

THE MOBILE NIGHT CLINIC FOR STREET CHILDREN IN ULAANBAATAR, MONGOLIA



EXECUTIVE OVERVIEW

Objective

The objective of The Christina Noble Children's Foundation ('CNCF' or 'the Foundation') in establishing the Mobile Night Clinic for Street Children Project is to provide access to medical facilities for street children in winter at the locations in Ulaanbaatar where the children are known to live or congregate.

The Need

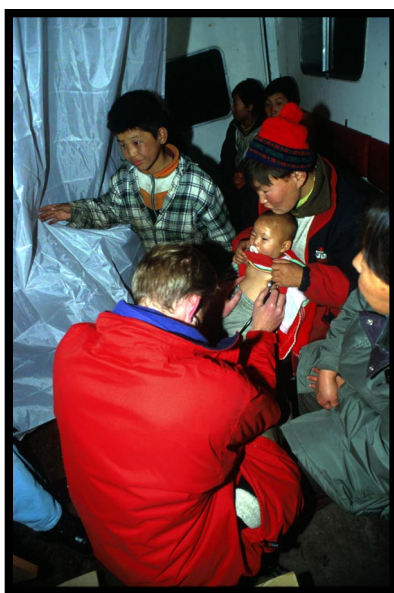
The 'transition period' from the old-style Soviet supported command economy to a market-led democratic system has seen the collapse of Mongolia's medical and social services and thousands of children living on the streets of Ulaanbaatar.

During winter, street children are forced to take shelter from the bitter cold in the City's system of sewers and hot water pipes. This bitterly cold, inhospitable environment leaves children at risk from a range of ailments and diseases, including respiratory problems, skin infections, sexually transmitted diseases, and other poverty-related conditions.

Trade plus Aid's Funds

Our donation will enable CNCF to continue to provide street children with the services of a mobile medical clinic and expand this service to two nights each week from 15 October to 31 March every year. Annual funding required for the clinic to provide treatment on two nights each week is \$US6,062.

The clinic provides emergency medical treatment for children, arranges hospitalisation in emergencies, and is to establish a pilot programme to detect and treat existing conditions before emergencies arise. In addition, the clinic allows CNCF staff to establish a relationship of trust with the children, and to refer them to the Foundation's offices to receive gifts of food and clothing where such assistance is necessary.



Night Clinic Doctor treating children in the 'Unimog'

The project is more than a mobile clinic. It comprises a team of staff dedicated to the well-being of the children and determined to ensure that the children know that in this time of distress they have friends who are there to support them, and upon whom they can call for help.

CNCF undertake regular project visits and assessments which they will provide bi-annually with relevant photographs and profiles of beneficiaries. These will be posted on our website when received.

BACKGROUND TO THE PROJECT

Street Children in Winter

The appearance of children living on the streets of Ulaanbaatar is undoubtedly the most disturbing development accompanying the collapse of the old Soviet-based command style economy and 'transition' to a market economy.

The rapid period of change following the collapse of the Soviet Union manifested economic disintegration, as well as social dislocation; shattering family values and evidencing widespread alcoholism and domestic abuse. In these circumstances, children in their thousands, whether orphaned, abandoned, or in order to escape violence or abuse at home, have taken to living on the streets of Ulaanbaatar.

Accompanying this development was the effective bankruptcy of the central Government, and consequent withdrawal of funding from schools, hospitals and the whole social services infrastructure. The children were therefore left not only without family and shelter, but also without access to medical facilities or educational opportunities.

The streets of Ulaanbaatar are a cruel place to grow up, especially in winter when the temperature can fall as low as -30°C or even -40°C for prolonged periods. In these conditions the only places the children can survive is in the City's underground system of sewers and heating pipes. Indeed, the sight of children emerging from or disappearing into manholes has become one of the enduring and heartbreaking images of post-Soviet Mongolia.

Precise estimates of the number of children living on the streets of Ulaanbaatar today are not available. Most commonly a range of 3,000 to 6,000 is quoted. However, in reality the exact number can only be of academic interest, as it is incontestable that children are living on the streets in significant numbers, and that many other children are accommodated only in the barest sense of that word. All these children lack ready access to medical care and most importantly to preventative treatment.

Establishment of the Project

The CNCF Mobile Night Clinic Project was established in 1999 and greatly benefited from the donation of a Mercedes-Benz 'Unimog' by supporters in Ireland. The truck is adapted for Mongolian conditions and equipped with a clinic into which the children can climb for treatment, sparing them for a time from the harsh conditions outside.

The objective of the mobile clinic is to take access to treatment to the areas in which street children live or congregate. In addition to delivering often much needed treatment, or in an emergency securing a hospital place for a sick child, the clinic aims to deliver a simple message to the children, that they are not forgotten and that there are people who care for them.

The CNCF Mobile Night Clinic Project operates with the support of the City Governor of Ulaanbaatar and receives professional and legal assistance from the City's Social Policy Department, Health Department, Department for Children's and Women's Issues and the Police Department.

Medical Summary 2000 – 2001

From 15 October 2000 to 31 March 2001 a team of five CNCF staff, comprising a doctor, nurse, two volunteers and a driver, operated the Unimog Clinic on Wednesday night each week from 7.30pm until 11.30pm. The clinic visited manhole areas in the City known to be occupied by children and, in addition, received visits from other children aware of the clinic's work.

In total, on twenty-two outings the clinic treated 372 patients, an average of 17 children per night, with numbers peaking in mid-winter at 27 children a night. Of these children, 60% were boys and 40% were girls. The majority (66.4%) of children visiting the clinic were aged between 14 and 18 years old, but disturbingly 6.6% were aged under 8 years old and 3.6% of those children were younger than 3 years old.

The following diseases and ailments were treated:

Upper respiratory tract infections	47%
Cavities and toothache	16%
Sore throats	12%
Skin infections	8%
Sexually transmitted diseases	3%
Round worm	2%
Trauma	2%
Scabies	2%
No disease detected	8%

In addition to assisting with immediate problems, staff also arranged for children to receive out-patient treatment at CNCF's daytime drop-in medical clinics, provided medical advice and, on occasion, made emergency admittances to hospital.

How Trade plus Aid has helped:

Expansion of the Existing Scheme

CNCF wanted to expand the scheme for the winter of 2002 – 2003 in two ways. Firstly, to operate the clinic two nights each week instead of just one and, secondly, to target specific diseases and problems for identification and treatment. With Trade plus Aid's funding, treatment is now carried out through daytime drop-in clinics and in conjunction with the hospitals with which CNCF co-operate (The Mother & Child Research Centre and the Mercy Hospital). So, for example, they can now target tuberculosis and administer skin scratch tests to all children visiting the clinic. In subsequent months, they plan to target ear, nose and throat problems, sexually transmitted diseases, and eyesight disorders.

In order to use the clinic to identify and treat medical conditions before they become critical, as well as to provide the usual emergency services, CNCF will also alter slightly the staffing of the clinic, so that in addition to a CNCF doctor, each month we will engage a doctor specialising in the disease targeted for identification and treatment. The clinic crew now comprise of 2 doctors, 1 nurse, 1 volunteer and a driver.

Project Costs

A full summary of costs is provided in Appendix A.

The following assumptions have been made in arriving at the projected cost:

Staff Costs

These costs are based on 48 trips. CNCF have recruited specialist doctors at a cost of USD8 per trip. Each outing lasts from 7.30pm until 11.30pm, or later if children remain untreated.

Medical Supplies

We have included an estimate for supplies based on the actual consumption of drugs and other supplies in 2000 – 2001 at current costs.

Examination and Detection Costs

These include swab tests for ear, nose and throat ailments for an estimated 40% of children, and swab tests for sexually transmitted diseases for all children.

Post-examination Treatment

Expanding the scheme to detect and treat diseases has entailed costs for treating diseases detected. In the case of tuberculosis, treatment is provided free-of-charge by government agencies. However, for other diseases we have had to estimate the percentage of cases we expect to encounter. This is based on an average inspection rate of 120 children per month. The following incident rates have been assumed:

Ear, nose and throat	50%
Sexually transmitted diseases	90%
Eyesight difficulties	25%

Treatment costs have been taken as being the current cost of treating these conditions, or in the case of eyesight problems, at the cost of providing suitable spectacles.

CNCF contact details

If you would like further information on this proposal, or any of The Christina Noble Children's Foundation Projects please do not hesitate to contact:

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Appendix A: Project Budget

1. Staff costs

	Option 1 Trips	Option 2 Trips	\$ per trip	Option 1 \$	Option 2 \$
Doctor	23	48	6.5	149.5	312
Volunteer Doctor	23	48	8	184	384
Nurse	23	48	6	138	288
Volunteer	23	48	5	115	240
Driver	23	48	5	115	240
Total staff costs				702	1,464

2. Medical supplies

	Units	Price TG	Cost TG		
Ampicillin	272	60	16,320		
Azowipe disinfection papers	10	20	200		
Bandages	50	170	8,500		
Band-Aid plaster strips	1,200	20	24,000		
Battery for otoscopy	10	750	7,500		
Bromhexin	1,335	10	13,350		
Calcii Choloridi 10%	10	90	900		
Ciproflaxin	48	70	3,360		
Condoms	39	50	1,950		
Disprin	2,357	8	18,856		
Doxycillin	261	60	15,660		
Efisol	219	42	9,198		
Ermycen	200	53	10,600		
Erytromycen	216	53	11,448		
Helmintox	64	208	13,312		
Ibrubrufen	180	54	9,720		
Imodium	10	50	500		
Iodum	20	100	2,000		
Leovomycen	20	25	500		
Metilen	50	90	4,500		
NaCL 0.9	4	2,000	8,000		
Noshpa	100	80	8,000		
Nurofen	2	3,500	7,000		
ORS	15	500	7,500		
Paracetamol	15	7	105		
Penicillin	170	24	4,080		
Pharmacillin ung	40	800	32,000		
Roxytromycin	60	80	4,800		
Sofradex	3	3,500	10,500		
Spiritus	20	50	1,000		
Sulfacil natri ung	2	600	1,200		
Surgical gloves	300	100	30,000		
Syringe	3	100	300		
Tarbagan Shiir	20	20	400		
Tongue depressors	365	20	7,300		
Ung Sulfrati	10	700	7,000		
Ung Tetracyclin	3	700	2,100		
Vermox	10	60	600		
Vitamin D	3	3,500	10,500		
Total cost			314,759		
At TG1,100 : USD1				286	597
<u>Examination costs</u>	% estimated	cost per child			
Ear, nose, throat swabs	40%	0.55		13	26
STD swabs	100%	0.91		55	109
<u>Post-examination treatment</u>	% estimated	cost per child			
Ear, nose, throat	50%	0.82		25	49
Sexually transmitted diseases	90%	1.64		88	177
Eyesight problems	25%	6.82		102	205
Petrol				460	960
Other supplies				575	1,200
Repairs & maintenance				850	1,275
Total project cost				<u>\$3,155</u>	<u>\$6,062</u>