

Appeal 2002-2003



International Federation
of Red Cross and Red Crescent Societies

MONGOLIA

(Appeal 01.39/2002)

Click on programme title or figures to go to the text or budget

	2002	2003 ¹
	In CHF	In CHF
1. Disaster Preparedness	146,168	223,475
2. Health and Care	352,092	350,824
3. Humanitarian Values	41,695	27,174
4. Organizational Development	159,185	109,139
5. Coordination & Management	267,133	267,133
Total	966,273	977,745



Introduction

National context

Mongolia, situated east of Kazakhstan, and landlocked between Russia and China, has a total area of 1,566,500 square kilometres. Its average altitude is 1,580 metres above sea level. Intense high-pressure systems in the region draw cold air down from the Arctic. These factors contribute to the unique severity of the country's climate: hyper-continental, with extreme temperature changes, long winters (October-April), intense solar radiation, sustained winds, and little precipitation. Although located in the heart of Asia, its historical ties are Eurasian. Culturally, Mongolians are a nomadic people related to the Tuvans, Kazaks and even the Turkish.

In 1989, Mongolia moved from a centrally planned system to a market system and a democratically elected government. This reorientation to a market economy has entailed drastic changes in the country's socio-economic and political life.

As a satellite state of the USSR, Mongolia achieved substantial progress in well being, health and education. By 1989 free health care was available to all, with a network of health facilities and doctors serving most of the country. Infant and mortality rates had declined to moderately low levels, and more than 90 per cent of the adult population were literate. Between 1975 and 1990 some 40 per cent of government expenditure was devoted to education, health, culture and social welfare (UNDP 1997).

The past decade, however, has seen the emergence of unemployment, poverty, a decline in literacy, and diminished access to education and health services, as the guaranteed market within COMECON (Council

¹ These are preliminary figures for 2003. and are subject to revision in the course of 2002.

for Mutual Economic Assistance) and the huge subsidies from the Soviet Union, which had previously supported the economy and social services, disappeared.

Mongolia has set in motion a series of institutional and structural reforms, to provide a foundation for the development of an efficient economy and the improvement of the social system. It has made considerable progress: after the economic collapse of 1990-4, it had five consecutive years of growth and brought inflation under control (below 10 per cent). The livestock sector - the backbone of the economy - was privatised from 1991 onwards, although support systems still have to be developed. Private companies are operating in many other key sectors.

However, many serious challenges remain. The government carries a large annual budget deficit (20-25 per cent), financed by debt. The rationalisation of the social sector has yet to result in efficient and effective services, and the decay in social infrastructure (schools, health,) is having extremely negative consequences. While a vast network of county hospitals and schools still exist and are utilized as the main channel to provide emergency assistance in the health, nutrition and education sectors, access to these services, previously almost universal, is collapsing. These features are exacerbated in the dzud-affected areas. A nation-wide Living Standards Survey in 1998 revealed that 36 per cent of the population were below the "poverty line" and 20 per cent were "extremely poor". Of these, 57 per cent lived in urban areas and 43 per cent in the countryside. The effect of poverty on women and children remains a fundamental concern, as they are the hardest hit.

Concerns are also emerging about Mongolia's environment, a fragile ecosystem under accelerating pressures from the transition. These include over-grazing in some areas, soil erosion, poor agricultural practices, mining, the absence of solid waste disposal, increased use of cars and trucks, man-made forest fires, illegal logging, and desertification. Existing national legislation and government action plans reflect a will to use natural resources in a sustainable way, but implementation and enforcement on the ground are weak and often non-existent. Extremes of climate and difficulties caused by the social and economic transition have also contributed to the current serious situation.

Health situation in Mongolia

Viral hepatitis, which contributes to higher rates of liver disease and cancer, has become common, along with tuberculosis, scabies and other skin diseases, genito-urinary diseases, respiratory diseases, and since 1994, meningococcal infections. The incidence of STDs has also increased rapidly. Non-communicable diseases have become prevalent including cardiovascular diseases and disorders of the digestive tract. The incidence of mental illness has also increased.

The most pressing health needs are for basic measures such as sterile injections, improving the cold chain for vaccines, and improving disease surveillance.

Although declines in health funding are always problematic, their effect in Mongolia is particularly severe for several reasons:

- Nature of the health system: health care under the socialist system was imposed, inhibiting the development of awareness that health is an individual and community responsibility.
- Simultaneous lack of development and maintenance of basic infrastructure – rapid urbanisation was not matched with adequate housing, sanitation, safe water and waste disposal. The Tuul river, which flows through Ulaanbaatar, is highly polluted. Maybe urban dwellers live on the margins of the city in ger (tent) suburbs where there is neither water nor sewage systems.
- Food shortages, brought on by reduced food security due to transition and falling food production rates, overgrazing, decreased availability of winter feed and reduction in herd numbers. Recent studies show widespread deficiency of iodine, iron and Vitamin A, C and D among children.
- Lifestyle related problems – the economic transition has led to increased incidence of stress related behaviours, especially among men, resulting in family breakdown and exacerbating poverty, especially among women and children.

Mongolia is heavily reliant on financial aid from a small group of donor countries and multilateral institutions, such as the Asian Development Bank, World Bank and IMF.

Dzuds

There are three types of Dzuds - "white Dzud" (snowfall is too deep for livestock to reach the grass covered by it), "iron Dzud" (an impenetrable ice-cover forms on the surface of precipitation, also preventing livestock from grazing) and "black Dzud" (lack of precipitation in grazing areas leaves livestock without any frozen water supply).

For the first time in living memory, Mongolia was struck by two consecutive dzuds (in 1999-2000 and 2000-2001). The first dzud affected 450,000 herders (a fifth of the total population) directly and killed about three million animals - approximately 10 per cent of the total head of livestock, with the majority of deaths occurring in the spring when animals were at their weakest. During the 2000-2001 dzud, the affected population exceeded 300,000 herders in 20 out of 21 provinces and over 600,000 livestock died.

The direct cause of a Dzud disaster is the accumulation of damaging natural hazards, including severe widespread drought in summer, unusually cold temperatures in autumn and winter and then very heavy snowfall. The indirect causes are mainly over-concentration of stock and overgrazing of pastures in some areas, leading to environmental degradation, the disappearance of abundant grass, and inadequate winter hay preparation. Difficulties caused by social and economic transition have also contributed.

The Livestock Sector

Livestock are essential to every aspect of herder families' daily life, as well as to the entire rural economy. Animals are the only source of food, transport, heating materials, and purchasing power (for cash and barter), as well as the main means of access to education and health care. Without animals, no dung is available for heating or cooking, since no alternatives such as wood and coal are available in many areas. The average herder family has five members. Families with less than 20 animals per capita (on average 100 head) are considered to be below the threshold for Government livestock tax. They are thus on the poverty line, and most vulnerable to further loss of animals. Herders with less than 200 animals may easily drop below the subsistence threshold, if their herds are depleted as a result of dzud.

There are very limited alternative agricultural activities (e.g. cropping and vegetable gardening) in most of the affected areas, and due to Mongolia's climate, these can only be conducted during a short growing season. The livestock sector absorbed the shock of the transition from a planned economy, providing employment and livelihood to 40 per cent of the population. However, with the disappearance of the guaranteed market within COMECON, the entire rural sector in Mongolia was reduced to a subsistence and barter economy. The herders resorted to a strategy of increasing the livestock population as insurance for the future, which in turn resulted in degradation of the some grasslands, making the system vulnerable to dzud. Efforts to bring the livestock sector into the market economy, increase productivity and restore the balance between the livestock and nature are underway, but are expected to take a long time.

Mongolia Red Cross society

The Mongolia Red Cross society (MRCS) was established in 1939 and recognised by the Movement in 1958. Until the mid-1990s, the MRCS operated as an auxiliary of the Union of State Defence and Ministry of Health. It was supported by the Government of Mongolia and membership fees of all adult workers until 1989, when the transformation to a free market economy and civil society began. Since 1994, MRCS, with the assistance of the Federation, has developed and implemented two three-year development plans (1994-97 and 1998-2001) aimed at organisational and health and disaster preparedness (DP) programme development.

MRCS is the largest humanitarian organisation in Mongolia, with 33 branches at the Aimag level, 320 Soum level chapters and a total of 238,000 members. Its outreach to communities is unequalled by any non government organisation and it therefore has an important role to play in the facilitation and provision of emergency relief and rehabilitation assistance and in the implementation of community development programmes.

[click here to return to the top](#)

1. Disaster preparedness

Background and achievements/lessons to date

The frequency and impact of disasters have increased, and are expected to continue to increase, worldwide. Disasters disproportionately affect the poor. Over 90 percent of the total disaster related deaths occur in developing countries.

Bringing emergency relief to refugees and victims of poverty and disasters has been a key activity of the and its member Red Cross and Red Crescent societies for more than 80 years. Strategy 2010 of the International Federation, which outline' the International Federation's mission and key strategic directions, identifies five priority areas for disaster response: mobilising the Red Cross Red Crescent network to respond, improving the speed and effectiveness of co-ordination mechanisms, building capacity through relief, rehabilitation and construction, and setting and working towards improved standards.

National societies also play a role in identifying the local coping and mitigation strategies of populations at risk and helping them to find appropriate and sustainable solutions in preparation for future disasters. Strategy 2010 identifies four priority areas in disaster preparedness: strengthening disaster preparedness planning, building effective disaster response (DR) mechanisms, raising community awareness and public education, disaster mitigation and reduction.

This MRCS/Federation Programme outlined here focuses on four areas in disaster preparedness: building the capacity of the MRCS to implement vulnerability and capacity assessments, training volunteers and staff to respond in times of disasters and to work with communities on disaster mitigation initiatives, the prepositioning of resources, and educating communities about risks and early warning systems.

Mongolia is a large, sparsely populated country of 2.4 million people, with a continental climate of hot summers and extremely cold winters, reaching as low as - 54 ° Celsius. Much of the area is steppe land with mountainous regions and desert in the south. The country is suffering the effects of desertification and is also prone to natural disasters such as drought, heavy snows, strong winds, flooding, steppe and forest fires, earthquakes, and animal diseases.

The disaster preparedness programme is a key programme in the overall Country Assistance Strategy for Mongolia. Since the programme began in 1995, the Mongolian Red Cross society has defined its policy and operational directions for disaster prevention, disaster relief, disaster preparedness and its warehouse management system.

In 2001, the MRCS further developed its policy and strategy in line with the Federation Strategy 2010. It has trained substantial numbers of staff and volunteers in disaster preparedness and is involved in an ongoing relief operation for nomadic herder families affected by severe winter dzuds, in 1999-2000 and 2000-2001. The Federation emergency appeal which followed the dzud in the winter of 2000- 2001 targeted 7,000 families with a 2 phase relief operation.

The MRCS is the only organization within Mongolia with a national branch network which allows it access to nomadic herders in the more isolated areas. The MRCS with the support of the Federation has been involved in planning, implementing and monitoring the relief operation over two consecutive years. This has significantly strengthened the society's relief capacity in planning, implementation, monitoring and evaluation at national, provincial and county level. More specifically the society has gained skills in the following areas:

- Designing, reviewing and ensuring timely implementation of plans of actions;
- Development of beneficiary selection criteria;
- Establishment and coaching of community distribution commissions;
- Monitoring distribution sites and systems;
- Household interviews;

- Establishment of procurement and logistics systems.

As part of its disaster prevention programme, dissemination materials for the public on disaster warning and response have been produced and are being distributed. This has been further supported by the development of a weekly radio programme in co-operation with Mongolian TV and Radio Broadcasting Agency, broadcasting information on disaster preparedness, Red Cross activities and other messages.

Three Disaster Preparedness Centres have been established in strategic areas of the country and it is planned to further strengthen these and to increase the quantity of relief stocks to cover 500 families in times of emergency.

In the next two years the MRCS is planning to strengthen disaster preparedness of the branches at provincial and district level, improve reporting and communication, continue to conduct disaster mitigation activities through well trained volunteers and further improve its collaboration with governmental organisations.

Goal To reduce the impact of small and large scale disasters in Mongolia by strengthening the capacities of MRCS in disaster preparedness and post-disaster response.

Objectives and activities

Objective 1. To assess the vulnerability and capacity of households and communities in two rural and two urban areas (Urkhangai, Gobi Altai, Songinohairhan and Naklaikh).

Activities to achieve objective 1:

- Two people undertake exchange visit to sister national society Vulnerability and Capacity Assessment (VCA) experience.
- Federation vulnerability and capacity guidelines and training manual translated into Mongolian language.
- Pilot VCA planning workshop conducted following development programme (1999-2001) participatory evaluation.
- VCA volunteers and staff from headquarters and branches identified and trained in VCA methodologies.
- Pilot VCA implemented in two rural and two urban locations.
- Pilot VCA findings and priority setting workshop conducted.

Objective 2. To train 447 disaster preparedness and response volunteers, school teachers and youth in mechanisms aimed at reducing vulnerability and improving communities' ability to cope with the effects of disasters.

Activities to achieve objective 2:

- Participatory evaluation of DP activities in 2002 and review in 2003.
- DP/DR training curriculum, training manuals, volunteer/teacher support materials, Youth and Junior Red Cross book and materials revised, tested and finalised.
- Four training rooms established and equipped.
- Training of 65 volunteers, including youth, 54 school social workers, 70 kindergarten directors from four pilot VCA locations in DP/DR and first aid including participatory methodologies, by end of 2002.
- Training of 140 volunteers, including youth, and 48 school social workers and 70 kindergarten directors from 4 aimags and 2 districts in DP/DR and first aid including participatory methodologies by end of 2003.
- Systematise DP/DR reporting and monitoring of volunteer and school social worker activities.
- Six volunteer exchange visits between target aimags by end of 2003.
- Six volunteer meetings for 2002 and six in 2003 in the four target locations.
- 12 community mitigation activities supported in four VCA locations.
- Summer camp demonstration/competition for Youth and Junior Red Cross members and volunteers.

Objective 3. Pre-positioning of resources for 500 households to respond efficiently to the needs of affected persons.

Activities to achieve objective 3:

- Procure and pre-position stocks for 100 households in each of three regional DP rooms (inside aimag branch offices).
- Procure and pre-position stocks for 200 households in Ulaanbaatar Red Cross Council DP room (umbrella branch for 9 district branches).

Objective 4. To educate communities about risks, early warning systems, mitigation strategies, ongoing Red Cross DP/DR and first aid activities in the community.

Activities to achieve objective 4:

- Nine brochures developed, tested and finalised, based on findings of the VCA.
- 24 ten-minute radio programmes produced, based on findings of the VCA.

Objective 5. To effectively monitor and evaluate programme objectives, outputs, inputs and processes.

Activities to achieve objective 5 are:

- MRCS/Federation programme co-ordination meetings every two weeks and monthly MRCS/Federation reporting meeting.
- MRCS and Federation staff receive training in logframe development and use of logframe as a management, monitoring and evaluation and reporting tool (before March 2002).
- Monthly internal reports and six monthly Federation programme Updates posted.

Expected Results by end of 2003

- At least 5 of the 10 target communities report during evaluation that MRCS is responding better to their needs.
- Expanded VCA planned by MRCS by end of 2003.
- 223 volunteers still active in DP and first aid activities at the end of 2003.
- At least two community mitigation activities implemented in 10 target locations.
- Stocks for 500 households pre-positioned by end of 2003.
- Training and education messages are based on community vulnerabilities and capacities identified during VCA.
- Better quality reports for donors as a result of better planning and using logframe as a management tool.

Indicators

Objective 1

- VCA guidelines and training manual translated and revised to suit Mongolian context.
- 1999-2001 evaluation completed prior to commencement of VCA process planning workshop.
- VCA planning workshop conducted by end of February 2002 and representatives from Federation, MRCS headquarters, MRCS branches, and sister national societies with VCA experience participate.
- At least 10 volunteers and staff have the competency to facilitate VCA in their community by end of February 2002.
- VCA implemented in two rural and two urban communities by end March 2002.
- By April 2002 list of needs disaggregated by groups (e.g. women, men, children, elderly) and needs prioritised, based on set criteria of MRCS health and social care programme, revised during workshop.

Objective 2

- Federation DP policy and guidelines used as a base for developing the evaluation terms of reference/criteria. Evaluation is a participatory and internal process with some external expertise and is completed by end of March 2002. DP plan revised, based on findings of the evaluation, and findings of the evaluation shared within the Asia Pacific Region.
- Training curriculum, training manuals, volunteer/teacher support materials based on VCA findings completed by June 2002.

- RCY and JRC book and leaflets based on VCA findings completed by July 2002 and DP/DR training video and slides produced, based on VCA findings, by December 2002.
- Training rooms operational in 4 Aimags and districts by end of 2003. Procurement and distribution of chairs/tables, 4 overhead projectors, screens, TV/video, video/photo camera, white-boards, loudspeakers, mini generators and copiers and 10 first aid training kits, by end of 2003.
- 50 per cent of volunteers trained in 2002 are active for at least 12 months. Agreement on how DP and first aid fit into school and kindergarten curriculum by September 2002.
- 50 per cent of volunteers trained in 2003 are active for at least 12 months.
- Story-telling, diaries and simple questionnaires established by end of 2002.
- Increased motivation and transfer of methodologies/ideas between locations as a result of volunteer exchange meetings (at least one in each location).
- Mitigation activities are supported, based on link to vulnerabilities and capacities identified in the VCA.
- At least 480 children who participate in the competition in 2002 and 2003 have increased awareness about DP/DR issues.

Objective 3

- By October 2002, stocks procured for 300 households in line with agreed list of items, and pre-positioned in DP rooms.
- By October 2003, stocks procured for 200 households in line with agreed list of items, and pre-positioned in DP rooms.

Objective 4

- By August 2002, 5 brochures produced and 3000 copies of each brochure printed. By April 2003, 4 brochures produced and 4000 copies of each brochure printed.
- By end of 2002, 12 radio programmes produced and aired. By end of 2003, another 12 radio programmes produced and aired.

Objective 5

- Job descriptions and mission instructions for Federation delegates are linked to expected outputs and outcomes of the Federation/MRCS programmes.
- Logframe is used as a project management tool by MRCS and Federation.
- Reporting is against logframe objectives, outputs and indicators of progress.

Critical Assumptions

- Funding is available early in the year to start implementing the evaluation and VCA activities.
- Restricted travel to field from headquarters during winter months (November to March) is taken into account.
- MRCS branches are interested in taking part in VCA.
- Experienced VCA facilitator from the Federation or sister national society is available when required.
- Participants are open and frank during evaluation processes.

Monitoring and Evaluation

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reporting and evaluating this operation.

Training for Federation and MRCS staff in use of logframe, monitoring and evaluation and reporting has been included in the programme design (see objective 5).

[click here to return to the top](#)

2. Health and care

Background and achievements/lessons to date

During the transition from a command economy to a free market economy in the 1990s to the present day, the health and social welfare systems of Mongolia have encountered serious challenges. Government funding has declined and as a consequence so has access to medical and social services. With the decline of the economy, further affected by the dzuds of the past two winters, and rising unemployment, more families are facing the effects of poverty and are unable to afford medical care.

The deterioration of water and sanitation facilities is giving rise to an increase in infectious diseases such as diarrhoeal diseases and Hepatitis A, while poor living conditions are resulting in an increase in tuberculosis. Alcohol consumption is rising and alcoholism and domestic violence is on the increase. The numbers infected with sexually transmitted diseases (STDs) are also increasing and cases of HIV/AIDS have now been identified.

Most of the health care services are concentrated in the capital city, Ulaan Baatar, and in the other cities, and are extremely scarce in the rural regions, where 40 per cent of the population resides. Rural health care is dependent upon a network of district hospitals, which are now short of basic equipment, drugs and heating. The limited outreach system, staffed by physician assistants, is collapsing because of lack of transport and essential items. Remote and nomadic populations have difficulties in accessing health care, and many have been weakened by the physical affects of the dzuds and the loss of their livestock, forcing increasing numbers to abandon their way of life and to seek aid in the cities.

As the number of vulnerable people increases in urban and rural areas, so do the responsibilities of the MRCS to respond to their needs. Disease and accident prevention, basic health teaching, first aid, health care and social welfare and STD and HIV/AIDS prevention need to be further developed.

The MRCS began implementing a community based health and first aid programme in 1995. Instructors and volunteers were trained, handbooks developed in first aid and health care and visual aids and other basic training materials provided. Recruitment and training of volunteers has continued, particularly in the Aimags (a Province and administrative unit of the Government of Mongolia – there are 18 provinces and 3 metropolitan areas in Mongolia).

A Memorandum of Understanding has been signed between the MRCS and the Ministry of Health which will ensure co-operation in the health sector. In Ulaan Baatar, five Humanitarian Centres cater for the most vulnerable, offering care and health promotion. In 2000, Community based care for the elderly was implemented in Govi-Altai aimag in the south west of the country, and the programme was extended in 2001 to a district in the capital.

With increasing needs for blood and blood supply in Mongolia, an initiative of the State President resulted in a law on blood donation being passed by Parliament in 2000, giving the MRCS the responsibility of recruitment of blood donors in collaboration with governmental and non-governmental organisations. A training seminar on the theme, “ Methodology of Donor Promotion and Safe Blood ”, was conducted, improving co-operation between local health centres of the Ministry of Health and MRCS branches for donor promotion and recruitment, and the collection of safe blood.

Goal

To build the capacity of MRCS to respond to the needs of vulnerable men, women and children living in rural and urban communities.

Objectives and activities

Objective 1. To develop a better understanding of the needs of the most vulnerable communities in two rural and two urban locations through a pilot vulnerability and capacity (VCA) assessment.

Activities to achieve objective 1:

- Two people undertake exchange visit to sister national society with VCA experience.
- Federation VCA guidelines and training manual translated into Mongolian language.
- Pilot VCA planning workshop conducted following development programme (1999-2001) participatory evaluation.
- VCA volunteers and staff from headquarters and branches identified and trained in VCA methodologies.
- Pilot VCA implemented in two rural and two urban locations.
- Pilot VCA findings and priority setting workshop conducted.

Objective 2. To work with communities and individuals, building on existing local structures, experience and skills, to plan, develop and manage appropriate first aid activities which best respond to needs and are responsive to change.

Activities to achieve objective 2:

- Participatory evaluation of first aid programme prior to commencement of 2002 activities and a review in 2003.
- First aid training curriculum, modules and materials revised, tested and finalised.
- Procurement and distribution of 2000 first aid kits and 10 mannequins.
- Four first aid training rooms established and equipped in four branches involved in VCA.
- Training of 10 male and female first aid instructors completed.
- Training of 65 volunteers including youth, 54 school social workers and 70 kindergarten directors from four pilot VCA locations in DP/DR and first aid, including participatory methodologies, by end of 2002.
- Training of 140 volunteers, including youth, and 48 school social workers and 70 kindergarten directors from four aimags and two districts in DP/DR and first aid, including participatory methodologies, by end of 2003.
- 2000 men and women attend community based first aid education session by end of 2003.
- Five first aid competitions for children and adults planned and implemented by end of 2003.

Objective 3. To increase the number of voluntary blood donors by 15 per cent.

Activities to achieve objective 3:

- Participatory evaluation of existing blood donor activities in 2002 and a review in 2003.
- Federation blood donor recruitment and retention documentation translated into Mongolian language.
- Blood donor recruitment and donor retention training curriculum, training manual and materials tested and finalised.
- Training of 36 volunteer donor recruitment and retention officers.
- 36 quarterly donor recruitment and retention workshops.
- Blood Donor Day Campaign.
- Two-month blood donation promotion campaign.
- Participatory blood donor programme evaluation.

Objective 4. To conduct STD and HIV/AIDS Youth Peer Education for 5000 young people.

Activities to achieve objective 4:

- Participatory evaluation of existing HIV/AIDS activities in 2002 and a review in 2003.
- Federation HIV/AIDS policies and guidelines translated into Mongolian language.
- Three MRCS staff go on exchange visit to Yunnan Red Cross/Australian Red Cross HIV/AIDS Project.
- HIV/AIDS training curriculum, training manual, brochures and posters tested and finalised.
- Co-ordination with other NGOs and agencies on HIV/AIDS issues.
- Training of trainers for 30 MRCS youth staff and volunteers in Youth Peer Education.
- 5000 young people participate in Youth Peer Education workshops.

- World AIDS Day (WAD) Campaign planned and implemented.

Objective 5. To improve the health and psycho-social well being of the most vulnerable older men and women in two aimags (Gobi Altai, Uvur Khangai) and two Ulaanbaatar districts (Khan-Uul, Nalaih).

Activities to achieve objective 5:

- Conduct participatory evaluation of care for the elderly project in 2002 and a review in 2003.
- Employ Ulaan Baatar Co-ordinator to manage the Nalaih and Uvur Khangai activities.
- Train 500 MRCS volunteers in participatory methodologies by end of 2003.
- Test and finalise home care training curriculum, training manual, volunteer manual, brochures and calendars.
- 400 volunteers receive additional training in home care by end of 2003.
- 200 volunteers receive additional training in the Movement, DP, STDs and HIV/AIDS, CBFA (integration training).
- Evaluation is a participatory and internal process, with some external expertise, and is completed by end of March 2002.
- Revise care for the elderly project plan based on findings of the evaluation, and share findings of the evaluation within the Asia Pacific region.
- Establish 4 mobile day care services in Gobi Altai and Uvur Khangai aimags.
- Systematise home visiting volunteer reporting and monitoring of volunteer activities.
- Eight volunteer exchange visits between Gobi Altai and Uvur Khangai and between Khan-Uul and Nalaih.
- Hold 16 volunteer meetings in the four target locations over two years.
- Organise 4 volunteer exchanges between the Community Humanitarian Centres and the care for elderly project.
- Plan and implement media awareness campaign.
- Plan and implement International Older Persons' Day Campaign.

Objective 6. To improve the health and psycho-social well being of the poorest men, women and children in seven Ulaanbaatar districts through central and outreach community care services.

Activities to achieve objective 6 :

- Conduct participatory evaluation of the five community humanitarian centres services in 2002 and a review in 2003.
- Test and finalise community care training curriculum, training manual, volunteer manual, brochures and calendars.
- Train 280 volunteers in participatory methodologies, community care, Red Cross Red Crescent Movement and Programmes (integration training) by end of 2003.
- Systematise community care reporting and monitoring of volunteer activities.
- Organise two meetings for all volunteers from seven districts and four volunteer exchanges between the Community Humanitarian Centres and the care for elderly project.
- Organise vocational training for 16 community members from 2 districts.
- Plan and implement media awareness campaign.

Objective 7. To effectively monitor and evaluate programme objectives, outputs, inputs and processes.

Activities to achieve objective 7:

- Hold MRCS/Federation programme co-ordination meetings every two weeks and monthly MRCS/Federation reporting meetings.
- Train MRCS and Federation staff in logframe development and use of logframe as a management, monitoring and evaluation, and reporting tool (before March 2002).
- Post monthly internal reports and six-monthly Federation programme Updates.

Expected results by end of 2003

- Four pilot VCA communities are reporting that MRCS is responding better to their needs.
- Expanded VCA implemented by MRCS by end of 2003.
- MRCS first aid programme more responsive to the needs of the community as demonstrated by the curricula for different target groups.
- MRCS first aid programme is more closely harmonised with Federation standards.
- MRCS has a better understanding of its role in HIV/AIDS interventions in Mongolia.
- 2000 new blood donors recruited by end of 2003.
- 70 per cent of older people, men, women and children surveyed claim improvement in their health and psycho-social well being as a result of MRCS community care activities.
- 95 per cent of volunteers surveyed express some improvement in psycho-social well being and self development benefits.
- Better quality reports for donors as a result of better planning and using logframe as a management tool.

Indicators

Objective 1

- VCA guidelines and training manual translated and revised to suit Mongolian context by December 2001.
- 1999-2001 evaluation completed prior to commencement of VCA process planning workshop.
- VCA planning workshop conducted by end of February 2002 and representatives from Federation, MRCS headquarters, MRCS branches, and sister national societies with VCA experience participate.
- At least 10 volunteers and staff have the competency to facilitate VCA in their community by end of February 2002.
- VCA implemented in two rural and two urban communities by end March 2002.
- By April 2002 list of needs disaggregated by groups (e.g. women, men, children, elderly) and needs prioritised based on set criteria for MRCS health and social care programme revised during workshop.

Objective 2

- Federation first aid policy and guidelines used as a base for developing the evaluation terms of reference.
- Evaluation on a participatory basis with some external expertise is completed by end of March 2002.
- First aid programme revised based on findings of the evaluation findings and recommendations.
- Revised first aid training curriculum ready by end of May 2002
- First aid training manual, handouts, poster revised by end of July 2002 and video produced by end of 2002.
- 2000 first aid kits procured by July 2002 and kit contents are in line with the recommendations of the evaluation. 10 mannequins procured by July 2002.
- Renovation of four training rooms by end of 2003 and procurement and distribution of materials completed (2 cabinets in 2002 and 2 in 2003) Two first aid cabinets operational by July 2002.
- By end of 2002, 80 per cent of first aid instructors achieve required competencies.
- 100 first aid volunteers are also volunteers from the community based care for the elderly project.
- Increased knowledge and awareness in the community about CBFA.
- 320 schools and kindergartens participate in four first aid competitions by the end of 2003.
- 250 men and women community members participate in one first aid competition in five aimags by the end of 2003.
- Training in participatory evaluation methodologies prior to commencement of evaluation in May 2003.

Objective 3

- Federation blood donor policy and guidelines used as a base for developing the evaluation terms of reference/criteria.
- Evaluation completed by end of March 2002.
- Blood donor recruitment plan revised based on findings of the evaluation.
- Findings of the evaluation shared within the region.
- Federation blood donor recruitment and retention documents translated and revised to suit Mongolian context.
- Training curriculum and training manual, brochures, posters finalised by end of 2002. 2000 posters and 6000 brochures printed and distributed by end of 2003.
- By end of 2002, 80 per cent of volunteers achieve required competencies in blood donor recruitment and donor retention promotion.

- By end of 2003, 288 workshops conducted.
- TV campaign and blood donor awards conducted in April 2002.
- By end of 2002 blood donor campaign implemented and evaluated.

Objective 4

- Federation HIV/AIDS policy and guidelines used as a base for developing the evaluation terms of reference/criteria.
- Evaluation is completed by end of March 2002.
- HIV/AIDS plan revised based on findings of the evaluation and findings of the evaluation shared within the region.
- Federation HIV/AIDS policies and guidelines documents translated and revised to suit Mongolian context.
- Representatives from the Youth and Health Department visit Yunnan Project and MRCS has increased awareness of other HIV/AIDS interventions in the region.
- Training curriculum and training manual, brochures, posters finalised by end of 2002. 2000 posters and 6000 brochures printed and distributed by end of 2003.
- Complementarity of HIV/AIDS interventions between MRCS and other agencies.
- 100 per cent of participants achieve the required competencies.
- By end of 2003, 10,000 young people have improved life skills for HIV/AIDS prevention and 50 volunteers from care for the elderly project participate in Youth Peer Education.
- MRCS World Aids Day activities planned in co-operation with other agencies. Youth and children's drawing contest exhibition and prizes awarded.

Objective 5

- Co-ordinator employed and procurement of computer and vehicle by January 2002.
- 30 per cent of volunteers remain with the programme for at least 12 months.
- Training curriculum and training manual, volunteer manual, brochures, calendars finalised by end of April 2002.
- 30 per cent of volunteers remain with the programme for at least 12 months.
- Procurement of two gers, basic health supplies and furniture by April 2002 for two mobile services. Additional two mobile services established in 2003.
- Story telling, volunteer diaries and simple questionnaire system established by April 2002.
- Increased motivation and transfer of methodologies/ideas between locations.
- Two 15-minute TV programmes in 2002 and 2003. Quarterly 15-minute radio programme in 2002 and 2003. Six newspaper articles published in 2002 and 2003.
- Walking Race and awards ceremony in 2002 and 2003. MRCS first aid station at walkathon. Public education displays about Ageing and Red Cross Red Crescent Movement.

Objective 6

- Evaluation is completed by end of March 2002.
- Humanitarian Centre programme revised based on findings of the evaluation.
- Development of materials occurs in co-ordination with care for elderly project training curriculum and training manual, volunteer manual, brochures, calendars finalised by end of April 2002.
- 36,000 brochures (6 topics) printed and distributed through humanitarian centres and branches by end of 2003.
- 40 per cent of volunteers remain with the programme for at least 12 months.
- Story telling, volunteer diaries and simple questionnaire system established by April 2002.
- Increased motivation and transfer of methodologies/ideas between locations.
- 100 per cent of participants find a job after training.

Objective 7

- Job descriptions and mission instructions for Federation delegates are linked to expected outputs and outcomes of the Federation/MRCS programmes.
- Logframe is used as a project management tool by MRCS and Federation.
- Reporting is against logframe objectives, outputs and indicators of progress.

Critical assumptions

- Funding is available early in the year to start implementing the evaluation and VCA activities.

- Restricted travel to field from headquarters during winter months (November to March) is taken into account.
- MRCS branches are interested in taking part in VCA.
- An experienced Federation or sister national society VCA facilitator is available when required.
- Qualified HIV/AIDS officer is available to fill MRCS position.
- Participants are open and frank during evaluation processes.

Monitoring and evaluation

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reporting and evaluating this operation. Training for Federation and MRCS staff in use of logframe, monitoring and evaluation and reporting has been included in the programme design (see objective 7).

[click here to return to the top](#)

3. Fundamental Principles and humanitarian values

Background and achievements/lessons to date

In a world of increasing tensions and recourse to violence, the Red Cross/Red Crescent must champion the individual and community values which encourage respect for other human beings and a willingness to work together to find solutions to community problems.

The International Federation is in a unique position to help bring this about through its mandate, the Movement's Fundamental Principles and the esteem in which the emblems are held.

The purpose of this programme is not simply to ensure that people – MRCS staff or volunteers, public or private authorities, or the community in general – know of these principles and values, but to influence their behaviour. The main priorities will be:

- Developing an understanding of the Fundamental Principles internally.
- Raising awareness among public and private authorities.
- Influencing behaviour in the community.

Developing an understanding of the Fundamental Principles internally: MRCS training will cover the Fundamental Principles in order to ensure that staff and volunteers act on the basis of the Principles in their work with vulnerable people in times of peace, disaster or armed conflict.

Raising awareness of public and private authorities: This will involve initiatives to ensure that authorities² and the media understand the role of national societies and the Movement, value and protect their independence and emblem, use their capacity and facilitate their access to people in need in peaceful and violent situations.

Influencing behaviour in the community: Some of the Fundamental Principles are values that the Red Cross/Red Crescent seeks to promote externally (for example, 'respect for the human being' in the principle of humanity); others are more related to internal organization (for example, the principle of universality). The following are the values that the Movement has formally stated it believes to be of importance for external promotion:

- the protection of life, health and human dignity;
- respect for the human being;
- non-discrimination on the basis of nationality, race, gender, religious beliefs, class or political opinions;
- mutual understanding, friendship, co-operation and lasting peace amongst all people;
- service by volunteers.

In the planning of external promotion activities and the development of external promotion materials, MRCS will focus on these areas with emphasis on particularly vulnerable groups to be identified by the pilot vulnerability and capacity assessment which will be conducted early in 2002.

Goal

To promote the Movement's Fundamental Principles and humanitarian values in order to change behaviour in the community.

Objectives and activities

Objective 1. To implement a series of internal and external events in order to promote the Movement's Fundamental Principles and humanitarian values.

² This component funded by ICRC

Activities to achieve objective 1:

- Undertake a pilot vulnerability and capacity assessment.
- Include component on Fundamental Principles and humanitarian values in volunteer and staff training curriculum, training manual and materials.
- Develop and distribute dissemination materials.
- Plan and implement World Red Cross Day, May 8, activities.
- Organise “Who knows the Red Cross” competition.
- Plan and implement Red Cross media seminar.
- Plan and implement “Power of Humanity” Red Cross train campaign.

Objective 2. To effectively monitor and evaluate programme objectives, outputs, inputs and processes

Activities to achieve objective 2

- Hold MRCS/Federation programme co-ordination meetings every two weeks.
- Hold monthly MRCS/Federation reporting meeting.
- Conduct MRCS and Federation staff training in logframe development and use of logframe as a management, monitoring and evaluation and reporting tool (before March 2002).
- Post monthly internal reports and six monthly Federation programme Updates on the web.
- Participatory evaluation of programme in first quarter of 2004.

Expected results

- Increase in number of inquiries from staff and volunteers on how to act/respond in line with Fundamental Principles.
- Strategy 2010 external promotion themes all addressed at least once in 2002 and 2003 external promotion activities.
- Increased awareness about Fundamental Principles and humanitarian values in MRCS branches.

Indicators

Objective 1

- VCA process highlights particularly vulnerable groups and MRCS uses this information to develop its Fundamental Principles and humanitarian values programme.
- VCA outcomes are used to guide the development of Fundamental Principles and humanitarian values training and other resources.
- 2000 “Humanity” newsletters printed each month and distributed.
- 2000 Junior/Youth Red Cross newsletters printed each month and distributed.
- 2000 World Red Cross Day posters produced by April 2002 and 2003 and distributed.
- 60 minute television and radio broadcast aired nationally on May 8 in 2002 and 2003.
- “Red Cross Photo Lens” national photo competition involving 30 participants.
- Recruitment drive on May 8 each year results in 500 new members.
- 180 Red Cross volunteers participate in “Who knows the Red Cross” competition and 10,000 people are in the audience.
- Media seminar in 2002 and 2003 attracts local and national media agencies.
- 200 volunteers participate in “Power of Humanity” train campaign activities.

Objective 2

Logframe is used as a project management tool by MRCS and Federation.

Reporting is against logframe objectives, outputs and indicators of progress.

Critical assumptions

- Donors interested in funding programme.

Monitoring and evaluation

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reporting and evaluating this operation.

Training for Federation and MRCS staff in use of logframe, monitoring and evaluation and reporting has been included in the programme design (refer to objective 2).

[click here to return to the top](#)

4. Organisational development

Background and achievements/lessons to date

Hardships faced by the population of Mongolia in the transition from a planned to a market economy and the natural disasters that occurred in that period have put pressure on the national society to improve its performance. During the socialist epoch, the society undertook only routine activities, resulting in the collapse of grassroots activities and a decline in membership and supporters. The reputation of the society was threatened when the number of its members fell from 600,000 in 1988 to 200,000. Dues and donations also dropped dramatically and the distributions of some foreign aid was poorly managed.

The legal status of the society has been redefined in the Mongolian law on NGOs, and the law on the legal status of the Mongolian Red Cross society. The statutes of the MRCS were adopted by an extraordinary session of the society and activities directed at implementing these laws and statutes are being undertaken at all levels.

The revival of MRCS activities and structural and operational changes have brought about an increase in members and supporters, the development of Aimag branches and 700 grassroots organisations, and the involvement of over 10,000 volunteers and 160 staff members. Membership statistics are provided below.

Date	1998	1999	2000
Members & supporters (in thousands)	220	238	250
Dues paying members	4166	18,900	70,000
Special members	-	474	700
Member organizations	-	293	403

The MRCS is one of a number of national societies from countries in transition following the collapse of the Soviet Union who are taking part in a project to review the relevance and impact of the Federation co-ordinated assistance. The project's objective is to identify and make available good organisational practices in national societies in transition coping with radically changing political and economic environments. The experiences and lessons learnt will be available to both external and internal OD practitioners and donors.

During 2002 - 2003, the MRCS will continue to improve its financial sustainability, through strategic and operational planning, income generation and fund raising. Continuing support will be given to Branch and grassroots units involved in the implementation of the VCA, health and care and DP programmes.

Goal

To improve the capacity of MRCS to make the most effective and efficient use of its available human and financial resources in order to implement its health and care and disaster preparedness and response programmes.

Objectives and activities

Objective 1. To identify and make available good organisational development practices suited to a national society in transition coping with radically changing political and economical environments.

Activities to achieve objective 1:

- Establish MRCS project group and agree on roles/responsibilities and time-frame for the participatory process.
- Identify linkages between this activity and the 1999-2001 programme evaluation schedule for January/February 2002.
- Analyse the latest development plans of MRCS and desk study on existing co-operation agreement strategy for Mongolia.

Objective 2. To provide financial support to MRCS branches implementing health and care and disaster preparedness programmes and to assess the feasibility of branch income generation activities.

Activities to achieve objective 2:

- Summarise Federation Income Generation Project (IGP) Guidelines and Chapter 9 of Resource Development Handbook and translate key points.
- Federation and MRCS review IGP guidelines and assess six income generation projects presented by branches, involved in health and care and disaster preparedness, based on these guidelines.
- Identify branches to be supported through the organisational development programme.
- Plan and implement national MRCS staff and volunteer forum in August 2002 and 2003.

Objective 3. To develop MRCS's volunteer management capacity in its health and care and DP programmes.

Activities to achieve objective 3:

- Identify Federation and sister national society volunteer implementation guidelines and training manuals.
- Assess feasibility of engaging volunteer manager.
- Hold a Volunteer Management Training and Planning Workshop so that all aimag branch staff and trainers/instructors from branches involved in VCA and implementation of health and care and DP programmes are trained in volunteer management by end of 2003.
- Ensure health and care and DP training curriculum and training manuals and handouts include a volunteer management component.
- Systematise volunteer reporting and monitoring of volunteer activities.
- Organise volunteer exchange visits and meetings.
- Plan and implement "Who knows the Red Cross best?" National Volunteer Competition.
- Plan and implement International Volunteers Day (December 5th) activities.
- Plan and implement Red Cross Youth National Assembly in December 2002 and December 2003.

Objective 4. To further develop staff competencies in human resource management, financial management, leadership, Red Cross ideology and VCA in those branches involved in implementation of the health and care and DP programmes.

Activities to achieve objective 4 are:

- Four MRCS staff and volunteers from pilot branches attend the East Asia Regional Leadership Training Workshop.
- Develop, test and finalise training curriculum, training manual and soum branch secretaries guidelines.
- Train pilot soum branch Secretaries in Red Cross Red Crescent Movement, Strategy 2010, leadership, VCA, volunteer management, financial management and reporting by end of 2003.
- Develop, test and finalise training curriculum, training manual and aimag branch secretaries guidelines in human resource management.
- Train branch staff and volunteers from four pilot branches in human resource management by end of 2003.
- English language training for staff from headquarters and four pilot branches.
- Purchase and distribute computers and printers and financial management software for branches involved in implementing the health and DP programme.
- Hold two-week financial management and basic computing skills course for pilot branches' accountants by end of 2003.

Objective 5. To recognise the financial and in kind support for MRCS health and care and DP programmes.

Activities to achieve objective 5:

- Produce and distribute MRCS 6 monthly newsletter targeted at supporters to update them on MRCS programmes and to recognise their contribution.
- Plan and implement ceremony to recognise financial and in kind support.

Objective 6. To effectively monitor and evaluate programme objectives, outputs, inputs and processes.

Activities to achieve objective 6:

- Hold MRCS/Federation programme co-ordination meetings every two weeks and monthly MRCS/Federation reporting meeting.
- Conduct MRCS and Federation staff training in logframe development and use of logframe as a management, monitoring and evaluation and reporting tool (before March 2002).
- Post monthly internal reports and six monthly Federation Programme Updates.

Expected results by end of 2003

- Accurate record of Federation assistance to MRCS in institutional, human and financial resource development.
- Better understanding of major players' perceptions (national society and Federation Secretariat) of the real impact of Federation's assistance on MRCS.
- Analysis of relevance and effectiveness of the external interventions (Federation co-ordinated and bilateral) to initiate and/or facilitate a change process.
- At least two income generation projects operating and breaking even by end of 2003.
- Volunteer management procedures piloted and monitored in four VCA branches in the course of 2002-2003.
- MRCS has improved knowledge, skills and systems for volunteer recruitment, training, and recognition and this is demonstrated in higher retention rates in health and DP/DR activities (see health and DP appeals).
- Computerised quarterly financial reports from at least three pilot branches by January 2004.
- Staff and volunteers report improvement in human resource management during 2004 development programme evaluation.
- Pilot Soum branches implementing at least one activity which is responding to a need identified by the community by end of 2003.
- Number of supporters of MRCS programmes does not decrease in the next two years.
- Better quality reports for donors as a result of better planning and using logframe as a management tool.

Indicators

Objective 1

- Desk study completed and interviews conducted with all major stakeholders to identify their views and perceptions of the development of MRCS.
- Workshop to discuss the findings from the desk studies and interviews conducted by first quarter of 2002.
- Comments on relevance of development plans and CAS documented and distributed by mid 2002.
- Development plan and CAS revised, based on findings and recommendations by September 2002.

Objective 2

- Six IGP assessed for three goals of IGP 1) ability to make a net profit, 2) meeting a valid social need and 3) building the capacity of the national society. Logframe and budget revised based on outcomes of assessment.
- Branches selected for organisational development assistance are involved in VCA and are implementing health and care and DP activities.
- 100 staff and volunteers are involved in reviewing progress on VCA, DP/DR, Health and OD development programmes and setting future direction in 2002 and 2003 evaluation of host branch programmes.

Objective 3

- Volunteer management documents available for translation by January 2002.
- Representatives from all MRCS departments and from headquarters and branch level and volunteers, including Youth Red Cross, attend the volunteer management workshop.
- More clarity on the roles, responsibilities and duties of volunteers involved in health and care and DP programmes.
- MRCS Volunteer Management Policy and Draft Plan available by end of April 2002.
- Volunteer management component of training manual available by end of 2002.
- Training includes establishment and maintenance of volunteer records, story telling and other participatory methodologies.
- Branches who receive training in volunteer management achieve the volunteer retention rates outlined in the health and care and DP/DR programme appeals.
- Story telling, volunteer diaries and simple questionnaire system established by April 2002.
- Competition commences June 2002 and 300 volunteers involved nationally.
- Award ceremony for volunteers and volunteer teams including RCY and JRC after close of “Who knows the Red Cross best?” competition.
- Conference brings together 100 RCY members and volunteers from 36 branches.
- Revised RCY statutes and annual plans completed by end of conference.

Objective 4

- Participants have a better understanding of Red Cross ideology, institutional culture, public relations, management and leadership.
- Training curriculum, training manual and soum branch secretaries’ guidelines available by end of 2002.
- Soum branches implementing at least one activity which is responding to a need identified by the community by end of 2003.
- Training curriculum, training manual and branch secretaries’ guidelines available by end of 2002.
- Staff and volunteers report improvement in human resource management during 2004 development programme evaluation.
- 20 people complete 3 month English training course by end of 2003.
- IT needs identified and software and hardware purchased and distributed by end of 2003.
- National headquarters accountant conducts follow up visits to target branches, following training to provide support, and monitors progress.
- Computerised quarterly financial reports from at least 4 branches by January 2004.

Objective 5

- 700 supporters receive the MRCS Newsletter twice in 2002 and twice in 2003.
- Ceremony completed by May in 2002 and 2003.

Objective 6

- Job descriptions and mission instructions for Federation delegates are linked to expected outputs and outcomes of the Federation/MRCS programmes.
- Logframe is used as a project management tool by MRCS and Federation.
- Reporting is against logframe objectives, outputs and indicators of progress.

Critical assumptions

- Funding is available early in the year to start implementing the programme.

Monitoring and evaluation

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reporting and evaluating this operation.

Training for Federation and MRCS staff in use of logframe, monitoring and evaluation and reporting has been included in the programme design (see objective 5).

[click here to return to the top](#)

5. Co-ordination and management

Background and achievements/lessons to date

Federation support continues to be essential to further develop the core programmes of the MRCS, namely health and care, disaster preparedness and disaster response, and the promotion of the Movement's Fundamental Principles and humanitarian values.

In 2001, the Federation recruited a logistics delegate and a field delegate to assist the MRCS in the Snowfalls 2001 relief operation which targeted nomadic herder families affected by the dzuds of the past two winters. More recently, the Federation Country Office was further strengthened by the appointment of a programme co-ordinator.

The ICRC continues to support the Humanitarian Values programme, both through funding and regular visits by the dissemination delegate.

In providing support to MRCS the Federation applies the following broad approaches and principles:

- strengthening the capacity of MRCS to develop and manage relevant DP/DR and health and care programmes;
- strengthening linkages between health and care and disaster preparedness and response programmes;
- promoting partnerships, linkages and networking within Mongolia, East Asia and beyond;
- promoting the "learning organisation" - monitoring of internal and external changes and ongoing dialogue with stakeholders in order to respond constructively to changing environments;
- close co-ordination with other international organisations and non government organisations operating in Mongolia.

Goal

To efficiently and effectively co-ordinate and manage Federation supported programmes and capacity building of the MRCS.

Objectives and activities

Objective 1. To ensure the most effective planning, implementation, monitoring and evaluation of Federation supported programmes in Mongolia.

Activities to achieve objective 1:

- Participatory evaluation of 1999-2001 Federation supported programmes prior to commencement of 2002 activities.
- Support to MRCS for the national society in transition Research Pilot Project; implement VCA in two rural and two urban locations.
- Based on findings of evaluation, national society in transition research and the VCA, facilitate the revision of the Co-operation Agreement Strategy.
- Provide advice to MRCS on planning, implementation, monitoring and evaluation of Federation supported programmes.
- Support the MRCS in its working relations with participating national societies and other donors.
- Ensure a timely and regular information flow between partners in the CAS.
- When required, launch emergency appeals in co-ordination with MRCS.
- With the involvement of the East Asia regional office, manage and co-ordinate activities of Federation staff in Mongolia, Kuala Lumpur, Bangkok and Geneva in support of the MRCS.

Objective 2. To assure donors that their contributions to the MRCS programmes are effectively targeted and efficiently utilised.

Activities to achieve objective 2:

- Annual appeals are developed jointly using the logframe as a planning tool and form the basis for the development of operational plans.
- Provide effective and timely financial monitoring of income and expenditure of funds and in kind services donated through the Federation.
- Support the MRCS in monitoring of its financial transparency and accountability.
- Train Federation and MRCS staff in use of logframe by April 2002.
- Advertise delegate positions and recruit, brief and mobilise delegates.
- Monitor and report progress of MRCS/Federation against objectives, activities and verifiable indicators outlined in Mongolia Appeals.

Objective 3. To promote the work and image of the MRCS, Federation and sister national societies among the donor community, in Mongolia and internationally.

Activities to achieve objective 3:

- Through the country office and the East Asia regional office, continue to work with the media - both domestic and international - to promote activities and raise the profile of the MRCS.
- Support the MRCS in its approach to the Mongolian government for improved support and conditions in its work, at national and provincial levels within Mongolia.
- Support the work of the international department and other key departments of the MRCS in developing their contacts with donors and other partners.

Objective 4. The country office will act as the link for regional delegates to provide support to capacity building of MRCS.

Activities to achieve objective 4:

- Develop good working relationships with programme managers of the MRCS to ensure that feedback from the MRCS is well understood, and that advice and support is well received and appropriately targeted.
- To recognise and act on opportunities which can result in improvement of programmes and capacity building of the MRCS.

Expected results

- Accurate record of Federation assistance to MRCS in institutional, human and financial resource development.
- Better understanding of major players' perceptions (national society and Federation Secretariat) of the real impact of Federation's assistance on MRCS.
- Analysis of relevance and effectiveness of the external interventions (both Federation co-ordinated and bilateral) to initiate and/or facilitate a change process.
- MRCS programmes responding to vulnerabilities and capacities of target communities and this is reflected in the revised CAS.
- MRCS satisfied with jointly achieved results and effective working relations with the Federation.
- MRCS will enjoy increased profile, respect and recognition, nationally and internationally.
- At least 70 per cent coverage of the 2002-03 Federation Appeal.
- Better quality and more timely reports for donors as a result of better planning and use of logframe as a monitoring and reporting tool.

Indicators

Objective 1

- Objectives, activities and verifiable indicators outlined in the 1999-2001 development plan provide a base for the programme evaluation.
- Linkages between national society in transition research and 1999-2001 programme evaluation identified and complementarity between these two processes is achieved.
- Revised CAS which takes into account findings of evaluation, national society in transition research and the VCA is available prior to development of 2003-04 appeal.
- Ongoing revision of Co-operation Agreement Strategy reflects the changing environment and needs.
- Monthly internal reports distributed to key donors and six monthly programme updates posted on web.
- MRCS and Federation facilitate at least three participating national societies/donor visits in 2002.
- Visits to at least 5 international agencies and 5 local and international NGOs based in Mongolia during 2002.
- 80 per cent of reports to ECHO and participating national societies submitted on time in 2002.
- Acknowledgement of all donor enquiries within 48 hours by Federation office and Desk.
- At least once weekly contact with the East Asia regional office.

Objective 2

- Weekly Federation meetings and monthly Federation/MRCS meetings using logframes as a guide for discussion on progress, constraints and lessons learnt.
- Joint quarterly planning review workshops to reflect on progress, to document lessons learnt and revise operational plans and budgets.
- Secretariat Desk involved in 2002-03 annual appeal planning workshop.
- Monthly internal reports distributed to key donors and six monthly programme updates posted on web.
- 80 per cent of ECHO and participating national societies' reports submitted on time in 2002.
- Acknowledgement of all donor enquiries within 48 hours by Federation office and Desk.
- Operational plans and budgets are reviewed during weekly meetings and revised to reflect the changing environment and needs.
- Delegate job descriptions and mission instructions are linked to outputs, verifiable indicators and expected results outlined in annual appeals and operational plans.

Objective 3

- At least three approaches made to international media to cover MRCS/Federation operations and at least five approaches made to national media to cover MRCS/Federation operations.
- MRCS is regularly invited to attend Mongolian government and interagency meetings on relief.
- Visits to at least 5 international agencies and 5 local and international NGOs based in Mongolia during 2002.
- MRCS and Federation facilitate at least three participating national societies/donor visits in 2002.
- Monthly internal reports distributed to key donors and six monthly programme updates posted on web.
- Programme manager in co-ordination with the East Asia office visits at least five embassies in Beijing in 2002.

Objective 4

- At least once weekly contact with the East Asia regional office.
- Facilitate at least three East Asia office visits and one Secretariat visit to Mongolia in 2002.

Critical assumptions

- Co-operation and committed efforts from all Red Cross partners and other donors.
- Continuation of high quality public activities of the MRCS.
- Continued funding for programmes.

Monitoring and evaluation

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reporting and evaluating Federation programmes in Mongolia.

[click here to return to the top](#)

PROGRAMME BUDGETS - 2002								
Delegation MONGOLIA								
PROGRAMME	Disaster Resp	Disaster Prep	Health & Care	Human. Values	IDRD	Reg. Co-operation	Co-ord. & Mgmt	TOTAL
Shelter & Construction	0	6'300	8'400	0	0	0	0	14'700
Clothing & Textiles	0	38'063	5'670	0	0	0	0	43'733
Food & Seeds	0	15'488	9'597	0	0	0	0	25'085
Water	0	0	0	0	0	0	0	0
Medical & 1st Aid	0	5'250	24'150	0	0	0	0	29'400
Teaching Materials	0	0	13'125	0	0	0	0	13'125
Ustensils & Tools	0	0	0	0	0	0	0	0
Other Relief Supplies	0	630	0	0	0	0	0	630
Subtotal Supplies	0	65'730	60'942	0	0	0	0	126'672
Land & Buildings	0	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0	0
Computer & Telecom	0	0	8'050	0	0	0	0	8'050
Medical Equipment	0	0	4'025	0	0	0	0	4'025
Other Capital Equipment	0	0	20'440	0	18'043	0	0	38'483
Subtotal Capital	0	0	32'515	0	18'043	0	0	50'558
Programme Management	0	9'856	23'742	2'812	10'734	0	18'013	65'156
Technical Services	0	2'950	7'107	842	3'213	0	5'392	19'504
Professional Services	0	3'272	7'882	933	3'563	0	5'980	21'630
Subtotal Programme Support	0	16'079	38'730	4'586	17'510	0	29'385	106'290
Warehousing/Inspection	0	0	0	0	0	0	0	0
Transport & Vehicles	0	0	2'195	0	245	0	6'843	9'283
Subtotal Transport & Storage	0	0	2'195	0	245	0	6'843	9'283
Delegates & Expatriates	0	0	0	0	0	0	100'940	100'940
National Societies and Local Staff	0	2'205	23'687	0	18'582	0	32'494	76'967
Subtotal Personnel	0	2'205	23'687	0	18'582	0	133'434	177'907
Travel & Related Expenses	0	1'680	10'486	0	3'500	0	23'552	39'218
Information	0	36'078	69'528	29'540	30'329	0	3'780	169'255
Consultants	0	3'325	15'832	4'725	1'050	0	36'225	61'157
General Expenses	0	4'281	10'123	0	31'794	0	33'915	80'113
Training Workshops & Seminars	0	16'791	88'055	2'844	38'133	0	0	145'822
Security	0	0	0	0	0	0	0	0
Subtotal Training, Information & General	0	62'155	194'024	37'109	104'806	0	97'472	495'565
TOTAL BUDGET	0	146'168	352'092	41'695	159'185	0	267'133	966'274