



## Thematisch Ambtsbericht Mongolië Alleenstaande Minderjarige Vreemdelingen

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## Colofon

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## Inhoudsopgave

Colofon .....	2
Inhoudsopgave .....	3
<b>1 Inleiding .....</b>	<b>4</b>
<b>2 Regelgeving .....</b>	<b>5</b>
2.1 <i>Wettelijke meerderjarigheid</i> .....	5
2.2 <i>Handelingsbekwaamheid</i> .....	5
2.3 <i>Leerplicht</i> .....	5
2.4 <i>Specifieke bepalingen ten aanzien van minderjarigen die de leeftijd van zestien jaar bereiken</i> .....	5
2.5 <i>Reis- en/of identiteitsdocumenten voor minderjarigen</i> .....	5
<b>3 Opvang minderjarigen .....</b>	<b>8</b>
3.1 <i>Minderjarigen die niet langer opvang hebben bij de ouders</i> .....	8
3.2 <i>Opvanghuizen</i> .....	8
3.3 <i>Voorzieningen en kwaliteit</i> .....	10
3.4 <i>Verschillen tussen overheidsinstellingen en ngo's</i> .....	11
3.5 <i>Toezicht</i> .....	12
3.6 <i>Terugkeer minderjarigen</i> .....	13
3.7 <i>Misbruik en mishandeling</i> .....	13
<b>Bijlage I Mongolian National Standard, General Requirements for Child Care, Welfare and Protection Services .....</b>	<b>14</b>
<b>Bijlage II Implementation of Service Standards in Residential Care Institutions for Children .....</b>	<b>25</b>
<b>1</b>	<b>27</b>
<b>2</b>	<b>29</b>
2.1	30
2.2	34
<b>3</b>	<b>34</b>
3.1	35
<b>4</b>	<b>36</b>
<b>5</b>	<b>37</b>
<b>6</b>	<b>39</b>
<b>7</b>	<b>40</b>
<b>Bijlage III Algemene documenten .....</b>	<b>42</b>

## 1 Inleiding

In dit thematisch ambtsbericht worden enkele onderwerpen behandeld met betrekking tot alleenstaande minderjarige vreemdelingen (AMV's) uit Mongolië, voor zover deze van belang zijn voor de beoordeling van asielverzoeken van personen die afkomstig zijn uit dat land en voor besluitvorming over de terugkeer van afgewezen Mongoolse asielzoekers. Dit thematisch ambtsbericht is een actualisering van eerdere algemene ambtsberichten, waarin onder meer over de opvangtehuizen in Mongolië en AMV's wordt gerapporteerd. In januari 2010 is laatstelijk een algemeen ambtsbericht Mongolië uitgebracht. Ook is in december 2010 een thematisch ambtsbericht over rechtsgang en corruptie in Mongolië verschenen.

Dit thematisch ambtsbericht beslaat de periode van januari 2011 tot en met augustus 2011.

Dit thematisch ambtsbericht is gebaseerd op informatie van openbare en vertrouwelijke bronnen. Bij de opstelling is gebruikgemaakt van informatie van verschillende niet-gouvernementele organisaties, overheidsinstanties en documenten. De geraadpleegde openbare documenten zijn opgenomen in de bijlagen.

Bovendien liggen bevindingen ter plaatse en vertrouwelijke rapportages van de Nederlandse vertegenwoordiging in Peking aan dit thematisch ambtsbericht ten grondslag. In het thematisch ambtsbericht wordt verwezen naar geraadpleegde openbare documenten. Daar waar openbare documenten zijn vermeld, wordt de tekst in veel gevallen ook ondersteund door informatie die op vertrouwelijke basis is ingewonnen.

In hoofdstuk twee wordt ingegaan op de aandachtspunten/vragen met betrekking tot de regelgeving.

In hoofdstuk drie worden de aandachtspunten/vragen met betrekking tot de opvang van minderjarigen in Mongolië behandeld.

## 2 Regelgeving

### 2.1 *Wettelijke meerderjarigheid*

De wettelijke meerderjarigheid wordt in Mongolië bereikt op achttienjarige leeftijd, zoals bepaald in het Burgerlijk Wetboek (*Civil Code*). Er wordt daarbij geen onderscheid gemaakt tussen de geslachten.

### 2.2 *Handelingsbekwaamheid*

Vanaf achttien jaar is men volledig handelingsbekwaam.

### 2.3 *Leerplicht*

De leerplicht in Mongolië omvat negen jaar en is van toepassing voor kinderen van zes tot veertien of vijftien jaar. Vooral buiten de steden zijn echter veel uitvallers, vooral tot twaalf jaar. Ouders wonen daar ver weg van school en houden hun kinderen thuis om vee te hoeden. In de steden vallen juist veel oudere kinderen uit, vooral uit gezinnen die naar Ulaanbaatar zijn verhuisd, maar daar niet geregistreerd staan. Hierdoor hebben deze kinderen geen toegang tot school. Ook huiselijk geweld vormt een reden, waardoor kinderen/minderjarigen van huis weglopen en op school uitvallen.

### 2.4 *Specifieke bepalingen ten aanzien van minderjarigen die de leeftijd van zestien jaar bereiken*

Voor minderjarigen vanaf zestien jaar gelden verschillende specifieke bepalingen. Zowel het burgerlijk recht als het strafrecht maken in de *Civil* en *Criminal Codes* onderscheid tussen zestien- en achttienjarigen.<sup>1</sup>

### 2.5 *Reis- en/of identiteitsdocumenten voor minderjarigen*

Minderjarigen jonger dan zestien jaar kunnen niet zelfstandig een reis- en/of identiteitsdocument (geboortebewijs, nationale identiteitskaart of paspoort) aanvragen. Mondelinge of schriftelijke toestemming van ouders of voogd is altijd noodzakelijk.

Zestien- en zeventienjarigen kunnen documenten als de nationale identiteitskaart of paspoort zelfstandig aanvragen gebaseerd op hun geboortebewijs, zonder toestemming van ouders of voogd.

#### *Geboortebewijs<sup>2</sup>*

<sup>1</sup> Zie ook het algemeen ambtsbericht Mongolië van januari 2010.

<sup>2</sup> Zie ook bijlage III en het algemeen ambtsbericht Mongolië van januari 2010.

Bij de geboorte krijgen alle Mongoolse staatsburgers een geboortecertificaat. Op dit certificaat staan de namen van de vader en de moeder. Als de ouders later scheiden, is het mogelijk om een nieuw geboortecertificaat aan te vragen, waarop de naam van de vader wordt verwijderd. Ook kan de naam van een eventuele nieuwe man als 'vader' op een nieuw geboortecertificaat komen te staan. Bij iedere verandering in naam zal een nieuw geboortebewijs worden uitgegeven. Het registratienummer blijft echter hetzelfde. Het registratiekantoor neemt het oude bewijs in. Om de naam op het geboortecertificaat te wijzigen, zijn veel documenten nodig, waaronder de schriftelijke toestemming van de biologische vader. Alle documenten worden in het archief opgeslagen. In geval van een nieuw huwelijk, dient de nieuwe man de kinderen te adopteren. Adoptie is alleen mogelijk na een wettelijk huwelijk. Er zullen dan twee certificaten zijn: het geboortecertificaat (hierop staat alleen de huidige vader vermeld) en het adoptiecertificaat (hierop staan zowel de biologische vader als de nieuwe vader).

### *Nationale identiteitskaart<sup>3</sup>*

Voor identificatiedoeleinden in het binnenland bestaat sinds 1999 een identiteitskaart (ID-kaart), die toen in de plaats kwam van het binnenlands paspoort.<sup>4</sup>

Als staatsburgers zestien jaar oud worden, moeten ze een ID-kaart aanvragen (*citizen ID*). Dit is het belangrijkste document om hun staatsburgerschap te bewijzen. De ID-kaart moet overgelegd worden bij veel maatschappelijke handelingen, waaronder toelating tot een onderwijsinstelling, bij militaire dienst, bij de werkgever, bij het afsluiten van een verzekering, bij verblijf in een ziekenhuis, bij het deelnemen aan verkiezingen, of bij kandidaatstelling, bij het in rechte optreden als verdachte, slachtoffer of getuige, voor verkrijging van een geboortecertificaat, en bij het aanvragen van een buitenlands paspoort. Zonder ID-kaart heeft iemand van zestien jaar of ouder geen recht op onderwijs en gezondheidszorg.<sup>5</sup>

De burger moet de ID-kaart binnen een maand na de zestiende verjaardag aanvragen. De aanvraag gebeurt op lokaal niveau (soum of stadsdistrict). De ID-kaart wordt aangemaakt op provinciaal of hoofdstadniveau. De aanvraag moet persoonlijk gebeuren, maar de ouders hoeven de aanvrager niet te begeleiden. De handtekening van de aanvrager wordt geprint op de ID-kaart. Hij/zij moet voor de aanvraag bij zich hebben:

- geboortecertificaat;
- ID-kaart van beide ouders;
- adres.

Bij bereiken van de leeftijd van 25 jaar en bij 45 jaar moet men een nieuwe ID-kaart aanvragen. Mensen die in het buitenland wonen, moeten hiervoor naar Mongolië komen. Dit kan niet op een ambassade gebeuren. Na hun 45e jaar kunnen ze de kaart ongelimiteerd gebruiken.

### *Paspoort<sup>6</sup>*

Er zijn drie soorten paspoorten:

<sup>3</sup> Zie ook bijlage III en het algemeen ambtsbericht Mongolië van januari 2010.

<sup>4</sup> Tot 1999 bestond er een binnenlands paspoort (*internal passport*). Dit document was een soort gezinsregistratieboekje, waar beide echtgenoten en hun kinderen werden ingeschreven. Het document bevatte persoonsgegevens (naam, geboortjaar, geboorteplaats) en gegevens omtrent etniciteit (bijvoorbeeld Chalcha, Kazach, Buryat), een pasfoto (op de leeftijd van 16, 25 of 45 jaar), een registratienummer van 10 cijfers, de bloedgroep, gegevens over huwelijk of echtscheiding, adresgegevens (inclusief adreswijzigingen), gegevens over militaire dienst, en gegevens over de uitreiking en verlenging van het binnenlands paspoort.

<sup>5</sup> Zie ook bijlage III en het algemeen ambtsbericht Mongolië van januari 2010.

<sup>6</sup> Zie ook bijlage III en het algemeen ambtsbericht Mongolië van januari 2010.

1. Diplomatiek paspoort, voor diplomaten, hoge regeringsbeambten, parlementariërs; blauw.
2. 'Formeel' dienstpaspoort, voor ambtenaren; groen.
3. Regulier paspoort, voor iedereen; rood.

Diplomatieke en dienstpaspoorten worden aangemaakt door het Ministerie van Buitenlandse Zaken. Alle reguliere paspoorten worden aangemaakt door de *General Authority for State Registration (GASR)*.<sup>7</sup> De voorzitter van de GASR tekent alle paspoorten persoonlijk.

Iedere burger heeft recht op een paspoort. Het is eenvoudig om een paspoort te krijgen. Er zijn zelfs speciale voorzieningen voor mensen in de grensgebieden om zonder visum de grens met Rusland of China over te steken. Mensen van iedere leeftijd kunnen een paspoort hebben. Voor kinderen jonger dan drie jaar zijn er drie mogelijkheden:

- eigen paspoort;
- bij ouders bijgeschreven;
- een formulier met foto en stempel.

Mensen in Ulaanbaatar vragen hun paspoort aan bij de GASR, mensen op het platteland bij de provincie en mensen in het buitenland bij de ambassade. De aanvraag moet in persoon gebeuren.

Volwassenen moeten meenemen:

- ID-kaart;
- leges;
- foto.

Kinderen (jonger dan zestien jaar) moeten meenemen:

- schriftelijke toestemming van ouders of voogd;
- bewijs van zorgverzekering;
- geboortebewijs;
- foto.

Paspoorten zijn één tot vijf jaar geldig (afhankelijk van het geldbedrag dat wordt betaald). De verschillende paspoorten kunnen twee keer met de betreffende geldigheidsduur worden verlengd (met een stempel en een handtekening). Bij de aanvraag ontvangt de burger een bon. Op deze bon staan de paspoortnummers en een handtekening van de beambte. Iedereen kan met deze bon de paspoorten ophalen. Als een persoon niet zelf het paspoort op kan halen, kan iemand anders dat met de bon doen. Deze moet zich dan identificeren. Na ontvangst kan het paspoort worden getekend wanneer de paspoorthouder dat wil. Dit hoeft dus niet in bijzijn van een beambte.

Voor ID-kaarten is dit anders: die worden geprint met handtekening, dus de aanvragers moeten in persoon komen. Hetzelfde proces van aanvragen en ophalen van paspoorten wordt gehanteerd op de ambassades. Paspoorten worden op de grensposten en de luchthaven gecontroleerd door de grenswacht (*Border Protection Authority*). De grenswacht en de immigratiedienst houden beide een databank bij van mensen die het land in- en uitgaan.

<sup>7</sup> Voor juni 2009 *Civil Registration and Information Centre* geheten.

## 3 Opvang minderjarigen

### 3.1 *Minderjarigen die niet langer opvang hebben bij de ouders*

Kinderen die geen ouders meer hebben, worden in eerste instantie ondergebracht bij familie. De familiebanden in Mongolië zijn sterk, en verwanten zullen daarom meestal zorgen voor kinderen van overleden familieleden. (Verzorgers van) wezen kunnen een uitkering aanvragen. Na de val van het communisme in 1990 is de opvang van minderjarigen verslechterd. Vooral in de eerste jaren daarna werd er weinig gecontroleerd of gereguleerd. Indien geen opvang via verwanten beschikbaar is, kunnen de kinderen naar opvanghuizen. Die worden zowel verzorgd door de staat, als door verschillende ngo's, zoals *Christina Noble Children's Foundation (CNCF)*, *Save the Children*, *World Vision International*, *Help International*, *Don Bosko*, *Family Care Centres* en *SOS-Kinderdorpen*.<sup>8</sup>

### 3.2 *Opvanghuizen*

Minderjarigen die niet door familie of gemeenschap worden opgevangen, komen geregeld op straat terecht. Vervolgens worden ze door de politie meegenomen naar het *Child Address and Identification Centre (CAIC)*. Daar blijven ze tot hun adres gevonden is, maar veel kinderen en minderjarigen werken niet mee of lopen daar weg. Anderen wier adres niet gevonden wordt en die niet weglopen, worden naar opvanghuizen gebracht.

Er zijn in Mongolië 44 opvanghuizen, waarvan acht overheidshuizen, die bedoeld zijn voor wezen en misbruikte of in de steek gelaten kinderen. Dit aantal is afgenomen van 55 in 2009, toen verschillende centra door de overheid werden gesloten wegens slechte omstandigheden. Op het ogenblik verblijven ongeveer 1000 kinderen in opvanghuizen, enkele jaren geleden waren dat er nog 1500. Volgens gegevens van het *National Statistical Committee* daalde het totale aantal volledige weeskinderen van 5429 in 2004 naar 5018 in 2008, tot ongeveer 5000 in 2010. Het aantal door hun ouders verlaten semi- of de facto-weeskinderen (kinderen van ouders die niet in staat zijn hen op te voeden, wegens bijvoorbeeld geldgebrek of alcoholisme) nam in deze tijd af van 46.255 tot 44.688. Ulaanbaatar telt het hoogste aantal volledige wezen.<sup>9</sup>

De opvanghuizen zijn in principe bedoeld voor kinderen/jongeren tot achttien jaar. Sommige huizen staan jongeren echter toe om na hun achttiende verjaardag nog een beperkte tijd te blijven.

Acht opvanghuizen zijn door de overheid opgezet: zes in Ulaanbaatar en twee in Erdenet en Darkhan. Plaatsing is mede afhankelijk van de leeftijd van een kind. De overige opvangmogelijkheden worden betaald door ngo's en godsdienstige organisaties. De overheid heeft momenteel de volgende opvangcentra:

- a. *Infant Clinical Sanatorium* voor kinderen tot drie jaar (Ulaanbaatar), dit opvangcentrum valt onder het *Ministry for Health*. Dit opvanghuis

<sup>8</sup> Zie ook het algemeen ambtsbericht Mongolië van januari 2010.

<sup>9</sup> Zie ook het algemeen ambtsbericht Mongolië van januari 2010.



staat goed bekend. De kinderen worden vanaf driejarige leeftijd overgeplaatst naar de *Orphanage Kindergarten*.

- b. *Orphanage Kindergarten* voor kinderen van vier tot zes jaar (Ulaanbaatar), dit valt onder de vice-premier. Vanaf zes jaar worden deze kinderen overgeplaatst naar het *State Centre for Full Orphans*.
- c. *State Centre for Full Orphans*, voor kinderen ouder dan zes jaar (Ulaanbaatar). Het huis valt onder de verantwoording van de vice-premier. Hier heersen naar verluidt slechte omstandigheden. Vooral het eten en de sanitaire voorzieningen zijn er slecht. Er verblijven 150 kinderen in de leeftijd van zes tot achttien jaar. Ongeveer 30 procent heeft een verstandelijke handicap. De capaciteit is officieel 120 kinderen. De criteria voor toelating zijn: beide ouders overleden (wees), vondeling, ouders met handicap, ouders in gevangenis. Er worden kinderen uit het gehele land toegelaten, per besluit van de provinciale gouverneurs. Alle gezonde kinderen gaan naar de reguliere School 53, die naast het centrum is gelegen. Uitvallers en kinderen met een verstandelijke handicap kunnen enig speciaal onderwijs in het tehuis krijgen. De faciliteiten zijn naar lokale maatstaven gebruikelijk, maar naar internationale en Nederlandse maatstaven slecht en zorgwekkend.
- d. *Child Adress Identification Centre (CAIC, Ulaanbaatar)*, van het *Municipal Police Department*. Hier worden kinderen naar toe gebracht ter identificatie, waarna vervolgens familiehereniging of plaatsing in opvangcentra volgen. Kinderen kunnen daar formeel twee weken opgevangen worden. In de praktijk blijven ze er langer, soms zelfs tot zes maanden. Dit is een gesloten centrum (kinderen kunnen er niet weg). Het is er als een jeugdgevangenis. Wegens de slechte omstandigheden proberen veel kinderen er weg te lopen. Sommige kinderen zijn hier al tientallen keren geweest.
- e. *Special Centre for Children's Training and Education, Ulaanbaatar* Dit huis valt onder de verantwoording van de burgemeester van Ulaanbaatar. Er zijn 120 kinderen in de leeftijd van vier tot achttien jaar. In sommige gevallen kunnen meerderjarigen hier blijven na het bereiken van de achttienjarige leeftijd. De meeste kinderen zijn voormalige straatkinderen. Er zijn geen repatrianten. De toelatingscriteria zijn ruim: beide ouders overleden (wees), één van de ouders overleden, dakloos, ouders in gevangenis, ouders die drinken (alcoholisme) of gehandicapte ouders. Al deze kinderen komen uit Ulaanbaatar. Volgens de officiële regelgeving kan een opvanghuis één kind per 5 m<sup>2</sup> plaatsen.<sup>10</sup>

De kinderen in dit centrum gaan naar een reguliere school. Uitvallers kunnen ook enig speciaal onderwijs in het opvanghuis krijgen. Het gaat dan om kinderen die niet kunnen lezen of schrijven of lang op straat hebben gewoond. Voor alle kinderen is er tevens training in het tehuis en activiteiten als muziek, handenarbeid, schoenmakerij, tuinieren en sport. Ook zijn er in de zomer activiteiten buiten de stad, zoals een zomerkamp. Er zijn achttien sociaal werkers en leraren in dienst. De faciliteiten zijn naar lokale maatstaven acceptabel of redelijk, dat wil zeggen vergelijkbaar met of iets beter dan die van de plaatselijke bevolking. Een derde van de bevolking van Mongolië leeft

<sup>10</sup> Zie ook bijlagen I en II.

zelfs onder de armoedegrens. Naar internationale en Nederlandse maatstaven zijn de omstandigheden echter onder de maat.

- f. *Child Protection Centre*, van het *Ministry for Social Welfare and Labour*, opgericht in 2011. Indien er geen familie is, komen kinderen hier terecht. Er wonen 34 straatkinderen. Het is de bedoeling deze kinderen te integreren in samenleving, door ze scholing en uitzicht op een baan te bieden. Ze krijgen er begeleiding van sociaal werkers.

Ook zijn er twee opvanghuizen van de overheid buiten Ulaanbaatar:

- g. In Darkhan, dat valt onder de provinciale gouverneur.
- h. In Erdenet, dat valt eveneens onder de provinciale gouverneur. De Erdenet-kopermijn (één van de grootste bedrijven in Mongolië) is medefinancier van dit opvanghuis.

### 3.3 Voorzieningen en kwaliteit

De bovengenoemde acht opvanghuizen worden door de staat gefinancierd. De gouverneur van een district is verantwoordelijk voor de plaatsing van een kind, voor de uitkeringen en voor de benoeming van een voogd. De voogd kan de directeur van een tehuis zijn. De kwaliteit van deze opvanghuizen varieert, zoals in paragraaf 3.2 al is beschreven. Van sommige staatstehuizen wordt de kwaliteit in twijfel getrokken. De opvanghuizen van de overheid zijn meestal groot en hebben vooral buiten Ulaanbaatar slechte faciliteiten en onvoldoende getraind personeel. Anderzijds krijgen veel opvanghuizen van ngo's, die vaak een religieuze grondslag hebben, het verwijt dat ze kinderen onder druk proberen te bekeren.<sup>11</sup>

Probleem is ook dat de centra vergoedingen ontvangen op grond van het aantal kinderen dat zij opnemen. Daardoor is het dus aantrekkelijk voor de centra om zoveel mogelijk kinderen op te nemen.

Volgens de wet kunnen opvangcentra in principe geen onderwijs aanbieden, omdat de kinderen anders geen deel uitmaken van de samenleving en geïsoleerd raken. Om bij wijze van uitzondering toch onderwijs te mogen aanbieden, dienen ze een aparte vergunning te hebben van het Ministerie van Onderwijs. Veel opvangcentra van ngo's bieden echter zonder deze vergunning onderwijs aan en sturen de kinderen niet naar een reguliere school. Soms gaat het om religieus onderwijs. Enkele opvangcentra van ngo's hebben echter wel een onderwijsvergunning gekregen.

Minderjarigen ontvangen buiten of binnen de opvanghuizen onderwijs of een beroepsopleiding tot het bereiken van de leeftijd van achttien jaar of, in geval van studie, tot het voltooien van die studie.<sup>12</sup> Het beleid is om kinderen buiten de opvangcentra scholing te geven. Dat is beter voor de integratie van de kinderen in de samenleving. Sommige kinderen zijn echter al zo lang op straat geweest of hebben zoveel scholing gemist dat ze niet mee kunnen komen op reguliere scholen (omdat ze bijvoorbeeld niet kunnen lezen en schrijven). Daarom biedt een aantal van de centra zelf onderwijs aan. Een leerkracht bezoekt dan de centra.

Er is een '*Minimum Standard for Welfare and Protection Services*' voor kinderen. Die bepaalt bijvoorbeeld dat er een zuster of dokter aanwezig moet zijn als er meer dan 25 kinderen in een opvangcentrum wonen. Het bovengenoemde *Infant Clinical*

<sup>11</sup> Zie ook het algemeen ambtsbericht Mongolië van januari 2010.

<sup>12</sup> Zie ook het algemeen ambtsbericht Mongolië van januari 2010.

*Sanatorium* voor kinderen tot drie jaar te Ulaanbaatar heeft bijvoorbeeld veel medisch personeel. De medische zorg is vergelijkbaar of misschien zelfs iets beter dan die welke arme gezinnen ontvangen. Toch is er in het algemeen te weinig geld voor goede voorzieningen. Indien er minder dan 25 kinderen wonen, kunnen die gebruikmaken van een reguliere arts buiten het opvanghuis.<sup>13</sup>

Er is voldoende voedsel in alle opvangcentra. Er zijn koks en de kinderen helpen met koken, zodat ze vaardigheden leren. Er worden per dag een ontbijt en twee warme maaltijden verstrekt.

Er is tevens een minimumstandaard voor sanitaire voorzieningen.

Ook is er in de opvangcentra nachtopvang en heeft ieder kind een bed. Overigens kunnen de faciliteiten, zoals al in paragraaf 3.2 is beschreven, naar lokale maatstaven acceptabel zijn, maar naar internationale en Nederlandse maatstaven onder de maat.

### 3.4 *Verschillen tussen overheidsinstellingen en ngo's*

De overheidsinstellingen en ngo's beoordelen de omstandigheden in elkaars opvanghuizen uitgesproken negatief. Zo zijn volgens ngo's de omstandigheden in de staatstehuizen slecht en hebben de begeleiders weinig of geen opleiding gehad. Wel zijn er voldoende opvangplaatsen beschikbaar. De centra zijn weliswaar vol, maar niet overbevolkt. Er zijn niet genoeg begeleiders voor de grote aantallen kinderen/minderjarigen. De staatstehuizen zouden nauwelijks in zorg voorzien en onvoldoende aandacht voor de kinderen hebben, die behandeld zouden worden als in het leger. Volgens de ngo's richt de overheid zich niet op gezinshereniging, terwijl de ngo's dat naar eigen zeggen wel doen. Een uitzondering vormt het *State Centre for Full Orphans*, voor kinderen ouder dan zes jaar in Ulaanbaatar (zie boven). Dat tracht families te ondersteunen zodat kinderen er weer teruggeplaatst kunnen worden. UNICEF steunt dit initiatief.

Ook zou er volgens ngo's in de staatstehuizen soms sprake zijn van mishandeling en een doofpotcultuur. Er zijn geen gevallen van mensenhandel bekend. De controle door het *Ministry of Social Welfare and Labour*, dat de vergunningen uitgeeft, zou slecht zijn. Volgens verschillende ngo's is de opvang in staatstehuizen niet acceptabel, ook niet volgens lokale maatstaven.

Volgens een gezaghebbende, onafhankelijke bron zijn de medische, hygiënische en sanitaire voorzieningen in de staatstehuizen inderdaad zeer beperkt. Het toezicht is onvoldoende geregeld en de staatsinstellingen doen weinig voor gezinshereniging en integratie van minderjarigen in de samenleving. Staatsinstellingen worden betaald per minderjarige, dit zijn de voornaamste inkomsten voor deze instellingen. Ngo's richten zich meer op hereniging en toekomstperspectief. Voor hen is een minderjarige een kostenpost. Het is daarom ook financieel van belang dat een kind met familie herenigd wordt of een eigen toekomst heeft. Overigens wordt hierbij aangetekend dat de omstandigheden van de opvang in staatstehuizen gelijk zijn aan of iets beter zijn dan die van veel arme gezinnen in Ulaanbaatar. Veel gezinnen in Ulaanbaatar leven onder de armoedegrens.

<sup>13</sup> Zie bijlagen I en II.

De 36 opvangcentra van ngo's hebben een omvang van acht tot 124 kinderen. Veel van deze centra zijn door religieuze organisaties opgezet. Volgens de overheid trachten ze soms de kinderen te bekeren. Ook zouden volgens de overheid de omstandigheden en voorzieningen in de particuliere centra niet goed zijn, bijvoorbeeld omdat ze in het ger-district (de *slums* van Ulaanbaatar) zijn gelegen, waar de levensomstandigheden slecht zijn. Sommige ngo's zetten opvangcentra op om inkomsten te genereren van buitenlandse donoren. Ook zijn er politici die particuliere opvanghuizen opzetten, omdat dat goed is voor hun imago.

Overheidsbronnen zeggen te zullen trachten op termijn alle opvangcentra van ngo's te sluiten. Getracht zal worden de kinderen uit deze centra van ngo's naar staatsopvangcentra over te brengen, te laten adopteren of in pleegopvang te plaatsen. Wel wordt erkend dat enkele door ngo's opgezette centra goed werk doen, zoals het *SOS International House*. Een ander voorbeeld van een door een ngo opgezet opvanghuis vormt het *Desert Rose Centre* in Ulaanbaatar. Dit huis biedt onderdak aan acht meisjes die lichamelijk of geestelijk misbruikt of mishandeld zijn en onvoldoende ouderlijke zorg hebben. Het centrum is gehuisvest op de wijze waarop een gezin in Mongolië leeft. De faciliteiten zijn zeer basaal, maar functioneel.

### 3.5 Toezicht

Het *Ministry of Social Welfare and Labour* en de *National Authority for Children* zien toe op alle opvanghuizen, zowel van de staat als ngo's. Staatscentra kunnen ook onder toezicht staan van de vice-premier of de *Ulaanbaatar City Municipal Government*.

Het *Labour and Welfare Office* van het *Ministry of Social Welfare and Labour* is bevoegd om de omstandigheden te inspecteren. Daarvoor wordt de regeling *Minimum Standards of the Law on the Protection of Rights of Children* gebruikt. Alle opvanghuizen moeten in principe aan deze standardeisen voldoen. Of dat in de praktijk ook altijd gebeurt, is niet bekend. Het ministerie stelt elk jaar een werkgroep samen. Deze werkgroep bestaat uit het *Ministry of Social Welfare and Labour*, het *Inspection Agency*, de *National Authority for Children*, de politie en vertegenwoordigers van ngo's. Deze werkgroep inspecteert jaarlijks alle opvanghuizen. Opvangcentra krijgen van het *Ministry of Social Welfare and Labour* een vergunning van een jaar, die na afloop van de inspectie verlengd kan worden. Een opvanghuis kan ook door de overheid worden gesloten. Dit geldt voor zowel de staatscentra als die van ngo's.<sup>14</sup>

#### *Criteria voor opname van een minderjarige*

Formeel zijn de opvanghuizen bedoeld voor wezen. In praktijk wonen er echter ook veel kinderen wier ouders niet in staat zijn hen op te voeden, wegens bijvoorbeeld geldgebrek of alcoholisme. Er zijn dus criteria, maar het algemene streven is dat alle kinderen zonder ouderlijke zorg geplaatst kunnen worden (zie ook paragraaf 3.2). Ieder kind in een opvangcentrum moet daar zijn geplaatst op grond van een '*decree of the administrator governor*' (de gouverneur van een provincie). Deze bestuurders geven dit besluit vaak gemakkelijk af, zonder onderzoek naar familieomstandigheden te doen.

Volgens gegevens van de politie van Ulaanbaatar leven er nu nog rond de honderd minderjarigen op straat.

<sup>14</sup> Zie ook de bijlagen I en II.

### 3.6 *Terugkeer minderjarigen*

Over minderjarigen die uit andere landen terugkomen, is weinig bekend. De geraadpleegde bronnen hebben hier weinig ervaring mee.

Er zijn alleen enkele gevallen bekend waarbij alleenstaande kinderen uit Zweden zijn gerepatrieerd. Zweden heeft vijf kinderen gerepatrieerd, waarvan de identiteit onbekend was omdat ze valse namen opgaven. In Mongolië konden de kinderen echter geïdentificeerd worden en werden ze vervolgens met hun familie herenigd. Ook is er een informatieverzoek aan de Mongoolse autoriteiten geweest omtrent de terugkeer van minderjarigen zonder ouderlijke zorg uit Zwitserland. Maar omdat deze kinderen niet geïdentificeerd konden worden, heeft Zwitserland er van afgezien om ze te repatriëren. Wanneer deze gevallen zich precies hebben voorgedaan, kon niet worden vastgesteld.

### 3.7 *Misbruik en mishandeling*

Hoewel dit zich in principe overal kan voordoen, zijn er geen gevallen bekend van ernstig misbruik in staatscentra. Dat is soms wel het geval in opvangcentra van ngo's. Er is bijvoorbeeld een geval bekend, waarover ook in kranten is gepubliceerd, waarin een leraar herhaaldelijk een meisje heeft verkracht. Hij is daarvoor in 2010 veroordeeld tot een gevangenisstraf. Ook werd een ander opvanghuis gesloten wegens "psychische mishandeling." Kinderen mochten er geen tv kijken en werden "religieus geïndoctrineerd." In weer een ander huis heeft een meisje ooit zelfmoord gepleegd, maar volgens een bron was hier geen sprake van schuld van het opvangcentrum.

Wel is er veel sprake van 'klein misbruik' van minderjarigen in de staatsopvang door onvoldoende getrainde begeleiders, zoals slaan en schelden. Met name in het *Child Adress Identification Centre (CAIC)* in Ulaanbaatar van het *Municipal Police Department* is er veel dergelijk geweld en klein misbruik.

Er zijn geen gevallen van mensenhandel bekend waarbij een opvangcentrum is betrokken, noch van de staat noch van een ngo. Wel vindt er vanuit opvanghuizen adoptie plaats, terwijl de regelgeving daarvoor onduidelijk is. Soms gaat het om kinderen die voor acute medische behandeling naar het buitenland moeten. Daarvoor kan een vergunning worden verkregen, maar het is niet altijd bekend wat er verder met deze zieke kinderen gebeurt wanneer ze eenmaal in het buitenland zijn.

Bijlage I Mongolian National Standard, General  
Requirements for Child Care, Welfare and Protection Services

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**MONGOLIAN NATIONAL STANDARD**

**General Requirements for Child Care, Welfare and Protection Services**

MNS 5852 : 2008

Official edition

National Center for Standardization and Metrology  
Ulaanbaatar  
2009

## **MNS 5852 : 2008**

### **Foreword**

National Center for Standardization and Metrology (NCSM) is a member organization of the International Standardization Organization and pursues national standardization policy in collaboration with the government and non-government organizations within the scopes of its activities. Draft standards are worked out by Sector Standardization Technical Committee (TC)-s and sub-committee (SC)-s, drafts supported by 75% votes on the TC meeting are submitted to the National Standardization and Metrology Council (NSMC) for final discussions and approval. A special decree is issued by NSMC approving each standard.

This standard has been drafted by working group approved by an Order of State Secretary for Ministry of Social Welfare and Labor No 38 of 2007, consisting of the following members:

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The draft standard has been edited by Ts. Burmaa, an expert from the National Center for Standardization and Metrology in accordance with the standard 'Mongolian Standard

System. Chapter 2: Standard Structure and Drafting Rules MNS 1-2:2006'

The draft standard was further polished by number of consecutive discussions and meetings involving major stake-holders engaged in the child care and welfare services, as well as by taking and incorporating into the draft official proposals and comments from Ministry of Education, Culture and Science, Ministry of Justice, and Home Affairs, Ministry of Health, State Agency for Professional Inspection and UNICEF, etc.

The Draft was discussed and a professional consensus was reached on Labor, Social Care Services Standardization Sub-Committee meeting.

International organizations like, UNICEF and World Vision has provided financial and technical support in drafting and publishing of the standard.

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## MONGOLIAN STANDARD

**Classification Code 03.080.99**

<b>Хүүхдийн асрамж, халамж, хамгааллын үйлчилгээнд тавих нийтлэг шаардлага</b>	<b>MNS 5852: 2008</b>
<b>General Requirements for Child Care, Welfare and Protection Services</b>	

Approved by Decree of the National Standardization and Metrology Council No 16 dated June 26, 2008.

The standard shall come into force from January 01, 2009.

All requirements of the standard are obligatory.

### 1. Purpose

The purpose of this standard is to establish and introduce general requirements for child care, welfare and protection services on the territory of Mongolia.

### 2. Scope and use

The standards are to be used for activities planning, execution, regulation of the child care, welfare and protection institutions on the territory of Mongolia with the aim of improving quality of the said services, their licensing from the authorities, as well as control over their activities.

### 3. Normative acts and references

The idea of the standards is founded on the following international and Mongolian policy documents and are to be followed and obeyed as the latter ones:

- United Nations (UN) Convention of 1990 on The Rights of the children.
- UN Guidelines on Care and Welfare Services to Children Deprived of Parental Care, 2007.
- MNS 4990:2000 Occupational Safety. Workplace Environment and Sanitation Requirements.
- MNS 900:2005 Drinking Water, Sanitation Requirements and Control.
- MNS 12.013:1991 Workplace Microclimate: Sanitation Requirements
- MNS 1140:1987 Distance Between Green Zone and Buildings and Structures.
- MNS 5390:2005 Electrical Fire Safety: General Requirements.
- BNbD 11-01-98 Drafting, Consensus Making and Approval Rules.
- BNbD 13-04-03 Standard Norms for Repair and Use Term of Buildings, Structures, Engineered Networks.
- BNbD 21-01-02 Fire Safety of Buildings and Structures.
- BNbD 21-04-05 Automated Equipment Fire-fighting and Signaling Devices in Buildings and Structures.
- MNS 4115:1991 Building Fire Safety. Building Materials Firing Qualities.



#### 4. Terminology

Terminology used in the standard have the following meaning:

**Child:** Every person from birth to 18 years old.

**Children rights:** Special rights assigned to children in accordance to child age, physical and mental development and other specifics of childhood.

**Child protection:** Protection of a child from all sorts of pressure, violence, exploitation and uncaring in all social circumstances.

**Child participation:** Right of every child to get information, develop her/himself and self-protection, opinion expression, get voice heard, responsible participation in all decisions in school, family, all other social settings affecting her/his interests and thereby contributing to social development, right to found and/or entering into membership of movements and organizations for proper development.

**Livelihood Support Council:** Part-time council in charge of selecting families and citizens needed social welfare and care services according to the legal acts, as well as selecting forms and kinds of public and social welfare, care and support and deliver its decision/proposal to social care institutions.

**Child Care Service Institution:** Institution licensed to provide child care services to children having neither parents, nor relatives to take care off and thereby determined by Livelihood Support Council under local municipality governor as needed care and protection services.

**Child Welfare Services Institution:** Institution licensed to provide the needed child welfare and protection services to children deprived from family and parental care for the period up to one year aimed at returning thereafter the child to her/his family.

**Temporary Child Protection Institution:** Institution which provides temporary (up to three months) sheltering services to children under life-and-health risk and thereafter preparing the child for transfer to next step (return to her/his family or patrons, other type of care, welfare services) services depending on results of the child's family or patrons conditions evaluation.

**Life-and-Health Risk Conditions:** Any type of violence, exploitation, pressure, omitting behavior, natural disasters (acts of God) occurred to child whether at home, or while her/him is on streets and squares without patron.

**Family Foster Care:** Multiple-choice services.

**Family Support and Aid Services:** Aid, support, services and consulting aimed at forming favorable conditions for children within their respective families.

**Child Development Plan:** Action plan to monitor and execute changes in child development with regards to her/his growth, development, character changes designed for adults in charge of child patronage, babysitters, teachers, social workers, psychologists, doctors/pediatricians and adopted parents.

#### 5. General Requirements

### **5.1 Licensing requirements**

Institution applying for special license in care, welfare and protection services has to meet the following requirements:

- 5.1.1 The institution has to have a given name.
- 5.1.2 To have a legal entity certificate.
- 5.1.3 To have premises of its own ownership in order to conduct activities it is applying for.
- 5.1.4 To have some experience in the field of social services.
- 5.1.5 To have got a state special professional inspector's conclusion on [not specified].
- 5.1.6 To have determined age class of children and a form of services to be provided.
- 5.1.7 To have established child protective environment, conditions and regulations.
- 5.1.8 To have adopted a further sustainable functioning strategy.
- 5.1.9 To have a material guarantee to get budget and financing for conducting activities for at least three (3) years. To provide such a financial guarantee each time when applying for license renewal.
- 5.1.10 To have got human resources of required profession and specialization.
- 5.1.11 The management of such an organization should have to be a citizen of Mongolia.
- 5.1.12 At least eighty (80) per cent of personnel of an organization should have to be citizens of Mongolia.
- 5.1.13 To meet other requirements as specified in other legal acts.

### **5.2 Requirements to institutions and organizations**

- 5.2.1 To have guidelines to ensure child safety and child rights protection.
- 5.2.2 Not to enforce religious teachings to children, and not to create an atmosphere of religious advertisement.
- 5.2.3 To deliver semi-annual reports on activities to the authorities.
- 5.2.4 Financial reports and statements are to be delivered to Tax departments of the respective districts.
- 5.2.5 To have got plan of first-aid actions and a budget to implement it for cases of natural disasters and other special conditions.
- 5.2.6 To have got stands and other special devices for the fire safety
- 5.2.7 Child care services for 4-5 year old children are to be provided via official pre-school education.
- 5.2.8 To follow evaluation forms and guidelines for service results and outcomes, approved by central Government authorities (ministries).
- 5.2.9 To have child information confidentiality guidelines and rules
- 5.2.10 To have a code of conduct for the personnel.
- 5.2.11 To have got rules and guidelines to receive, resolve complaints/proposals for children as well as consulting.

## **6. Requirements for Services**

### **6.1 Comprehensive child filing**

- 6.1.1 The following civil documents on the child are to be compiled and kept in safe in original and copy:
  - a) Birth certificate;
  - b) Medical Insurance book;
  - c) National citizenship ID;
  - d) Child Allowance Book;
  - e) A copy of Student Personal Records;

- f) Bank savings book;
- g) Personal Medical records (Vaccination card for children under 5 years old).

6.1.2 Student Personal Records (SPR) are to be filed for each student, notes are to be made there in a chronologically and secrecy are to be kept. The following documents are to be filed in the SPR, namely:

- a) Short resume containing general information on the child and her/his *passport* photo;
- b) Records of meetings and discussions with the child, her/his family members/parents;
- c) Original copy of professional conclusion and evaluation by social worker, psychiatrist;
- d) Conclusions of specialized medical examination
- e) Records on plan outcomes and results;
- f) Decisions made with regards to the child and her/his family;
- g) Other related documents.

### **6.2 Medical services**

- 6.2.1 Every child is to be covered by full medical insurance.
- 6.2.2 Every child is subject to full vaccination coverage.
- 6.2.3 First-aid medical facilities are to be in place and their use records are to be thoroughly kept.
- 6.2.4 Medical records to be filed in accordance with forms approved by Ministry of Health.
- 6.2.5 Every new-coming child is subject to the specialized precautionary medical examination and medical treatment if necessary.
- 6.2.6 A healthy child under 2 years old is subject to daily medical examinations, ones 3 to
- 6.2.7 5 years old- weekly, 6-10 years olds are monthly and 11-18 years olds are subject to quarterly medical examinations.
- 6.2.8 Sick child is subject to treatment according to consultations and recommendations of a specialized professional medical doctor.
- 6.2.9 Spirit of healthy living, proper sleep and rest habits, regular morning and mid-day exercises, muscular development and keeping safe sanitary and sanitation habits are to be cultivated in each child.
- 6.2.10 Medicines are to be kept in a proper manner meeting related requirements.

### **6.3 Educational services**

- 6.3.1 Institution taking care of a child should enroll the child into educational services according to her/his demands, according to the principle of non-discrimination to the child's age, sex, development level and social status.
- 6.3.2 Education is to be organized in a way to meet the requirements of providing the child skills and habits for social participation and personal development, professional orientation and life skills.
- 6.3.3 Every child is to be provided an opportunity of being enrolled in preschool kindergarten and school educational services, fully supplied with games and textbooks and every other school tools meeting his age, physical and psychological specifics.

6.3.4 Activities aimed at child development, upbringing, free-time spending are to be designed and organized with the child's participation.

#### 6.4 **Other services**

6.4.1 Every child is to be supplied with seasonal clothing fit to her/his age and physical specifics.

6.4.2 Child transfer data are to be filed every month and delivered to related agencies.

6.4.3 Every child is to be continuously supplied with habitation and sanitation tool kit.

6.4.4 In case if changes in the child's health, moral, intelligence, psychic development can

not be resolved by the institution's capacities, there should be a call to the specialized professional institutions and the matter should resolved in a collaborative manner.

6.4.5 The guardian institution should be innovative in enrolling the child into fostering and family aid/support services.

6.4.6 In case if the child is graduated from the child care/welfare services should be delivered to the local municipality.

#### 6.5 **Child Nutrition Supply**

6.5.1 Nutrition norm and standards related to her/his age are to be followed.

6.5.2 Child is to be dined at least twice a day with a prime meal and provided a light meal at least three times a day.

6.5.3 The food should be procured from the supplier meeting all the sanitary standards, which also should be kept through all the processes of food and food materials storage, preparation, cooking and transportation.

6.5.4 The child physical development and keeping normal weight is to be ensured; in case if any abnormalities are discovered, reasons should be detected and proper measures are to be taken.

6.5.5 In case if the child for any specific reason, suffering for example from food allergy.

or interior sickness, and needs a special food regime, such a regime should be provided to her/him upon recommendation of a specialized professional institution.

6.5.6 The institution is subject to compliance with the "MNS 4946:2005 Catering

institution classification. Basic requirements". It should get samples of food and keep records on regular basis.

### 7. **Child Rights and Protection**

7.1 In case if more than one child from the same family needs child care services, the rule is to place them together ensuring continued family relations.

7.2 The child should be named by the name given by her/his parents, and the child's family middle and given names can not be changed.

7.3 While telling the child about her/his origins and history, the principle is to bring positive attitude to her/him, to feed her/his self-confidence.

7.4 Government and non-government organizations, in charge of children rights, child care and protection, citizen and the public is in charge of providing control while providing room for child participation while conducting such a control.

## 8. Child Upbringing Issues

- 8.1 Child educating and upbringing principle is a non-violent, positive attitude.
- 8.2 Personnel should be regularly trained in child educative and upbringing skills, respectful attitude towards children.
- 8.3 Staff has a responsibility to help children to get positive views and attitude towards relationship development with others, respect to her/his and others rights, belongings and property.
- 8.4 Data on the child failings and measures taken in order to fix them are to be documented.
- 8.5 All activities are to be aimed at upbringing the child in a humane, compassionate, patriotic, responsible manner.
- 8.6 Every possible support should be provided to children voluntary clubs, groups, team spirit is to be encouraged, while closely cooperating with the children self-governance organizations.
- 8.7 Knowledge and understanding of matters of violence and oppression against children, omitting, child exploitation risks and ways to prevent such risks are to be nourished to the staff and children on regular basis.
- 8.8 Personnel should be well informed, skilled and obliged about how to detect child rights violation, where to report to, and on consecutive measures to be taken.
- 8.9 Children suffered violence, oppression, omitting, child exploitation are subject to recovery and other specialized professional services and are to be reported to judicial organs.
- 8.10 In order to prevent the child escaping from caring sight again after she/he graduates from child care services, precautionary socialization measures are to be planned and implemented.

## 9. Requirements for Buildings, Structures and Environment

9.1 Building, premises and structures within which child care and welfare institutions are to conduct their activities are subject to the requirement of the following documents:

- 9.1.1 'BNbD 11-01-98 Drafting, Consensus Making and Approval Rules.
- 9.1.2 BNbD 13-04-03 Standard Norms for Repair and Use Term of Buildings, Structures, Engineered Networks.
- 9.1.3 To use fire-resistant materials of category 2 as specified by 'BNbD 21-01-02 Fire Safety of Buildings and Structures', 'BNbD 21-04-05 Automated Equipment Fire-fighting and Signaling Devices in Buildings and Structures'.
- 9.1.4 BNbD 31-101-04 Handbook on Construction Planning for Disabled Persons.
- 9.1.5 In case if building walls and other crucial parts are to build using local materials, conclusion.

and recommendations are to taken from the local aimag, city construction technical control authorities.

9.1.6 Water, air and soil surrounding the premises are to be free from industrial and communal waste and chemical contamination.

9.2 The premises environment is subject to the following requirements:

- 9.2.1 The premises are to be located in at least 500 meters distance from bars/pubs, other entertainment and public places.
- 9.2.2 The premises are to be located in at least 2 kilometers distance from gas stations.
- 9.2.3 The premises are to be located in population centers with electricity, communication and developed infrastructure, suitable to the social services coverage.
- 9.2.4 The premises are to be supplied with anti-flood facilities and ensured anti-slippery safety.
- 9.2.5 The environment should be afforested and sward.
- 9.2.6 Parts of land free from lawn are to be devoted to pass-ways, sitting and resting places cemented or paved with stones or bricks or improved.

in some other way by land pressing. Seats and trash bins are to be located in every 50 meters along the pass-ways.

- 9.2.7 Outdoor playground should be of an area of at least 30 square meters and supplied with sportive playthings.

9.3 With regards to comfort premises for child care should meet the following requirements:

- 9.3.1 Lounge area per one child should be at least 5 square meters.  
9.3.2 There should be a separate lounge for teachers and personnel.  
9.3.3 Playroom and lounge for children should be at least 20 square meters in total area.  
9.3.4 The premises should have library, reading room as well as sports room; are of each of them should be at least 20 square meters.  
9.3.5 Beds and cribs, tables and other furniture should meet child age and development specifics as well as every child should be supplied with her/his own locker and sanitary tools.  
9.3.6 The premises are to be supplied with cold and hot water, drainage facilities; in case if water supply depends on transported water, it should be heated in low-pressure stove in order to have hot and cold water storages meeting sanitary standards.  
9.3.7 The premises are to be supplied with toilets and shower facilities suited to children age and development specifics. The standard is one shower per 10 children and one toilet-seat per 10 female and 15 male children.  
9.3.8 There should be a separate bathroom and shower for the personnel  
9.3.9 Air temperature in the premises should be not less than 20°C.  
9.3.10 General or mechanic ventilators are to be supplied in order to provide proper air ventilation in the rooms.  
9.3.11 Kitchen should be supplied with refrigerating devices.  
9.3.12 Living rooms for children are to be planned as lighted by natural or regular light.  
9.3.13 Outdoors are to be fully supplied by illuminants.

#### **9.4 Cleaning, disinfection, repair services**

- 9.4.1 Premises should be closed for 7-10 days annually for a current repair like whitewashing, painting, cleaning up must and fungus, pests and insects extermination as well as disinfecting.  
9.4.2 Children rooms and lounges, toilets and bathrooms, kitchen each should be cleaned daily using separate specially assigned cleaning swabs and towels, soaps and washing detergents.  
9.4.3 Bathrooms (toilets), showers, and trash cans and bins are to be disinfected by special detergents once per 7-10 days.

### **10. Requirements to the Human Resources**

#### **10.1 General requirements**

- 10.1.1 There should be one social worker per every 15 children under child care services.  
10.1.2 There should be one social worker per every 15 children under child welfare services.  
10.1.3 There should be one social worker per every 8 children under child protection services.  
10.1.4 There should be two teachers per every 15 children under child care/welfare services.  
10.1.5 There should be a full-time pediatrician for an organization with 10 or more children under 3 years old and 30 or more children above 4 years old. In other cases a pediatrician can be contracted from the family doctors.

- 10.1.6 A professional cook should be working in an organization with 10 or more children. In other cases staff can hold a cook course certificate.
- 10.1.7 There should be one guardian/nurse per every 3 children under 3 years old and per every 5 children above 4 years old.

#### 10.2 **Personnel selection**

- 10.2.1 Organization should base on children age, sex distribution, demand and specifics while selecting teaching and other personnel.
- 10.2.2 Organization director and managing officers should not be family members or relatives with the teaching and other support personnel.
- 10.2.3 It is prohibited to employ a person with criminal record, or person with heavy drinking, drug using and other freak habits or persons with mental or contagious deceases.
- 10.2.4 Manager should be a person with higher education in social sciences, law or medicines, pedagogies, specialized in social works, with at least 3 year experience of working in child institutions and of labor age.
- 10.2.5 Freshman/woman employed should be contracted for a 3 month trial period and the contract may be prolonged if the employee successfully passes this trial period and regarded as meeting the requirements.
- 10.2.6 Each employee has to have a terms of reference and a clear work place description.
- 10.2.7 Each employee should be enrolled into social insurance scheme on compulsory basis.

#### 10.3 **Requirements to staff**

- 10.3.1 Professional meetings and discussions should take place at least once per month amongst employees.
- 10.3.2 Employees are to be enrolled in training and re-training courses at least once per year.
- 10.3.3 Term of references of employees should embrace detailed description of the employee's obligations, aimed at providing quality child care/welfare services while safeguarding children rights,
- 10.3.4 Employees should get the child/children participation while making decision related to her/him/them or affecting her/his/their lives.
- 10.3.5 Institution should learn continuously about new methods of child care, train its' staff on a regular basis.
- 10.3.6 People working with children are subject to annual medical examinations.
- 10.3.7 People working with children should hold a certificate of attending first-aid reanimation training course.
- 10.3.8 Employees have an obligation to non-disclosure of the child personal history to the others. In case if confidential information about the child is to be disclosed at the authorities request it should be consulted with the child her/himself.
- 10.3.9 Name of child, her/his origins and other information of public knowledge are to be changed while filed in a work reports or mass media reporting about the child on basis of consultations with the child and upon managerial approval.

### 11. **Prohibited Items**

Child care, welfare and protection institutions, their staff are prohibited from the following actions of child rights violation, namely:

- 11.1 any form of child discrimination.
- 11.2 oral humiliation of a child.
- 11.3 force child to burdensome labor.

- 11.4 tout the child and force to ram to any religious sacraments except the national traditional religion.
- 11.5 teach and seduce the child to abnormal habits and freaks.
- 11.6 Personal data dissemination, either via mass media or not, without the child's agreement.
- 11.7 Inhumane penalties like making the child needy in nutrition and food deduct food rations, force the child to labor, dishonoring and humiliating the child.
- 11.8 Transferring the child into other party's guardianship or adoption without the related authority's approval.



Bijlage II Implementation of Service Standards in Residential  
Care Institutions for Children

**MINISTRY OF SOCIAL WELFARE AND LABOUR**

**Implementation of Service Standards in Residential Care Institutions for  
Children**

Monitoring Report

Ulaanbaatar  
2010

## Introduction

Pursuant to the Convention on the Rights of the Child (CRC), State Party is obliged to regularly monitor the quality of the service provided to the children placed in care<sup>15</sup>. To enforce this CRC provision in Mongolia, the National Council for Standardization and Measurement approved the MNS5852:2008 Standards for Child Care, Welfare and Protection Services by its Directive No. 16 on June 26, 2008. The Standards have been effective since January 01, 2009 in all child care and welfare care centres, operating in the country.

With the purpose to measure the implementation of the standards, to identify future actions for the full implementation of standards and to define the support needed from the State, the Ministry of Social Welfare and Labour designed the monitoring assessment guidelines. Using the guidelines, the Monitoring project was conducted in the end of 2009. This report aims to analyze the information collected during the monitoring process and to identify actions needed for reforming the care and welfare services in line with the general principals of the Convention on Rights of the Child.

## Methods

Five working groups, consisting of members of governmental and non governmental organizations conducted this monitoring assessment. 40 orphanages and care centers were assessed by the guidelines and checklist approved by the Secretariat of Ministry of Social Welfare and Labor. The assessment was conducted in 30 residential care institutions of Ulaanbaatar city, in eight institutions of Darkhan-Uul aimag and two care centres of Orkhon aimag. The assessment checklist was covered the following six areas of the performance of the Standards:

- Assessment of basic standards for child rights and protection services;
- Assessment of the basic standards for health services;
- Assessment of standards for education services;
- Assessment of the basic standards for food and nutrition;
- Assessment of the basic standards for facilities, buildings and surroundings or environment of the institution;
- Assessment of the basic standards for staffing of the institution;

Since the Checklist was designed to assess residential care institutions, it was not suitable for monitoring the operation of family based care centers and the Child welfare Service Centre under the Ulaanbaatar Municipality Police Department, which provides temporary protection services for abandoned and lost children as well as run-away adolescents. For this reason, in most cases, the final analyses were drawn from the data collected 37 institutions.

To collect data for the assessment, the working groups visited institutions, observed their facilities and daily activities, surveyed children and staff and reviewed their policy documents and other necessary documents. Individual interviews were held with administrators and some children. For the surveys, a convenient sampling methodology was used recruiting participants from a population which was available at the facility during a visit. Total of 340 children and 74 staff were surveyed. Study groups evaluated every institution by points from 0-100. Based on their earned points, the institutions were grouped to the following three categories:

- Institutions where the Standards are met ( Institutions earned above 80 – points);

<sup>15</sup> UNHCR (n.d.): *Convention on the Rights of the Child: Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989; Entry into force 2 September 1990, in accordance with article 49.* Geneva: Office of the High Commissioner for Human Rights. Downloaded February 2009 from <http://www.unhcr.ch/html/menu3/b/k2crc.htm>

- Institutions in a process of meeting the Standards ( Institutions earned points of 50-80);
- Institutions where the Standards are not met ( Institutions earned points below 50).

For interpreting the data collected during the monitoring process, the following international and domestic legal acts were used as a benchmark:

- The UN Convention on the Rights of the Child;
- Mongolian Law on the Protection of the Rights of the Child;
- Law on Primary and Secondary Education;
- Family Code;
- Sample Procedures for Residential Care Centres for Children” approved by the Directive of the Minister of Social Welfare and Labor dated March 07, 2005;
- Standard MNS5852:2008, “Standard for Child Care, Welfare and Protection Services Basic Standards of Residential Care Institutions for Children”;
- Alternative care guidelines reflected in the 64/142 resolution of the UN General Assembly dated October 20, 2009.<sup>16</sup>

Furthermore, in order to see the outcomes after the implementation of the Standards, we have compared the collected data to some findings the previously conducted studies.

### Theoretical and historical background

1

Family is the natural environment for child development. The family not only meets basic needs of the child, providing shelter, food and clothes, but also supports child development creating safe and secure environment, nurturing with love, affection and encouragements, teaching social and family-life skills, and coaching personal development competencies for independent living.

UN Convention on the Rights of the Child (CRC) declares that parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The State should provide special protection and assistance for the child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment. States Parties should ensure alternative care for such a child.<sup>17</sup> Alternative care services could include foster placement, adoption, other alternatives of family-based services, or if necessary placement in suitable institutions for the care of children. Family reunification and supporting living arrangements for care leaving youth are also a part of alternative services. During emergencies children separated from their families should receive special care.

Placement in Institutional care is defined in the Law on Social Welfare as “residential care is the service which places the children in a difficult/vulnerable situation in an institution where food, clothes, health services, cultural and psychological treatment services are provided, normal living conditions are created and their legal rights are protected in accordance with Mongolian laws and codes<sup>18</sup>”. The Law on Protection of Child Rights states that “ the child in a difficult/vulnerable situation is the child who is full orphan, disabled, or extremely poor, the child without parental care or

<sup>16</sup> UN General Assembly (October 20, 2009), Alternative care guidelines reflected in the 64/142 resolution Downloaded on December 02, 2010 from <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N09/470/35/PDF/N0947035.pdf?OpenElement>

<sup>17</sup> UNHCR (n.d.): *Convention on the Rights of the Child: Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989; Entry into force 2 September 1990, in accordance with article 49.* Geneva: Office of the High Commissioner for Human Rights. Downloaded February 2009 from <http://www.unhcr.ch/html/menu3/b/k2crc.htm>

<sup>18</sup> Parliament of Mongolia (2006) *Law on Social Welfare*, downloaded December 2010 from <http://www.legalinfo.mn>

the child suffering mentally, emotionally and physically from sexual abuse and/or forced labor which harm child's life, safety and health."<sup>19</sup>  
The Standard MNS5852:2008 "Standard for Child Care, Welfare and Protection Services" Identifies three different types of the residential care institutions for children as follows;

**Child care centre** refers to an institution which provides care service for the children who were assigned by the decision of Livelihood Support Council of local governor because the child needs necessary care and protection service due to absence of parents and relatives who can serve as their legal guardians,

**Child welfare centre** refers to an institution which provides social care services up to a year and a half for those children who lack the guardianship of family and parents. Therefore, the institution should work towards the family reintegration.

**Temporary child protection institution** refers to an institution which provides services for those children who are under circumstances that may harm their health and life. The duration of stay at the institution is up to three months and during this period careful assessment is conducted on the conditions of a child, his/her family and guardians. Then, the child may be referred for next service steps including reintegration, transfer to above mentioned two types of institutions.

These definitions were applied during monitoring assessment. However, there were some limitations. For instance, the Centre for Child Welfare Services which operates under jurisdiction of Ulaanbaatar Municipality Police Department is in a category of temporary protection institutions, so, it was challenging to evaluate this agency with the standards on child care and child welfare centres. A majority of the assessed institutions could have classified as child care centres because of their placement duration. No single child welfare centre provided the data of how many children have been reunited with their families after a year and a half. Therefore, it is questionable whether the centres place children for more than a year and a half are child welfare centres. General public and agencies working for children perceive a residential care institution financed by state budget including the Child Care and Development Centre as a child care centre. Agencies funded by foreign donors are considered as child welfare centre. These perceptions are related to a history of child welfare and care centres in this country.

Under the influence of the soviet-bloc countries, a first residential care institution for children was established in 1974. The children orphaned or whose parents were diagnosed with a severe mental illness or children left in maternity homes or streets were placed in the institution managed by the state<sup>20</sup>. Since the beginning of 1990s child care institutions were opened as a response to a rapidly grown number of street children. Those years of the transition to market economy, 3000<sup>21</sup> street children were reported. Child welfare centres managed by mostly foreign organizations were established. They provided shelter and food for street children run away from their homes to sewage manholes. They linked the children to educational, health and social welfare services<sup>22</sup>. In 2003, there were 1086 children at 30 child care and welfare centres, in 2006- 1817 children<sup>23</sup> in 55 centres. There were 1494 children<sup>24</sup> in 48 centres in 2007. During this time monitoring activity, there were 1139 children in 42 institutions.

<sup>19</sup> Parliament of Mongolia (1996) *Law on Protection of Children's Rights*, downloaded December 2010 from <http://www.legalinfo.mn>

<sup>20</sup> Child Care Kindergarten (2008) Performance Report Submitted to the Deputy Prime Minister's Office

<sup>21</sup> UNICEF (2003), *Unsupervised Children*, Ulaanbaatar

<sup>22</sup> UNICEF (2003), *Unsupervised Children*, Ulaanbaatar

<sup>23</sup> National Centre for Children's Rights (2006) *Study on Reintegration of Unsupervised Children*

<sup>24</sup> Deputy Prime Minister's Office (2009), *Monitoring Report on Residential Care Institutions*

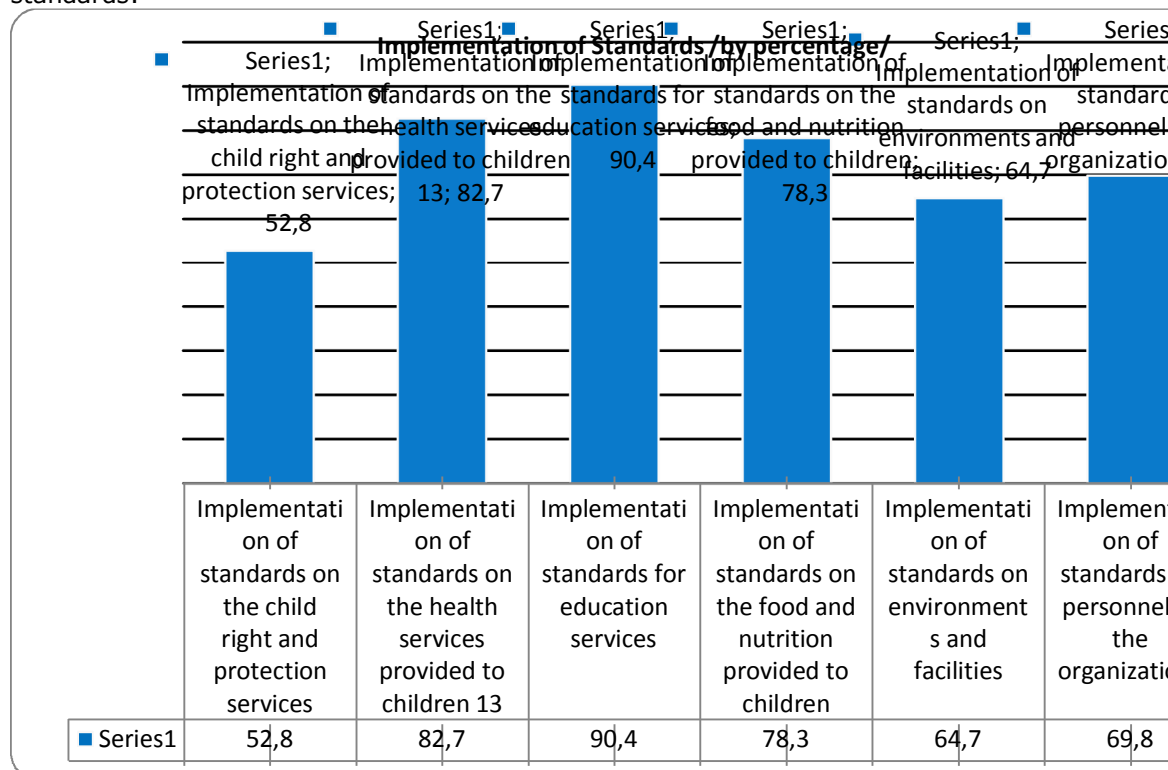
The decreasing numbers of children placed in institutions and child care and welfare centres demonstrate the outcomes of the measures followed after the monitoring assessment undertaken by the Ministry of Social Welfare and Labour in 2007 to check the implementation of the "Sample Guidelines for Child Care and Welfare Institutions" dated March 07, 2005 approved by the Minister of Social Welfare and Labour. In addition, the Standard MNS5852:2008 "Standard for Child Care, Welfare and Protection Services" enacted by the National Centre on Standards and Measurements seems to bring some positive changes in lives of institutionalized children.

2

### Findings

The Monitoring Assessment Teams evaluated each institution by a percentage of earned points. They assessed that the standard performance in 17 institutions which received the 80-100 points was satisfactory. The standard compliance at 19 institutions with 50-80 points was evaluated as they were at a stage of implementation. The "unsatisfactory compliance of standards" was observed at the Child Care Centre "Uguumur" run by the Fraternalite Notre Dame which earned 40 points and Lotus Centre in Orkhon province which got only 25.3 points. See the compiled sheet on the standard performance of all evaluated institutions at Appendix One.

The following chart shows the evaluation results by six different parts of the standards:



According to the Graph, the compliance of the standards on educational and health services is relatively higher whereas the standards on child rights and protection are the lowest.

In order to see the outcomes of the Standard implementation and generate possible recommendations for future actions to improve the care services at institutions, the

findings of the Evaluation Assessment are provided below arranged by the chapters of the Standards.

## 2.1

### **General standards on the child right and protection services**

The monitoring assessment was conducted applying 65 indicators to assess general standards on the child right and protection services. The implementation of the standards on child right and protection services was assessed as 52 percent, which was an alarmingly low.

A child protection policy with clear goals and objectives to protect children in vulnerable conditions was not available at 56, 8 percent of the assessed institutions. For example, "Temuulel" Centre, run by Oyuntulhuur Foundation, Tumuujin Friend's Book Palace" Center, "Manaa", "Namuun", "Solongo" and "Degdeehei" Centres, "Enerel" Centre in Orkhon aimag", branches of "Lotus Centre", Solongo" Centre run by Help International " had no written policy documents regarding child protection. Furthermore, although the "Verbist"Centre, "Uguumur" Care Centre run by Fraternalite Notre Dame NGO of Republic of France, Care Centre of Beste Kinderhelfe NGO of Germany, and the "Friendship" Centre in Darkhan Uul aimag had their own policies regarding child protection, these documents did not sufficiently reflect the key principles of child protection services and were not attentive to specific needs of children with special needs.

The procedures on reporting, investigating, recording and following up the cases of child abuse were included in the child protection policies of the Gunt Child Care Centre run by the World Vision International and the Family 2 Centre run by the Mongolian Children's Fund and their organizational bylaws. Although the violence against children was reflected in the child protection policies of other institutions, they were much like mere declarations because any types of accountability measures were not included. The Child Care Centres Misheel and Unur of the Alpha Communities International did not display their child protection policy in an easily assessable place because they considered that displaying such documents in a family-type environment was inappropriate

Pursuant to Article 1.1 of the "Sample Guidelines for Child Care and Welfare Institutions" child care and welfare institutions should provide temporary or permanent accommodations and services for children of ages 4-18 referred by the Livelihood Support Council under a local governor. However, the SOS Children's Village has defined its target population as children of 0-10 years old in their program framework.

48.6 percent of care and welfare centres follow an intake procedure and receive children only upon the decision made by the Livelihood Support Council. At these institutions, during an intake, the child is assessed by standardized needs assessment questions. The intake procedure is not in practice at 36 percent of the assessed care and welfare centres. As for the remaining institutions, even though the appropriate policies and procedures are in place, the following shortcomings were common:

- Although the institutions have a written intake procedure, staff members were not familiar with it;
- Some institutions placed children who were not referred by Livelihood Support Council; and  
There were cases when children accepted without needs assessment;

- Although the institutions responded that they introduced and explained children about child rights, responsibilities and protection issues when receiving them, the documentation and proof of such acts were not recorded.
- Furthermore, some institutions refuse to receive children with disabilities and children referred by the police department because they are difficult to deal with.

From the institutions covered by the Monitoring assessment 70.6 percent of them kept a profile for a child ensuring each of them was provided with a health insurance book and birth certificate. Especially, 48 percent of them, namely, the care centres including "Don Bosko", "Family-2", "Usukh nakhia in Darkhan uul province, "Degdeehei, "Solongo", "Namuun", "Nukhurlul" and "SOS Children's Village", "Gerelt urguu" of World Vision opened a profile for each child which contained a basic data of the child including a photo, protocols of the meetings and discussions held with child's family and parents, professional opinions of a social worker and psychologist, decisions regarding the child and his/her family, opinion made by the professional health specialist, a case plan to work with the child's family and feedback on the outcomes of such plan. However, "Lotus-2" in Ulaanbaatar, "Lotus" in Orkhon aimag, "Manaa" Care Centre, "Temuujin Friend's Book Palace" run by Oyuntulhuur Foundation did not follow the standards for documenting and maintaining citizenship documents of children.

There were 10 indicators in the Monitoring Checklist to evaluate the residential care institutions' compliance of Article 20, the CRC stating *"A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. States Parties shall in accordance with their national laws ensure alternative care for such a child"*.

Unfortunately, the implementation of this Article encouraging child upbringing in a family environment had been poor. A few institutions had introduced some forms of family-based alternative care. The World Vision International carried out foster care, family support and family reunification services. Some care centres including the Family, Verbist and Cristina Noble introduced family reunification and family support services. The Care Centre "Usuh nahia" in Darkhan-Uul involved some parents in income generating activities. However, administrators and staff of these institutions expressed their concerns for a lack of child-friendly legal environment and insufficiency of financial and human resources which hindered the further development of family-based alternative care.

Family group care service which places 4-8 children in same accommodation under supervision and care of an adult caregiver had been implemented in the care centres managed by international organizations including Help International, SOS Children's Village and Family Centres. The responses of the children from family group homes were more satisfactory than of those in bigger care centres. In addition, family group caregivers were more emphatic and committed to the children they cared for. Other care centres had not identified their strategies and policies for family reunification and placement in family-based alternative care. The coverage of family-based services was not included in their annual budget. Although some care centres replied that a social worker responsible for this kind of alternative care was assigned, staff survey showed that many respondents did not know about family-based alternatives. Furthermore, family tracking for each child was not done. No attention was paid for engaging parents or relatives in activities aimed at family reintegration for those who had family. Because care centres did not identify their policy on family-based services, there was no monitoring and tracking mechanisms to locate the children who left care centres for different reasons. Family reunification plan was not in practice. Except residential care, family-group home and adoption

were options of alternative care for children who did not know whereabouts their family of origin.

Two indicators out of six indicators for measuring the standard "every child is protected from all forms of maltreatment" were designed to find out the knowledge of care centre staff and children themselves on child abuse prevention and protection. According to the result of survey which was conducted among staff members and children of ages from 6 to 19, the understanding of forms of child abuse varies. Although 73 percent of the respondents did not fully know all the forms of child abuse, they named some forms of child abuse including sexual and emotional abuse, neglect, pinching, chasing, and beating and kicking.

In addition, most of the children, participated in the survey, answered that they would directly approach their group home mother, principal, doctor, child inspector, social worker and the nearest adult in the event of violence against her/him or his/her friend. 74 staff members of residential care institutions participated in the survey. 57 percent of them demonstrated good knowledge about violence and general understanding about child abuse and they were able to name forms of violence. However, the remaining percent showed weak understanding of violence against children. There were questions in the survey whether the respondent attended any training on how to identify children exposed to violence, where to report it and what actions to take after such event. 43 percent of respondents answered that they did not attend any training in this regard.

There is a standard for providing residents in care centres with clothes appropriate for children's age, gender and seasons of a year. From the responses in the survey, it is concluded that children in foreign invested care centres are satisfied with an opportunity to choose clothes for themselves. However, children at the state-budgeted care centres were not happy with the clothes distributed to them. Below is a comment from an adolescent.

*They have provided me with girl's pants. I get always ashamed of my classmates. Sometimes, I borrow the clothes of the older boys, who left the center. However, I get yelled because of getting somebody's clothes.*

An 8<sup>th</sup> grade male student

The Standards oblige residential care institutions to obtain assistance from professionals regarding the services for rehabilitation and behavior change. However, the implementation of this standard is not satisfactory due to following reasons:

- There are only few organizations which provide such services;
- It is not clear how residential care institutions address their financial issues when receiving such service;
- It was evident that administrators and staff members of some residential care institutions have poor understanding on the psychological changes of children in relation to their developmental milestones, particularly, many of them are not aware of emotional and behavioral changes displayed by children, who faced extreme hardships in their lives or lost their parents. Therefore, blaming and punishing children are common in institutions.

The State Child Care and Development Centre stated "If a child violates the rules of the Centre she/he will be expelled from the Centre" in its bylaw. This statement counteracts with the standard of the application of positive and non-violent disciplinary actions if the child behaved inappropriately. With a fear of getting



expelled, children do not report the cases of violence to the appropriate staff. Some staff members use this fearing method to put pressure on children. For example, children said that their care centre guard prohibits them to go outside to meet their friends saying that she would ask Principal to expel them from the Centre. This example also indicates that the standard of training of employees on child rights principles is not complied.

The Standard provision to respect the right of the child to preserve his or her identity was violated in the Care Centre "Lotus 2". This centre gave six children same family name as Lotus. Although, these children were abandoned and found, the Care Centre should have paid attention to track the child's true origin, identity, biological parents and relatives.

For the children placed in residential care, the information on adaptation of children into a new environment, cooperation with parents and the movements of children are vital to protect children's rights and to prevent them from potential exposure to violence. However, some of the assessed institutions showed that they did not keep the information about reintegration of children and communication with parents. Lack of action plan to prevent children from becoming unsupervised after leaving residential care was common.

The rights of disabled children are being breached due to insufficient access, quality and types of health, education, social welfare, protection, legal and rehabilitation services. For example, "State Child Care and Development Centre which is the oldest and biggest residential care institution designed to serve orphaned children throughout the country does not have infrastructure suitable for special needs of disabled children.

The residential care centres expressed that they face significant challenges in implementing the standards for providing emotional and other supports to young people leaving care for their independent living. Some institutions including World Vision International, Help International, Don Bosco and Family Care Centres 1, 2 stated that they were striving to overcome these challenges with their commitment and initiatives for those who spent their childhood under their roofs. These centres provide their care leavers of ages 18-22 with accommodations, vocational training, and tuition for study at university or employment.

Article 15.3 of the Law on Protection of Child Rights states that local administrative organs shall provide an accommodation for an orphan child, who lived in the orphanage and had no real estate property. Pursuant to Article 25.2.4 of the Law on Social Welfare, citizens of ages 18-24 who were orphaned before age of 18 are entitled one-time monetary allowance to buy a ger. These provision exclude care leavers who have alive parents, but unable to support themselves and their children due to their severe illness, homelessness and imprisonment status. Therefore, the above mentioned provisions need to be revised to meet needs of children leaving care.

Even though residential care centres are aiming to provide their care leavers with a house and a fence as stated in law, there are still difficulties in getting a land owning permission or buying an apartment due to increased cost. Therefore, youth over 20 year old are still living in the residential care institution since they have nowhere to go.

For most of those leaving residential care, expectations for a life after leaving the care are blurred.

*I don't know where to go after leaving the place. Lately, I wish I could stop the time.*  
Talk of a child, who will reach 18 years soon and have  
to leave a care center.

Currently, only few institutions pay attention to developing skills and knowledge necessary for living independently after leaving the orphanage. For example, Don Bosko Centre involves children in care in vocational education training provided by their training centre. The Centre has training rooms equipped with machines and tools. Their training curriculum cover necessary knowledge and skills for vocation children are trained. Monthly guest speaker series are held. Although 48, 4 percent of the assessed institutions have initiated some projects in this regard, the remaining centres provide inconsistent training on vocational and life skills education. Lotus centre in Orkhon province did not take any actions to comply with this standard.

### **Implementation of standards for education services**

#### **2.2**

The implementation of standards for education services has been most successful if compared to standards for other areas. All assessed institutions enrolled their resident children into primary and secondary schools. All institution comply the standard for involving children in educational services appropriate for their needs, without discriminating them in terms of gender, disabilities and social conditions.

There are 4 institutions including Child Care Kindergarten, "Gunt" Care Centre of World Vision, "Naidvar" and "Manaa" Care Centers of Alpha communities place preschool children and provide preschool education for them. 20 organizations covered by the monitoring assessment place both preschool and school children and of which 14 care institutions have their children go to local kindergartens whereas three organizations such as "Badamlinhua-2", "Gerel" and "Beste Kinderhelp" Centre provide preschool education at their own premises.

To integrate extracurricular activities into children's education, residential care institutions support children to participate in clubs and activity groups in accordance with their interests, hobbies and talents. Most of the centres run different activities at their facilities. Some institutions support children's attendance to paid lessons and afterschool programs. Twenty percent of the surveyed children responded that they engaged in school and class leadership activities. 66.6 percent of the assessed institutions fully supplied children with toys and learning materials appropriate to children's evolving capacities by ages. 33.4 percent was assessed in the middle stage of the implementation. At these institutions, some learning supplies were missing, study desks and chairs were not enough for every child, the internet and computers were not available and intellectual development games such as chess and checkers were not supplied. All institutions except "Lotus-2" Care Centre provided all children with school supplies including book bags, textbooks, pens, pencils, and rulers.

46.8 percent of institutions designed an extracurricular activity plan for children and encouraged children's participation in creating such plans. 53.2 percent of institutions reported that they run recreational and extracurricular activities for developing children even though they did not have specific plans.

#### **3**

### **Implementation of standards on the health services provided to children**

30 institutions reported that all children at their centres were covered by health insurance and required vaccinations. Health checkups by age groups were done at 80.5 percent of the institutions. 11.1 percent of the institutions partially involved children in health checkups. At 8.4 percent of institutions this standard was not

observed. 31 institutions involved every child in a comprehensive medical checkup annually. At least 50 percent of children went through annual medical checkups at 5 institutions. 91.7 percent of the assessed institutions kept a medical card with health records for every child. At 8.3 percent, medical cards were not provided or health records were missing. 59.4 percent of the institutions had a medical kit with emergency medical supplies, kept medicines in accordance with their storage requirements and tracked the usage of medicines. At 29.7 percent of assessed institutions, this standard was complied partially because some emergency medical supplies were missing. Four institutions did not fulfill this standard not having a medical kit at all. 41.7 percent of the assessed institutions planned and organized regular activities aimed at teaching children healthy behaviors. 41.7 percent reported that they conduct some activities such as morning exercise and teaching hygiene practices. Any activities to promote healthy behaviors were not held at 16.6 percent of institutions.

### **Implementation of standards on the food and nutrition**

As for the standard on providing food and nutrition for children, 78.3 percent of the total organizations had age appropriate food norms and normative. At 5.4 percent of the assessed organizations, their food norms were not age appropriate. Remaining percent of the care centres did not have any food norms.

64.7 percent of organizations fully satisfied the requirement of having 2 meals and 3 tea breaks a day. Even though there are no scheduled meal time and menu at 29.7 percent of the organizations, the standard requirement of 2 meals and 2 tea breaks a day was complied and children were satisfied that they were able to order the food they like to eat. At some care centers, the following breaches were found for example: "Beste Kinderhelp" did not have any menu or scheduled meal hours. It provided meal once and tea breaks twice a day. "Lotus" Centre in Orkhon aimag provides meal with meat only twice a week. The organizations which meet the standard requirement of procuring food and consumer goods from reliable stores on a weekly basis constituted 58.6 percent of the assessed institutions. The remaining 41.7 percent purchase and store food and other goods from food markets and wholesale centres.

Over 90 percent of the children living in 94.4 percent of assessed institutions demonstrated the adequate physical development and body weight. "Beste Kindehelp" and "Lotus Centre" in Orkhon aimag failed to receive guidelines and advices from health specialists whether the children under their care had an adequate level of physical development and body weight. In addition, 88.9 percent of the institutions fulfilled the requirement to obtain advice from health specialists about nutritional needs and appropriate food selections for children with an allergy to certain food products and digesting problems. However, the institutions such as "Beste Kinderhelp" and "Lotus Centre" in Orkhon aimag failed to define whether the children had digesting problems or an allergy to certain food products or not. Although "New Hope" and "Friendship" Care Centres in Darkhan-Uul aimag, assessed the nutritional needs and allergy levels of children, they have failed to provide an appropriate diet for the children with specific nutritional needs.

### **Implementation of standards on human resources of the institutions**

#### **3.1**

The monitoring assessment on the human resources of care centres were conducted based on 39 criteria, which were developed under the general 20 standards on the human resources of care centres. The final result of the standard on the personnel reached 69.8 percent. Depending on the capacity and financial conditions of the institutions, the number, professional skills and role of employees vary. In family based care centres with a small number of children, mother- teachers work to provide care and support for resident children. In the larger care centres,

professional social worker and “shift teachers” work. 86.4 percent of institutions had professional personnel, 31 organizations had teachers and social workers. The institutions with over 80 percent of Mongolian employees constituted 94.5 percent of the all assessed centres.

Furthermore, a significant progress was made in achieving the standard requirement on the personnel of the institutions depending on the number of children living in the care centers. For example, 72.9 percent have a certified cook and 67.5 percent have full time nurses, which indicates that the most of the institutions fulfill the standard requirements.

The requirement for having a job description and segregation of duties for employees was fulfilled by 67.5 percent of the institutions. 63.8 percent successfully developed the job descriptions of the employees in line with the CRC principle to ensure the best interests of children. When selecting employees, 56.7 percent of the organizations hire their employees based on reference from police and health organizations stating that the person did not conduct any type of a criminal offence, no drug or alcohol addictions, no mental disorder and contagious diseases. However, the remaining 44.3 percent did not require an reference of police and health departments when hiring new employees and failed to enclose such documents in the employees’ profile. This could make the children vulnerable to possible risks.

There were some positive indicators such as 91.6 percent of the institutions had fully covered their employees with social insurance, 58.3 percent of them organize a professional meeting and trainings to empower their employees at least once a month on regular basis and 66.6 percent conduct inductions for their employees. However, only 33.3 percent provided first aid training for their employees. 80.5 percent of the institutions have reflected confidentiality issues in the code of conducts of the employee and of which 72.2 percent provide children’s information to media upon discussing with children and receiving an approval from the management after changing the names of the children.

### **Implementation of standards on environments and facilities**

4

All 37 organizations, covered by the monitoring assessment, had an official name and legal certificate. However, the approved timeframe of certificates were expired for 29 percent /11 organizations/. In addition, 51.4 percent of the assessed institutions did not have an assessment by the state inspector from the Professional Inspection Office of Mongolia. However, these organizations explained that they have already sent their application to the relevant State Inspection Offices to have State Inspector Assessment. Although, the requirement states that the managers of care centers should be Mongolian citizens, only 18 of 37 organizations fulfilled this requirement. Foreign invested organizations could have a Mongolian manager and administer and monitor the institution through its management council. Currently, 64.8 percent of the care centres operate by a management council.

More than 80 percent of the employees working in the care centers are Mongolian citizens. All institutions, except “Lotus Centre” in Orkhon aimag, provided their performance report to relevant government authorities on semi-annual and annual basis. 81 percent of the assessed institutions provided children the services in accordance with a different age category and service type. As for the rest, even though they have defined the service types, they did not identify the age groups for the certain types of services.

56.7 percent of the assessed institutions already have developed a confidentiality procedure and 59.7 percent already have a code of conducts for their employees. Even though most of the organizations did not have separate documents regarding

the confidentiality procedure and employee code of conducts, these procedures were well reflected in the employment agreement and job descriptions. All institutions covered by the monitoring process had internal procedures. In their internal procedure they have addressed child rights, protection and safety issues. However, it was common for the institutions to left out provisions about the accountability measures in their internal procedures.

Even though the Standards have a clause not to convert religious beliefs to children and not to create environment, which promotes certain religious beliefs, it was not possible to monitor the implementation of this standard because the appropriate indicators were not developed to assess this standard.

16.2 percent of the organizations had infrastructure appropriate for special needs of children with disability. However as for the care centers, operating on the first floor of apartment building and for those which do not have any disabled children, it was difficult to assess the standard for having appropriate infrastructure for disabled children. 26 organizations fulfilled the standard requirement of having an appropriate location in downtown areas, which are close to telecommunication and social welfare services as well as developed infrastructure, whereas the remaining care centers and orphanages were located away from the city.

59.5 percent /22organizations/ had at least a 30 square meter playground with adequate toys and equipment. As for the care centers, which operate in apartment buildings, it is hard to design a playground.

70.3 percent fulfilled the requirement of having at least 5 square meter area per child. 64.8 percent had an office room for staff and teachers and 61.2 percent a recreation room with at least 20 square meter area for children. 35.1 percent of the assessed institutions had libraries and reading rooms whereas 40.5 percent had fitness and gym rooms.

94.6 percent fully provided residents with beds, tables and chairs, as well as drawers to keep their personal items. The supply of basic necessity for children at "Erdem" center and "Beste Kinderhelp" was not sufficient. 89.1 percent of the assessed institutions were connected to centralized engineering and sanitation systems of cold and warm water supply, 94.5 percent maintained room temperatures above 20 degrees in Celsius, all of them had windows and balconies for air circulation and direct sun light as well as internal lighting fixtures. 86 percent of assessed institutions had lighting outside their care centres, 83.7 percent had refrigerators, and 56.7 percent had bathroom facilities and showers for their employees.

5

### **Recommendations**

Based on the findings, we can conclude that standards on educational and health services at residential care institutions are satisfactory. The standards on food and nutrition, human resources and facilities are in a stage of partial implementation. Unfortunately, the standards on child protection services are far behind of the compliance. For further improvements in the implementation of the Standards the following policy and practice measures could be proposed:

1. All residential care institutions should revise their policy and management procedures and strengthen their financial and human resources capacities in order to meet all requirements of the Standards;
2. The permission to operate a residential care institution of Uguumur Child Care Centre run by Fraternity Notre Damos International and Lotus Centre

in Orkhon province should be canceled because their standards compliance was only 40 and 25.3 respectively. It is recommended to take all necessary measures to protect best interests of children when transferring the residents of these centres to other residential care institutions or family-based alternatives;

3. Residential care institutions should accept only children who are full orphans and children without extended family. It is necessary to change current practice of preferring residential care over the family-based alternatives;
4. The uniform policy, procedures and forms for intake and referral services should be introduced to all residential care institutions. This will be effective in preventing unnecessary placements in residential care institutions and same time, stopping the refusals to accept children who have great needs for placement but display behavioral or physical problems difficult to deal with. It also will protect children from abuse and neglect which may encounter the children at institutions. The process of investigating, reporting, registering and assigning the accountability against people who violated children's rights will be improved;
5. The procedure of accepting children to residential care institutions by a decision made in Livelihood Support Council and children to temporary protection care by a referral from a multidisciplinary team headed by soum or khoroo governor should be enforced and monitored at all residential care institutions;
6. At intake stage, every child should have access to information about child rights and protection procedures. The information should be delivered in a form suitable for children's age and developmental capacities;
7. All institutions should make sure that every child has an opportunity to form a meaningful relationship with a particular staff member so that their emotional needs are met. Job descriptions should reflect this approach;
8. Current practice of providing fragmented and temporary social work services for children who have problems should be changed. Every child at residential care should get case management service from a professional social worker. Therefore, social work supervision and training systems should be introduced immediately;
9. A special unit with the technical capacity and infrastructure to care and rehabilitate severely disabled children should be created at one of the residential care institutions. This unit can be a step to develop a temporary respite care services for parents with severely disabled children who need permanent care;
10. All residential care institutions should identify their strategies and policies on family reunification and family-based alternatives and assign a social worker who is responsible for implementing these strategies;
11. Family reunification plan should be developed for every child who has parents, family members or extended family; Home visitation, individual or family counseling should be offered to restore relationship of the child with the family;
12. Children ages above 6 should have an opportunity to have a voice in buying clothes for themselves;
13. All staff at residential care institutions should be trained on positive disciplining methods; A handbook on dealing with common behavioral problems among residential care children needs to be developed;
14. The curricula on preparing young people to leave care should be developed; each youth under 14 years old should be involved in developing his or her plan for leaving for independent life; A designated social worker should work with the youth to support him or her in achieving care leaving plan objectives;
15. Legal provisions on accommodations and employment support for leaving care youth should be revised in consistent with changing situations of housing and job markets;
16. To support child development, the institutions should expand their library resources, increase toys and games for intellectual development and

- provide access to the internet; and encourage children's participation in community life;
17. Staff training needs should be explored and in-service training plan should be made for every worker so that they learn methods and skills to work with vulnerable children;
  18. The Care Centre Beste Kinderhelp and Lotus Centre in Orkhon province must comply with the standards on food and nutrition. The institutions which did not supply children with access to drinking water should install pure water machines in easily accessible places at their care centres;
  19. Social Development Departments, Labour and Welfare Services Agency and Professional Inspection Agency at a province should monitor residential care centres at their jurisdiction; and encourage local citizens to volunteer in monitoring;
  20. In the near future, residential care institutions should be decentralized and gradually replaced with family-based alternatives.

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6

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**Appendix 1. Final Evaluation Sheet on the Standard Compliance at Residential Care Institutions**

Nº	Names of Institutions	Number of children	Final evaluation by
1.	Child Care Kindergarten	71	
2.	Child Care and Development Centre	116	
3.	Youth Training and Development centre run by Ulaanbaatar Municipality Government Office	85	
4.	"Lotus-1" Child Care Center	42	
5.	"Lotus-2" Child Care Center	39	
6.	"Light House-1" , World Vision International	16	
7.	"Gunt" World Vision International	11	
8.	"Light House-5", World vision International	15	
9.	"Family-1" Care Centre, Mongolian Children's Foundation	6	
10.	"Family-2" Care Centre, Mongolian Children's Foundation.	6	
11.	"Family-3" Children's Community, Mongolian Children's Foundation.	6	
12.	"Family-4" Child Care Centre, Mongolian Children's Foundation.	7	
13.	Help international "Солонго" асрамжийн төв	23	
14.	"Don Bosko Cavigio" Welfare Centre	16	
15.	"Manaa" Child Protection Centre.	8	
16.	"Verbist" Child Welfare Centre.	54	
17.	"Unur" Children's Community Centre, Alpha Communities International	13	
18.	"Misheel" Child care Centre, Alpha Communities International.	6	
19.	"Erdene" Children's community centre, Alpha communities International.	5	
20.	"Naidvar" Child Centre of the Alfa Communities International	4	
21.	Temuulel Child Care Centre operated by the Oyuntulkhur Foundation	4	
	Temuuujin's Friends' Wisdom Palace	3	
22.	Erdem Centre	24	
23.	Gerel Care Centre	26	
24.	Sun Town Community Care Centre of Cristina Noble Foundation	57	
25.	"New Hope" Child Care Centre	11	
26.	"Beste Kinderhelp" Care Centre	21	
27.	Uguumur Care Centre of the Fraternity Notre Damos International	25	
28.	SOS Children's Village in Ulaanbaatar	117	
29.	SOS Children's Village in Darkhan-Uul aimag	14	
30.	Enerel Care Centre in Orkhon aimag	65	
31.	Lotus Centre in Orkhon aimag	21	
32.	Degdeehei Children's Community in Darkhan-Uul aimag	10	



Thematisch Ambtsbericht Mongolië  
 Alleenstaande Minderjarige Vreemdelingen |

33.	"Namuun" Children's Community in Darkhan-Uul aimag	7	
34.	" Solongo" Children's Community in Darkhan-Uul aimag	6	
35.	" Nukhurlul" Children's Community in Darkhan-Uul aimag	11	
36.	" Usuh Nakhia Care Centre in Darkhan-Uul aimag	34	
	<b>Complied the standards</b>		
	<b>In the stage of complying standards</b>		
	<b>Total number of children</b>	<b>1005</b>	

**Comments:** "Family 4" Child Care Centre run by Children's Foundation had been commenced for two days only. Therefore, the final evaluation was not made for this institution.

## Bijlage III Algemene documenten<sup>25</sup>

### *Algemeen*

Er zijn vier soorten registratiekantoren in Mongolië:

- soums (lokaal niveau);
- Ulaanbaatar-districten (lokaal niveau);
- *General Authority for State Registration (GASR, sinds juni 2009, voorheen Civil Registration and Information Centre* geheten);
- Mongoolse ambassades in het buitenland.

Zeven soorten zaken worden geregistreerd:

- geboorte;
- huwelijk;
- echtscheiding;
- hertrouwen;
- overlijden;
- verandering van naam of achternaam;
- adoptie.

De meeste registraties betreffen geboorte, huwelijk en overlijden.

### *Geboorte*

Om de bevolking te doen toenemen, voert de Mongoolse overheid een pro-geboortebelief. Nieuwe stellen krijgen een geldelijke beloning van 500.000 tugrik (ongeveer 250 euro) en gezinnen krijgen een tegemoetkoming van 100.000 tugrik (ongeveer 50 euro) per zwangerschap en 10.000 tugrik (ongeveer 5 euro) per kind per maand tot het kind 18 jaar is. Bijna iedere geboorte wordt geregistreerd. De meeste mensen in Mongolië zijn geregistreerd. Geen registratie betekent geen toegang tot sociale voorzieningen. De geboorteregistratie is voor 95% compleet.

Op het platteland moet de geboorteregistratie binnen een maand gedaan worden, in de stad binnen twee weken.

Registratie wordt geregeld op basis van de *Citizen Registration Law* en de *Family Law*. Deze wetten zijn echter heel algemeen. Er zijn veel reglementen, die de procedures meer in detail weergeven.

Bij de geboorte krijgen alle Mongoolse staatsburgers een geboortecertificaat. Op dit certificaat staan de namen van de vader en de moeder. Als de ouders later scheiden, is het mogelijk om een nieuw geboortecertificaat aan te vragen, waarop de naam van de vader wordt verwijderd. Ook kan de naam van een eventuele nieuwe man als 'vader' op een nieuw geboortecertificaat komen te staan.

Bij iedere verandering in naam zal een nieuw geboortebewijs worden uitgegeven. Het registratienummer blijft echter hetzelfde. Het registratiekantoor neemt het oude bewijs in. Om de naam op het geboortecertificaat te wijzigen, zijn veel documenten nodig. Bijvoorbeeld de toestemming van de biologische vader. Dit gaat allemaal in het archief.

<sup>25</sup> Zie ook het algemeen ambtsbericht Mongolië van januari 2010.

In geval van een nieuw huwelijk, dient de nieuwe man de kinderen te adopteren. Adoptie is alleen mogelijk na een wettelijk huwelijk. Er zullen dan twee certificaten zijn:

- Het geboortecertificaat. Hierop staat alleen de (huidige) "vader" vermeld.
- Het adoptiecertificaat. Hierop staan zowel de biologische vader als de nieuwe vader.

#### *Huwelijk*

De huwbare leeftijd is 18 jaar. Zeventig procent van de mensen die trouwen, is tussen de 20 en de 26 jaar oud. In de familiewet is vastgelegd dat een huwelijk afgesloten kan worden tussen twee mensen van verschillende sekse. Het is niet toegestaan om met meerdere mensen, of met iemand van hetzelfde geslacht te trouwen.

#### *Identiteitskaart*

Voor identificatiedoeleinden in het binnenland bestaat sinds 1999 een identiteitskaart (ID-kaart), die in de plaats kwam van het binnenlandse paspoort.<sup>26</sup>

Als staatsburgers 16 jaar oud worden, moeten ze een ID-kaart aanvragen (*citizen ID*). Dit is het belangrijkste document om hun staatsburgerschap te bewijzen. De ID-kaart moet overlegd worden bij veel maatschappelijke handelingen, waaronder toelating tot een onderwijsinstelling, bij militaire dienst, bij de werkgever, bij het afsluiten van een verzekering, bij verblijf in een ziekenhuis, bij het deelnemen aan verkiezingen, of bij kandidaatstelling, bij het in rechte optreden als verdachte, slachtoffer of getuige, voor verkrijging van een geboortecertificaat, en bij het aanvragen van een buitenlands paspoort. Zonder ID-kaart heeft iemand van 16 jaar of ouder geen recht op onderwijs en gezondheidszorg.

De burger moet de ID-kaart binnen een maand na de 16<sup>e</sup> verjaardag aanvragen. De aanvraag gebeurt op lokaal niveau (souw of stadsdistrict). De ID-kaart wordt aangemaakt op provinciaal of hoofdstadniveau. De aanvraag moet persoonlijk gebeuren, maar de ouders hoeven de aanvrager niet te begeleiden. De handtekening van de aanvrager wordt geprint op de ID-kaart. Hij/zij moet voor de aanvraag bij zich hebben:

- geboortecertificaat;
- ID-kaart van beide ouders;
- adres.

Bij bereiken van de leeftijd van 25 jaar en bij 45 jaar moet men een nieuwe ID-kaart aanvragen. Mensen die in het buitenland wonen, moeten hiervoor naar Mongolië komen. Na hun 45e jaar kunnen ze de kaart ongelimiteerd gebruiken.

#### *Paspoort*

Er zijn drie soorten paspoorten:

4. Diplomatiek paspoort, voor diplomaten, hoge regeringsbeambten, parlementariërs; blauw.
5. 'Formeel' dienstpaspoot, voor ambtenaren; groen.
6. Regulier paspoort, voor iedereen; rood.

<sup>26</sup> Tot 1999 bestond er een binnenlands paspoort (*internal passport*). Dit document was een soort gezinsregistratieboekje, waar beide echtgenoten en hun kinderen werden ingeschreven. Het document bevatte persoonsgegevens (naam, geboortjaar, geboorteplaats) en gegevens omtrent etniciteit (bijvoorbeeld Chalcha, Kazach, Buryat), een pasfoto (op de leeftijd van 16, 25 of 45 jaar), een registratiecijfer van 10 cijfers, de bloedgroep, gegevens over huwelijk of echtscheiding, adresgegevens (inclusief adreswijzigingen), gegevens over militaire dienst, en gegevens over de uitreiking en verlenging van het binnenlandse paspoort.

Diplomatieke en dienstpaspoorten worden aangemaakt door het Ministerie van Buitenlandse Zaken. Alle reguliere paspoorten worden aangemaakt door de GASR. De voorzitter van de GASR tekent de paspoorten persoonlijk. Het soort paspoort en de naam van het land staan op de voorkant in goud, met Latijns schrift vermeld.

Iedere burger heeft het recht op een paspoort. Het is gemakkelijk om een paspoort te krijgen. Er zijn zelfs speciale voorzieningen voor mensen in de grensgebieden om zonder visum de grens over te steken. Mensen van iedere leeftijd kunnen een paspoort hebben. Voor kinderen jonger dan drie jaar zijn er drie mogelijkheden:

- eigen paspoort;
- bij ouders bijgeschreven;
- een formulier met foto en stempel.

Mensen in Ulaanbaatar vragen hun paspoort aan bij de GASR, mensen op het platteland bij de provincie en mensen in het buitenland bij de ambassade. De aanvraag moet in persoon gebeuren. Vroeger konden ouders paspoorten opvragen voor minderjarige kinderen (jonger dan 16). Ze moesten dan alle benodigde documenten meenemen.

Volwassenen moeten meenemen:

- ID-kaart;
- geld;
- foto.

Kinderen (jonger dan 16) moeten meenemen:

- bewijs van zorgverzekering;
- geboortebewijs;
- foto.

Paspoorten zijn 1 tot 5 jaar geldig (afhankelijk van het geldbedrag dat wordt betaald). Het paspoort kan twee keer worden verlengd (met een stempel en een handtekening).

Bij de aanvraag ontvangt de burger een bon. Op deze bon staan de paspoortnummers en een handtekening van de beambte. Eenieder kan met deze bon de paspoorten ophalen. Als een persoon niet zelf het paspoort op kan halen, kan iemand anders dat met de bon doen. Deze moet zich dan identificeren. Na ontvangst kan het paspoort worden getekend wanneer de drager dat wil. Dit hoeft dus niet in bijzijn van een beambte. Voor ID-kaarten is dit anders: die worden geprint met handtekening, dus de aanvragers moeten in persoon komen.

Hetzelfde proces van aanvragen en ophalen van paspoorten wordt gehanteerd op de ambassades.

Paspoorten worden op de grensposten en de luchthaven gecontroleerd door de grenswacht (*Border Protection Authority*). De grenswacht en de immigratiedienst houden beide een databank bij van mensen die het land in- en uitgaan.

#### *Herregistratie*

Een persoon die verhuist, moet naar het registratiekantoor in de aimag, zowel van de oude als de nieuwe woonplaats. Men moet een formulier invullen op beide kantoren. Verhuizing moet binnen een week bij de oude aimag gemeld worden en binnen 10 dagen bij de nieuwe.

Het nieuwe adres wordt op de ID-kaart geplakt. Dat kan acht keer. Bij het herregistreren moet een bedrag van 1.000 MNT betaald worden voor het aanpassen van de ID-kaart. Het is mogelijk dit papiertje eraf te halen, maar dit laat een vlek achter. Het blijft te zien en de kaart wordt dan ongeldig.

Niet iedereen laat zich herregistreren. Mensen die dit niet doen, kunnen echter geen gebruik maken van sociale diensten in hun nieuwe woonplaats. Ook kunnen ze in hun nieuwe woonplaats geen paspoort aanvragen.

#### *Verloren documenten*

Als iemand zijn ID of paspoort kwijtraakt, moet hij of zij naar het oorspronkelijke lokale registratiekantoor (district/soum) gaan. Hier moet een nieuwe aanvraag worden gedaan.

Mensen die in het buitenland hun documenten kwijtraken, dienen onmiddellijk contact met de Mongoolse ambassade op te nemen. Als zij geen kopie van het paspoort hebben, dienen ze de meest precieze informatie mondeling aan te dragen. De ambassade neemt contact op met de GASR om informatie over de persoon op te vragen. Indien de persoon bekend is, geeft de ambassade een eenmalig inreisdocument (*laissez-passer*, LP) uit. De aanvraag voor een reisdocument moet in persoon gebeuren.

#### *Slotopmerkingen*

De *General Authority for State Registration* (GASR) wordt als betrouwbaar beschouwd. Het probleem is echter dat deze instantie pas sinds het einde van de jaren negentig met digitale registratie is begonnen. De gegevens in de computer zijn vaak niet identiek aan de papieren kopieën. Maar het register is naar schatting voor 90% betrouwbaar. De registratie was beter in de socialistische tijd. Over het algemeen is de registratie tegenwoordig slechter op het platteland.

Mensen die van het platteland naar Ulaanbaatar komen, moeten zich laten herregistreren, maar velen doen dit niet. De aimags zijn vrij groot: er zijn geen wegen en nauwelijks transportmogelijkheden. Er is een onbekend aantal ongeregistreerde personen. Ongeregistreerden in Ulaanbaatar kunnen misschien problemen krijgen met geboorteregistratie, hetgeen weer kan leiden tot ongeregistreerde kinderen.

Voor velen kost het nog steeds teveel geld om zich opnieuw te laten registreren, waardoor ze sociale voordelen (bijvoorbeeld toeslagen) mislopen.