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Programme update no. 2 Mongolia

 International Federation
of Red Cross and Red Crescent Societies

MAAMN001

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**This report covers the
period 1/7/2011 to
31/12/2011**

MRCS National Disaster
Response Team is established –
September 2011



In brief

Programme(s) summary

During this reporting period the Mongolian Red Cross Society (MRCS) has been focusing its efforts on scaling up its community-based development programmes across the country while taking significant steps towards building its capacity to provide timely relief, emergency health and water sanitation services to disaster affected populations.

There has been significant progress in the development of the National Society's contingency plan as well as establishment of its national disaster response team (NDRT). A five-day induction course of NDRT has been organized in September for 27 staff and volunteers of MRCS headquarters and branches. This process will continue throughout 2012 aiming at establishing specialized teams within NDRT on relief, emergency health, and water and sanitation.

The implementation of community-based health and first aid project (CBHFA) which is being conducted in 12 districts (*soums*) of four of the Gobi provinces has successfully progressed reaching 10,469 community members and 954 school children. As a result of this continuous intervention, the people reached are expected to have improved knowledge, awareness and practice on disease prevention, healthy behaviour, first aid and disaster preparedness and response.

Also, the National Society has launched a community-based disaster risk reduction project in nine locations both in rural and urban settings and has completed initial trainings on vulnerability and capacity assessment, developing a community plan of action and other important topics. In addition,

the earthquake preparedness project that focuses on educating schoolchildren in selected schools of Ulaanbaatar and helping elected hospitals become better prepared for an earthquake has seen a significant progress in the implementation of planned activities.

One of the key successes during this reporting period was that the MRCS has clearly demonstrated how it recognizes the importance of working in partnership and has organized its first partnership meeting for Mongolia that was held late September in Ulaanbaatar, Mongolia. This initiative will continue as one of the traditional events MRCS will be carrying out on an annual basis.

Financial situation

The total budget is CHF 1,693,589, of which 59 per cent was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF457,191 (27 per cent) of the budget.

[Click here to go directly to the financial report.](#)

No. of people we have reached

An estimated 40,000 people were reached directly through the MRCS multilaterally and bilaterally funded activities in the second half of this year. Meanwhile over 80,000 people are estimated to have been reached indirectly.

Our partners

The Mongolian Red Cross Society works with a number of partners including but not limited to American Red Cross, Australian Red Cross/Australian government, British Red Cross, Red Cross Society of China, Finnish Red Cross/Finnish government, Japanese Red Cross, Netherlands Red Cross, Norwegian Red Cross/Norwegian government, USAID, European Commission's Directorate General for Humanitarian Aid and Civil Protection (DG ECHO), European Union, the United Kingdom's Department of International Development (DFID), the National Emergency Management Agency (NEMA), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nation's Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the Ministry of Health, the Ministry of Education, the Ministry of Agriculture and Food, the Ministry of Social Welfare and Labour, Ministry of Nature, Environment and Tourism, the National Blood Transfusion Centre and its departments in provinces, the Ulaanbaatar City municipality office, the National Youth Association, the National Students Union and local health departments.

IFRC, on behalf of the Mongolian Red Cross Society, would like to thank the above mentioned partners for their generous support.

Context

Mongolia is considered a medium human development index (HDI) country currently ranked 110 out of 187 countries in terms of human development with a HDI of 0.653 in 2011, up from 0.647 in 2010.

HDI (Value)	Life expectancy at birth (years)	Mean years of schooling (years)	Expected years of schooling (years)	Gross national income per capita (constant 2005 PPP \$)	Gross national income per capita rank minus HDI	Non-income HDI (value)
0.653	68.5	8.3	14.1	3,391	17	0.743

Revenue from the mining sector now makes up more than a third of Mongolia's Gross domestic products (GDP). With the economy forecasted to grow by 20 per cent in 2011 and a continued surge in mining revenue expected, Mongolia should be able to achieve its goal of becoming an upper middle income country (GNI per capita of US\$3,976 to US\$12,275) in the near future. Mongolia is currently classified as a lower middle income country with a GNI per capita of US\$1,890. However, increasing incomes is not enough on its own and is only one factor in achieving higher human development - the ultimate goal.

In the second half of this year, Mongolia officially presented results of its national census conducted in 2010. It says that the total population of Mongolia is 2,754,685. One of the main features of the 2010 census was e-enumeration for Mongolians living abroad. According to the main findings, Mongolia has 107,410 citizens living abroad for more than six months, and 16,428 foreign citizens and stateless people living for more than six months in Mongolia. The 49.5 per cent of the resident population is male, 50.5 per cent is female, and the sex ratio is 98.1. The percentage of population aged 0-14 is 27.3 per cent, 15-64 is 69.0 per cent, 65 and above is 3.7 per cent. Dependency ratio in 2010 is 45.0, which has decreased by 19.6 percentage points when compared with 2000.

Since the 2000 Population and Housing Census, the total population of Mongolia has increased by 381,200, which is an increase of 16.1 per cent. The annual population growth rate is 1.5 per cent.

Urban population has increased significantly. In 2000, 57 per cent of the resident population or 1,345,000 people were living in urban areas, whereas the figure has increased to 68 per cent (1,798,100 people) in 2010. In 2000, the average population density of Mongolia was 1.5 persons per square kilometer. In 2010, the density has increased by 0.2 percentage points to 1.7 persons per square kilometer. Population density in the capital city of Ulaanbaatar remains as the highest. In 2000, population density in Ulaanbaatar city was 162 persons per square kilometer; it has increased to 246 persons in 2010.

Among population aged 10 and above, the percentage of people with at least primary education is 92.5 per cent in 2010. Compared with 2000 population and census results, this is an increase of 4.6 per cent. When disaggregating the people with at least primary education by sex and the level of education, the percentage of males with higher education has increased twice between the two censuses, whereas a 2.8 times increase is observed among females with higher education (diploma and above). Literacy level among population aged 15 and above is 98.3 percent, which has increased by 0.5 percentage points since 2000.

Nationwide, there are 108,100 persons with disability, which represents 4.1 per cent of the total population. About 34 per cent of persons with disability have congenital disabilities, and 66 per cent have acquired disability.

About 56.4 per cent of population aged 15 and above are in the labor force, which is a slight decrease of 5.5 percentage points when compared with 2000. Although the population aged 15 and above has increased by 25 per cent, the increase in labor force is only 13.9 per cent. Between the last two censuses, economically inactive population has increased by 43 per cent. In 2000, the number of employed persons was 779,100; in 2010, the number has increased by 17 per cent to 911,700. The unemployment rate is 15.3 per cent which has decreased by 2.2 percentage points when compared to 2000.

For the 2010 Population and Housing Census, 96.5 per cent of the resident population was counted in 713,800 households. The number of households has increased by 31.9 per cent when compared with 2000. About 10.6 per cent of total households are single family households, 62.3 per cent are nuclear family, 24.9 per cent are extended family and 2.1 per cent are mixed family households. The average size of a household is 3.6 persons, which is a decrease of 0.7 percentage points since the previous census.

About 45.2 per cent of total households live in *gers* (traditional Mongolian dwellings), 53.7 per cent live in different types of houses and buildings and 1.1 per cent live in other types of dwellings. Percentage of households who live in *gers* has decreased by 5.7 points and those who live in houses has increased by 5.2 points. For urban households, 65.9 per cent live in houses and 32.7 per cent live in *gers* that indicate a decreased percentage of households who live in houses and increased percentage of those who live in *gers* when compared with the 2000 Census. According to the census findings, there are 23,200 households without any source of electricity, which is 2.9 times less than that in 2000. About 91.4 per cent of households without any source of electricity live in *gers* of which 81.1 per cent are in rural areas. For households who use renewable energy system, 96.7 per cent are in rural areas. About 35 per cent of households who live in *gers* supply their drinking water from springs, rivers, streams, and lakes. Households with hot and cold piped water supply system represent 39.7 per cent of total households who live in houses/buildings, which also represent 46.1 per cent of urban households and 3.7 per cent of rural households. In 2000, the percentage of households in houses/buildings who disposed their solid waste in unauthorized areas represented 10 per cent; the figure has dropped to 5.2 per cent in 2010. About 42.4 per cent of households in houses/buildings have indoor toilet facility, of which 6.1 per cent share with others. For more information, please visit www.toollogo2010.mn.

Progress towards outcomes

HEALTH AND CARE

Programme component 1: Community-based health and first aid (CBHFA)

Outcome(s)

- Capacity of selected communities to prevent and manage health problems and injuries in emergency and non-emergency situations is improved.

Achievements

CBHFA project has been targeting 12 *soums* of four provinces in Gobi Region of Mongolia, namely, Dundgobi, Dornogobi, Umnugobi and Gobisumber provinces since 2010. During the reporting period, approximately 10,469 individuals and 954 school children within targeted communities have benefited from the Red Cross CBHFA interventions (based on monthly reports from July through October).

The key achievements per specific objectives are:

Objective 1: The National Society headquarters and branches are able to introduce, implement, monitor and evaluate CBHFA projects in selected project sites.

- From July to October 10,469 local people have been reached and mobilized by CBHFA facilitators and volunteers.
- A total of 66 CBHFA facilitators and 240 CBHFA volunteers were trained on disease prevention, health promotion and community mobilization in major emergencies (CBHFA module 5 – 7). As a result of improved knowledge and facilitating skills these people are expected to properly mobilize and lead the local communities in tackling health risks and prioritized needs among those communities.
- CBHFA PMER and financial management trainings were conducted for key CBHFA project players like CBHFA instructors, facilitators and volunteers. That was to improve their basic knowledge and operational skills on project management and PMER tools that were designed specifically for CBHFA intervention. As a result, the four branches started to submit their monthly reports in accordance with an agreed template.
- CBHFA-implementing mid and primary level branches were provided with technical and material support through regular monitoring trips (in this reporting period a total of 19 monitoring trips were conducted at various project management levels).
- CBHFA facilitators, volunteers and peer educators at selected schools were provided with Red Cross vests to ensure adequate visibility in the targeted areas.
- A CBHFA baseline survey report was developed from the survey results. The report has captured health awareness and practice among targeted local communities. MRCS is one of the few CBHFA-implementing National Society that has piloted and completed baseline survey.
- A two-day CBHFA lessons learnt and planning workshop was organized to identify and promote experiences and lessons from last two years' piloting process and design future CBHFA directions and methodologies accordingly, in Mongolian context.



Within the CBHFA project, targeted community members conduct community meetings on a regular basis to discuss needs and priorities and find solutions to tackle problems using resources available. Photo by MRCS.

mobilize local people for identifying and settling the most urgent health risks and needs by community initiatives, and safe and healthy behaviours.

- 12,250 pieces of IEC materials like health message leaflets on identified topics have been developed and distributed by CBHFA facilitators and volunteers to the targeted communities.
- Red Cross dissemination centres have been established in each of 12 targeted *soums* with assistance of teaching facilities and IEC materials as health promotional base for local population.
- 310 local people (based on an analysis of monthly reports from July to October) have been able to improve their behaviour and practice in a positive way, according to the monthly CBHFA reports from mid and primary level branches.

Objective 3: In total, 8,000 youths in 12 selected schools have increased knowledge, awareness and practice on disease prevention, positive health behaviour, first aid and disaster preparedness and response through school-based activities.

- 120 school peer-educators were trained on basic knowledge of disease prevention, health promotion and emergency health (CBHFA module 5-7) for school-based promotional activities among school children in response to key health problems.
- Red Cross Youth Clubs have been established in each of the 12 targeted schools while being supported with teaching equipments and IEC materials because the clubs will serve as health message dissemination corners for school children.
- CBHFA-trained school teachers and those 120 peer-educators have conducted a variety of activities like first aid dissemination, competitions, promotional sessions, and individual counseling among school children.
- 107 school children (based on an analysis of monthly reports from July to October) have improved their behaviour and practice in a positive way, according to the monthly CBHFA reports from mid and primary level branches.
- 2,000 pieces of IEC materials have been developed and distributed to school children on the topics selected in accordance to local realities.

Objective 2: In total, 6,500 households have an improved knowledge, awareness and practice on disease prevention, positive health behaviour, first aid and disaster preparedness and response through household visits, community dialogues, community mobilization activities, trainings and simulation exercises.

- 240 CBHFA volunteers and 66 facilitators have conducted household visits, community meetings, dialogues, trainings, simulation exercises and competitions to motivate and

Constraints or Challenges

- The operational capacities of MRCS branches in CBHFA targeted areas have been limited, in particular PMER related activities that delayed the overall project implementation.
- Comparably high staff-turnover like migration of trained facilitators and volunteers to other areas has hampered on the effectiveness and efficiency of CBHFA trainings and intervention at communities.
- The importance and necessity of Red Cross CBHFA intervention wasn't well understood among local leaders and decision makers in some areas, restricting the participation of facilitators and volunteers to some extent.

Beneficiary Satisfaction Interview

Number of groups involved: Two (CBHFA facilitators and youth peer-educators)

Number of people interviewed: Five

Details of key interviewees:

- Name: Batsaikhan Dashtseren, CBHFA facilitator from Ulaanbadrah soum of Dornogobi province, Age: 39 years old, Male, Occupation: Teacher of Secondary School in Ulaanbadrah soum
- Name: Gandirmaa, CBHFA peer-educator, Age: 15 years old, Female, 10th grade-student of secondary school, Gobisumber province

Findings from discussion: Mr. Batsaikhan Dashtseren, CBHFA facilitator said "When CBHFA project initiated last year in our Ulaanbadrah *soum*, I decided to become a CBHFA facilitator. Frankly speaking, I didn't have any idea about Red Cross till joining as CBHFA facilitator, even though I thought that I could do something with RC for improved health of our community people with professional background as a school teacher. Over my CBHFA activities so far, I've been able to better understand about the lofty humanitarian idea of RC movement and I'm now very much proud of myself being a Red Cross facilitator. In my personal opinion, the MRCS and IFRC are one of the most active supporters for the vulnerable people for protecting and improving their livelihood at communities at present in Mongolia, while many others are too much attentive to their own profits. This first aid training seems to me, useful for school children and many parents were happy to send their children here more for this training to become peer-educators than for enjoyable purpose. The children are enjoying the first aid training here, in particular outdoor training differently from their school training set-up. What's more advantageous to target peer-educators is that they travel between school and homes every day and can disseminate about CBHFA including first aid for both their school children and family members. The topics covered in this training are all related to our daily life like choking, and I'm positive that they'll effectively apply what they're learning here into practice once being faced to any needy circumstance. If I pick up any to be improved for future, it was a long travel leg to this camp from our Dornogobi province, leaving at 4 am and arriving here at 12pm but next day, programme began early in the morning, making some children compliant of less fatigue recovery."



Ms. Gandirmaa, CBHFA youth peer-educator with the CBHFA project manager at National Society headquarters. Photo by MRCS

Ms. Gandirmaa, CBHFA youth peer-educator said “I’m glad to attend this first aid training, which is being arranged well, especially with stationed session approach. Two year before, our *soum* was affected by *dzud* and Red Cross served a lot for the victims, where RC youth members actively involved. Being aware of the potential role by youth, I decided to become a RC youth member in 2009, now working as peer-educator. There are many RC youth members in my school. I’m trying to learn whatever important for first aid as this is very

relevant to my daily life in school and family. In my school alone, some accidents happen occasionally, particularly among naughty school boys resulting in different types of injury needing for first aid. I’m sure that I’ll be able to help those injured with my first aid and share with my colleagues the first aid knowledge in the future. What I dislike about this training is that the programme starts too early at 7 am every day and for future, I want to have camera to take the pictures of RC activities for my report.”

Programme component 2: Social care for the most vulnerable

Outcome(s)

- Well-being of the most vulnerable communities (extreme poor, elderly, disabled and single parents) is supported.

Achievements

During this reporting period IFRC funded a social care project that is being implemented in the central towns of three provinces, namely, Uvurkhangai, Khuvsgul and Tuv, providing home care services and monthly food assistance to 450 selected beneficiaries (elders, disabled, single parents, extreme poors) through mobilization of its 150 volunteers and 120 “Helpful Group” members.

The services that are additional to home care services (company and psychosocial support) are provisions (examples are fuel, water, food), disability aids (examples are wheelchair, eye glasses, false teeth), and health related services such as access to health care centers and medical check-ups.

The social care centers that serve as a training and information sharing facility for local communities have been supported with maintenance costs on a quarterly basis in order to be able to operate and provide comfort and warmth to visitors.



Meeting of staff retired from MRCS with senior managers of the national society during the International Elders' Day. Photo by MRCS

In support to the volunteers, the project includes disseminating 100 vests and volunteer diaries. The project volunteers have had two planning and reporting meetings within the last six months. During the International Elders' Day the social care programme organized a meeting among the elders that were retired from MRCS. This meeting was conducted in Baganuur district, one of the social care project implementing locations. The participants have visited the Red Cross branch, the social care center as well as a farm that is run by local branch for fundraising purposes.

In December, the social care jointly with youth department will be organizing one of its traditional activities for the New Year celebration that is the Red Cross Santa campaign. During this initiative youth Red Cross members will distribute New Year gifts to street children.

In addition, “One day of a Red Cross volunteer” documentary movie was produced and distributed to all Red Cross branches to recognize and promote Red Cross volunteers' work. It will be shared with partner organizations once the English subtitles are prepared. Also, a “Home care for bedridden people” guideline was developed and distributed to all mid-level branches.



The social care project assists domestic migrants to quickly adjust to urban life, find a job in urban settings by linking them with vocational training centers and supporting them with start-up funding. Photo by IFRC

From the bilateral aspect, the “Delivery of social care services for the most vulnerable people” project, funded by British Red Cross that commenced in January 2009 has been successfully implemented in the second half of 2011 in Baganuur, Nalaikh, Darkhan and Selenge Red Cross branches. Project activities have reached approximately 1,275 beneficiaries through 425 volunteers and 250 “Helpful Group” members.

The “Community-based social care services for the most vulnerable in Mongolia” project, funded by European Union and Finnish Red Cross has been implemented since January 2009 in four provinces (Khovd, Khentii, Bayankhongor, Bayan-olgi) and six districts (Bayangol, Bayanzurkh, Khan-Uul, Chingeltei, Sukhbaatar, Songino-khairkhan). Within this reporting period a total of 1,600 volunteers have reached 4,800

beneficiaries.

Constraints or Challenges

Most of the challenges are related to a lack of sufficient volunteer management policy as well as a lack of understanding of the volunteering concept by the general public in Mongolia. For example, some of the volunteers are discouraged to conduct home visits because beneficiaries ask for too much, beyond the volunteers' capacity to give. Also, most of the volunteers come from vulnerable families and they find it difficult to volunteer during summer and spring as they are normally occupied with seasonal work.

Programme component 3: Voluntary, non-remunerated blood donor recruitment

Outcome(s)

- Structure and policy of the blood donor recruitment programme is improved.
- Availability of safe blood supply is improved through voluntary, non-remunerated blood donor recruitment among youth.

Achievements

Since 2010 no funding has been allocated to blood donor recruitment activities of MRCS mainly because the Mongolian government has outlined in its donors' law that it is responsible for financing initiatives taken towards recruiting, retaining and motivating blood donors. In the beginning of 2011, the MRCS made an agreement with Ministry of Health and completed the following activities with their funding.

- A total of 74 Club 25 members from eight Red Cross mid-level branches have been provided refresher training on blood donor recruitment. These trained peer educators have carried out over 120 mobile campaigns that reached 11,520 people. In total 5,456 people donated blood out of which 17 per cent donated blood twice.
- Based on needs assessment closer technical support on blood donor recruitment training and dissemination activities have been provided to six Red Cross mid-level branches. As a result, 93 volunteers were provided with training and other relevant support to get specialized in recruitment of voluntary, non-remunerated blood donors.
- 30,000 copies of nine types of IEC materials were developed, published and distributed to all Red Cross branches across the country as well as blood transfusion centers.

DISASTER MANAGEMENT:

Programme component 1: Organizational preparedness

Outcome(s)

- Capacity in skilled human resources is improved.
- Financial and material capacity for effective disaster management is improved.

Programme component 2: Community preparedness

Outcome(s)

- Resilience of individuals and communities reducing their vulnerabilities to public health emergencies and disasters is improved.

Achievements

One of the key achievements of this reporting period was that the MRCS had organized its first induction course with an aim to establish a national disaster response team (NDRT). In total, 27 MRCS staff and volunteers as well as representatives from key partners in disaster management area such as National Emergency Management Agency participated in this training and were provided with information on key topics such as emergency assessment, IFRC tools for disaster response, Sphere standards and others. The training has been facilitated by disaster management delegates from Asia Pacific Disaster management unit and East Asia regional delegation. This process has been in line with the development of a contingency plan for the National Society. As outlined in the contingency plan of MRCS, the NDRT will be responsible during a disaster for conducting rapid needs assessment, coordinating field activities, and developing initial plans of action. As a follow-up to this induction course, a 3-day training-simulation is planned in December for selected staff from MRCS headquarters and mid-level branches in order to provide an opportunity to practice knowledge and skills they had gained in the previous course in a more focused way. Also, in December the NDRT members will be equipped with items that are necessary for deployment to field.

In addition, the disaster management programme has kicked off a community-based disaster risk reduction project that is to be implemented throughout nine communities both in rural and urban areas. Two trainings have been conducted to equip the implementing mid-level branches with adequate knowledge and skills on how to conduct vulnerability and capacity assessment, develop plans of action, and implement activities accordingly. Training curriculum has been developed with technical support from East Asia regional delegation.

During this reporting period there have been several capacity building initiatives to support the National Society's disaster management team due to recent personnel changes. Examples are participation in family link restoring workshop held in China as well as participation in livelihoods and cash transfer programme training held in Bangkok both organized by Red Cross Red Crescent. In the training, the MRCS representative presented its cash grant project that was implemented in the recovery phase post *Dzud* 2009-2010 in Mongolia. One crucial observation was that the Mongolian nomadic herding lifestyle and livelihoods differ greatly from densely populated regions like South East Asia. Therefore, it remains a challenge to find the best solution to maintain sustainable livelihoods especially when it comes to herding families in the Mongolian countryside.

The MRCS with close support from IFRC country office is implementing earthquake preparedness project that is funded by USAID. The project is designed to ensure that staff and students of pre-selected 43 schools and 6 hospitals in 6 central districts of Ulaanbaatar are trained on earthquake preparedness including elements such as how to prepare, what to do in the event of tremors etc. The MRCS is the key implementing partner while IFRC country office provides technical support and guidance. In this regard, the MRCS coordinates closely with National Emergency Management Agency, the Ministries of Education and Health, the Ulaanbaatar City municipality office (Education department) and the selected school and hospital authorities to ensure that the project receives the support and cooperation needed for carrying out activities. The project is focused, as designed, on building capacity of school children (primary, secondary, upper secondary), school teachers and staff, and hospital staff (doctors, nurses, others) on earthquake preparedness.

The overall goal sought to reach 100 per cent of staff and students in each of the 43 targeted schools with knowledge on steps to prepare for an earthquake, what to do in case of an earthquake and follow-up activities should an earthquake occur and evacuation be necessary. It is important to note that this project extends the reach of earlier work done by the National Society in regard to earthquake preparedness in secondary schools. Within the schools targeted, there are approximately 53,400 students. On the basis of a rapid assessment in the schools, signs and other supports to earthquake response will be provided.

Within the selected hospitals there are approximately 2,400 staff who will be trained under this project. In addition to training for staff of those hospitals, the project will also undertake a vulnerability and capacity assessment, including bringing expertise to undertake a structural assessment of the buildings. Key recommendations will be included in an action plan for implementation by health authorities.

Eighteen volunteers were selected in each MRCS branch in the six districts of Ulaanbaatar to undertake a training-of-trainers (ToT) course. Criteria for selection of volunteers include their proven expertise in training or disasters as well as availability for the period required to complete the project.

Printed materials have been developed and produced including posters, flyers, wall calendars, desk calendars, and notebooks for student, brochures and information checklists. All products carry preparedness reminders and checklist items to stimulate an on-going concern for preparedness activity.

In the absence of audio-visual equipment to facilitate training in the facilities, large posters containing the key messages have been developed for use in training, and these will be left at the end of the project in the facilities as reminders of the key steps.

Training curriculum of ToT was developed and tested. The training was expanded to be age appropriate and to address as many scenarios as possible.

Monitoring and evaluation of the training will be undertaken. Forms have been developed for completion by staff and students. These will be analyzed at the end of each day, allowing for adjustments to be made as necessary in the training.

ORGANIZATIONAL DEVELOPMENT:

Programme component 1: National Society leadership development

Outcome(s)

- Leadership is supported to develop capacities for creating effective policies and promoting MRCS role and mandate to the government and partners.

Programme component 2: National Society development of systems and procedures

Outcome(s)

- Quality of services delivered to the most vulnerable in Mongolia is improved through adoption of better systems and structures.

Programme component 3: National Society branch development

Outcome(s)

- Branches are supported to maintain operational sustainability and gain financial independence.

Achievements

In September 2011, the MRCS organized its first partnership meeting in Ulaanbaatar with attendance from IFRC East Asia regional office and country office for Mongolia, the International Committee of the Red Cross (ICRC) and representatives from seven partner national societies. First day of the meeting that outlined importance of corporate social responsibility was joined by 100

people that were from international organizations in Mongolia, diplomats and representatives from business sector of Mongolia.

Main objectives of the meeting were:

- To strengthen partnership and trust;
- To create an effective platform for consultation and development of cooperation;
- To promote the spirit of working together effectively to add value to service delivery;
- To meet and exchange views with people in the humanitarian industry.

The meeting deliberations have presented a number of overarching facts:

- Mongolia is currently experiencing a number of social changes which has seen a significant percentage of the population afflicted with challenging realities and facing a wide range of risks.
- It was evident that the MRCS believes that there are a number of key issues that need to be addressed as a matter of priority in order to improve their organizational capacity to further improve their humanitarian service delivery, by including the following:
 - o relevant and sustainable programmes;
 - o improved financial systems, reporting and risk management, and
 - o increased human resource capacities.

Other key conclusions were an agreement among the partners to work together on the common challenges of programming while focusing on agreed definitions of sustainability and integration in core subjects such as community-based approaches.

In addition to above, the MRCS is committed to materialize the following key recommendations concluded from this partnership meeting:

- A national volunteer registration database shall be completed.
- A calendar of trainings is to be developed to increase efficiencies.
- There is a need to further explore whether any of the identified humanitarian gaps can be adequately addressed as part of future programme plans.
- A possible re-prioritization of projects and humanitarian interventions should be considered considering the growing evidence of health issues affecting the Mongolian population at large including mother-child care.
- There is a need for a joint assessment with more relevant tools – current practices need to be revised.
- The MRCS shall further review its intent to establish a cooperation mechanism to coordinate partners working in Mongolia.

Other organizational development related initiatives include a three-day workshop on marketing for staff from headquarters and all mid-level branches.. The workshop generated discussions on the marketing approach to be used in humanitarian work and kicked off a process of developing a marketing strategy for the National Society. During this workshop the participants worked on a case on how to effectively and efficiently conduct a donation campaign at national level.

In addition, the communication unit as well as finance department of MRCS were provided with workstations in order to increase efficiencies in each designated area.

Also, the MRCS has been provided with an opportunity to benefit from an initiative implemented by Asia Pacific zone office's planning, monitoring, evaluation and reporting/resource mobilization unit (PMER/RM) which is to build the selected national societies' capacity in developing plans, producing

and applying logical frameworks, conducting results-based monitoring and evaluation, and meeting reporting standards of donors and partners by close mentoring process that involves on-site visits, one-to-one coaching and other necessary supports. Currently two delegates from Asia Pacific zone PMER/RM unit have visited Mongolia and organized training on basic PMER concepts and tools, had one-to-one coaching with individual project staff, made recommendations for development of PMER guideline for the National Society.

Lastly, the Secretary General of the MRCS participated in the International volunteers' conference that was held between 14 -18 September in Budapest, Hungary. The conference was devoted to the 10th anniversary of "International Volunteers Year" that was announced in 2001. The International Volunteers Conference was organized by the United Nations' Volunteers jointly with the IFRC. Also, the Secretary General as well as the President of MRCS attended the 31st International Conference of Red Cross Red Crescent Movement organized in late November in Geneva, Switzerland.

Working in partnership

MRCS continues to make efforts towards establishing and maintaining partnership with relevant international organizations, governmental and non-governmental institutions, corporations and business enterprises. The National Society keeps the partners updated on its ongoing activities, disseminates the need for better coordination in order to improve delivery of services to the most vulnerable in Mongolia and encourages the partners to share experiences, get involved in the activities and contribute to the implementation of the programmes. A clear example of the National Society recognizing the importance of working in partnership is the organization of the first partnership meeting for Mongolia that was held late September in Ulaanbaatar, Mongolia. This initiative will continue as one of traditional events MRCS will be carrying out on annual basis.

Within the Red Cross movement, the MRCS is closely supported by the IFRC Asia Pacific zone office and East Asia Regional Delegation and country office. In the second half of the year, a number of technical advisors in different sectors visited Mongolia in order to facilitate effective and efficient implementation and planning of its operations.

Contributing to longer-term impact

MRCS's projects and programmes are designed and implemented in alignment with the IFRC Strategy 2020 contributing to the strategic aims of saving lives, protecting livelihoods, strengthening recovery from disasters and crises, enabling healthy and safe living, promoting social inclusion and a culture of non-violence through its extensive disaster response and preparedness actions, health promotion activities, and other regular interventions carried out at national level as well as by the well-established branches in all corners of Mongolia.

Current efforts and initiatives taken within individual projects such as introduction of global PMER tools in the locations that implement community-based health and first aid project is expected to positively impact the overall process of building PMER culture in the branches. In addition, the projects' lessons learnt workshop that was held late October managed to capture challenges in a community-based approach which include volunteer management, high staff turnover in the branches, lack of understanding on voluntarism and other key issues.

Looking ahead

In 2012, activities will be implemented as planned in the IFRC long-term planning framework and elaborated in the plan of action for 2012.

Programme implementation priorities will be the integration of community-based programmes based on community needs prioritization and local context as well as taking into consideration the existing capacities, experience and resources within MRCS. Activities to ensure MRCS has the capacity to provide timely relief, emergency health and water sanitation services to disaster affected populations will be carried out throughout next year. Examples are establishment of specialized teams within the NDRT and provision of relevant trainings to the teams.

One of the focuses in the organizational development is to ensure that an adequate volunteer recruitment and management framework and specific policies are in place at a national and local level.

Lastly, the social care programme will be offering comprehensive social service which is widely accessed by vulnerable groups in the rural and urban areas.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGO's) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

Contact information

For further information specifically related to this report, please contact:

- **In the Mongolian Red Cross Society**
 - Samdan Ravdandovji, Secretary General; email: redcross@magicnet.mn; phone: +976 11 312578; and fax: +976 11 320934.
- **In the IFRC country office for Mongolia**
 - Javier Barrera, Head of Office; email: javier.barrera@ifrc.org; phone: +976 11 312720; and fax: +976 11 321684.
- **In the Asia Pacific Zone**
 - Alan Bradbury, Head of resource mobilization and PMER; phone: +9207 5775, e-mail: alan.bradbury@ifrc.org

International Federation of Red Cross and Red Crescent Societies

MAAMN001 - Mongolia

Interim Report

Selected Parameters	
Reporting Timeframe	2011/1-2011/11
Budget Timeframe	2011/1-2011/12
Appeal	MAAMN001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	561,094	738,614	146,164	51,584	196,134	1,693,589
B. Opening Balance	16,515	4,080	10,047	0	85,699	116,340
Income						
Cash contributions						
<i>British Red Cross</i>		46,304				46,304
<i>DFID Partnership grant</i>	308,314					308,314
<i>Finnish Red Cross</i>	0	41,700	5,377			47,077
<i>Finnish Red Cross (from Finnish Government)</i>	0	163,077	30,471			193,548
<i>German Red Cross</i>		32,324				32,324
<i>Japanese Red Cross Society</i>	21,331					21,331
<i>Norwegian Red Cross (from Norwegian Government)</i>	148,787					148,787
<i>Red Cross Society of China (from Chinese Government)</i>			36,327			36,327
<i>The Canadian Red Cross Society</i>		30,000				30,000
<i>United States Government - USAID</i>	11,718					11,718
C1. Cash contributions	490,150	313,406	72,175			875,731
Other Income						
<i>Balance Reallocation</i>	2,514	0				2,514
<i>Services Fees</i>					1,083	1,083
<i>Sundry Income</i>		328				328
C4. Other Income	2,514	328			1,083	3,925
C. Total Income = SUM(C1..C4)	492,664	313,734	72,175		1,083	879,657
D. Total Funding = B + C	509,179	317,814	82,223	0	86,782	995,997
Appeal Coverage	91%	43%	56%	0%	44%	59%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	16,515	4,080	10,047	0	85,699	116,340
C. Income	492,664	313,734	72,175		1,083	879,657
E. Expenditure	-111,520	-226,944	-43,462		-75,265	-457,191
F. Closing Balance = (B + C + E)	397,659	90,870	38,760	0	11,517	538,806

International Federation of Red Cross and Red Crescent Societies

MAAMN001 - Mongolia

Interim Report

Selected Parameters	
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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		561,094	738,614	146,164	51,584	196,134	1,693,589	
Relief items, Construction, Supplies								
Clothing & Textiles	100,000	1,979					1,979	98,021
Medical & First Aid	20,000		10,161				10,161	9,839
Teaching Materials	19,500							19,500
Other Supplies & Services	21,440		5,280				5,280	16,160
Total Relief items, Construction, Supplies	160,940	1,979	15,441				17,421	143,519
Land, vehicles & equipment								
Computers & Telecom	30,000	8,986	2,317				11,304	18,696
Office & Household Equipment			264				264	-264
Total Land, vehicles & equipment	30,000	8,986	2,581				11,568	18,432
Logistics, Transport & Storage								
Transport & Vehicles Costs	15,800	485	20			10,909	11,414	4,386
Total Logistics, Transport & Storage	15,800	485	20			10,909	11,414	4,386
Personnel								
International Staff	490,289		76,627	4,075		27,325	108,027	382,262
National Staff	57,848	17,433	2,532	293		20,384	40,642	17,206
National Society Staff	59,999	6,018	3,051	3,178			12,247	47,752
Volunteers						137	137	-137
Total Personnel	608,136	23,451	82,210	7,546		47,846	161,053	447,083
Consultants & Professional Fees								
Consultants		7,062					7,062	-7,062
Professional Fees	2,000					9	9	1,991
Total Consultants & Professional Fees	2,000	7,062				9	7,071	-5,071
Workshops & Training								
Workshops & Training	376,276	24,545	27,181	9,320		7,465	68,512	307,764
Total Workshops & Training	376,276	24,545	27,181	9,320		7,465	68,512	307,764
General Expenditure								
Travel	78,100	10,634	5,122	395		-1,592	14,558	63,542
Information & Public Relations	296,707	6,831	42,643	8,849		-905	57,418	239,288
Office Costs	10,483	21	1,883	1,307		-309	2,902	7,581
Communications	10,343	490	2,689			3,537	6,716	3,627
Financial Charges	1,440	-277	2,538	1,056		4,173	7,490	-6,050
Other General Expenses		1,103	190			-878	415	-415
Total General Expenditure	397,073	18,803	55,065	11,606		4,025	89,500	307,573
Operational Provisions								
Operational Provisions		17,733	28,126	11,730			57,588	-57,588
Total Operational Provisions		17,733	28,126	11,730			57,588	-57,588
Indirect Costs								
Programme & Services Support Recov	103,365	6,698	13,691	2,613		4,561	27,562	75,802
Total Indirect Costs	103,365	6,698	13,691	2,613		4,561	27,562	75,802
Pledge Specific Costs								
Pledge Earmarking Fee		1,030	2,087	237		250	3,603	-3,603
Pledge Reporting Fees		748	541	411		200	1,900	-1,900
Total Pledge Specific Costs		1,778	2,628	647		450	5,503	-5,503
TOTAL EXPENDITURE (D)	1,693,589	111,520	226,944	43,462		75,265	457,191	1,236,398
VARIANCE (C - D)		449,574	511,670	102,702	51,584	120,868	1,236,398	