to improvement of collaboration.

> In local areas, although access to awareness-raising activities for the public, especially parents, is increasing, financial and service limitations are reducing parents' ability and motivation to participate. A system or centre to increase public participation is needed. This would have a positive impact on early identification and developmental support.
>
> KII, branch commission

Especially among parents, improving public understanding of developmental delays, early identification, and available support requires a comprehensive, multi-pronged approach. This should include online training, tailored content, digital systems, regular awareness campaigns, and targeted efforts to address and reduce negative stereotypes.

Table 22. *Approaches to improve the knowledge and attitude of parents towards developmental delays and early identification, and services*

Content	Material, tool	Explanation
1. Basic understanding of health and development	- Infographic (reading, understanding) - Booklet (A5, handbook)	• Stages of development and the importance of the MCH Handbook • Healthy pregnancy, childbirth, children's rights, and protection
2. Reasons and methods of early identification	- Short video (2–3 мин) - Audio podcast (pregnant mother, parents)	• Importance of checkups at 9,18, and 36 months • Instructions for using the MCH Handbook • Self-assessment questionnaire and board
3. Symptoms of developmental delays in children	- Case study (high-quality photo, story) - Hand card, - Standardised methodology	• Characteristics of different developmental patterns • Methods and guidelines for working with developmental delays • Easily noticeable warning signs • Promoting the "We are all unique" mindset
4. Challenging public misconceptions and eliminating discrimination	- Posts on social media - Training, slides of the webinar	• Success stories of parents and families • Messages promoting "non-discriminatory and equal treatment" • Involvement of NGOs and parent groups
5. Support services and contact information	- Location map, board with QR - Phone, mail, board of chatbot, poster	• Contact details and connections of FHCs, kindergartens, and NGOs • Quick guide: "Where to go and whom to contact"

3.3. CREATION OF ENVIRONMENTS TAILORED TO THE NEEDS OF EACH CHILD IN THE TARGET KINDERGARTENS

This section of the report presents the results of the indicator related to project' Outcome 3, which aims to create a tailored environment in kindergartens that meets the individual needs of every child. To estimate the baseline level for this indicator, the survey team referred to the "Inclusive Education Checklist for Preschool Teachers" developed by the Ministry of Education. The checklist covers four key areas: (i) teacher practices, (ii) kindergarten environment, (iii) measures taken by the kindergarten (iv) working with parents and caregivers. Additionally, this section includes findings from qualitative interviews with kindergarten directors and other relevant professionals, as well as quantitative survey results from parents. Responses to the checklist, completed by teachers across lower, middle, and upper levels of the kindergartens, were rated on the following four-point scale: 1 – not applicable, 2 – poorly implemented, 3 – partially implemented, 4 – well implemented. The results are presented in the table below.

Table 23. *Baseline results for Outcome 3*

Outcome	Indicator	Baseline Level	Means of Verification
Outcome 3: An environment is in place at the target kindergartens to provide instruction and developmental support tailored to individual needs, including disabilities and developmental delays.	In all targets, 10 kindergartens, 80% of the check items on the MoE's checklist for measuring the level of inclusion in kindergartens (teacher practice, kindergarten environment, measures taken by the kindergarten, and working with parents and caregivers) will meet the requirements.	64.6%: • Teacher practice - 61.4% • Kindergarten environment - 30.8% • Measures taken by the kindergarten - 79.6% • Working with parents and caregivers - 86.7%	Assessment scores from kindergarten teachers were collected using the "Inclusive Education Checklist for Preschool Teachers".

An analysis of the criteria set out in the Ministry of Education's approved framework for measuring kindergarten participation levels revealed that the target kindergartens meet 64.6% of these requirements. The lowest area lowest-scoring area was the kindergarten environment, with a score of 30.8%.

3.3.1 TEACHER FUNCTION

Improving accessibility of training for teachers is supported by creating conditions tailored to the needs of children with diverse needs. Based on the responses to 22 questions from the checklist assessing teachers' practices in working with children with disabilities and developmental delays, the overall result was 61.4%. Among the activities implemented by teachers, the highest score—91.1%—was given to their ability to deliver lessons that take into account each child's age, cognitive characteristics, and interests. Nevertheless, despite this strength, the assessment concluded that teachers have not focused on creating adapted environments for children with

Figure 8. *Scores from teachers' self-assessment of their own functions*

specific functional limitations, which remains the most insufficiently addressed area. For example, only 15.6% of teachers reported having created a tailored environment for children with visual impairments, 13.3% for those with hearing impairments, and just 11.1% for children with physical disabilities. Teachers attributed these low scores primarily to the lack of appropriate equipment and learning materials. In contrast, the teachers' ability to work with children with intellectual disabilities or developmental delays was rated at 51.1%, which is 40 percentage points higher than scores for other types of disabilities. Teachers rated their capacity to develop individual education plans tailored to the children with diverse needs at 48.9%.

However, it is important to note that during the time of the assessment, it is likely that there were no children with disabilities enrolled in the classes of the teachers surveyed. Out of the total 252 parents who participated in the survey, 19 parents acknowledged that their child has a developmental disability or challenge that could potentially affect their ability to perform a specific task. Unfortunately, of these 19 children, parents reported that only three had received an individual education plan, a developmental programme, or counselling that was tailored to their child's developmental needs. This indicates that most children who may have developmental delay are not receiving the necessary support and services. The main reason for this is that these children have not been officially diagnosed as having a disability, as their conditions have been identified solely through parental observation. As a result, teachers are unable to develop an IEP for these children, since a formal diagnosis—conducted by a multidisciplinary team comprising psychologists, speech therapists, special education teachers, and medical doctors—is required to officially recognise a child as having a disability and serves as the foundation for IEP development. Consequently, teachers are limited in their ability to support children who lack an official diagnosis. This highlights a pressing need to provide parents with appropriate information and guidance to help facilitate formal assessments by professional institutions, based on their observations.

Kindergarten directors emphasised the importance of regularly training teachers to strengthen their ability to develop IEPs tailored to each child's specific needs. Currently, there are no formally approved positions for specialised staff in this area across the kindergartens. Only kindergarten in the Chingeltei district employs a teacher who has received basic training in inclusive education. As inclusive education is a relatively new concept being implemented in recent years, kindergartens have been able to enroll only one or two teachers per year in short-course training on early identification, communication strategies, or speech therapy. However, kindergarten directors noted that this level of training is insufficient. While graduates of pre-service early childhood education programmes generally possess foundational pedagogical skills to work with children, it was widely acknowledged that more advanced professional knowledge and support are essential for working effectively with children with diverse educational needs. During the KIIs, the Ministry of Education representative recommended that there should be at least one specialised teacher in inclusive education for every two kindergartens.

There is a clear need to enhance and expand methodological resources and guidance materials to improve the development and implementation of Individual Education Plans. Teachers who participated in the survey rated their access to training on the basic concepts and teaching methodologies of inclusive education, through workshops, printed materials, and digital guides, at 82%. While this is a relatively high score, kindergarten directors noted that these resources are not sufficiently practical or comprehensive to be directly used as teaching materials. Among the parents (19) who participated in the survey, 68% (13) responded "yes" to the question "Does your child have a disability or a condition that may affect their ability to perform certain tasks?" reported that their child experiences difficulties with communication and comprehension. Repeated mentions of issues potentially linked to modern screen dependency were noted during KIIs, indicating a need to provide parents with targeted guidance and materials addressing this concern.

In addition to strengthening the skills and methodologies of teachers and staff in working with children with diverse needs, combining this with training on early identification techniques could lead to more effective outcomes. Kindergarten directors emphasised the high level of need to improve the skills and methodologies of teachers and staff in working with and supporting children with diverse needs. While teachers were found to be operating with only basic knowledge in this area, it was noted that kindergarten staff members other than teachers had significantly less understanding and capacity to engage with such children effectively.

Table 24. Scores given by kindergarten directors on the need to improve the skills of teachers and staff

№	Target area kindergartens	Rate
1.	Bayankhongor province	3
2.	Chingeltei district	5
3.	Songinokhairkhan district	4
4.	Bayanzurkh district	5
5.	Selenge province	3
Average rate		**4**

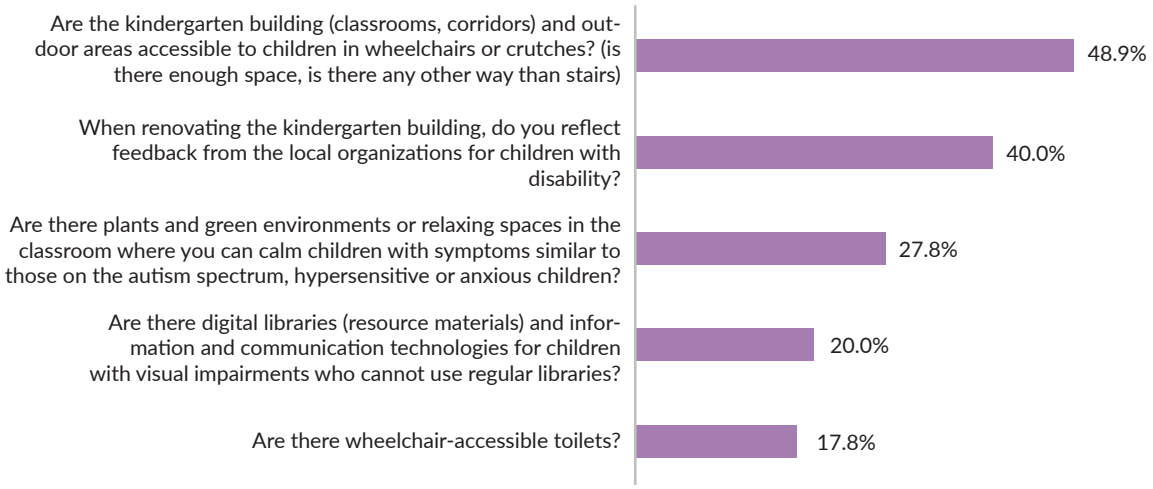
Note: 5-very high, 4- high, 3- moderate, 2- low, 1- very low

During the survey with parents, the need to increase the involvement of school doctors was emphasised, particularly in conducting regular health screenings and providing information to teachers and parents on working with children with diverse needs and early identification. According to teachers, when children with developmental disabilities or delays join their classes, they collaborate closely with parents and caregivers, drawing on experience accumulated over time to support these children. Furthermore, most children with autism begin attending kindergarten from the preparatory and upper grades of kindergarten, which requires teachers to possess higher-level skills, as noted by the kindergarten director in Selenge province. On the other hand, 98.4% of surveyed parents expressed willingness for their children to be assessed and diagnosed based on teachers' observations. However, about half (44.8%) reported discussing their child's developmental issues with kindergarten teachers, indicating a need for teachers to take a more proactive role in engaging with parents. Only 10% of parents became aware of their child's disability based on teachers' observations. Additionally, 50.2% of parents stated that they believe teachers play a greater role in identifying and addressing developmental delays in preschool-aged children. These findings indicate that parents recognise the importance of teachers' involvement in the early identification, diagnosis, and intervention of developmental delays in children. Nonetheless, according to kindergarten directors, some parents do not accept or acknowledge teachers' observations and concerns due to emotional unpreparedness, which delays the process of referral for further assessment. Therefore, enhancing teacher training and support in working with children with diverse needs and in early identification will help align parental expectations with teachers' roles more realistically.

3.3.2 Kindergarten environment

It is highly essential to ensure bathroom facilities meet the needs of children with diverse needs, ensure an accessible indoor and outdoor environment in the kindergarten, and provide classrooms that are conducive to their development. The results from the Inclusive Education Checklist, completed by early childhood education teachers, reveal significant deficiencies in the kindergarten environment, as demonstrated by the following five key indicators. The average accessibility score was only 30.8%, indicating that essential facilities such as adapted toilets, ramps, digital equipment, and calming spaces for children with autism are largely absent in most kindergartens. Among the lowest-rated indicators were the availability of adapted toilets for children using wheelchairs (17.8%) and the use of digital libraries or information and communication technologies for children with visual impairments (20%). These findings highlight the urgent need to modify toilets to accommodate children with diverse needs and to provide teachers with developmentally appropriate resources such as Braille books and tactile materials when working with visually impaired children.

Figure 9. *Teachers' assessment of the kindergarten environment's suitability for children with diverse needs*



According to the teacher assessment, the environment does not sufficiently provide a space where children experiencing sensory overload can rest and calm down alone, as reflected by a score of 27.8%. Kindergartens without a dedicated "Child Development Room" are making do by using arts or sports rooms for individual development or relaxation spaces and creating improvised learning materials from available resources to support these children. On the other hand, kindergarten administrators unanimously rated the physical infrastructure of the buildings poorly, with an average score of 2.4, highlighting the predominance of old and unsuitable facilities. The detailed scores are shown below.

Table 25. *Score by the kindergarten directors on the kindergarten building's infrastructure*

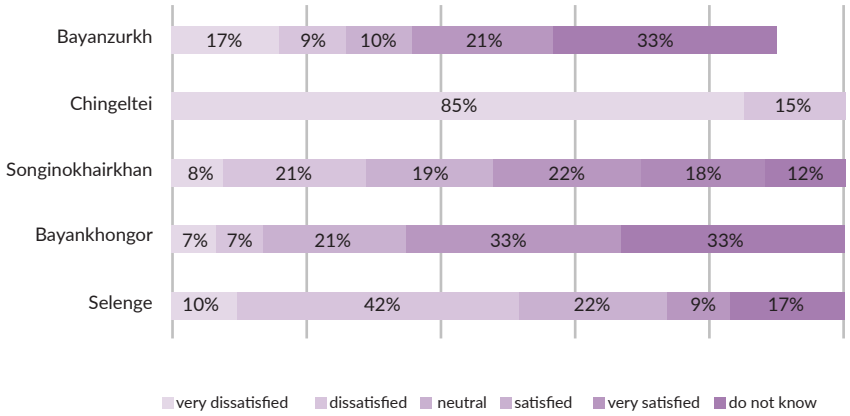
№	Target area kindergartens	Score	Reason
1.	Bayanzurkh district	3	Non-purpose-built structure
2.	Chingeltei district	2	Old building
3.	Songinokhairkhan district	2	Old building
4.	Bayankhongor province	2	Although the building was recently renovated, standards for accessibility for children with disabilities were not incorporated into the design, and the construction remains incomplete.
5.	Selenge province	3	The original building is old, and the new extension similarly lacks access routes that comply with current standards.
	Average rate	**2.4**	

Note: 5- excellent, 4- good, 3- moderate, 2- low, 1- very low

Based on the above scores, it is evident that none of the kindergarten buildings are suitable for the needs of children with diverse needs, and no adapted environments have been established. Although some kindergartens in Songinokhairkhan and Chingeltei districts have ramps, these do not meet quality standards, and all kindergartens face challenges with access and entrances. The issues faced in the Bayanzurkh district highlight risks stemming from the use of non-purpose-built buildings. These include electrical problems, poor outdoor area maintenance, kitchen repairs, and slippery flooring — all of which directly affect children's safety and the quality of the learning environment. These findings underscore the infrastructural challenges that hinder the creation of inclusive educa-

tional environments. Notably, 85.0% of parents from kindergartens in Chingeltei district expressed dissatisfaction, highlighting the need to improve the quality of the kindergarten environment and services in that area. Within this question, 48% of all parents identified poor infrastructure accessibility as the most pressing issue. Detailed responses by kindergarten are shown in Figure 10 below.

Figure 10. *Parents' satisfaction with the kindergarten environment*



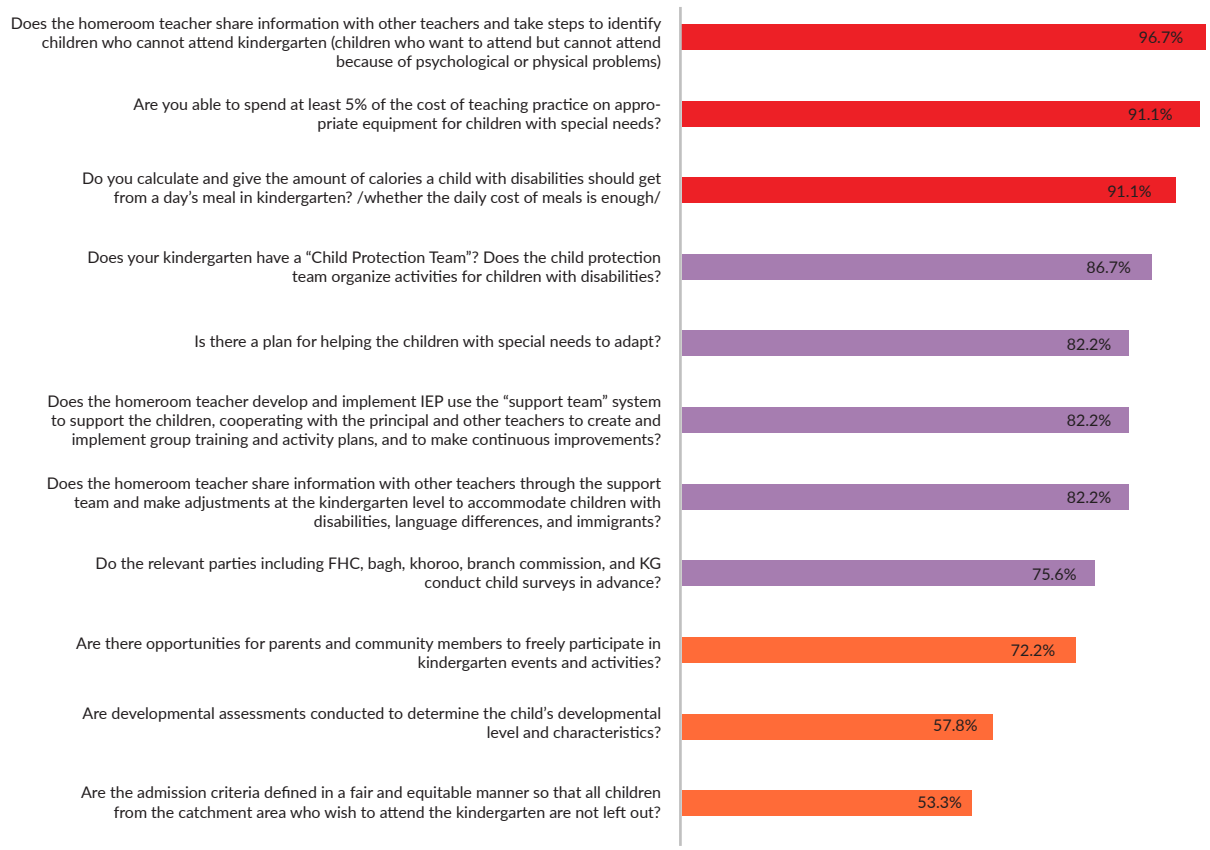
None of the five target kindergartens has specially equipped child development rooms, and there is a severe shortage of equipment and educational materials tailored to the specific needs of children with diverse needs. Kindergarten directors assessed the provision of specialised training equipment and educational resources for working with these children as inadequate. These kindergartens do not have dedicated rooms; instead, their music and physical education rooms are repurposed for developmental activities with children with diverse needs. Teachers also create learning materials using available makeshift resources. Although the state allocates 5% of the total budget—equivalent to MNT 328,000—for the necessary resources for learners with diverse needs, this funding does not meet the needs of all kindergartens and is roughly equivalent to the cost of purchasing a single toy. Furthermore, kindergarten teachers and administrators lack knowledge about the types and quantities of equipment necessary to meet children's needs. This deficiency is linked to the previously noted shortage of professional training, information, and methodologies observed during the Baseline Survey. Overall, 73% of parents expressed dissatisfaction with the availability of assistive technologies for child development. This figure was highest in the Chingeltei district, where 90% of parents reported dissatisfaction.

3.3.3 Kindergarten measures

The requirement that at least 5% of lesson and practical expenses be allocated to purchasing equipment suitable for children with diverse needs is not being adequately met. According to the Inclusive Education Checklist completed by teachers in the target kindergartens, the overall score for measures implemented by kindergartens was 79.6%.

On 10 September 2024, Mongolia's Minister of Education approved Order No.A/81, establishing regulations for organising individualised instruction for children with disabilities enrolled in preschool education services. The KIIs agree that under the current regulations, calculating variable costs based on three children with diverse needs is sufficient. The question about whether at least 5% of the lesson and practical expenses are allocated to purchasing materials suitable for children received a rating of 57.8%, which suggests that funding in this area may be insufficient. A question asked of teachers in the survey on whether at least 5% of lesson and practical expenses are allocated to purchasing appropriate materials for children received a 57.8% 'yes' response, which may indicate that funding in this area is insufficient. Teachers rated the measures taken by kindergartens to include children with psychological or physical difficulties, who are unable to attend in person, in early childhood education services at 53.3%. This indicates a relatively low level of support and highlights the need for more active policies and programmes in this area. Around 72.2% of teachers rated their ability to calculate and provide an adequate daily caloric intake for children with disabilities as satisfactory. The table below presents the detailed results of teachers' assessment of the measures implemented by kindergartens.

Figure 11. *Results on measures taken by kindergartens from teachers*



Teachers gave the highest score, 96.7% to the statement that all children within the catchment area are enrolled based on non-discriminatory, fair, and equitable admission criteria. Furthermore, 95.6% of respondents reported that they conduct developmental assessments to identify the specific needs of each child, which represents an exceptionally high indicator. This reflects the kindergartens' commitment to delivering inclusive and individualised education.

Within the framework of inclusive education policy, kindergartens have collaborated with FHCs, local administrative units (bagh and khoroo), and community organisations to conduct preliminary assessments of children. Admission criteria have been defined to ensure fairness and equality, preventing the exclusion of eligible children. Furthermore, kindergartens have created opportunities for parents and community members to freely participate in activities. These practices have been rated by teachers as the most effectively implemented measures within their respective kindergartens. Kindergarten directors also assessed the level of collaboration with government and non-government organisations, as well as other relevant stakeholders, in the early identification of developmental delays and disabilities among children aged 0–5. The results are presented in the table below.

Table 26. *Cooperation with stakeholders, by kindergarten directors*

№	Target area	FHC	Branch committee
1.	Bayankhongor province	3	2
2.	Chingeltei district	2	2
3.	Songinokhairkhan district	2	1
4.	Bayanzurkh district	3	2
5.	Selenge province	3	2
Average rate		**2.6**	**1.8**

Note: 5- excellent, 4- good, 3- moderate, 2- low, 1- very low

Kindergartens exchange general information of their children with FHCs on status of temporary residency, on the increase in the number of children with disability and the types of the disability etc. FHCs collaborate with kindergartens in organizing events including taking urinary sample, demonstrating brushing teeth and washing hands at kindergartens. Unfortunately, there is no case of co-organizing events with the FHCs among the target kindergartens directed towards identifying children with disability and development delays. Thus, it is of importance that the kindergartens and FHCs embed these kinds of activities in their annual workplans, so that these will contribute in improving quality and accessibility of pre-school education for children with diverse needs.

Due to a lack of information, most kindergartens do not collaborate with the local multisectoral committee. Among the five target kindergartens, three (Chingeltei, Songinokhairkhan, and Bayanzurkh) reported having no collaboration with the branch commission, while the remaining two (Bayankhongor and Selenge) have only recently begun working together. When asked about the reasons, kindergartens cited insufficient information regarding the role and activities of the multisectoral committee and noted that collaboration had only started within the framework of the current project. The kindergarten administration in Selenge province highlighted the need for a unified policy to coordinate such cooperation, especially as some parents and caregivers are reluctant to engage with the multisectoral committee. The kindergarten in Songinokhairkhan district expressed optimism that working with the branch commission—particularly through receiving professional guidance and methodological support for early identification of children with diverse needs—would strengthen cooperation. Expanding collaboration with the multisectoral committee is vital for improving professional support and methodologies for working with children with diverse needs. This would not only help compensate for staffing shortages in kindergartens but also enhance inclusive teaching approaches and improve engagement with parents and caregivers. Such

improvements are crucial to ensuring equitable, high-quality education for every child. Strengthening collaboration with mainstream schools is equally important for supporting the successful transition of children with diverse needs from kindergarten to mainstream school.

All kindergartens surveyed reported at least some instances of successful mainstream school transitions for children with diverse needs. The success of these transitions appears to be closely linked to the level of active communication and cooperation with mainstream schools. The table below presents the ratings given by kindergarten directors in response to the question: "How active and cooperative is your kindergarten's relationship with the general education schools in your catchment area? Have there been any joint experiences or collaborative efforts?

Table 27. *Score on collaboration with the schools, rated by kindergarten directors*

№	Target area	Rate
1.	Bayanzurkh district	3
2.	Chingeltei district	1
3.	Songinokhairkhan district	1
4.	Bayankhongor province	5
5.	Selenge province	4
Average rate		**2.8**

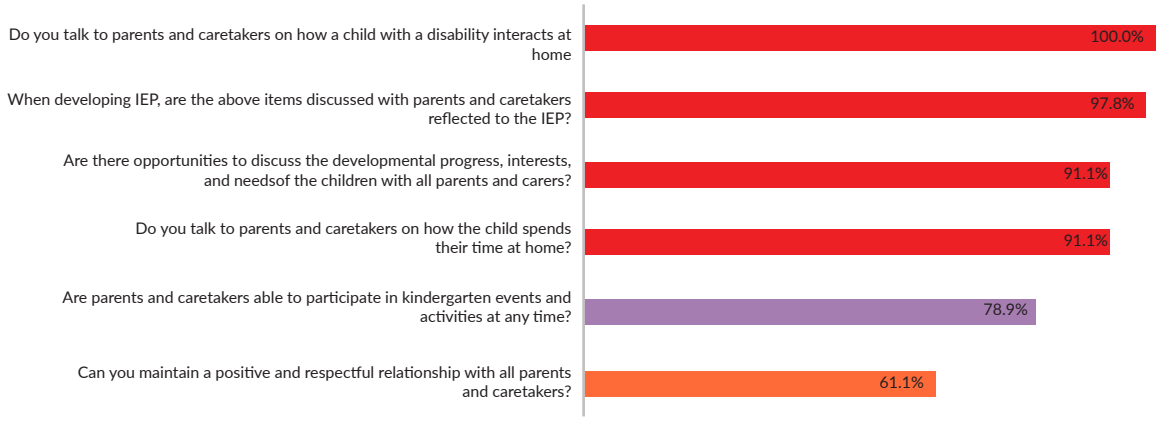
Note: 5- excellent, 4- good, 3- moderate, 2- low, 1- very low

Kindergarten directors in Bayankhongor and Selenge—who gave the highest ratings for collaboration reported that they organise two to three preparatory sessions each year to help children in their pre-primary classes transition to school. Kindergarten teachers also provide mainstream school teachers with information and advice on each child's specific characteristics and needs. This communication helps school teachers plan effectively for the child's learning and development. In Selenge province, one child with a physical disability and another with autism successfully transitioned to primary school. In some cases, the kindergarten teacher continued to collaborate with the school after the transition. In contrast, the kindergarten in Chingeltei district—which gave a low rating—reported only providing basic behavioural descriptions of the child, while the kindergarten in Songinokhairkhan district had no information exchange with mainstream schools at all. This lack of collaboration results in schoolteachers being insufficiently informed about the needs of children with diverse needs. Consequently, some children are placed in inappropriate learning environments and, in certain cases, are transferred to other schools or even required to return to kindergarten. Creating individual portfolios for each child, as practised by some kindergarten teachers, has proven to be an effective method for tracking developmental progress and facilitating the transfer of information to mainstream school teachers through the child's family. Therefore, in addition to providing inclusive early childhood education, it is essential to improve communication and coordination between kindergartens and mainstream schools to ensure successful school transitions for children with diverse needs. Regular joint meetings and training sessions focused on sharing information about children would significantly contribute to this goal.

3.3.4 Collaboration with parents and caregivers

It is essential for teachers to regularly obtain and discuss detailed information about how children with diverse needs interact with their families and caregivers at home. Among the four core components assessed in the teacher checklist (teacher functions, kindergarten environment, and collaboration with parents/caregivers), collaboration with parents and caregivers received the highest score—86.7%. The detailed breakdown of teacher responses to the six questions in this component is shown in Figure 12.

Figure 12. *Teacher–parent collaboration, by kindergarten teachers*



Teachers rated their own interactions with parents and caregivers as 100% positive, stating that they treat all families equally and without discrimination. This was the highest-rated indicator within this domain and demonstrates that teachers are fostering respectful, inclusive relationships that acknowledge and accommodate the unique circumstances of each child's family. However, the lowest-rated indicator (61.1%) related to the lack of sufficient information about how children with disabilities interact with their parents or caregivers at home. This suggests that the lack of information exchange between teachers and parents may hinder the effective incorporation of children's individual characteristics into IEPs. According to teachers' assessment, the activity of consulting with parents or guardians to reflect the child's needs in the IEP received a comparatively lower score of 78.9% supporting this concern. This shows the need to improve information exchange between teachers and parents, and to share information about children's development more effectively in the future. When asked about whom they discuss their child's developmental issues with, 44.8% of parents indicated that they preferred to speak with kindergarten teachers rather than FHC doctors. This suggests that teachers are actively engaging with parents to discuss early signs of developmental delays and challenges. Nevertheless, kindergarten leadership noted that teachers often face difficulties when parents are not emotionally prepared or willing to accept observations or concerns raised about their child's development. In some cases, teachers' feedback is met with resistance or negative emotional responses. As a result, teachers usually limit themselves to explaining their observations and recommend that parents seek a professional diagnosis through relevant institutions.

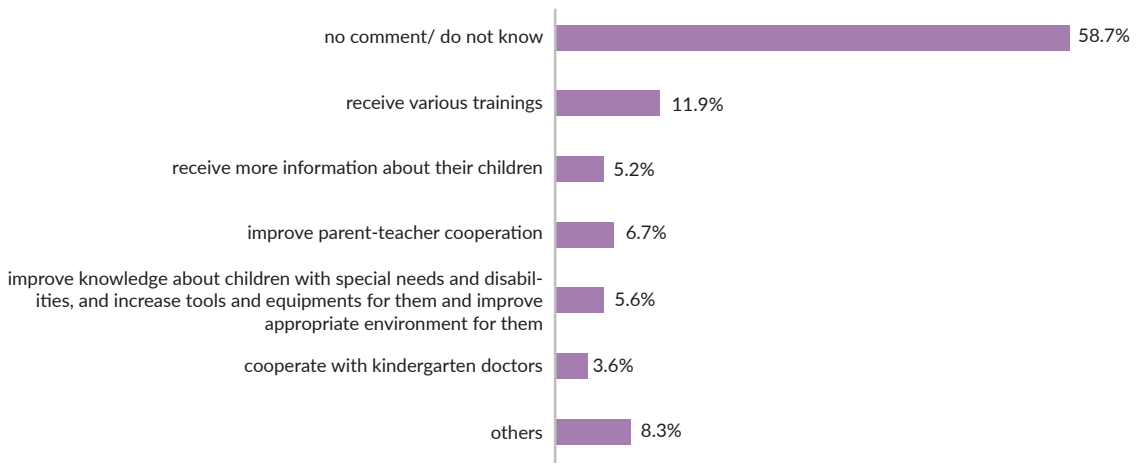
Parental engagement and awareness-raising activities are regularly organised by kindergartens according to their annual plans. However, parents' capacity to absorb and respond to these activities varies significantly. At present, no parents have independently initiated any activities to support children with developmental disabilities. In an effort to raise awareness and encourage participation, kindergartens organise events such as performance showcases and advocacy campaigns. For example, in the Bayanzurkh district, the kindergarten's medical officer took the initiative to self-train and provide parents with guidance on how to identify developmental delays, conducting online and in-person awareness sessions. The kindergarten in Bayankhongor province holds four parent training sessions per year (both online and face-to-face), involving not only the class teacher but also methodologists, doctors, and social workers who provide supplementary information.

Teachers often use Facebook group chats to exchange information with families, which are considered accessible platforms—although it remains unclear whether all parents read the shared messages. Due to limited foundational understanding of diverse needs, some parents find it difficult to engage with and absorb the information provided, leading to occasional miscommunication. Kindergarten administrators recommended delivering combined theoretical and practical training sessions in collaboration with specialists, covering key areas such as early identification and diagnosis, effective communication with children with disabilities, developmental support, and caregiving practices.

In addition, prior to kindergarten enrolment, more proactive dissemination of early identification of developmental concerns at the khoroo level is recommended. The kindergarten director in Bayanzurkh district stressed the need to improve the utilisation of the child's health booklet during visits to FHCs. To better accommodate parents with limited time, it is important to provide high-quality, concise information and distribute well-prepared content materials. As parents' knowledge and understanding of children with diverse needs improve, they are more likely to empathise with teachers' workload and offer meaningful support, leading to more active collaboration.

On the other hand, 58.7% of parents and caregivers responded "no suggestions" to the open-ended question: "In your opinion, what should be done to improve the quality and effectiveness of early childhood education in relation to early identification and developmental support, and how should the capacity of parents be strengthened?" This highlights a lack of interest or initiative among many parents and caregivers when it comes to contributing to solutions for inclusive early childhood education.

Figure 13. *Parents' suggestions to kindergartens based on open-ended answers*



Among all parents who participated in the survey, 11.9% expressed a desire to receive information and training from professional teachers and psychologists. This indicates the need for introductory training focused on recognising early signs and understanding the development of children with diverse needs. Additionally, 5.2% of parents emphasised the importance of teacher observations, diagnostics, and guidance, and showed interest in collaborating with teachers. Meanwhile, 8.3% of parents suggested that information about developmental delays should be disseminated through television and social media, and stressed the importance of raising awareness about early identification.

3.4. PARENTS' AND COMMUNITY SUPPORT AND ASSISTANCE FOR EARLY IDENTIFICATION AND INTERVENTION OF DISABILITIES

This section presents the survey findings related to Outcome 4 of the project. These include findings on (i) early identification, (ii) the use of the MCH Handbook, (iii) assessment and diagnosis, and (iv) parents' and the community's understanding and attitudes. The findings are based on quantitative surveys conducted with parents, as well as semi-structured interviews held with professionals. The table below outlines the indicators used to measure Outcome 4, as defined in the project documents, along with the corresponding expected results.

Table 28. *Baseline results for Outcome 4*

Ouctome	Indicator	Baseline[3]	Баталгаажуулах арга
Outcome 4: Parents and community members will provide support and assistance for early identification and intervention of disabilities	80% (420) or more of 600 parents will improve their understanding of the importance of early identification and intervention	Baseline data is 66.6% based on the following 3 indicators: Participation in mandatory comprehensive health check-ups (83.6%): - At 9 months – 97% - At 18 months – 89% - At 36 months – 65% Parents assessing their child's development according to the MCH Handbook (76.6%): Access to support services and information on developmental delays and disabilities (39.6%): - Level of awareness about where to seek help if developmental delays or disabilities are observed – 82.5% - Level of knowledge about professionals involved in the assessment and diagnosis of developmental delays or disabilities – 20.2% - Awareness of the branch commission – 16.3%	Parents' questionnaire

3 The indicator for Outcome 4 — "At least 80% or more of 600 parents will improve their knowledge and understanding of the importance of early identification and intervention" — is considered measurable through the following three sub-indicators:

1. The extent to which children were taken to mandatory comprehensive health check-ups at 9, 18, and 36 months of age

2. The level at which parents assess their child's development using the MCH Handbook

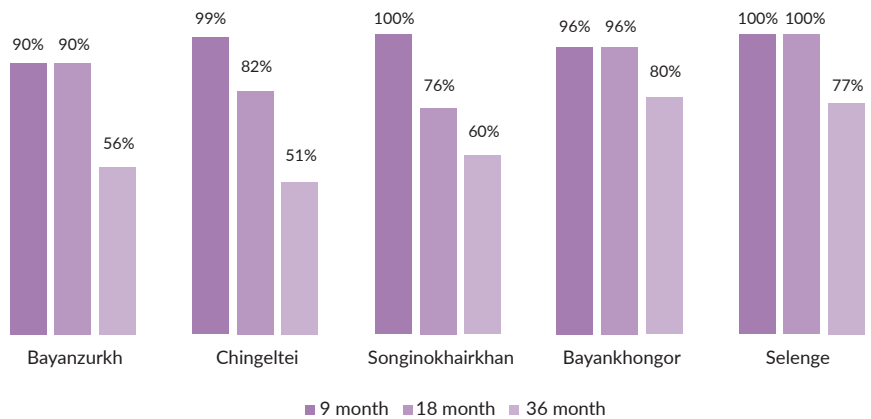
3. The ability to access support services and information regarding developmental delays and disabilities

3.4.1. Parents' understanding and involvement in early identification

Parents consider that early identification of developmental delays and support services for child development is important. In the survey, parents were asked, "How important do you think early identification and developmental support services are for pre-school-aged children?". They were asked to rate their response on a scale from 1 (Not important) to 5 Extremely important). A total of 96.8% of parents rated these services as either "very important" or "extremely important".

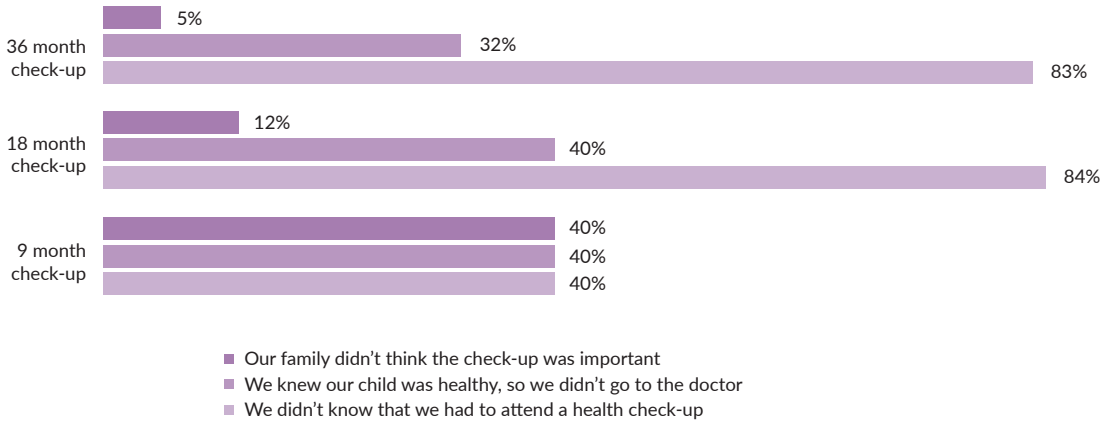
However, participation in mandatory comprehensive health check-ups appears to decline as children get older. The highest participation rate was observed at 9 months of age (97.6%), regardless of location. This rate declined with age: for the 18-month check-up, participation ranged from 76.2% to 100%, while for the 36-month check-up, it dropped further, ranging between 50% and 80%. There were also location-based differences in participation rates, with Bayankhongor province showing the highest rate for the 36-month check-up. Health centre directors from Selenge province and Songinokhairkhan district also highlighted this issue during interviews.

Figure 14. *Proportion of children who have undergone mandatory comprehensive health and development check-ups, by location*



The most common reason for not attending the mandatory check-ups was parents' lack of awareness and understanding of their importance. When asked for further clarification, parents across all locations mentioned reasons such as: "We didn't know that we had to attend a health check-up," "We knew our child was healthy, so we didn't go to the doctor," and "Our family didn't think the check-up was important." In particular, the main reason for not attending the 18- and 36-month check-ups was a lack of knowledge that such check-ups were required.

Figure 15. *Percentage distribution of main reasons for not attending mandatory comprehensive health and development check-ups, by age group*



Furthermore, compared to parents aged 46 and over, those in the 22–35 and 36–45 age groups showed the greatest decline in the proportion of children attending check-ups. This suggests that targeted campaigns aimed at younger families may be necessary. The table below shows the percentage of parents and guardians, by age group, who brought their children for check-ups at 9, 18, and 36 months.

Table 29. *Age group of parents and guardians and their children's attendance at comprehensive developmental check-ups at 9, 18, and 36 months*

Age group	9-month check-up	18-month check-up	36-month check-up
22-35	97%	88%	63%
36-45	98%	87%	62%
46-55	100%	100%	100%
56+	100%	93%	73%

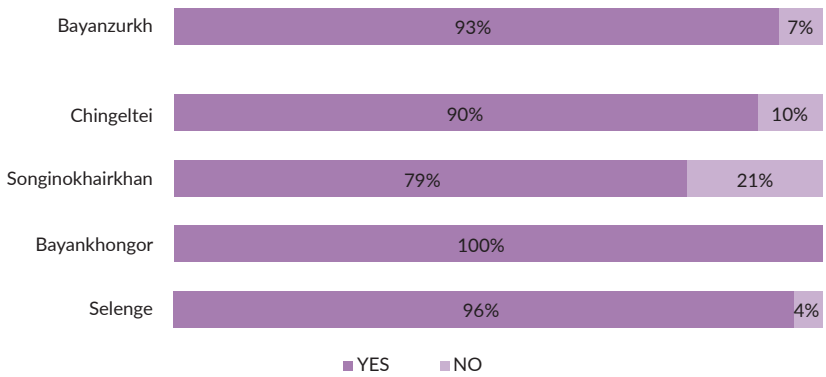
Among parents who brought their children for check-ups, the majority expressed high satisfaction with the health services received. However, differences were observed depending on location. Overall, 89.9% of parents surveyed responded that they were either "Satisfied" or "Very satisfied" with the developmental check-up services provided at FHCs. When comparing this level across the five survey locations, 81%–85% of parents from the target kindergartens in Songinokhairkhan and Chingeltei districts reported being "Satisfied" or "Very satisfied." This is lower than the levels reported in other locations: Bayanzurkh (96.3%), Selenge (95.7%), and Bayankhongor (94.6%).

Parents place great importance on the role of teachers in early identification. When asked who plays the most significant role in identifying and addressing developmental concerns in kindergarten-aged children, parents responded as follows: 1st – parents themselves (55.9%), 2nd – kindergarten teachers (50.2%), 3rd – all three together (parents, FHC doctors, and kindergarten teachers) (34.3%), 4th – FHC doctors (23.3%), and 5th – others (0.4%). These results were consistent across different districts and provinces, indicating that parents consider the role of kindergarten teachers to be essential in the early identification of developmental delays. Furthermore, when asked, "If your child's kindergarten teacher observes signs and recommends that your child should undergo developmental assessment, would you seek the necessary diagnostic services?" the vast majority of parents – 98.1% – responded "Yes." This highlights the value parents place on the opinions and observations of kindergarten teachers.

3.4.2 Use of the MCH Handbook

The use of the MCH handbook is generally high among parents, although differences are observed depending on the location and the educational level. Most parents (91.6%) who participated in the survey reported using the handbook. However, the use was comparatively lower among parents from Kindergarten No. 83 in Chingeltei district and Kindergarten No.81 in Songinokhairkhan district compared to other locations. The following chart shows the usage of the MCH Handbook by location.

Figure 16. *Percentage distribution of usage of the MCH Handbook, by location*



This result may also be linked to parents' level of education. At Kindergarten No.1 in Bayankhongor province, where use of the MCH Handbook is at 100%, 71.9% of parents reported having a higher education degree (bachelor's level). In contrast, the proportion of parents with higher education in the kindergartens in Songinokhairkhan and Chingeltei districts is comparatively lower, at just 26%. The following table presents a comparison of MCH Handbook usage by level of education.

Table 30. *Level of education of parents and their usage of the MCH Handbook, by percentage*

Level of education	All	Does your family use the MCH Handbook?	
		Yes	No
No formal education	2	50%	50%
Basic education (Years 6–9)	5	100%	0%
Upper secondary education (Years 10–12)	125	89.6%	10.4%
Vocational training	15	93%	7%
Higher education (Bachelor's degree)	101	94%	6%
Higher education (Master's degree)	4	100%	0%

The variation in the use of the MCH Handbook appears to be linked to a lack of awareness among parents and guardians in certain locations, as well as limited capacity among younger doctors to introduce and promote the handbook effectively to families, according to FHC directors. Furthermore, when parents who use the MCH Handbook were asked whether they had assessed their child's development at key stages as outlined in the handbook, 23.4% responded "No." This trend was observed across all locations, suggesting that even among users, there is a lack of understanding regarding the full use of the handbook and its role in early identification. Additionally, when parents who do not use the MCH Handbook were asked for their reasons, more than half (52.4%) said, "It doesn't seem particularly important to use it." Therefore, it is important to increase the dissemination of information about the importance and proper use of the MCH Handbook among parents.

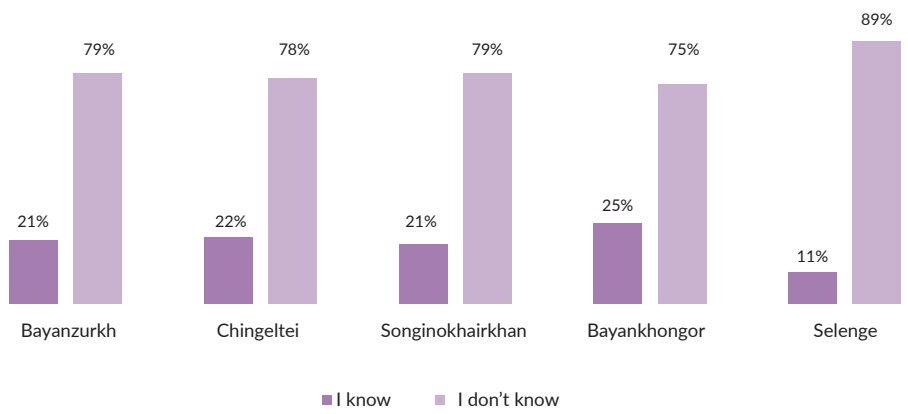
3.4.3 Quality and accessibility of assessment and diagnosis

Although parents are observing developmental concerns in their children at home and taking some action, they often do not seek a formal diagnosis. When parents and guardians were asked whether their child had any form of developmental delay, difficulty, or condition that might affect their ability to perform certain tasks, 7.5% of respondents (19 parents) reported noticing such concerns. Of these, 13 children were first observed by parents at home, while the rest were initially noticed at kindergartens or FHCs. Among these 19 children, only four (21.1%) were formally diagnosed as having a disability. Five underwent a developmental assessment but were not diagnosed, while 10 children (52.6%) did not seek any form of developmental screening or diagnosis. In terms of location, three children from Kindergarten No.83 in Chingeltei district and one child from Kindergarten No.3 in Selenge province had been formally diagnosed with a disability.

The low rate of formal diagnosis may be linked to parents' limited awareness and understanding of professionals involved in child development assessments and diagnosis. When asked, "Do you know the different specialists involved in assessing and diagnosing developmental delays or disabilities in children?", 79.8% of parents responded, "I don't know." Among those who said they did know, the most commonly mentioned professionals were: psychologists (54.9%), FHC doctors (47.9%), kindergarten teachers (45.1%), and speech therapists (45.1%).

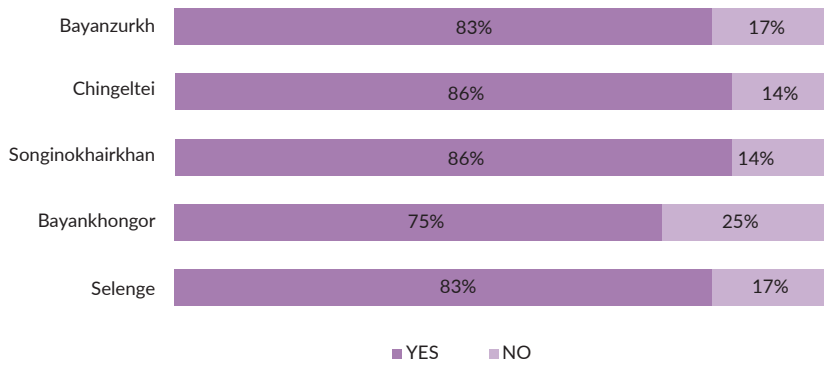
These findings suggest a clear need to improve parents' access to information about the roles of different professionals—including teachers and FHC doctors—in assessing and diagnosing developmental delays and disabilities in children.

Figure 17. *Percentage distribution of awareness of professionals involved in diagnosing developmental disabilities in children, by location*



However, when parents were asked, "If you observe developmental delays or disabilities in your child, do you know whom to seek help from?" 82.5% responded "Yes," while 17.5% said "No." When asked where they would seek help from parents who responded "Yes", the majority named FHC, district hospitals, and kindergartens. This indicates that parents generally lack awareness of specialised professionals such as speech therapists and physiotherapists involved in assessment and diagnosis, and tend to seek primary care mainly from general doctors at FHCs. The proportion of parents who responded that they do not know where to turn varies between 14% and 24.6% across the five project locations.

Figure 18. *Awareness of whom to seek help from if developmental delays or difficulties are observed*



Knowledge and awareness of the branch commission's activities among parents is very low across the project's target locations. Of all the parents surveyed, only 16.3% were aware of the branch commission, and among the 19 parents who reported having a child with developmental delays or disabilities, only three knew about its existence. Furthermore, of the parents (6) who had received information or advice from the branch commission, only half stated that the information was "significantly helpful." Among the three parents of children formally diagnosed with developmental disabilities who participated in the survey at Kindergarten No.83 in Chingeltei district, only one was aware of the branch commission and had received services or advice from it. These findings highlight a substantial need for outreach and awareness-raising activities to better inform parents about the purpose, functions, and services of the branch commission.

When parents who had received information and advice from the branch commission (6) were asked about the barriers and challenges they faced in accessing assessment and diagnosis, they provided the following responses:

Table 31. *Barriers and challenges encountered during assessment and diagnosis*

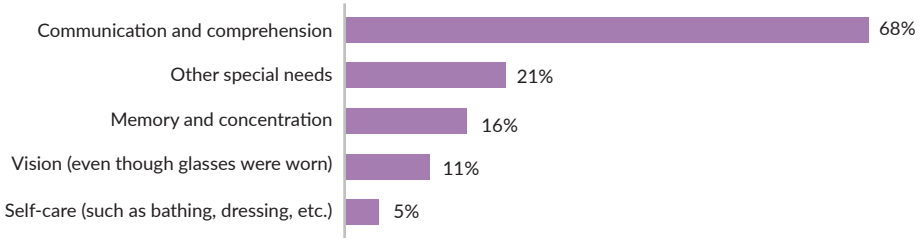
Barriers and challenges encountered	% of responses
There is a shortage of specialists in the local area	33%
It takes a long time to get an appointment and undergo an assessment	33%
Lack of accessible information or knowledge about where to obtain services	33%
Other	33%
The referral process between different health facilities is complicated	17%
Insurance does not cover assessment costs, resulting in high out-of-pocket expenses	17%

Parents who have had their children assessed for developmental delays or difficulties at FHCs generally have a positive attitude towards their services. However, due to limited knowledge and skills among FHC doctors and nurses, as well as a lack of necessary equipment and materials, some parents go directly to higher-level hospitals or other facilities. Of all parents surveyed, 16.6% (42 parents) reported having their child assessed for developmental delays or disabilities. Among these, 45% had assessments conducted at FHCs, and the majority (89%) rated the assessment process as "Satisfied" or "Very satisfied."

Information about developmental support services and programmes targeted at children with developmental delays, special needs, or disabilities is limited among parents and guardians. Of the 19 parents who considered their child to have developmental delays or disabilities, only nine had their child assessed or diagnosed. When asked whether their child had participated in any developmental support services or programmes, all responded "No." This indicates a lack of awareness and knowledge among parents and guardians about such services. Meanwhile, five parents whose children received support services reported that kindergartens and health institutions provided adequate support tailored to their child's specific needs.

Furthermore, among the observed and diagnosed developmental delays and difficulties, challenges with "communication and comprehension" were the most common, accounting for 68.4%. During interviews with relevant specialists, it was emphasised that children with autism, speech, and communication difficulties are increasingly prevalent. The following figure categorises the developmental delays and difficulties observed in children by location and type.

Figure 19. *Types of developmental delays and difficulties affecting children's daily activities*

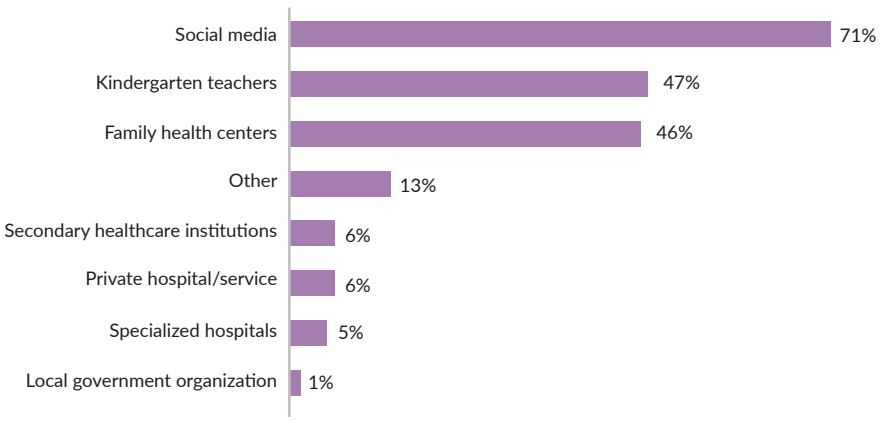


3.4.4 Knowledge, understanding, attitudes, and participation of parents and the community

Relevant specialists emphasised that general knowledge and information about developmental delays and difficulties are insufficient among parents and the wider community. In particular, there is a need to more effectively convey basic understanding and awareness about early identification, diagnosis, service providers, and the use of the MCH Handbook.

Parents obtain information about child development from a variety of sources, but predominantly rely on informal channels. When asked the multiple-choice question, "Generally, where do you get information about child development?", 71.4% of parents answered "social media," a trend consistent across locations and educational levels. Only 45%–47% mentioned kindergartens or FHCs, indicating a need to improve the accessibility and reach of knowledge dissemination through these institutions. In particular, online platforms such as Facebook present opportunities to deliver reliable and accurate information to parents. The following figure shows the sources of information used by parents, presented as percentages.

Figure 20. *Sources of information on child development among parents, by percentage*



In addition, when developmental delays or disabilities—particularly conditions like autism—are observed, many parents tend to deny or fail to accept it, or express feelings of shame or concern about how others perceive them. FHC doctors noted the need to provide parents and caregivers with guidance on what autism is, how to interact with autistic children, and how to support their development. There is also a need to strengthen parents' capacity to understand where to go for diagnosis, how to come to terms with the condition, how to communicate with their child, and how to care for them at home. Furthermore, emotional support for parents and caregivers of children with developmental delays or disabilities, as well as the creation of a supportive environment, is essential.

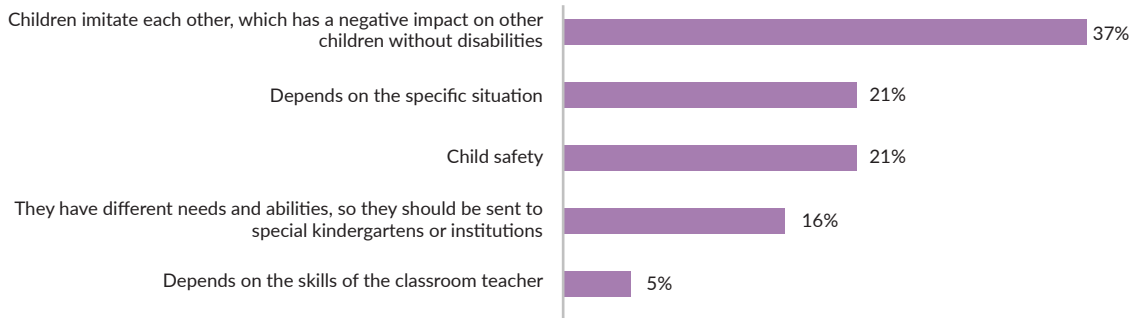
Members of the Branch Commission and heads of FHCs highlighted that knowledge among parents about early identification and child development in children under six is still very limited. Although information about the comprehensive check-ups at 9, 18, and 36 months and early identification is provided to parents, they tend to remain indifferent. When discussing early identification, developmental check-ups, and diagnosis with FHC directors, they often described parents as being "reluctant," "negligent," or "not sufficiently engaged," and noted that many "do not attend check-ups."

In the wider community, attitudes toward inclusive education appear to be positive, and children with developmental delays or disabilities often do not stand out as different. When parents were asked, "Are there any children with disabilities in your child's class?" the majority (76.6%) responded "No," while 15.5% answered "Don't know," and 7.9% said "Yes." When further asked how they would feel about their child learning alongside a peer with a disability, on average, 92.5% of parents expressed support for inclusive education.

By location, this ranged from 91.5% to 97.5%, apart from Kindergarten No.320 in Bayanzurkh district, which had a slightly lower figure at 86.2%.

The following figure presents the common concerns and reasons expressed by 7.5% of parents who reported feeling uncomfortable about their child studying in the same class as children with disabilities.

Figure 21. *Reasons given by parents who hold negative views towards inclusive education*



Although public attitudes have become more positive compared to previous years, a member of the branch commission in Chingeltei district noted that mockery, exclusion, and bullying of children with developmental delays and disabilities still occur.

This suggests that there is a need for kindergartens and health institutions to provide parents with general awareness, opportunities for dialogue, and better understanding about children with developmental delays and disabilities, while also creating spaces that encourage parent participation and collaboration.

3.5. GOVERNMENT-PROVIDED SERVICES FOR EARLY IDENTIFICATION AND DEVELOPMENTAL SUPPORT

In 2009, Mongolia acceded to the Convention on the Rights of Persons with Disabilities adopted by the United Nations General Assembly. As a result, in 2016, the State Great Khural adopted national legal instruments such as the Law on the Rights of Persons with Disabilities.

The indicators and expected results for measuring Outcome 5, as stated in the project document, are shown in the table below.

Table 32. *Baseline results for Outcome 5*

Outcome	Indicator	Baseline	Means of Verification
Outcome 5: National and local authorities have developed the capacity to support the expansion of early identification, developmental support, and inclusion for children with disabilities through the formulation of relevant laws and regulations and the promotion of their implementation.	Two or more policy documents related to early identification, developmental support, and inclusion for children with disabilities have been discussed during policy dialogue meetings and events, and the outcomes of these discussions have been reflected in the draft policy documents.	One policy document in place: 0	Document review, KIIs

Comprehensive developmental screenings for early identification of developmental delay are regularly conducted at FHCs, particularly at key intervals (9, 18, and 36 months of age). Children who are suspected of experiencing developmental difficulties or may be children with disabilities are referred to secondary or tertiary healthcare facilities (Province General Hospitals, District Health Centres, Regional Diagnostic and Treatment Centres, the NCMCH, the Mental Health Centre, and the Trauma and Orthopaedics Centre). A multidisciplinary expert team conducts diagnostic assessments and, based on their findings, the relevant branch commission makes a determination on disability status. Subsequently, a developmental support plan or IEP, depending on the child's needs, is developed. These commission meetings also provide space to generate ideas for incorporation into policy frameworks.

Meetings with the MFLSP, MoH, and MoE on revising and amending policy documents with an aim to improve early identification and development support for children with diverse needs have become regular within the scope of the project. In particular, consultative and participatory meetings involving expert organizations were held to revise the "Regulations for Health, Education, and Social Protection of Children with Disabilities" and "Inclusive Education Checklist for Preschool Teachers." These platforms are crucial in improving the current policy..

3.5.1. Policy framework

Government support for early identification holds significant importance across a wide range of sectors, including health, education, and social services. By identifying disabilities and developmental delays early and providing appropriate support, children can acquire key skills in communication, physical development and social interaction, thereby enhancing academic achievement and quality of life In clarifying the policy framework, results were summarised for: (A) Early identification of developmental delays in children aged 0–5; (B) Inclusion of children aged 0–5 with disabilities in pre-school education.

A. With regard to early identification of developmental delays in children aged 0–5, a cross-sectoral policy environment has been established and interministerial coordination is now being formally organised—leading to promising results.

Table 33. *Assessment of whether a policy environment for early identification has been established, with comments and rationale*

Ministry	Policy Environment Established for Early Identification	Comments/ rationale
MoE	Yes	"... The package laws on preschool and general education have incorporated provisions for early identification and inclusive education for children aged 0–5. A representative of MoE participated in the guidance of the branch commission..."
MoH	Yes	"... The 'MCH Handbook' and early identification guidelines have been introduced into practice. Memorandums of Understanding have been signed and implemented in cooperation with MoE and the MFLSP..."
MFLSP	Yes	"... The Law on the Rights of Persons with Disabilities (2016) and the national policy on developmental support for children aged 0–5 first introduced early identification and diagnosis. The regulation of the branch commission was approved in 2021..."

**KIIs, policy makers*

B. However, in terms of inclusion of children with disabilities aged 0–5 in pre-school education, while the core policy environment is taking shape across the three lead ministries, there remains a need to clearly define the full scope of the policy framework.

Table 34. *Assessment of whether a policy environment has been established, with explanatory reasons*

	Policy Environment Established	Comments/ rationale
Ministry	Yes	"... The Law on the Rights of Persons with Disabilities and the regulation of the branch commission include provisions for enrolling children with disabilities in preschool education and officially regulate inter-ministerial cooperation..."
MoH	Yes	"... The revised 2024 Education Law includes a new chapter on 'Inclusive Education,' which contains provisions for enrolling children aged 2–5 with disabilities into mainstream preschool education..."
MFLSP	Partial	"... Although the 'MCH Handbook' and early identification guidelines have been introduced, a direct referral system and transition mechanism linked to schools and kindergartens has not been fully developed..."

**KII, policymakers*

3.5.2. Implementation mechanism

The effectiveness of implementation mechanisms depends on how clearly policies, procedures, roles, and intersectoral coordination are defined and enacted.

Education policy and financial regulation: Government and Ministry of Education-regulated funding, including "variable costs" and teacher salary increments, have provided the basic conditions for the regular inclusion of children with disabilities in kindergartens and schools. While regulations stipulate that each kindergarten class shall include 20–25 children, for each child with disabilities, the budget allocates the equivalent of three children's costs—tripling the variable cost—and increases the salaries of teachers and assistant teachers by 10%, thus establishing the necessary policy and human resource arrangements.

> Teachers have been trained through professional development modules focusing on methodologies for working with children with diverse needs between 2022 and 2024. Over 4,000 were trained during this period
>
> KII, policymakers

The Ministry of Health's 9, 18, and 36-month early identification system and the MCH Handbook have enhanced the ability to continuously monitor and assess children's development. However, there is a need to align mechanisms for direct "inclusion and transition" within the education environment. Training for early identification of disabilities is conducted for doctors—such as through the 9, 18, and 36-month check-ups and the MCH Handbook—with more than 2,000 doctors having been trained and capacitated. Furthermore, studies on the enrolment of children with disabilities in PSE are being carried out, disaggregating data by those enrolled at the appropriate age and those who, despite being of eligible age, are not yet enrolled. Such research-based initiatives are integrated with methodological training for teachers in the relevant school catchment areas on working with children with disabilities.

While the MFLSP has established a legal framework, there are still gaps in the coordination and monitoring mechanisms between ministries. This can result in inconsistencies during implementation. Therefore, deeper interministerial coordination and alignment are needed. Although the legal and policy environment is in place, implementation challenges persist. Interministerial meetings, memoranda of understanding, and donor-supported capacity-building projects are necessary to strengthen implementation systems and ensure alignment among actors.

Additionally, feedback was collected to identify the most pressing challenges faced by service providers, as well as the types of policy and regulatory solutions needed to support effective implementation.

The harmonisation of legal provisions across the three ministries—health, education, and social protection—represents a major milestone. However, there remains a strong need to consolidate and streamline the implementation mechanisms that support integrated service delivery. For instance, doctors and medical personnels provide trainings on how to diagnose and classifying and level differentiation of symptoms and to support development delays at educational organisations, vise versa, teachers provide advises and trainings to parents and public development support centers. These kinds of exchange knowledge and expertise will contribute in addressing the development delays and early identification.

Table 35. Challenges and solutions regarding developing policy documents and their implementation

Ministry	Key Issues	Proposed solutions
MoE	– Lack of adapted learning environments, hygiene facilities, and play materials for children with developmental differences. – Limited parental understanding and engagement.	– Цэцэрлэгт тохируулгат сургалтын орчныг цогцоор бүрдүүлэх, багшийн "ганцаарчилсан сургалтын төлөвлөгөө" боловсруулан ажиллах чадавхыг сайжруулах сургалт явуулах. – Эцэг эхийн сургалт, зөвлөмжийн платформ хөгжүүлэх.
MoH	–Lack of classification and level differentiation for conditions such as autism, Down syndrome, and hearing impairment. – Limited identification of undiagnosed children. – Insufficient multidisciplinary teams.	– Тусгай хэрэгцээтэй хүүхдэд зориулсан хөгжлийг дэмжих үйлчилгээний зохицуулалт нэвтрүүлэх. – Тусгай мэргэжилтнийг 2 цэцэрлэгийн дунд чиглүүлэгчээр ажиллуулах.
MFLSP	– Local branch commissions lack human resources and have overlapping structures. – Frequent turnover of commission members hinders the accumulation of institutional experience. – Insufficient multidisciplinary teams.	- Approve a stable structure, staffing, and positions for branch commissions. – Improve the incentive system and professional development mechanisms.

**KII, policy makers*

3.5.3. Stakeholder engagement

The MoH has improved early identification methodologies, enhanced the utilisation of the MCH Handbook, while the Ministry of Education has secured the legal framework through provisions in the Inclusive Education law, and the MFLSP has fostered cooperation among branch commissions, government, and non-governmental organisations.

The Ministry of Health has created strong foundations for the early identification and continuous assessment of developmental delays and disabilities in young children. The digitisation of the MCH Handbook and the development of methodologies for assessing developmental indicators at 9, 18, and 36 months have been highly effective initiatives. Going forward, the Ministry of Health's stakeholders have emphasised the need to improve recommendations (special training) for parents receiving scheduled services and to strengthen doctors' capacity. Furthermore, family doctors at the soum, district, and village Family health centres conduct early identification examinations for developmental delays or possible disabilities in each child at 9, 18, and 36 months, after which specialised teams at referral-level hospitals should assess and diagnose the child, determining the degree of disability by type.

Key challenges: In the branch commission, one or two doctors from health institutions are appointed, who must carry out multiple duties alongside their main work responsibilities, resulting in a significant workload. Furthermore, instability in the retention of experienced human resources remains a persistent barrier.

The Ministry of Education has legally secured the inclusive education environment at the legislative level, establishing a specialised unit and laying the foundation for research on inclusive education. There remains a need to improve the suitability of educational settings and the accessibility and quality of learning materials, as well as to determine whether children with disabilities or developmental delays should be included in mainstream or special schools, depending on their diagnosis and level.

In the recent amendments to the Education Package Law, a dedicated chapter on Inclusive Education was added, and a specialised department was established within the relevant ministry. The Education and Training Evaluation Centre has also created an Inclusive Education Division, which is responsible for overseeing implementation, indicating that accountability structures are now in place. However, there is no integrated data system shared among the three ministries. As a result, it is not possible to determine comprehensively whether a given child has received social welfare, health, and educational services in a timely manner. Implementing agencies require access to such information. While teacher capacity is being strengthened through training in developing, trialling, and providing guidance on Individual Education Plans (IEPs) to support children's development, there remains a need to collaborate with parents to improve their understanding, attitudes, and acceptance.

KII, policymakers

Key challenges:

- In the branch commission, one specialist from the education sector is appointed, who must carry out multiple duties alongside their main responsibilities, resulting in a significant workload.
- Additionally, the presence of undiagnosed children in classrooms creates challenges for teacher workload, teacher morale, and collaboration with parents.

The MFLSP has made progress in leading and managing the activities of branch commissions and strengthening inter-ministerial cooperation through meetings and projects. Nevertheless, there remains a need to plan effectively for full-time local staff, stable collaborative teams, workload management, and appropriate incentives.

The Central Commission operates with branch commissions in districts and rural areas, taking direct responsibility for daily activities and playing a leading role in drafting rules and regulations. Joint meetings of the three ministers, along with project-based initiatives, have strengthened coordination among specialists, representing a notable step forward. Such forums provide opportunities to discuss sectoral challenges and agree on solutions. At present, initial discussions are underway regarding the "social systems mapping" process. All parties demonstrate a strong desire to deliver results, but heavy workloads remain the principal barrier.

KII, Policymaker

Key challenges:

- Branch commissions at the local level do not have permanent staff. Organisational instability poses a real difficulty. Frequent turnover of commission members prevents the accumulation and retention of experience.
- Incentives are inadequate, and there is no integrated budgeting or strong human resource system. As there is typically only one specialist, they are responsible for all tasks, resulting in an excessive workload. With only one designated specialist, the workload is excessive, as they must perform all duties alongside their primary responsibilities.

4. CONCLUSION

Outcome 1:

- The FHCs schedule appointments for early detection screenings of children aged 0–5; many parents do not attend due to busy schedules or a lack of awareness of the importance of the screening.
- Utilization and proper maintenance of the MCH Handbook is relatively good among parents of children aged 0–2, but lower among those with children aged 3–5. Doctors regard the indicators in the MCH Handbook as highly important and emphasize the need for training and awareness-raising among parents to improve their record-keeping practices.
- Collaboration between FHC, branch commissions, and kindergartens is relatively good, with a rating of 4.2; however, kindergartens rate their cooperation with Family Health Centers as insufficient, with a score of 2.6.
- Doctors from the targeted FHCs regard participation in training on early identification of developmental delays and disabilities as essential. There is a high demand for training on recognising various signs of autism and providing appropriate guidance to parents.
- Infrastructure and facilities for serving children with disabilities are poor. Most target FHCs lack specialized examination and sensory rooms for children with diverse needs, which makes conducting detailed assessments difficult. Stairs and sanitary facilities do not meet required standards.. Parents' understanding of necessary service environments and standards is limited.
- The five target FHCs lack sufficient equipment, tools, and development assessment instruments tailored to the specific needs and age groups of children required for identifying developmental delays and disabilities..

Outcome 2:

- Among the five criteria used to assess the performance and outcomes of the branch commissions, the highest-rated was "clarity of roles and responsibilities" (average score of 8.75), indicating that legal frameworks, regulations, and the roles of specialists are well-defined and understood. Conversely, the lowest-rated criterion was "policy/regulatory environment" (6.25), highlighting weak inter-ministerial coordination and a lack of targeted policies for children with disabilities. This also suggests the need for an objective assessment methodology to accurately assess and improve the performance of branch commission members.
- Children`s conferences are being conducted effectively. However, issues remain regarding collaboration (particularly with FHCs and kindergartens), parental involvement, and differing levels of understanding. While international projects and training have positively contributed to improving the knowledge and capacity of branch commission members, the lack of stable human resources and permanent positions continues to undermine consistent performance.
- Although branch commissions generally rated their capacity positively, workload, financial constraints, and lack of incentives for members affect overall performance. The absence of a dedicated digital platform for managing information means data is recorded manually, which is time-consuming and prone to errors. To enhance performance, there is an ongoing need to improve infrastructure and resources by appointing permanent staff, providing office space, strengthening financial management, clarifying incentive policies, and developing an efficient digital platform for reporting and data management.
- It is important for the central commission for health, education and social protection of children with disabilities to operate sustainably at the MFLSP, to enhance the roles and responsibilities of the commission.
- According to the "Regulation on the Commission for the Health, Education, and Social Protection of Children with Disabilities," the central commission is responsible for providing professional and methodological guidance to branch commissions. However, participants in the survey noted that communication between the central and branch commissions is irregular and poorly coordinated. Therefore, strengthening the governance and capacity of the central commission would enable more effective guidance and collaboration with branch commissions.
- There are differences in cooperation between the capital and rural areas when working with kindergartens and CSOs. Branch commissions should share and disseminate successful collaborative experiences with stakeholders to enhance public awareness and understanding through joint efforts.
- Most branch commissions organise meetings and exchange information with FHCs regarding child welfare issues. However, this is not the only form of collaboration needed. There is a demand for broader cooperation, including joint assessments of risks and developmental delays, and conducting training and methodological activities to raise public awareness and knowledge.

Outcome 3:

- An assessment using the MoE's "Inclusive Education Checklist for Preschool Teachers" checklist shows that the target kindergartens satisfy 64.6% of the required benchmark. The lowest area is the kindergarten environment, with a score of just 30.8%. The checklist looks at four core components, with the following results: (i) teacher function – 61.4%; (ii) Kindergarten environment – 30.8%; (iii) kindergarten measures – 79.6%; and (iv) collaboration with parents and caregivers – 86.7%.
- Teachers' functions in adapting to children with diverse needs were also found to be limited, as the adaptation for children with visual impairments was at 15.6%, for hearing impairments at 13.3%, and for physical

disabilities at 11.1%. This reflects insufficient adjustments in the learning environment, primarily due to a lack of equipment and materials, as well as inadequate professional training and methodological support for teachers.

- The accessibility of kindergarten environments was rated at 30.8%, highlighting deficiencies in infrastructure such as toilets, ramps, and calming spaces. The average score for building infrastructure was 2.4, with many facilities housed in outdated and unsuitable buildings, negatively affecting children's safety and development.
- Around 68% of parents reported that their children had difficulties with communication and comprehension, while 73% expressed dissatisfaction with the availability of assistive technologies. Furthermore, when asked about how to improve the quality and effectiveness of nursery/pre-school education for early developmental detection and support, as well as how to support the capacity of parents, 58.7% of parents answered that they had no opinion or did not know. This indicates a lack of knowledge and engagement on their part.
- Moreover, limited collaboration with FHCs and branch commissions restricts early identification of developmental disabilities and access to professional support. The poor communication and lack of information exchange with mainstream schools negatively impact the successful transition of children with diverse needs into mainstream education.
- Therefore, the Baseline Survey results confirm the necessity for comprehensive improvements in special education environments, human resources, methodologies, collaboration, and policy at the targeted kindergartens. Overcoming these challenges requires coordinated, sustained efforts by all stakeholders, each fulfilling their responsibilities within their respective mandates.

Outcome 4:

- While parents' knowledge and understanding of the early identification, diagnosis, and referral of children with developmental delays and disabilities is improving to some extent, there remain many areas that require further development. Although 96.8% of surveyed parents consider early identification and support services important, attendance at mandatory comprehensive health check-ups decreases as children get older. Notably, the participation rate in the 36-month check-up drops to between 51–80%, which is concerning.
- The use of the MCH Handbook is relatively high (91.7%), but there are still significant challenges in ensuring that parents understand its full purpose and use it properly. Moreover, limited awareness of professionals responsible for diagnosing developmental disabilities and the poor accessibility of related support services negatively affect early identification and participation in specialised developmental programmes.
- One in every six parents surveyed is likely to have a child with some form of developmental delay or difficulty, but has not been officially diagnosed. Only 1.6% (4 children) were formally diagnosed. In addition, 17.5% of parents said they would not know where to seek help if their child showed signs of a developmental delay or difficulty.
- Although public and parental attitudes towards developmental delays and disabilities have become more positive compared to previous years, understanding of intellectual and neurodevelopmental disorders such as autism remains limited. Feelings of shame and a tendency to hide such conditions are still prevalent. For this reason, efforts to increase awareness, acceptance, and engagement among parents and the broader community must be further strengthened—both through national policy and through collaboration at the local level.
- Going forward, improving coordination and collaboration between relevant professionals and institutions is essential. Awareness-raising, training, and advisory activities should be implemented using innovative and inclusive methods to sustainably strengthen parental and community participation and support. This will play a vital role in fully upholding the developmental rights of every child.

Outcome 5:

- According to Mongolia's Vision 2050, the Government's action programme, development policies, and relevant ministries' policy documents, legal frameworks have been developed for the early identification and support of developmental disabilities in young children. The policy environment for early identification of developmental disabilities and inclusion in pre-school education is generally established.
- The joint policy documents and legal provisions approved by the Ministers of Education, Health, and Labour, and Social Protection regarding early identification of developmental disabilities in children aged 0–5 and their inclusion in pre-school education represent significant progress through mutual alignment.
- Meetings with the MFLSP, MoH and Ministry of Education on revising and amending policy documents to improve early identification and development support for children with diverse needs have become regular within the scope of the project. In particular, consultative and participatory meetings involving expert organizations were held to revise the "Regulations for Health, Education, and Social Protection of Children with Disabilities" and "Inclusive Education Checklist for Preschool Teachers." These platforms are crucial in improving the current policy.
- There is a need to promote training and awareness-raising activities through policy support to improve public understanding and knowledge of the importance and value of early identification and developmental support services for young children.
- There is a requirement to integrate and improve coordination across health, education, and social welfare sectors in classifying the severity of developmental disabilities and delays, facilitating inclusion in mainstream and special schools, and preparing adapted learning environments and materials. Such integration will enable medical and health professionals, teachers, educators, policymakers, and parents to participate more effectively in supporting children's development, thereby increasing their satisfaction and contributing to the development of a national network for early identification and developmental support for young children.
- Including all children in early identification and support services is essential. Early identification supports critical stages of development and helps children acquire social and academic skills. Investment in early developmental support and interventions can reduce the need for extensive services and supports in the future, thereby decreasing the long-term economic burden on families and society. This benefits not only the child but also contributes to overall social well-being.

5. RECOMMENDATIONS

Recommendations for Outcome 1:

- Prepare rooms suitable for the examination of children with diverse needs should be in place. The following topics are recommended for medical staff involved in diagnosis and service provision: causes of developmental disabilities, diagnosis of autism spectrum disorders, physical therapy, speech therapy, diagnosis of mental disorders, and psychological and other counselling for parents of children with diverse needs.
- Create an environment and infrastructure at FHCs that accommodate individuals with various developmental disabilities. This will help raise public awareness of the appropriate conditions FHCs should provide and serve as a model example. In addition to disability-specific screening tools, ensure that FHCs are equipped with the necessary tools, equipment, and facilities required for developmental screening.
- Create and make available short video content to raise awareness of the importance of timely developmental assessments and early identification.
- Conduct training sessions for parents on child feeding, breastfeeding, monitoring development, and maintaining psychological resilience to cope with developmental delays and disabilities, and raise public awareness through short video content.
- The research team recommends revising Outcome 1.2's indicator to focus not on parental satisfaction with FHC services but on increasing the proportion of parents facing child development concerns who seek services at FHCs to over 70%.

Recommendations for Outcome 2:

- For project beneficiaries (such as government bodies, taxpayers, policymakers, parents, and children), it is important to invest in early childhood development support and responsive interventions under the slogan "The First Golden 1,000 Days Cannot Be Missed". This includes disseminating best practices among stakeholders and organising consultative meetings.
- According to the "Regulation on the Commission for the Health, Education, and Social Protection of Children with Disabilities", the central commission is responsible for providing professional and methodological guidance to branch commissions. In doing so, it should develop a digital information system to monitor the performance of all levels of activity in real time, and ensure that policies and implementation are transparently planned and enforced based on the performance outcomes of branch commissions and their members.
- Branch commissions should establish planned and stable cooperation with partner organisations, provide professional advice and methodological support, build the capacity of specialists, and enhance the effectiveness of collaboration.
- Higher-level governing bodies, non-governmental organisations, and branch commissions should jointly organise public awareness and educational campaigns, and ensure that outcomes and productivity are measured and linked to feedback mechanisms.
- Specialists from both the central and branch commissions (particularly secretaries) should be employed in official, full-time positions. They should be provided with office space and supported by a stable team of qualified professionals.

Recommendations for Outcome 3:

- It is essential to ensure that all kindergarten buildings are made accessible and inclusive, in line with barrier-free building standards tailored to the needs of children with diverse needs. This includes adapting toilets according to standard requirements, procuring necessary equipment, and allocating a regular budget for maintenance and improvement works.
- Further efforts should be made to create specialised classrooms and child-friendly environments for children with diverse needs. Teachers must be informed of the key features of such learning environments and actively involved in the process of designing and setting them up.
- Classroom teachers should, each term, identify and request teaching materials and toys that are tailored to the developmental needs of children with diverse needs. These efforts and outcomes should be reported and reviewed on a regular basis. It is also advisable to organise training to teach people how to develop these learning and teaching materials.
- Develop and implement IEPs effectively; professional guidance should be sought from specialist trainers. Teaching method teams within kindergartens should share successful practices and experiences, present findings, contribute to the development of recommendations and practical manuals, and organise quarterly training and practical sessions for teachers. The aim is to improve their ability to identify developmental delays in children early and to support them effectively.
- Support teams should share their experience in working with children suspected of having developmental delays—even if not formally diagnosed—with other teachers. Parents should also be encouraged to participate actively in these teams. Initiatives such as forming support groups for parents of children with developmental challenges and organising regular meetings to exchange support and experiences will help strengthen parental and community engagement.

- 36-month developmental screenings should be carried out in cooperation with FHCs, exploring ways through a media campaign or incentivising the visit.
- Referral Protocols for Developmental Concerns: When a kindergarten doctor identifies developmental concerns in a child, the issue should be referred promptly to the relevant FHC for follow-up and further assessment.

Recommendations for Outcome 4:

- Parents should be encouraged to actively participate in awareness-raising initiatives organised by relevant stakeholders and to incorporate the information shared through these campaigns into their daily routines. They should ensure that their children receive the mandatory comprehensive health check-ups at their FHC as per the schedule outlined in the MCH Handbook at 9, 18, and 36 months. If they miss the scheduled appointments, they should make up for them without delay. Additionally, parents and caregivers should share relevant information about their child with kindergarten teachers and create a supportive developmental environment at home. Strengthening communication with teachers and FHC doctors, and using official information channels, will enable more effective collaboration to support child development.
- FHCs should provide young families—especially first-time parents—with knowledge from the pregnancy stage onward about how to care for infants and young children and how to fully utilise the MCH Handbook. There is also a need to provide psychological support and counselling for parents of children with developmental delays or disabilities.
- Information on early childhood developmental screening and support services should be delivered through a combination of in-person and online training sessions, advisory webinars, short videos, and audio content. A structured and frequent campaign-based approach would likely be more effective.
- Kindergarten teachers are encouraged to collaborate with parents to develop and implement individual education plans, and to create space for meaningful dialogue to better understand parents' needs. Encouraging parents to actively participate in the kindergarten's support team and establishing peer support groups for parents of children with developmental delays or disabilities through regular meetings would help foster stronger community involvement and support.
- Improve effectiveness, awareness activities for parents could be integrated into other events such as kindergarten open days or year-end performances. Since many parents have limited time, these initiatives should deliver essential information in a concise format. Campaigns and training sessions should be developed and implemented in collaboration with professional teams or NGOs working in this field, combining theoretical approaches with practical strategies.
- Encourage parental participation; a policy-based incentive system could be introduced. For instance, rewards could be applied to parents who bring their children to mandatory check-ups. This would help participation and ensure children receive early interventions when needed.

Recommendations for Outcome 5:

- When discussing policy, legal, and operational challenges related to early identification and developmental support for young children, ensure the participation of all relevant stakeholders, and implement a collaborative management mechanism based on an inter-ministerial platform (including shared vision, standards, and monitoring).
- The three participating ministries should reach a consensus on solutions to build and sustain professional human resources. For example, attention should be given to the absence of employment opportunities for graduates of the "Teacher and Inclusive Education" programme at the Mongolian National University of Education, improving doctors' skills in training and counselling, preparing teachers' capacity to work with children with disabilities and parents, addressing psychological readiness, and enhancing the managerial skills of social welfare specialists.
- Improve policy implementation and overcome challenges; efforts from a single organisation or sector are insufficient; all stakeholders must take responsibility within their mandates and develop coordinated, sustainable collaboration.
- Joint investment of resources and efforts by stakeholders in activities to raise public awareness and knowledge will significantly enhance the practical implementation of inclusive education and foster an equitable and inclusive environment that supports the development of every child.

ANNEX

Annex 1. Key informants participated in the survey

№	Location	Name	Position
1	Bayanzurkh district	G. Chantsalmaa	Director, Nemuulen FHC
2		D. Otgontuya	Secretary, Branch commission
3		Ts. Tsogzolmaa	Head, 320th KG
4	Songinokhairkhan district	B. Lkhamjav	Head, 81st KG
5		T. Narantuya	Director, Anan FHC
6		D. Nyamjav	Member, Branch commission, and a Head of 'Evt durvun tulguur' NGO
7	Chingeltei district	T. Selenge	Head, 83rd KG
8		Ts. Enkhtsetseg	Secretary, Branch commission
9		G. Nina	Director, Mend-Arvijikh FHC
10	Bayankhongor province	A. Ayurzana	Head, 1st KG
11		Dolgormaa	Director, Otoch Mandal FHC
12		Naranchimeg	Head, Branch commission
13	Selenge province	P. Oyun-Erdene	Director, Nomt Khan FHC
14		P. Amarsanaa	Head, 3rd KG
15		Ya. Uugantsetseg	Officer in charge of persons with disabilities, Office of Labour and Social Welfare
16	MoE	Gantugs	Seniour expert, Department of Pre-Education
17	MoH	Tungalagtamir	Officer in charge of children with disabilities
18	MFLSP	B. Yanjmaa	Officer in charge of education, General Department of Development of Persons with Disabilities, and Secretary of Central commission
19	Central commission	S. Regzen	Head, Central commission

Annex 2. Administrative statistical data of target FHCs

#	FHC	Bayanzurkh		Songinokhairkhan		Chingeltei		Bayankhongor		Selenge	
		male	female	male	female	male	female	male	female	male	female
1	The total number of children under the age of 16 in a knoroo	1338	1339	1413	976	1154	1157	2100	1908	2143	2020
2	Number of children under 5 years of age	432	398	504	471	291	283	693	644	555	504
3	Number of children under 5 years of age with disability in a khoroo	6	6	1	2	7	0	3	2	1	1
4	Total number of children with disabilities under permanent supervision and care	21	15	1	2	22	14	3	2	5	9
5	Number of children with underlying diseases	19	13	1	1	8	3	12	13	1	1
9	Number of doctors and staff	0	17	1	14	10	2	16	16	3	16
10	Total number of doctors and workers currently working	0	17	1	14	10	2	16	16	3	16
11	The number of 9-month-old children who should have undergone a holistic check-up as of 2025/05.	29	28	20	33	10	13	54	63	17	22
12	Of these, the number of 9-month-old children who underwent a holistic check-up	18	17	18	19	8	9	54	63	3	3
13	The number of 18-month-old children who should have undergone a holistic check-up as of 2025/05.	31	21	28	24	19	13	53	51	16	24
14	Of these, the number of 18-month-old children who underwent a holistic check-up	19	12	24	9	16	10	53	51	1	1
15	The number of 3-year-old children who should have undergone a holistic check-up as of 2025/05.	45	45	38	13	16	4	27	21	24	25
16	Of these, the number of 3-year-old children who underwent a holistic check-up	30	20	21	11	8	8	19	15	3	3

Annex 3. Administrative statistical data of target kindergartens

#	Kindergarten	Bayanzurkh		Songinokhairkhan		Chingeltei		Selenge		Bayankhongor	
	Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1	Total number of eligible children	150		280		520		480		250	
2	Total number of classes	6		12		20		20		11	
3	Total kindergarten children	93	115	144	153	270	269	195	185	208	192
4	Number of children with disabilities up to age 5	0	0	3		2	0	1		2	
5	Number of children with individual learning plans	0	0	3		2	0	1		2	
6	Class of special needs children attend	0	0	Upper	Prep	Prep		Upper		Prep	
7	Number of teachers currently working	1	6	0	18	0	21	1	25	2	13
8	Total number of employees currently working	5	24	11	51	7	92	12	68	5	38
9	Number of children with special needs enrolled in kindergarten this year	0	0	2	0	0	0	1		1	
10	Number of children with special needs who will enroll in school in the upcoming academic year from kindergarten	0	0	0	2	2	0	1		0	

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