

# Programme Update

 International Federation  
of Red Cross and Red Crescent Societies

## Mongolia

Appeal No. MAAMN001

29 December 2009

This report covers the period from  
1 July 2009 to 31 December 2009.



The Mongolian Red Cross Society, supported by the International Federation, responded to the floods in July in affected areas, including Songino-Khairkhan district of Ulaanbaatar city. Photo: MRCS

## In brief

### Summary:

The second half of 2009 has been a challenging period for the Mongolian Red Cross Society (MRCS) in a way it brought big-scale flooding and a public health emergency (A (H1N1) pandemic). At the same time, the MRCS found that these challenges presented opportunities to utilize its strengths.

The torrential downpour and flooding in Mongolia on 17 July 2009 affected more than 3,000 households, with a total of 26 people killed. The International Federation allocated CHF 240,000 from its disaster relief emergency fund (DREF) to support the MRCS in delivering immediate assistance to some 10,000 people.

Mongolia has witnessed a serious epidemic of A (H1N1) influenza since 12 October, and as of 28 November, the latest statistics from the ministry of health indicate a total of 1,155 people infected, with 22 deaths as a result of the epidemic. In comparison, mainland China with the size of population 500 times larger than Mongolia, reported only nine deaths since its first cases in May 2009.

Since the start of the epidemic, the Mongolian Red Cross Society (MRCS) has been actively monitoring the pandemic and exchanging information with relevant government agencies and the national emergency management agency (NEMA).

The MRCS received a total of CHF 108,169 from the International Federation, the Finnish Red Cross and the United Kingdom's Department for International Development in support of their A (H1N1) mitigation and preparedness activities. The project will be implemented between October 2009 and April 2010, and will target children in secondary schools in Ulaanbaatar and the general population across the country with A (H1N1) prevention and mitigation messages through school-based activities, mass media, distribution of posters and other communication methods, as well as blood donor recruitment activities.

Simultaneously, regular activities of the MRCS such as health and hygiene promotion, information and

dissemination activities, trainings and workshops have been taking place through the extensive network of the Red Cross branches and volunteers across the country.

See also [Mongolia: Floods \(MDRMN002\)](#), [DREF Operation Update no. 4](#)

**No. of people we help:**

The estimated number of MRCS beneficiaries throughout Mongolia in second half of the 2009 was 320,000 people, or approximately 11.8 per cent of the population. This includes direct beneficiaries, both through the International Federation and bilaterally-funded activities such as trainings and other targeted activities, as well as the indirect beneficiaries receiving information and/or participating in more broad activities, through the media, newspapers and other public campaigns.

**Financial situation:** The total 2009 budget has been revised up from CHF 637,788 (USD 587,623 or EUR 418,298) to CHF 771,500 (EUR 510,505 or USD 755,380). Coverage is 122 per cent while expenditure from January to October 2009 is 72 per cent of the total 2009 budget (see [attached financial report](#)). The financial report from January to December 2009 will be issued with the 2009 annual report by April 2010.

**Our partners:**

The Mongolian Red Cross Society works with over than 40 partners including the Australian Red Cross, the Red Cross Society of China, Finnish Red Cross/Finnish government, German Red Cross, Japanese Red Cross, Republic of Korea Red Cross, New Zealand Red Cross, Netherlands Red Cross, Norwegian Red Cross/Norwegian government, the United Kingdom's Department of International Development (DFID), the National Emergency Management Agency (NEMA), the World Health Organization (WHO), Ministry of Health, National Blood Transfusion Centre and its departments in provinces, Ulaanbaatar city Municipality Office, Youth for Health non-governmental organization, United Nations Children's Fund (UNICEF), National Centre for Communicable Disease (NCCD), National Journalists Association/Journalists Union, Deseret International Charities, Mongolian National Radio and Television Broadcasting Agency, Mongolian Educational Channel, local prison authorities, National Youth Association, National Students Union, the Ministry of Education, the Ministry of Agriculture and Food, National Centre for Diseases with Natural Foci, the Ministry of Social Welfare and Labour, Traffic Authority, Border/Customs Control, local health departments, traffic police, the National AIDS Foundation (NAF), the National AIDS Committee (NAC), the National Voluntary Counselling and Testing VCT Working Group, and the United Nations Population Fund (UNFPA).

The International Federation, on behalf of the Mongolian Red Cross would like to thank the abovementioned partners for their generous support.

## Context

The Mongolian government signed a USD 4 billion investment agreement on 6 October on the major copper-gold mineral deposit Oyu Tolgoi being developed in the southern province of Mongolia with its license holder Canadian Ivanhoe Mines, and its strategic partner Rio Tinto after over six years of discussions. The copper-gold project, which is believed to be "best model" for future foreign mining investments in Mongolia, is estimated to create more than 3,000 jobs and is expected to commence in 2013, with a five-year expected production of 45,000 tonnes of copper per year and 330,000 ounces of gold. Under the terms of agreement the Mongolian government will own 34 per cent of the project. Following that agreement, the Mongolian government approved its first ever sovereign wealth funding, a human development fund, to pool all revenues generated from the mining sector and distribute social transfers to each eligible citizen.

Severe consecutive floods occurred from 16 to 26 July in three districts of Ulaanbaatar City, a remote district and some areas in the countryside in Gobi-Altai, Khentii and Dundgobi provinces, and caused damage to houses and infrastructure. A total of 26 people were found dead, out of which 18 were members of herding families settled in the riverbank areas of Gobi-Altai province. The number of affected households has exceeded 3,000, out of which 126 households were reported to have had their homes completely destroyed, and approximately 2,000 households were reported to have lost more than 50 per cent of their belongings. The Mongolian government responded to the disaster with the provision of *gers* to those whose homes were destroyed by the floods as well as hot meals for a week in the aftermath of the disaster. Children aged 16 and below, together with the elderly and people with disabilities, were provided with shelter in a sanatorium. The government has been clearing the mud and debris from the affected areas through cash for work campaigns while providing technical facilities to the workers. The soil surface of some of the affected areas was also disinfected.

Mongolia has witnessed a serious epidemic of A (H1N1) influenza since 12 October, and as of 28 November, the latest statistics from the ministry of health indicated a total of 1,155 people infected, with 22 deaths as a result of the epidemic. The first cases of A (H1N1) were detected in Ulaanbaatar, the capital city of Mongolia. Subsequently, the outbreak spread to other provinces within a very short period of time. As of 28 November, all 21 provinces of Mongolia reported laboratory-confirmed cases. The number of A (H1N1) cases continues to increase rapidly, with approximately 70-100 new cases per day reported following the initial outbreak. This led to the government decision to declare a high state of preparedness on the A (H1N1) pandemic flu for 14 days effective from 3 November. Restrictions and time limitations were applied to all cultural and sporting events, marketplaces, entertainment venues, kindergartens, primary and secondary schools, public gatherings, scheduled conferences, workshops, seminars and public transportation between the capital city and provinces as well as non-emergency surgeries at the hospital. Later, the government extended its preparedness status for another 14 days but cancelled some of the restrictions.

The number of blood units collected daily has been steadily decreasing since the onset of the A (H1N1) cases in the country.

Government actions on A (H1N1) pandemic include the establishment of an ad-hoc rapid response working group to coordinate the pandemic mitigation efforts at national level, headed by the minister of health. The government is also strengthening hospital clinical management capacity, and World Health Organization donated 45,000 doses of Tamiflu to the ministry of health. However, this is not sufficient to meet the demand. As such, the Mongolian government plans to procure an additional 100,000 doses of Tamiflu to cover at least 30 per cent of the population, established four testing laboratories in rural areas and purchased forty respiratory apparatus.

To date, the government has allocated approximately MNT 6.4 billion (CHF 4.7 million or USD 4.5 million) for emergency procurement of critically needed medical equipments, procurement of vaccines and Tamiflu, treatment of A (H1N1) cases and pandemic mitigation efforts. Also, MNT 1 billion (CHF 0.74 million or USD 0.71 million) is allocated for food supplement for the most vulnerable 80,000 people.

The ministry of health produced and distributed information, education, communication (IEC) materials for public, workplaces and all levels of health facilities. A special hotline to respond to public inquiries about the pandemic was set up.

Currently, the ministry of health is working with several partners including WHO, UNICEF, UNFPA, Millennium Challenge Corporation, Asian Development Bank, the International Federation, World Vision and Canadian Embassy to mobilize resources in response to pandemic. As a result, a total of USD 2.1 million was raised to address needs in information, education and communications, diagnostic test/surveillance, drugs/medical supplies and equipments, water, sanitation and hygiene and support and supervision.

Health authorities indicate that Mongolia's peak flu season will start in December and last until February next year.

## Progress towards outcomes

### Health and care

The Federation-supported four distinct projects/sectors in the MRCS health and care programme, namely community-based health and first aid, HIV response, voluntary and non-remunerated blood donor recruitment and community-based social care.

#### Community-based first aid

##### Outcome(s)/Expected result(s):

<b>Programme component 1: community-based first aid</b>
<b>Component outcome:</b> increased public knowledge on community-based first aid, road safety and health issues in Mongolia
<b>Programme component 2: humanitarian pandemic preparedness – accelerated project</b>
<b>Component outcome:</b> to ensure community preparedness in targeted locations in order to mitigate the impacts of an influenza pandemic on excess morbidity and mortality.

### Achievements:

In June 2009, a five-day national training on community-based first aid was conducted in Ulaanbaatar with technical assistance from the International Federations' Asia Pacific zone office. In total, 22 participants consisting of national headquarters staff and mid-level branch staff were certified as trainers of community-based first aid. The last day of the workshop was devoted to the sensitization on the community-based health and first aid (CBHFA) approach that is going to be piloted in the MRCS from January 2010. Following this national training, three trainings of trainers at regional level were conducted and a total of 67 trainers are in place to date.

In addition, a TV series on first aid for children was developed and broadcasted on Mongolian national TV twice and contributed to the enhanced knowledge and interest of children in First Aid.

According to the Population's Health Report of Mongolia, deaths due to accidents takes a third position in the mortality rate, whereas the cases of illnesses due to accidents ranks fifth in related statistics. The national centre of traumatology registered 1,652 deaths between 2003 and 2007 out of which 30.4 per cent were caused by traffic accidents<sup>1</sup>. As road safety is fast becoming a problem that affects everyone in Ulaanbaatar, the MRCS organized road safety campaigns that targeted mainly drivers through information dissemination activities.

This year, the MRCS celebrated World First Aid Day for the fourth time. Activities to commemorate the day included:

- First aid demonstration on main square of Ulaanbaatar city;
- First aid kit promotion;
- First aid competition among kindergarten children in selected areas;
- Road safety awareness campaign;
- Television and radio spots for the promotion of first aid knowledge and awareness.

The activities were organized in close cooperation with the ministry of health, traffic police and national TV stations. The number of people reached directly and indirectly is estimated to be 250,000.

In 2010, the MRCS plans to pilot the International Federation's newly adopted CBHFA programme. In preparation for this, the CBHFA manuals have been adapted and translated into Mongolian this reporting period.

The first outbreak of A/H1N1 virus was recorded in Mongolia on 13 October 2009. Since the start of the epidemic, MRCS has been actively monitoring the pandemic and exchanging information with relevant government agencies and the national emergency management agency (NEMA).

The MRCS received a total of CHF 108,169 from the International Federation, the Finnish Red Cross and the United Kingdom's Department for International Development in support of their A (H1N1) mitigation and preparedness activities. The project will be implemented between October 2009 and April 2010, and will target children in secondary schools in Ulaanbaatar and the general population across the country with A (H1N1) prevention and mitigation messages through school-based activities, mass media, distribution of posters and other communication methods, as well as blood donor recruitment activities.

Following the WHO-UNICEF joint call for action, the MRCS has worked closely with these agencies and jointly with the ministry of health, developed a set of seven key messages on A/H1N1 prevention, by adapting the messages from the International Federation's global communication campaign "*The best defense is you*". These messages are being aired daily on national and all provincial public television channels.

In addition, the WHO, the ministry of health and the MRCS have jointly produced 9,500 posters and 15,000 brochures on A (H1N1) prevention for nationwide dissemination to all cities and provinces using the health system and Red Cross network. At the end of October, the MRCS organized a two-day national training on pandemic preparedness, mitigation and response which was attended by representatives from all provincial and district Red Cross branches.

As part of the plan, all national headquarters staff and midlevel branch secretaries were provided with celular phones (free calls within network) to facilitate smooth and effective communications within the Red Cross network.

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<sup>1</sup> <http://montsame.mn/> (News agency of Mongolia, 09 Sep 2009)

Also, Red Cross staff and volunteers working in the front line of the pandemic were provided with N-95 masks together with instructions on correct use.

Preparations are underway to start the communication activities in schools when the schools resume their classes.

The International Federation country office in Mongolia continues to actively support MRCS in its pandemic mitigation efforts and coordinating with the international partners and donors in Mongolia for international support. The East Asia regional health delegate provided guidance to the MRCS in developing the plan of action in response to A (H1N1).

#### **Constraints or challenges:**

Considering that the community-based health and first aid is a recommended approach, it is important that the staff of the MRCS have a deep understanding of this new approach. This approach is expected to require a strong integration and coordination between programmes that is a gap at the national headquarters level.

#### **HIV response**

##### **Outcomes/ Expected results**

<b>Programme component: HIV response</b>
Component outcome: reduced vulnerability to HIV and its impacts in Mongolia

**Achievements:** The HIV response programme of the MRCS runs four projects on a bilateral basis that target sex workers, men who have sex with men (MSM), people living with HIV, mobile population, journalists and the general community through voluntary confidential counseling and testing centres (VCCT). The International Federations' support has been mainly used to increase involvement of youth in the programme's activities through close cooperation with the MRCS Youth Movement.

The key achievements of the HIV response programme over the second half of 2009 include:

*Improved human resource capacity of the MRCS midlevel branches in terms of skills development:*

- a. Started a regional training for volunteers, with 20 volunteers prepared in Gobi region to increase their capability in implementing HIV response programmes and projects in their respective areas.
- b. Provided on-the-job-training for instructors of four mid-level branches, including how to conduct induction sessions, experience sharing with well-functioning branches, basic PMER issues, and knowledge, attitudes and practices (KAP) surveys.

*Reduced stigma and discrimination towards people living with HIV:*

- a. Planned and implemented a journalists' workshop which increased the level of knowledge about HIV issues among journalists of five western provinces;
- b. Organized competition among journalists to develop 30-second TV spots with correct information about HIV. The winning spots were distributed to the Red Cross mid-level branches and broadcasted nationwide.
- c. Initiated a Youth TV Club, a one-hour TV programme each week covering sexual and reproductive health matters, life skills, sexual orientation, communication skills and other relevant issues.

*Improved partnership and coordination among organizations working in HIV response and prevention:*

- a. Developed a joint three-year plan among all Mongolian MSM organizations in collaboration with UNAIDS and other relevant community-based organizations.
- b. Assigned support from a Peace Corps volunteer for two-year period.

On the bilateral side of the programme, key achievements include a signed a Memorandum of Understanding with the Global Fund's Mongolia office on financial support for working with people living with HIV, as well as the establishment of a "United in Spirit" sex workers' community centre in Ulaanbaatar, a sex workers' project with support from the UN.

#### **Constraints or Challenges:**

According to the statistics of November 2009, there are 61 officially registered HIV cases out of a population of 2.7 million, although some infections may be unreported. With Mongolia's high population mobility and proximity to China and Russia, this could quickly change.

In addition, due to the high emergency preparedness status of A/H1N1, some of the planned activities were deferred.

### Voluntary non-remunerated blood donor recruitment

#### Outcomes/ Expected results

**Programme component: voluntary and non-remunerated blood donor recruitment**

**Component outcome: improved community involvement in blood donation in Mongolia**

#### Achievements

The MRCS is mandated by the Mongolian Donor's Law to recruit voluntary and non-remunerated blood donors. Through its regular activities including trainings for blood donor recruiters, dissemination activities targeting university students and mobile blood collection campaigns, the MRCS blood donor recruitment programme is able to provide around 50 per cent of total blood donors at provincial level and 70-75 per cent in Ulaanbaatar city.

Over this reporting period, a total of 110 blood donor recruiters, including the Red Cross mid-level branch staffs and volunteers were trained through regional trainings.

A total of 132 members of "Youth Club 25" in 11 mid-level branches of the MRCS, located in Ulaanbaatar, have received basic and refresher training on the concept of voluntary, non-remunerated blood donation. Ulaanbaatar, being densely populated and having 77.5 per cent of all universities around the country, is a key area for blood donor recruitment activities.

Other key achievements include:

- Strengthened collaboration with the national blood transfusion centre;
- Increased percentage of students among blood donors, (as for November 2009, young people below 35 are taking 77 per cent of total number of blood donors, of which 36 per cent are students between 17-25);
- Reduced donor referral rates (the highest referral rate which was 36 per cent was recorded in 2007. As a result of a stable decrease, as for November 2009, the referral rate is 28 per cent)

In 2009, the Mongolian government has granted financial support of MNT 20 million (approximately CHF 16,500). Planned activities, such as trainings and dissemination have been taking place with 75 per cent expenditure of the total funding signed in an agreement. However, in last quarter of 2009, due to the outbreak of A (H1N1), the government stopped its funding.

Because of rapid spread of A (H1N1) in the country, especially in Ulaanbaatar, the national blood transfusion centre is facing a considerable shortage of blood supply. In response to this, MRCS intensified its blood donor recruitment efforts through the existing network of "Club 25" youth blood donor clubs and has started appealing to the existing pool of donors to donate the blood. These activities have been planned as a part of the H2P –accelerated project plan of action. The main partner organizations including the national blood transfusion centre and Mongolian Youth Union are committed to the close collaboration with the MRCS. The national society is currently developing communication strategies to counter donors' hesitation to donate blood during the pandemic.



MRCS Youth Club 25 members are promoting culture of voluntary blood donation among youth in order to improve blood donor motivation, increase recruitment and retention, and also to celebrate World Blood Donor Day to honor the voluntary blood donation. Photos: MRCS

### Constraints or challenges:

Public misperception as blood donation is unhealthy as well as a high rate of people infected with hepatitis viruses are the main factors that cause high donor deferral rates. Therefore, there is a further need to focus particular attention not only on the blood donor recruitment, but a safe and adequate supply of blood at national level. MRCS blood donor programme needs more funding to facilitate “Youth Donor 25” movement, to develop information, education and communications materials and to remunerate the donors.

### Community-based social care

#### Outcomes/Expected results

**Programme component: Community-based social care**

**Component outcome:** reduced vulnerability of beneficiaries in targeted five locations

#### Achievements

The MRCS is implementing three social care projects supported by different donors (European Union/Finnish government/Finnish Red Cross, British Red Cross and the International Federation). The “Care for Elders” project funded by the International Federation is running in five locations.

With active engagement of 125 volunteers and 250 members of “helpful group”<sup>2</sup> the Red Cross branches deliver social care services to the elderly and the most vulnerable people within the community such as people with mental and physical disabilities, single parents and people with extremely low incomes.

Social care centres, sharing a core of the programme with household visits, have been established in three of five targeted locations.

As part of the policy on volunteer motivation and retention, the MRCS celebrated International Volunteers Day and produced television and radio spots on volunteer activities within the Red Cross Red Crescent Movement in Mongolia. In December, jointly with the national volunteer organizations’ network, the MRCS will organize a volunteers’ gathering to facilitate an experience-sharing and achievement-celebrating process between 33 volunteer-based establishments.

One of the target groups of the social care project is prisoners who are kept in strict regime prison for more than five years. This year, during the visit, the MRCS assisted in establishing the library through donation of 150 books and made an agreement on future cooperation with prison authorities.

Psychosocial support is part of the curricula of the social care activities. Both beneficiaries in their challenging life situations as well as volunteers facing these situations while conducting home visits have to deal with their emotional reactions. As a part of the home visits volunteers are able to do basic counselling and recognize situations where referral to health providers is needed.

Other key achievements include:

- the establishment of 17 social care centres (EU/Finnish Red Cross supported community-based social care project for the most vulnerable in Mongolia);
- Training of trainers for secretaries and instructors of ten selected mid-level branches (same project). Main topics include psychosocial support, life skills and communications skills;
- Branch capacity building project – establishment of cow farms in two selected mid-level branches (British Red Cross-supported delivery of social care services for the most vulnerable people).



One of the essential functions of the social care centres is to provide a health check for the most vulnerable people within the target communities, especially those who are not able to visit clinics due to the lack of registration, physical disabilities or inability to pay the transportation fare. Photo: MRCS

<sup>2</sup> Each “helpful group” consists of junior Red Cross members’ teams that assist the social care programme beneficiaries through household visits.

**Constraints or challenges:**

Continuous poverty in Mongolia and type of the international and internal response to it has resulted in some negative factors including an overvalue of material assistance among the vulnerable people of Mongolia as well as local passivity and dependence on others to improve life quality.

The Red Cross Red Crescent policy and strategy that highlights community resilience through psychosocial support is a good approach to address this gap.

## Disaster management

**Outcomes/Expected results**

<b>Programme component 1: Organizational preparedness</b>
Component outcome: improved capacity for rapid disaster response at national and regional level

<b>Programme component 2: Community preparedness/disaster risk reduction</b>
Component outcome: improved community-based disaster preparedness for areas most at risk for disasters

**Achievements**

Over this reporting period, the disaster management programme continues to carry out its regular activities including herders’ consultations, the monthly radio programme for herders as well as the distribution of information, education and communication materials to the community.

Disaster preparedness training for volunteers was conducted twice at provincial level, with a total of 60 youth volunteers participating. The training was followed by simulation exercises.

To address the continuation and sustainability of past projects, Red Cross branches provided with tractors, trucks, baling and raking machines under the hay project prepared a total of 2,500 tonnes of hay and distributed it to over 1,500 vulnerable herding families this year.

In response to the floods in July 2009, the MRCS managed to provide relief supplies to 141 households based on their national capacity. In addition, the American embassy in Mongolia donated USD 25,000 (CHF 26,524) to be distributed through the Red Cross network. The embassy’s assistance was earmarked for food items including wheat flour, rice, sugar, tea and salt. Also, the mid-level branches have been trucking drinking water to the families in the affected areas. More than 90 volunteers were mobilized to support the communities in the clean-up process, promote hygiene and sanitation, and provide psychosocial support to the disaster affected households. The International Federation also released CHF 240,000 to support the MRCS in its response to the floods. MRCS response included relief distributions, replenishment of disaster preparedness stocks, and a lessons learnt workshop. Please click [here](#) for further information on the DREF operation.

A community-based disaster preparedness project supported by the Norwegian Red Cross through the International Federation started in November 2009. The project is being piloted in eight communities from the remotest areas of Mongolia including Uvs province and two densely-populated and most vulnerable districts identified in Ulaanbaatar city. As an initial assessment, the vulnerabilities and capacities assessment will be conducted in December to set up the project priorities.

Also, an earthquake preparedness project funded by the Australian Red Cross on a bilateral basis started in September 2009, aimed to effectively contribute to increase community awareness on prevention of potential impacts from disasters, especially earthquakes, and reduce risks of the disaster by enhancing cooperation with governmental and non-governmental organizations.

**Constraints or challenges:**

During the emergency operations carried out in this reporting period, MRCS was able to identify some gaps and weaknesses in logistics, procurement and human resources.

A procurement delegate seconded from the China earthquake operations facilitated the procurement process in the DREF operation. A basic logistics/procurement assessment was also carried out in line with the DREF operation, with the view of supporting the national society’s capacity and readiness in future operations related to logistics and procurement.

Recommendations of this small-scale assessment include a need of a more extensive assessment of the national society's logistics set-up as well as a full procurement procedure.

## Organizational development

### Outcomes/Expected results:

**Programme component 1: To enhance further programme integration of Red Cross mid-level branches**

**Component outcome:** A more integrated approach to programme implementation to increase the impact of programmes on targeted communities.

**Programme component 2: To ensure a well functioning National Society with sustainable systems, procedures and staff with desired level of management and technical competencies.**

**Component outcome:** Through improving capacity building for financial and human resources management areas of all the middle and primary level Red Cross branches, to contribute to the improvement of the living conditions of the beneficiaries.

### Achievements

Organizational development remains a high priority of the national society, in governance and management issues including finance and human resource development.

Key achievement over this reporting period was the salary harmonization plan which was developed with support from the International Federation's organizational development unit in the Asia Pacific zone office, country office in Mongolia and an external expert on human resources. This initiative looks at harmonizing staff salaries at national headquarters level, specifically of programme and project staff. The proposed salary harmonization process is projected to take a minimum of three years to be completed and applied. Currently, the salary harmonization plan is shared with partner national societies for comments and inputs.

The MRCS has drafted an interim reward and recognition policy for 2009-2012. The main purpose is to support the MRCS vision to recruit and retain employees with required knowledge, experience and skills. The policy is also to ensure that a consistent and fair reward system is progressively adopted within the MRCS to avoid big salary gaps between similar positions, and promote staff retention.

The organizational development coordinator from the International Federation's Asia Pacific zone office visited the MRCS to facilitate revision of the intensified capacity building (ICB) project proposal. The coordinator's visit also included discussions about financial development project, capacity building of mid- and primary-level branches, MRCS law and development of a new organizational development approach.

A one-day micro-finance workshop was also conducted in this reporting period in order to enable smooth process of business initiatives within the intensified capacity building project. The workshop was facilitated by relevant experts in micro-financing and banking.

Within 2009, the ICB project proposal was further developed with technical assistance from the International Federation's regional office. The ICB project, if approved, will teach new approach to the community and new way to involve the beneficiaries in the implementation process of the project.

In trainings and workshops focused on organizational development, a Red Cross mid-level branch secretaries' meeting was held in November. Discussions include challenges addressed in humanitarian activities, achievements of the Year of Humanity<sup>3</sup>, and 2010 planning. Also, a two-day planning, monitoring, evaluation and reporting (PMER) workshop was organized for the national headquarters staff. Following this, a PMER manual is being developed. Follow-up trainings for mid-level branch staffs will be organized in the first half of 2010.

### Constraints and challenges

Due to the lack of funding, the programme still faces challenges in targeting all the branches equally. In order to establish long-term collaboration with local government and other partner organizations, there is a need to reach more sustainability in terms of human resources.

<sup>3</sup> The President of Mongolia declared 2009 as a Year of Humanity.

## Working in partnership

The MRCS continues to develop partnerships with partner organizations while disseminating information of its activities in order to develop new relationships both at international and national levels.

Each of the eight core programmes has a list of partner agencies, including generous bilateral donors such as Australian, British, Finnish and Netherlands Red Cross Societies, and both domestic and international actors of the humanitarian and development field.

Coordination with the government at national level remains weak due to the high turnover of officials and ministers serving it. However, at provincial level, some of the branches are successfully collaborating with local authorities by integrating its activities into the branches of government such as the social care department and the national emergency management agency divisions.

## Contributing to longer-term impact

The MRCS's core programmes continue to contribute to the Global Agenda Goals of reducing the impact of disasters, including through the strengthening of the regional disaster preparedness centres ability to respond and provide relief to affected families, as well as reducing the impact of diseases through programmes such as HIV response and water and sanitation, which educate high-risk communities on how to protect themselves from disease as well as ensure treatment and care for those affected. During implementation of the MRCS programmes and activities, hundreds of thousands of beneficiaries have been reached directly and indirectly.

## Looking ahead

In 2010, the MRCS plans to adopt the International Federation's new approach of community-based health and first aid to facilitate delivery of the regular services in a more needs-based, integrated and efficient manner to the most vulnerable groups within the community.

Also, in 2010, the current social care programme training activities supported by different donors including the International Federation and the British Red Cross will be integrated in order to meet the needs of the most vulnerable in a more coordinated and effective way.

Finally, the MRCS plans to announce 2010 as a Year of Capacity Building. The first step of this initiative will be a business plan development. With technical assistance from the British Red Cross, MRCS will assess its capacity in terms of resource mobilization in January 2010 and seek new funding opportunities. A resource mobilization staff at national headquarters' level will be recruited to implement review recommendations and support income generation and fundraising initiatives and activities at national level as well as at branch level. In the coming year, a follow-up meeting and review on resource mobilization will be conducted to share best practices as well as lessons learnt.

## How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

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[<interim financial report below; click here to return to title page>](#)

# International Federation of Red Cross and Red Crescent Societies

MAAMN001 - Mongolia

Interim Financial Report Jan-Oct 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/10
Budget Timeframe	2009/1-2009/12
Appeal	MAAMN001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>301,337</b>	<b>228,973</b>	<b>32,204</b>	<b>0</b>	<b>208,987</b>	<b>771,500</b>
<b>B. Opening Balance</b>	<b>5,175</b>	<b>8,284</b>	<b>12,040</b>	<b>0</b>	<b>33,182</b>	<b>58,682</b>
<b>Income</b>						
<u><b>Cash contributions</b></u>						
<i>British Red Cross</i>					13,636	13,636
<i>Canadian Red Cross (from Canadian Government)</i>		567				567
<i>Capacity Building Fund</i>			0			0
<i>China Red Cross (from Chinese Government)</i>			43,483			43,483
<i>DFID - British Government</i>		67,100				67,100
<i>DFID Partnership grant</i>	135,258					135,258
<i>Finnish Red Cross</i>	22,000	24,219			4,043	50,262
<i>Finnish Red Cross (from Finnish Government)</i>	124,667	137,243			22,908	284,818
<i>Germany Red Cross</i>		0				0
<i>Icelandic Red Cross</i>					0	0
<i>Norwegian Red Cross (from Norwegian Government)</i>	168,436					168,436
<i>Unidentified donor</i>			-0		-5	-6
<b>C1. Cash contributions</b>	<b>450,361</b>	<b>229,129</b>	<b>43,483</b>		<b>40,581</b>	<b>763,554</b>
<u><b>Outstanding pledges (Revalued)</b></u>						
<i>Finnish Red Cross</i>					4,043	4,043
<i>Finnish Red Cross (from Finnish Government)</i>					22,908	22,908
<b>C2. Outstanding pledges (Revalued)</b>					<b>26,950</b>	<b>26,950</b>
<u><b>Inkind Personnel</b></u>						
<i>Finnish Red Cross</i>					75,650	75,650
<i>Icelandic Red Cross</i>					17,000	17,000
<b>C4. Inkind Personnel</b>					<b>92,650</b>	<b>92,650</b>
<u><b>Other Income</b></u>						
<i>Miscellaneous Income</i>	416				347	763
<b>C5. Other Income</b>	<b>416</b>				<b>347</b>	<b>763</b>
<b>C. Total Income = SUM(C1..C5)</b>	<b>450,777</b>	<b>229,129</b>	<b>43,483</b>		<b>160,527</b>	<b>883,916</b>
<b>D. Total Funding = B + C</b>	<b>455,952</b>	<b>237,414</b>	<b>55,523</b>	<b>0</b>	<b>193,709</b>	<b>942,598</b>
<b>Appeal Coverage</b>	<b>151%</b>	<b>104%</b>	<b>172%</b>	<b>#DIV/0</b>	<b>93%</b>	<b>122%</b>

## II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	<b>5,175</b>	<b>8,284</b>	<b>12,040</b>	<b>0</b>	<b>33,182</b>	<b>58,682</b>
<b>C. Income</b>	<b>450,777</b>	<b>229,129</b>	<b>43,483</b>		<b>160,527</b>	<b>883,916</b>
<b>E. Expenditure</b>	<b>-231,268</b>	<b>-143,469</b>	<b>-16,759</b>		<b>-161,345</b>	<b>-552,842</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>224,684</b>	<b>93,944</b>	<b>38,764</b>	<b>0</b>	<b>32,364</b>	<b>389,756</b>

International Federation of Red Cross and Red Crescent Societies

MAAMN001 - Mongolia

Interim Financial Report Jan-Oct 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/10
Budget Timeframe	2009/1-2009/12
Appeal	MAAMN001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>301,337</b>	<b>228,973</b>	<b>32,204</b>	<b>0</b>	<b>208,987</b>	<b>771,500</b>	
<b>Supplies</b>								
Clothing & textiles		7,401					7,401	-7,401
Medical & First Aid	25,050		8,799			31	8,831	16,219
Other Supplies & Services	124,600	105,175					105,175	19,425
<b>Total Supplies</b>	<b>149,650</b>	<b>112,576</b>	<b>8,799</b>			<b>31</b>	<b>121,406</b>	<b>28,244</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	40,000							40,000
<b>Total Land, vehicles &amp; equipment</b>	<b>40,000</b>							<b>40,000</b>
<b>Transport &amp; Storage</b>								
Storage	230							230
Transport & Vehicle Costs	779	1,047		1,072		3,253	5,372	-4,593
<b>Total Transport &amp; Storage</b>	<b>1,009</b>	<b>1,047</b>		<b>1,072</b>		<b>3,253</b>	<b>5,372</b>	<b>-4,363</b>
<b>Personnel</b>								
International Staff	174,000					106,707	106,707	67,293
National Staff	12,415	5,165		6,602		10,963	22,729	-10,315
National Society Staff	22,378	11,486	3,801				15,287	7,091
Consultants	500			4,380		968	5,348	-4,848
<b>Total Personnel</b>	<b>209,293</b>	<b>16,651</b>	<b>3,801</b>	<b>10,982</b>		<b>118,638</b>	<b>150,071</b>	<b>59,222</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	134,980	31,195	40,914			1,572	73,680	61,300
<b>Total Workshops &amp; Training</b>	<b>134,980</b>	<b>31,195</b>	<b>40,914</b>			<b>1,572</b>	<b>73,680</b>	<b>61,300</b>
<b>General Expenditure</b>								
Travel	16,613	4,166	2,650	886		18,182	25,884	-9,271
Information & Public Relation	127,059	30,566	40,880	104		-335	71,215	55,844
Office Costs	25,189	4,273	8,858			1,108	14,240	10,949
Communications	5,941	1,897	1,511			5,652	9,060	-3,119
Professional Fees	10,852					18	18	10,834
Financial Charges	767	9	2			14,046	14,057	-13,290
Other General Expenses		2,719	528	2,710		-5,563	394	-394
<b>Total General Expenditure</b>	<b>186,421</b>	<b>43,630</b>	<b>54,430</b>	<b>3,701</b>		<b>33,108</b>	<b>134,869</b>	<b>51,552</b>
<b>Programme Support</b>								
Program Support	50,148	16,088	10,722	1,089		4,743	32,642	17,505
<b>Total Programme Support</b>	<b>50,148</b>	<b>16,088</b>	<b>10,722</b>	<b>1,089</b>		<b>4,743</b>	<b>32,642</b>	<b>17,505</b>
<b>Operational Provisions</b>								
Operational Provisions		10,083	24,804	-85			34,802	-34,802
<b>Total Operational Provisions</b>		<b>10,083</b>	<b>24,804</b>	<b>-85</b>			<b>34,802</b>	<b>-34,802</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>771,500</b>	<b>231,268</b>	<b>143,469</b>	<b>16,759</b>		<b>161,345</b>	<b>552,842</b>	<b>218,658</b>
<b>VARIANCE (C - D)</b>		<b>70,069</b>	<b>85,503</b>	<b>15,445</b>		<b>47,642</b>	<b>218,658</b>	