

Mongolia Support Plan 2008-09



International Federation
of Red Cross and Red Crescent Societies

National Society:	Mongolian Red Cross Society
Programme name & duration:	National Society programme Support Plan 2008-2009
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Executive summary

Through its core programmes and extensive network of branches and volunteers, the MRCS aims to provide timely, effective, efficient, targeted services to communities most in need. The targeted populations vary across programmes. They range from herding families in the countryside vulnerable to Mongolia's extreme forces of nature, to an increasingly young population of high school and college students in need of preventative information in order to secure healthy futures free of injury or diseases such as HIV. It includes corners of society overlooked by the government and other agencies, including senior citizens living alone, adults and children with disabilities, single parents, internal migrants and prisoners who are men. Through an integrated system of programmes, the MRCS addresses all four of the goals set by the Global Agenda, and expects by the end of 2009 to achieve:

- Improved capacity for rapid disaster response at the regional level
- Improved community-based disaster prevention and preparedness for areas most at risk to disasters
- Reduced impact of injuries through new tailored first aid training and traffic safety campaigns
- Increased ability of impoverished families and communities to support themselves and each other
- Enhanced awareness of vulnerable community members' needs and volunteerism
- A safe and adequate blood supply, sustained by a broadened base of healthy non-remunerated donors
- Increased knowledge of at-risk populations on HIV/AIDS prevention, leading to positive behaviour change
- Increased care and support for PLHIV, matched with reduced stigma and discrimination of HIV positive people.

Over the next two years, the MRCS is paying special attention to improve the several areas in order to conserve the quality of its services and partnerships; this is in accordance with the Federation health review in 2006 and other reviews by bilateral partners:

- A comprehensive cooperation agreement strategy (CAS) is developed
- Long-term strategies and policies is created for all core programmes while the MRCS overall strategy is reviewed and updated
- Better response to health in emergencies using an integrated approach
- Improved coordination and integration of cross-cutting programmes
- Use of behaviour change communication (BCC) in developing effective information, education and communication (IEC) materials targeted to specific needs of beneficiaries
- Enhancing governing board participation and support

- Focusing on sustainability through improved resource mobilization and income generation

In addition, all programmes will focus around a capacity development component, implemented in conjunction with the organizational development programme.

Through this appeal, the MRCS is requesting CHF 2,557,482 million over the next two years to fund its core programmes. Valuable support has been provided by the Federation, with funding from the Finnish Red Cross, Norwegian Red Cross, Icelandic Red Cross and the Federation Avian Influenza Global Appeal (no.MAA00018). The United Kingdom's Department for International Development (DFID) has also been a benefactor of the appeal. Other key partners in programme implementation include a wide range of internal and external supporters. This comprises the national emergency management agency (NEMA), the national centre for communicable diseases, the traffic police department, the national blood centre, the national students association, and other respective partner agencies.

Meanwhile, a growing number of community-based organizations such as Youth for Health¹ and Positive Life² provide a voice for target communities to plan and implement joint projects with the MRCS. This in turn helps to develop the capacity of such community-based organizations (CBO) to continue to work both with others and independently. In addition, the MRCS will continue to run bilateral projects with the generous funding of its partner national societies, including the Australian, British, German, Japanese, and Netherlands Red Cross Societies.

Global Agenda Goal	Programme purpose	Programme Component
Goal 1: Reduce the number of deaths, injuries and impact from disasters.	Disaster management	NS disaster preparedness and response capacity building
		Community-based disaster preparedness and mitigation
Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.	Health and care	Blood donor recruitment
		Health and first aid
		HIV/AIDS response programme
		Social care programme
Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability	Organizational Development	Enhanced program integration of RC mid-level branches
		Enhancing public image
Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.	Humanitarian values	Publications
		Mass media
		Public events and campaign

Context

Mongolia's natural landscape presents many obstacles in ensuring programmes coverage and coordination on a nationwide scale. The population of Mongolia, over 2.6 million people, is spread over the 19th largest country in the world, with a population density of just over one person per square kilometer. However, with 37 mid-level branches and 902 primary level branches covering all 21 provinces as well as the capital, the MRCS network extends to communities nationwide. Meanwhile, high levels of poverty (79.4 per cent live on less than two dollars a day³) and a struggling infrastructure highlight the need to mobilize communities and advocate for community-based responses to health and disaster emergencies.

Every year, Mongolia faces natural disasters caused by high winds, wild fires, and droughts. Technological disasters such as pollution of air and water sources further aggravated the country. These catastrophes

¹ An organization run by and for men-who-have-sex-with-men

² An organization for people living with HIV (PLHIV)

³ Of the 79.4 per cent, the number living under a dollar a day in Mongolia is 27 per cent, according to the UNDP.

combined caused MNT 5 to 7 billion (CHF 4.95 to 6.93 million) in damages over three years and affected over two million people over the past decade – almost the entire population. While the MRCS disaster management programme works to educate communities on disaster preparedness, the capacity of most branches to respond rapidly to disasters remains weak. However, through the implementation of a hay project, the capacity of selected branches is being improved as they provide emergency stockpiles of hay and other goods to herding families after harsh winters or droughts. Meanwhile, other natural factors such as migratory birds and an abundance of livestock have led to the creation of a new disaster preparedness-related programme covering avian influenza and other animal-to-human transmitted diseases.

A lack of services and acute poverty in the countryside are part of the long-term impact of the transition to democracy and a series of natural disasters. This has prompted large internal migration towards province centres and the capital city of Ulaanbaatar, which has absorbed over one third of the country's population. This migration has increased the strain on urban resources and created overcrowded Ger⁴ districts. In response to the needs in these areas, the MRCS social care programme has trained volunteers in three out of nine districts to provide home care services to the most vulnerable individuals and families. Special attention is paid to senior citizens and people with disabilities, who are often socially excluded and lack sufficient government support. Poor sanitation and unclean water in such areas facilitates the spread of oral-fecal diseases such as Hepatitis A and C, which 50 per cent of Mongolians are estimated to carry. The water sanitation programme will provide clean water and hygiene training to four districts of Ulaanbaatar in an effort to reduce the rate of waterborne disease in Ger districts. These diseases also cut into the blood supply, where 80 per cent of donated blood is neglected due to Hepatitis strains and other diseases, creating more challenges in not only recruiting blood donors but promoting donor health as well.

The incidences of communicable diseases, such as HIV, are also growing. It is here that the MRCS has an opportunity to help prevent an epidemic. The UNAIDS estimates that there are less than 700 cases of HIV in Mongolia. However, continually high rates of sexually transmitted infections (STI), which account for over 35 per cent of all communicable diseases, as well as low condom usage lead to an elevated risk for an HIV outbreak among the country's young and increasingly mobile population. Lack of voluntary counselling and testing (VCT) services, particularly among prisoners and mobile populations, makes it exceedingly difficult to measure the impact of HIV and provide treatment for HIV/STI and other infections, such as tuberculosis which is virulent in Mongolia. In this area as well as other core programmes, the Red Cross youth project integrates with all project activities to motivate students and at-risk youth. With two thirds of the population under the age of 30, this new generation is in greater force — and need — than ever before.

Programme Purpose and Outcomes

The purpose of the MRCS is to serve the most vulnerable of society through a volunteer-based network providing key services to targeted populations, while promoting the values of humanitarianism and volunteering. The MRCS currently addresses the Global Agenda goals through the programmes laid out below.

Global Agenda Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Disaster management

The MRCS disaster management programme addresses the challenge posed by Global Agenda goal 1 through the two core areas of improved disaster response and targeted community disaster prevention and preparedness. In terms of disaster response, the programme will focus on identifying the role and future direction of the national society in national level disaster response. It will also ensure more efficient mobilization of resources and volunteers during emergencies. In addition, the capacity to stockpile funds and relief goods in the society's six regional disaster preparedness centres and most disaster-prone provinces will be improved. For disaster preparedness, considering the vast geography of Mongolia, it is difficult to provide response services to far reaching towns. Through integration with the first aid project, the MRCS will provide training on first aid and disaster preparedness to target communities most at risk to disasters. For reoccurring seasonal disasters such as *dzuds* (heavy winters) and droughts, the programme

⁴ Ger is a traditional Mongolian "house", made of cotton fabric and isolated with layers of wool felt placed over a wood frame, and has remained more or less same for over 800 years. Still over 30 percent of the population lives in Gers.

will consult with local herdsmen on preparing for the harsh weather. This will help reduce the impact of natural disasters on vulnerable families and their livelihoods.

Programme Components	Programme Outcomes
NS disaster preparedness and response capacity building	Regional disaster preparedness centres (RDPC) capacity improved
	The disaster preparedness and response capacity of RDPCs is strengthened
	MRCS has established a self sustaining system for stocking hay in six RDPCs
Community-based disaster preparedness and mitigation	The capacity of targeted communities to prepare for and mitigate disasters is enhanced

Global Agenda Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Health and care

The MRCS health and care programmes cover a wide range of public health needs through the following areas:

Social Care: This project's key outcomes include improved quality of life for target communities, particularly senior citizens, people with disabilities, the impoverished and prisoners who are men. This will be achieved through home care services and visits by volunteers providing psychological support and social services. Since the root of most health problems lies in poverty, the project also focuses on sustainable income generation for both beneficiaries and Red Cross branches. Through volunteer-based services and public events/campaigns, the project aims to promote volunteerism and advocate for beneficiaries' needs within the wider community.

First Aid: Over the next two years, the first aid project will work towards developing its first aid curriculum. The MRCS will tailor the project it to community needs in order to provide a more targeted framework for first aid response. Traffic safety will also be promoted among local schools and drivers to take a more preventative approach to accidents and injury. Finally, a comprehensive strategy for first aid in emergency response will be drafted to ensure effective aid during times of need, as part of first aid's vital integration with the disaster management programme.

Blood Donor: Blood donor project activities focus mainly on youth donors using behavior change communication, where targeted information education and communication (IEC) cover the need for blood and donor health. In order to create a safe supply of blood, it is important to ensure that donors take care of their health as early as possible. In addition, coordination with other national partners in blood donation and security will be prioritized through a new blood donor policy. The policy covers the need for blood during emergencies and increased cooperation among the organizations most interested in blood security, including the national blood centre.

HIV/AIDS Response: Targeted peer education in the HIV/AIDS programme will continue to focus on youth while expanding its reach to men prisoners. New areas for prevention will include temporary border posts where internal migrants travel seasonally and are often missed by other public health campaigns. Care and support for positive people will also remain as a key activity, with advocacy for PLHIV rights as well as anti-stigma and discrimination, which features in all HIV/AIDS prevention education.

Programme Components	Programme Outcomes
Blood donor recruitment	Availability of safe blood supply is improved
	Knowledge of volunteer-based blood donors among the youth

Health and first aid	Public knowledge of community-based first aid as well as safety and health is increased
	General health awareness among the targeted public is increased
	The youth have improved FA skills for themselves and others in emergency time
HIV/AIDS response programme	The knowledge, skills, and practice of selected communities on HIV/AIDS is improved
	The knowledge of reproductive health and HIV/AIDS among the teenagers is improved
Social care programme	Improved access to home care services to improve quality of life of targeted group
	Improved access to social welfare services among the most vulnerable children

Global Agenda Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability

Organizational development

The MRCS organizational development programme builds the national society's capacity in key areas of the Global Agenda and the Federation of the Future Framework for Action. These areas include:

Effective, empowered leadership, governance and management—Decision makers will become more active in identifying important changes for the legal base of the national society as well as directions for programmes and resources in the future. This will be achieved through management training for key staff as well as conferences involving MRCS leadership.

A Federation-wide approach to planning, performance management, and accountability—the MRCS is striving to improve the accountability of its programmes through enhanced financial management and strong monitoring of the financial commission at all levels. In addition, staff performance appraisals will continue to be revised to ensure efficiency of programmes and activities.

Strengthened and improved cooperation, coordination and support mechanisms—over the next two years, the national society will work towards enhancing cooperation with partner organizations by developing a cooperation agreement strategy (CAS). The CAS will give the MRCS equal footing with bilateral and multilateral partners as well as the government. This strategy will ensure that all projects, regardless of donors, will fall in line with the overall direction of MRCS programmes.

Human resource strategy to strengthen the volunteer and staff base—the MRCS has been focusing on volunteer as well as staff management by gradually establishing and implementing a new human resource policy and volunteer management system.

A resource mobilization strategy to increase resources—Sustainability of programmes and activities is a key factor that is lacking in all sectors. In order to address this issue, an organizational development component in all programmes will work to include sustainability of resources and outcomes. This will be achieved through internal and external resource mobilization, with a planned approach to fundraising as well as marketing of MRCS activities.

Programme Components	Programme Outcomes
Enhanced program integration of RC mid-level branches	A more integrated approach to programme implementation to increase the impact of programs on targeted communities
Enhancing public image	Increased awareness of RC principles and the NS's work and mandate to increase diversified support

Global Agenda Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Information dissemination-humanitarian values

The MRCS will play a stronger advocacy role to ensure equal human rights for vulnerable target groups. It will provide services and support to communities such as prisoners and PLHIV. At the same time, the MRCS will advocate for meaningful community participation in activities that benefit socially excluded groups, such as seniors, people with disabilities, single-headed households and internal migrants.

Programme Components	Programme Outcomes
Publications	Community awareness of MRCS activities is increased
Mass media	The public image of the MRCS is improved
Public events and campaign	Community interest and involvement in humanitarian activities is increased

Targeted Populations

Each MRCS programme targets a different segment of society according to identified needs and vulnerabilities. Whereas in the past interventions focused on the general public, current activities will work to deliver more quality services to an estimated 2.31 million beneficiaries. Direct beneficiaries will include:

- **The disaster management programme** will target herding and disaster-affected families whose income is less than one dollar per day: 70 per cent will be rural residents, with equal support for all male and female family members. A total of 53,500 people will receive relief goods as well as information on disaster preparedness and emergency stockpiling.⁵ Their knowledge will help to reduce the loss of income during disasters as well as increase their capacity to prevent future losses.
- **The health and care programmes** will target a wide range of groups, primarily youth and socially-excluded community members. In terms of youth, targeted age groups range from 15 to 25 years old, with training in various health areas mostly. Socially-excluded groups include disabled seniors, adults and children, single-headed households, single seniors, prisoners who are men, and people living with HIV (PLHIV). Up to 9,000 people from these groups will receive support goods and training in HIV/AIDS, behavior change, and psychological support. Income generation and sustained livelihood activities will also help improve their quality of life beyond the duration of the project.
- **The organizational development programme**, through increasing the numbers of volunteers, members, donors, trained staff and supporters, the will improve the quality of MRCS services. The programme will achieve this by developing the capacity of all programmes to implement needs-based, accountable projects with community partners. The number of expected beneficiaries has not changed significantly from the previous appeal, remaining at 2.2 to 2.3 million people. With the emphasis on sustainability, the organizational development programme aims to maintain this number rather than expand it continually.

Capacity and Experience

Compared to 1997 at the end of the Soviet era, the capacity of the MRCS has increased exponentially both at the headquarters and gradually throughout all the branches. In 1997, only three officers managed all programmes run by the society at national headquarters, without a network of independent mid-level branches. Today, there are 15 full time programme officers implementing nine core programmes countrywide through 37 mid-level branches and 902 primary level branches covering a total of 250 paid staff. However, the MRCS is still in the early stages of its development, and its expanded network lacks the capacity to conduct fundraising and carry out activities at the grassroots level.

In terms of partners, the number of bilateral and multilateral partners has greatly increased., Through these partnerships, MRCS staff has become more skilled in designing and managing large-scale projects in the areas of disaster management, social care, HIV/AIDS, and others. The capacity of mid-level branches,

⁵ Due to lack of current vulnerability and capacity assessment, the MRCS currently has no total number of beneficiaries in need in terms of disaster response.

however, still varies considerably; it is estimated that 50 per cent of the mid-level branches lack the necessary financial resources to run sustained activities. Currently, most programme funding goes directly towards vulnerable communities, not capacity building to maintain beneficiary services into the future. Over the next few years, the organizational development programme will focus on ensuring programme continuation by including a 6.5 per cent overhead cost into project budgets while pushing to include sustainability concerns into all project planning.

Quality, Accountability and Learning

Best practices and quality standards—All programmes will focus on identifying branches with best practices, namely on disaster response and social care service. Well-functioning branches will share their experiences and lessons learned with others through national-level conferences, creating a model for all other branches to follow. As for quality standards, the MRCS consistently strives to follow SPHERE standards across all of its programmes.

Sharing experiences—The MRCS is striving this year to have better governance participation and management in the national society. In addition, community participation in all projects is increasing. Through quarterly report meetings and community gatherings, project successes and challenges are identified and addressed to improve the quality of services in the future. The MRCS also participates in national level conferences and international workshops with organizations working in related health and disaster management fields. This helps the national society gain valuable experience, while improving networking and coordination of efforts among related government and non-government organizations.

Accountability—The MRCS has always been open to feedback from beneficiaries and donors, using both externally and internally conducted monitoring visits to assess beneficiary satisfaction, volunteer satisfaction and effectiveness, and staff performance. Financial accountability will be enhanced with the continued strengthening of MRCS financial management and reporting mechanisms over the next few years. Greater participation and involvement of governing leaders and increased public awareness/monitoring will also contribute to this area.

Partnerships and Civil Society Engagement

Following stakeholder analysis and mapping among various programmes, the MRCS has identified relevant local government agencies and engaged them through coordination meetings and follow-up visits. Through partnerships with agencies such as local national emergency management agency (NEMA) teams (disaster management and first aid programmes), social welfare agencies and family hospitals (social care programme), traffic police (first aid programme), the national blood centre (blood donor programme), border troops and prison authorities (HIV/AIDS and social care programmes, ICRC), the ministry of justice (ICRC), and others, activities can be scaled up with increased local support.

In terms of civil society, community-based organizations such as Youth for Health and Positive Life have worked with the MRCS for the mutual benefit of both organizations. These partners provide valuable community insight and connections to ensure effective programmes, while the MRCS provides key capacity building support to ensure their contributions to society continue. Non-government organization alliances are also being forged with partners such as United Nations Fund for Population Activities (UNFPA), WHO, Voluntary Services Overseas (VSO), and others to reach common goals and avoid duplication of projects. All efforts are also aligned with Millennium Development goals set by the national government.

Red Cross Red Crescent Collaboration

The MRCS has effectively partnered with the Federation on both bilateral and multilateral projects using back-donor support such as the Finnish government, Norwegian government and British government through the respective partner national societies. In addition, the society currently implements bilateral projects with a variety of partners, including the Australian Red Cross (HIV/AIDS and disaster management programmes), the Netherlands Red Cross (water sanitation and organizational development programmes), the British and German Red Cross (social care programme), and the Japanese Red Cross (HIV/AIDS and youth programme). The ICRC also supports a project on international humanitarian law dissemination among government and military leaders, focusing on the integration of IHL into university curriculum. Currently, no CAS system is in place, but through the HIV/AIDS and disaster management programmes, the MRCS is integrating into the Global Operational Alliance.

Promoting Gender Equity and Diversity

The key obstacle to gender equality for the MRCS lies in the lack of engagement of men at all levels of project implementation. At the implementation level, 95 per cent of all volunteers are women, and a large portion of projects target women. It is necessary to mobilize more men to actively participate in all programme activities and ensure that men are also included as players in community services. In terms of planning and management, while 70 per cent of all staff members are women, 80 per cent of all MRCS leadership are men. This reflects the traditional role of men as key decision makers and community stakeholders. However, in order to ensure equal participation in the overall management of the society, women need to be recognized equally as decision makers and given greater leadership roles. The MRCS will strive to address these issues through its organizational development programme. However, change may be gradual given the external pressure of traditional gender roles in society.

Risk Identification and Management

The primary risk for the MRCS is sustainable funding, particularly for the organizational development programme. Activities cease without funding, and as currently almost 90 per cent of funding comes from external donors, this makes the MRC dangerously dependent on foreign support. This risk has been a priority issue for MRCS management, which is striving to address the problem through better internal resource mobilization and income generation activities.

Another risk is the strained management capacity of the branches. While the number of volunteers increases, the ability of branch staff to manage these volunteers remains limited. In order to run effective programmes, human resources must be managed well, and consideration must be given to the overhead costs of running sustained branch activities.

Lastly, MRCS services run the risk of being effective only in the short term, instead of providing long-term impacts for beneficiaries. This is particularly difficult for disaster relief and social care services. In order to ensure that beneficiary livelihoods continue to be sustained beyond the boundaries of the project, both programmes are focusing more on community planning and income generation for beneficiaries. This ensures vulnerable groups do not only receive goods, but also gain the skills necessary to create a better future.

Implementation and Management Arrangements

The Federation secretariat with its country delegation in Mongolia will continue to work actively with the MRCS, ICRC as well as bilateral and multilateral partners of MRCS. The Federation secretariat will continue to lobby for multilateral financial support. It will provide, along with its partners, technical support and capacity building of long-term development programmes as well as advice on good management practice to MRCS. The Federation country delegation will continue to cooperate and liaise with international donor organization and diplomatic mission based in Ulaanbaatar in order to build up long term relationship between MRCS and these external Movement partners i.e. UNFPA, WHO etc.

Additional technical assistance and support for the MRCS will be provided by experts in the programme core areas of Strategy 2010 and recently adopted Global Agenda. These experts are from the secretariat in Geneva, the Federation East Asia regional office in Beijing, China, and the Asia Pacific zone based in Kuala Lumpur, Malaysia. The Federation delegation will continue in 2008 to support the MRCS in the areas of finance development as well as fundraising.

The Federation secretariat will maintain an in-country delegation at least until end of 2009. From a human resource point of view, the delegation will comprise of minimum staff: one international delegate as the representative and required local personnel. The Federation will continue to be on standby in case of large disasters i.e. *dzud* and in full cooperation with MRCS will call upon additional human and financial resources if required. This will yet again provide stable focal point of support in Mongolia for MRCS multilateral and bilateral partners and various MRCS external partners in Ulaabaatar.

At the national society level, programme managers will be directly managing each programme with current human resources (15 programme staff). At the mid and primary level branches, at least 1,000 volunteers will be mobilized to implement projects at the ground level, with at least one staff member overseeing activities at each branch. Reports will be made at each level and compiled by headquarters staff before being sent to stakeholders, as per Federation procedures; if necessary, additional progress reports will be provided upon request.

Monitoring and Evaluation

Over the past few years, the MRCS has focused increasingly on the monitoring and evaluation of programme activities. Monitoring begins with baseline surveys conducted either by the national society or other NGOs. It continues throughout project implementation. Monitoring visits are conducted by MRCS staff and donors. Report meetings with volunteers and beneficiaries discuss project progress and effectiveness. Quarterly and annual reports are compiled from mid-level branches on project and financial management. Experience sharing meetings and conferences are held between branches and stakeholders, while internal and external audits are conducted. Other mechanisms are also put in place as identified by local needs. The MRCS will continue the success of current monitoring tools while seeking to update and revise its monitoring practices in order to ensure quality service at all levels.

Sustainability

As mentioned earlier, the MRCS will focus more on sustainability of programmes through increased resource mobilization and fundraising. In addition, staff will strive to include concerns for sustainability in project planning and design, with more consideration given to the future impact of activities rather than simple immediate relief. In addition, by improving cooperation and coordination with other non-Red Cross internal partners such as government agencies and donor NGOs, the MRCS will help to ensure a wider base for future funding. This relieves its heavy dependence on external support while building greater local and community contacts. Through the development of CAS, exit strategies for partners and donors will be emphasized as part of future cooperation agreements, as currently no such strategies exist. With the support of donors through technical capacity building, the transfer of equipment and other sustainable resources, the MRCS hopes to ensure that the quality of services continue beyond the life of project funds.

Programme Resources and Expenses

Programmes	2008 budget in CHF	2009 budget in CHF	Total 08/09 budget in CHF	Total 08/09 Required in CHF
Disaster management	631,529	735,917	1,367,446	1,339,997
Health and care	540,073	535,967	1,076,040	1,055,140
Capacity development	75,914	87,131	163,045	162,345
Humanitarian values	n/a	n/a	n/a	n/a
Total	1,247,516	1,359,018	2,606,531	2,557,482

In general, about 52 percent of funding will go towards achieving Global Agenda Goal 1, whereas around 41 percent will go towards Goal 2 and six per cent to Goal 3. Funding needs for Global Agenda Goal 4 will be covered through the other programmes to ensure advocacy activities across all areas.

All programmes will be implemented using MRCS volunteers; equipment not provided for in the new budget will also be supplied by the MRCS to carry out necessary activities.

Planning and Resources summary matrix

[<click here for the Planning and Resources Summary Matrix>](#)