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Annual report Mongolia

 International Federation
of Red Cross and Red Crescent Societies

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**This report covers the
period 1 January – 31
December 2011**

*MRCS's volunteers participating in the
earthquake simulation in May 2011.
Photo by IFRC*



In brief

Program summary

The year of 2011 was comparatively mild with no severe winter (*Dzud*) thus no major losses of livestock and devastating impact on the herder community. With this favourable weather, Mongolian Red Cross Society (MRCS) focused on scaling up its community-based development programmes across the country. Meanwhile, the National Society has been taking significant steps towards building its capacity to provide timely response to vulnerable and disaster affected populations.

This report focuses on programmes supported through the IFRC.

Disaster Management: The year 2011 saw the formation of a National Disaster Response Team (NDRT) which will enable greater and a more effective delivery of assistance and support to affected populations. To that effect the MRCS has been working on the development of a comprehensive policy framework and strategy to ensure that the NDRT can perform and continue to improve its performance over the coming 24 months. Eventually, with the support of partner organizations within and outside the Red Cross Red Crescent Movement, it was planned to train and equip at least 200 personnel – primarily volunteers to be mobilized in response to major disasters such as earthquake. An induction course of NDRT was held for five days in September. A total of 27 staff and volunteers of MRCS headquarters and branches participated. This was the first step of a foundation process which will be continued throughout 2012 and beyond, aiming at establishing specialized teams to complement the NDRT with the delivery of emergency relief, emergency health psycho social support (PSS), first aid, and water and sanitation.

Also, the National Society has launched a community-based disaster risk reduction project in nine locations both in rural and urban settings. An initial training was conducted covering important topics such as how to facilitate vulnerability and capacity assessments, how to develop community plans of action as well as follow up actions. In addition, the MRCS commenced the second phase of its earthquake preparedness project

which included a drastic enhancement of its original activities and has seen a significant progress in the implementation of planned activities. The primary focus has been on educating school-aged children in selected 43 schools in Ulaanbaatar and helping six hospitals to be better prepared for an earthquake.

Health and Social Care: Significant progress has been achieved in the implementation of the community based health and first aid (CBHFA) project that to-date has been conducted in 12 districts (*soums*) of four of the Gobi provinces. Trained volunteers have started community-based activities including home visits, community meetings and community mobilizations. They have successfully progressed reaching 10,469 community members and 954 school children. As a result of this continuous intervention the targeted population will have an improved knowledge, awareness and practice on disease prevention, positive health behaviour, first aid and disaster preparedness and response through household visits, community dialogues, community mobilization activities, trainings and simulation exercises.

Organizational Development: One of the key successes during this reporting period was that the MRCS hosted its first partnership meeting which was held late September in Ulaanbaatar, Mongolia. Partner National Societies (PNS) from seven countries as well as IFRC and ICRC regional delegates participated in this event, which the initiative is going to be continued as one of the principal coordination events that the MRCS will be carrying out on annual basis.

Financial situation

The total appeal budget in 2011 was CHF 1,693,589 of which CHF 750,347 (44 per cent) was funded. Overall expenditure during the reporting period was CHF 582,793 (34 per cent) of the appeal funding.

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

No. of people we have reached

An estimated 40,000 people were reached directly through the MRCS multilaterally and bilaterally-funded activities in 2011. Meanwhile over 180,000 people are estimated to have been reached indirectly.

Our partners

The MRCS works with a number of partners, stakeholders, local communities, and state and non-governmental organizations. During the reporting period, the National Society has extensively collaborated with nine partners within the Movement and their back donors, including Australian government's overseas Aid Programme (AusAID), Finnish government, Norwegian government, European Commission's Directorate General for Humanitarian Aid (ECHO), European Union (EU), and the United Kingdom's Department of International Development (DFID).

The close collaboration has been maintained with partners outside the Movement, including government agencies, local governments, National Emergency Management Agency (NEMA), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the United Nations Volunteers (UNV), Global Fund, the Ministry of Health, the National Blood Transfusion Centre and its departments in provinces, the Ulaanbaatar City municipality office, the National Centre for Communicable Disease (NCCD), the National Journalists Association/Journalists Union, the Deseret International Charities, the Mongolian National Radio and Television Broadcasting Agency, the National Youth Association, the National Students Union, the Ministry of Education, the Ministry of Agriculture and Food, the Ministry of Social Welfare and Labor, Ministry of Nature, Environment and Tourism, Traffic authority, Border/Customs Control, local health departments, traffic police, the National AIDS Foundation (NAF), the National AIDS Committee (NAC), and the National

Voluntary Counseling and Testing VCT Working Group, UFC group, JCI Mongolia, "Tavan Tolgoi" incorporate company, and Unitel group.

IFRC, on behalf of the MRCS, would like to thank the above mentioned partners for their generous support and intensive collaboration.

Context

The winter 2010-2011 and the following spring have been comparatively mild without major loss of livestock.

In June 2011, the Government of Mongolia with support from UNDP presented the fifth national human development report on the theme of "From vulnerability to sustainability: Environment and human development". The report stresses that how major issues such as unemployment, poverty and inequality are linked with environmental problems such as climate change, pasture degradation, natural disasters, droughts, *Dzud*, water and forest resource depletion, and air and soil pollution. The report highlighted the following points:

- Climate change affects human development in many ways. With further deterioration of the steppes due to a combination of both natural and human-made factors, the ability to support livestock could be diminished. As a result, rural incomes could decrease. Herders may be required to move frequently and over longer distances; this could have an impact on the health and educational outcomes. Increased vulnerability could result in more people migrating to urban areas or taking up other risky jobs including small scale or micro-mining;
- Lack of access to improved sources of water and sanitation has a direct impact on human development from increased health risks including water borne diseases. Indirect impacts include reduction in freedoms, having to move over longer distances to obtain adequate water, with potential impacts on school attendance or completion of some children. Nearly one half of the population doesn't have access to improved water and sanitation at the provincial level;
- Nationally, some 39.2 per cent of population is considered to be poor while in Ulaanbaatar this proportion is less than 29.8 percent. Poverty is concentrated in rural areas but urban poor households also face multiple vulnerabilities. Lack of access to clean sources of energy and heating, lack of access to improved water and sanitation remain key challenges for many households. Air pollution in Ulaanbaatar fluctuates seasonally and exceeds the safe limits in winter months, thereby increasing health risk. Ulaanbaatar's CO2 footprint has been estimated at about 13.5 tons per capita. This high level is largely because of the reliance on fossil fuels.

Mongolia officially presented results of its national population and housing census conducted in 2010 (For the detailed information, please visit www.toollogo2010.mn):

- The total population of Mongolia is 2,754,685. The 49.5 per cent of the resident population is male, 50.5 per cent is female, and the sex ratio is 98.1;
- Urban population has increased significantly. In 2000, 57 per cent of the resident population or 1,345 thousand people were living in urban areas, whereas the figure has increased to 68 per cent (1798.1 thousand people) in 2010. Population density in the capital city of Ulaanbaatar remains as the highest in the country. In 2000, population density in Ulaanbaatar city was 162 persons per square kilometer; it has increased to 246 persons in 2010;
- Nationwide, there are 108.1 thousand persons with disability, which represents 4.1 per cent of the total population. About 34.0 per cent of persons with disability have congenital disabilities, and 66.0 percent have acquired disability;
- About 45.2 per cent of total households live in *gers* (traditional Mongolian dwellings), 53.7 per cent live in different types of houses and buildings and 1.1 per cent lives in other types of dwellings. 35.0 per cent of households who live in *gers* obtain their drinking water supply from springs, rivers, streams, and lakes;
- According to the Census findings, there are 23.2 thousand households without any source of

electricity. About 91.4 per cent of households without any source of electricity live in *gers* of which 81.1 per cent are in rural areas.

As part of its ongoing commitment to build earthquake preparedness capacity, the government of Mongolia in conjunction with the Center for Excellence in Disaster Management and Humanitarian Assistance (COE-DMHA) and the United States Embassy of Mongolia have organized an **earthquake simulation** that was focused on assessing a command's disaster response capacity, inter-agency coordination, and preparedness of main tertiary hospital. The MRCS headquarters, volunteers and youth members have extensively participated in this simulation exercise.

In May 2011 the Parliament of Mongolia approved the national policy on disaster protection and the national programme on strengthening disaster protection capacity that is complementary to the former. The policy will be implemented in two phases from 2011 to 2020 aiming at achieving five main goals listed below:

- Strengthen the disaster protection system; ensure multi-faceted participation of state and non-governmental organizations (NGO), private sector, professional institutions and individuals in disaster protection activities.
- Carry out risk assessment of natural, manmade and technical disasters by each type; organize awareness raising campaigns on reduction of disaster vulnerability nationwide.
- Clearly define disaster related terminologies; define disaster protection roles; responsibilities and institutionalized structure of public and private sectors; enhance legal frameworks for disaster risk insurance and coordinating humanitarian assistance.
- Adopt surveillance and early warning techniques and technologies to monitor potential disasters and extreme events, improve early warning systems.
- Strengthen disaster protection capacity and resources.

The implementation actions will be financed by the Government of Mongolia, but the funding is to be sought from international organizations, donor countries, non-governmental organizations and private sector through projects, donations and loans.

There are clearly defined areas such as strengthening community-based disaster protection management, improving community awareness on disaster protection and enhancing legal frameworks for coordination of humanitarian assistance where the MRCS and IFRC are currently providing support and obviously are suited to increase its assistance.

Progress towards outcomes

Disaster Management

Program component	National Disaster Response Team
Component outcome	MRCS capacities on disaster preparedness, response, relief and recovery from disasters are established
Expected results	<ol style="list-style-type: none"> 1. Policies, procedures and protocols are developed for NDRT based on actual scenarios of disasters in Mongolia; 2. Human resources are recruited, trained, and prepared through simulation exercises; 3. Necessary tools and equipments are procured and maintained to enable effective mobilization of the NDRT

Achievements

Recognizing its importance of providing more effective and timely support for affected populations, the MRCS aims to increase its capacity to prepare and respond to disasters and develop policy frameworks and strategies. As an initial step towards this goal, the society has organized a first induction course with an aim to establish NDRT. In total, 27 MRCS staff and volunteers as well as representatives from key partners in disaster management area such as NEMA have participated in this training.

The training has been facilitated by personnel from the IFRC Mongolia delegation, disaster management delegates from the Asia Pacific disaster management unit and East Asia regional delegation and covered important topics including emergency assessment, IFRC tools for disaster response, Sphere standards and others. This process has been in line with development of contingency plan for the National Society. As outlined in the contingency plan of MRCS, the NDRT is responsible during a disaster for conducting rapid needs assessment, coordinating field activities, and developing an initial plan of action.

Following the induction course, a three-day training/simulation organized in December for the selected NDRT members that consist of staff from MRCS headquarters (HQ) and mid-level branches (MLB). This follow up exercise provided an opportunity to practice knowledge and skills they gained in the previous course in a more focused way.

The MRCS started to update its contingency plan with support from technical experts in disaster management. The plan has taken earthquake and *Dzud* disasters as base scenarios. This process is to involve the development of standard operational procedures for disaster responses, update of MRCS business continuity plan and revision of other relevant systems and procedures.

To enable effective mobilization of NHDR, necessary items for the deployment to the field have been procured and the team members have been trained on the use of these equipment.

Program component	Community based projects – Community Based Disaster Preparedness (CBDP) and Community Based Programming (CBP)
Component outcome	<ul style="list-style-type: none"> • Improve self-reliance and resilience of targeted communities through trainings and awareness raising activities • Improve awareness and knowledge on disaster preparedness and response among school children at the targeted areas
Expected results	<ul style="list-style-type: none"> • Vulnerability and capacity assessments (VCA) have been carried out in each targeted communities and locally appropriate solutions to address vulnerabilities have been prioritized; • Knowledge and awareness of targeted communities have been increased to address key vulnerabilities identified and prioritized in the VCA process • Schools are equipped with appropriate means and facilities for regular training sessions and information and dissemination activities to increase disaster preparedness and response knowledge and skills

Achievements

The MRCS has received multilateral financial support from the Norwegian Red Cross and DFID to implement a community based projects – CBDP and CBP targeting nine communities both in rural and urban areas. Both projects completed planning major activities to be implemented within the agreed timeframe that is from July 2011 to April 2013. Based on pre-defined criteria, Khentii, Sukhbaatar, Dornod (Eastern provinces) and Tuv

aimag selected as CBDP project target areas, while CBP project targets some of Western aimags, such as Bayan-Ulgii, Govi-Altai, Arkhangai, Govi Sumber, and Darkhan-Uul aimags.

These projects encourage the selected communities to discuss issues they face, identifying risks, vulnerabilities, and appropriate solutions. As a part of preparation for the community-based activities, two trainings have been conducted to equip the implementing mid-level branches with adequate knowledge and skills on how to conduct vulnerability and capacity assessment, develop plans of action, and implement activities accordingly. Training curriculum has been developed with technical support from East Asia regional delegation. With the facilitators being trained, the selected communities have been ready for conducting VCAs.

Program component	Earthquake preparedness for schools
Component outcomes	<ul style="list-style-type: none"> • 43 schools have developed an emergency response plan in case of Earthquake • 59,000 students have received individualized training on how to respond in case of a emergency • 3,000 school teachers and support personnel have been trained • Evacuation plans and signage has been up-dated in all 43 schools

Achievements

With the financial assistance from Japanese Red Cross Society, earthquake preparedness and response capacity in the Ulaanbaatar area had been assessed. Six of the National Society's mid-level branches based in the capital city have been trained on conducting vulnerability and capacity assessment with greater focus on earthquakes. These branches conducted assessments and developed plans of action, based on the identified needs. The assessments addressed capacity building needs, designing community-based interventions to raise awareness of the general public of Ulaanbaatar and targeting other most-at-risk groups.

Following the results of VCA focused on earthquake, the MRCS with an intensive technical support and guidance from IFRC country office started the implementation of earthquake preparedness project with funding from USAID. The project is designed to ensure that staff and students of pre-selected 43 schools and six hospitals in six central districts of Ulaanbaatar will be trained on earthquake preparedness in 2012. The training will focus on elements such as how to prepare, what to do in the event of earthquake as well as other minor emergencies. The MRCS coordinates closely with NEMA, the Ministries of Education and Health, the Ulaanbaatar City municipality office (Education department) and the selected school and hospital authorities to ensure that the project receives the support and cooperation needed for carrying out activities.

The project is focused, as designed, on building understanding and capacities of school-aged children (primary, secondary, and upper secondary), school teachers and staff, and hospital staff (doctors, nurses, and support staff) on earthquake preparedness. To-date, 18 volunteers were selected in each MRCS branch in the six districts of Ulaanbaatar to undertake a training-of-trainers (ToT) course. Criteria for selection of volunteers include their proven expertise in training or disasters as well as availability for the period required to complete the project. The design of information, education and communication (IEC) materials, including posters, flyers, wall calendars, desk calendars, and notebooks for student, brochures and information checklists, have been drafted for further development. All products carry preparedness reminders and checklist items to stimulate an on-going concern for preparedness activity.

Key challenges and constraints

During this reporting period the disaster management programme saw the appointment of an entire new disaster management team – including the manager of the programme as well as all programme officers. These personnel changes resulted in significant delays for all project activities as it took a long time to ensure that the new staff had the necessary skills and knowledge in the area of earthquake response to ensure the appropriate implementation of the project. However, IFRC has exerted special effort to build capacity of these staff by providing specific training and creating opportunities of experience-sharing visits overseas.

Looking back at the cash grant project, implemented as a part of support to early recovery after *Dzud* 2009-2010 in Mongolia, the MRCS has made a crucial observation that Mongolian nomadic herding lifestyle and livelihood are very different from other densely populated regions like South East Asia. Therefore, it remains as a challenge to find the best solution to maintain sustainable livelihood especially when it comes to herding families in Mongolian countryside.

Health and care

Program component	Community-based health and first aid (CBHFA)
Component outcome	Capacity of selected communities to prevent and manage health problems and injuries in emergency and non-emergency situations is improved.
Expected results	<ul style="list-style-type: none"> • The National Society headquarters and branches are able to introduce, implement, monitor and evaluate CBHFA project in selected project sites. • In total, 6,500 households have an improved knowledge, awareness and practice on disease prevention, positive health behaviour, first aid and disaster preparedness and response through household visits, community dialogues, community mobilization activities, trainings and simulation exercises. • In total, 8,000 youth in 12 selected schools have increased knowledge, awareness and practice on disease prevention, positive health behaviour, first aid and disaster preparedness and response through school-based activities.

Achievements

MRCS has increased the capacity to introduce, implement and monitor the CBHFA project at central and branch levels at targeted areas of Gobi region in Mongolia.

- A total of 66 CBHFA facilitators and 240 volunteers were trained on CBHFA modules 4 - 7 for first aid, and disease prevention, health promotion and community mobilization to properly mobilize and lead the community people for tackling the priority health risks and needs at local communities.
- A total of 1,000 copies of MRCS first aid manuals were printed and supplied to Red Cross facilitators and volunteers in CBHFA project areas and also to non-CBHFA project branches of MRCS for nationwide standardization and coherent improvement of



CBHFA volunteers conducting community promotional campaigns. Photo cred: MRCS

first aid service and 306 first aid kits were procured and distributed to facilitators and volunteers in CBHFA project areas.

- CBHFA planning, monitoring, evaluation and reporting (PMER) tools were introduced to, and utilized by, key CBHFA project players such as CBHFA instructors, facilitators and volunteers to properly manage CBHFA project at all levels.
- CBHFA baseline survey was conducted with a survey report, capturing the comprehensive knowledge on local health awareness and practice in targeted communities.
- CBHFA lessons learnt and planning workshops were organized to identify the experiences and lessons from pilot projects thus far, with the aim of producing the recommendations for future CBHFA directions.

A total of 13,060 local people were reached and mobilized by CBHFA facilitators and volunteers for improved knowledge, awareness and practice.

- CBHFA volunteers and facilitators conducted household visits, community meetings, dialogues, trainings, simulation exercises and competitions to motivate and mobilize the local people, and improve their knowledge and behaviour.
- 12,250 pieces of IEC materials like health message leaflets on identified topics were developed and distributed to the beneficiary households.
- The Community Dissemination Center (Humanitarian Center) was established in each of the 12 targeted areas with teaching facilities and IEC materials for improved effectiveness in local promotions.
- A total of 790 local people (July - October) were able to improve their behaviour and practice in a positive way, according to CBHFA reports from MRCS middle and primary level branches. The CBHFA PMER guideline was used to measuring behavioral change.

A total of 1,716 school children in 12 selected schools of targeted areas were reached by CBHFA volunteers and peer educators to increase their knowledge, awareness and practice through school-based CBHFA activities.

- 120 peer-educators were trained on CBHFA modules 4 – 7 for school-based promotional activities among school children and community people.
- Red Cross Youth Club was established in each of 12 CBHFA targeted schools with teaching equipment and IEC materials as health message dissemination corner for school children.
- CBHFA-trained school teachers (volunteers) and 120 peer educators conducted a variety of activities like first aid dissemination, competition, promotional sessions, and individual counseling among school children.
- 2,000 pieces of IEC materials were developed and distributed to school children for improved knowledge and practice in response to the local realities.
- 212 school children (July - October) were able to improve their behaviour and practice in positive way, according to CBHFA reports from middle and primary level branches. The behavioral changes were measured using CBHFA PMER guideline.

Key challenges

- The access to beneficiaries was generally difficult due to long distances between individual families, which were compounded by harsh winter conditions of low temperature and windy climate.
- The operational capacities of MRCS branches were limited, in particular PMER work delaying the project implementation.
- The frequent staff turnover like migration of trained facilitators and volunteers to other areas hampered on the project's effectiveness and efficiency.
- Some facilitators couldn't understand the contents of CBHFA modules and facilitating skills for quality training.

- The importance and necessity of CBHFA intervention wasn't well understood among local leaders and decision makers.

Key learnings

- The locally accepted CBHFA approaches at community level need to be reconsidered for more effective community engagement and mobilization.
- The branch development needs to be considered and reflected in a project plan, particularly, the operational capacity and volunteer management.
- The integration with other programmes like disaster management and organizational development needs to be enhanced at all levels.
- The communities' expectations need to be well managed to avoid misunderstandings about the original objectives of the programme.
- The hardware component needs to be considered in connection with software for improved impact and meeting the community expectations.

Program component	Community-based social care
Component outcome	Well-being of the most vulnerable communities (extreme poor, elderly, disabled and single parents) is supported.
Specific objectives	<ul style="list-style-type: none"> • Community interest in volunteering and supporting the most vulnerable is increased through regular activities conducted by volunteers and junior Red Cross members as well as operation of social care centers. • Beneficiaries are rehabilitated through improved hygiene and basic health services as well as provision of psychosocial support. • Sustainability of activities at provincial branches is improved, project funding is gradually phased-out from selected branches and beneficiaries are better able to take care of themselves.

Achievements

The IFRC continues its multilateral support in delivering social care services to over 450 families who are amongst the most vulnerable throughout three provincial centers in Tuv, Khuvsgul and Uvurkhangai provinces. This project ensures close coordination and harmonization with other two social care projects funded by British Red Cross Society and EU.

A total of 150 volunteers and 120 junior Red Cross members are providing home care services, psychosocial support and small food assistance to the beneficiaries. In addition to these services, provisions of fuel, water, and food, disability aids (examples include wheelchairs, eye glasses, false teeth), and access to health care centers and medical check-ups have been provided to the people reached.

A training-of-trainers on "home care for bedridden" people was conducted in Khuvsgul province, to prepare 52 trainers including branch staff and volunteers. Also, "home care for



Red Cross branch staff and volunteers attending home care training. MRCS

bedridden people” guideline was developed and distributed to all mid-level branches. Following this, social care training was provided to recruited volunteers on psychological support and homecare for the bedridden. Also, a five-day training-of-trainers on psychosocial support was conducted and a total of eight Red Cross staff and volunteers from three targeted areas attended this training.

The social care centers in targeted locations serve as a training and information sharing facility for local communities. These centers have been provided training and medical facilities and maintenance costs on a quarterly basis in order to be able to operate and provide comfort and warmth to visitors.

During the reporting period, an experience sharing meeting among volunteers was conducted involving volunteers from the British Red Cross-supported areas. This important event provided opportunities to participating 20 volunteers to sharing best practices and lessons learnt when delivering social care services.

MRCS has adopted and published the IFRC manual on psychosocial support in Mongolian, including Mongolian cases, histories, contexts, traditional skills, and ways of psychological support. In support to the volunteers, the project supplied 100 vests and volunteers' diary. The project volunteers have had two planning and reporting meetings within last six months.

A number of joint activities were conducted with the cooperation of MRCS's youth programme. “Children's rights” day on 1 June was celebrated at the central square of Ulaanbaatar through different activities that acknowledged and demonstrated children's contribution to the humanitarian activities. In December, the Red Cross Santa campaign was organized. During this initiative, the Red Cross members distributed New Year gifts to street children. Moreover, “One day of a Red Cross volunteer” documentary movie was produced and distributed to all Red Cross branches to recognize and promote Red Cross volunteers' work.

During the reporting period, the social care programme organized a meeting among the elders that were retired from MRCS as part of International Elders' Day. This meeting was conducted in Baganuur district, one of the social care project implementing locations. The participants have visited the Red Cross branch, the social care center as well as a farm run by the local branch for fundraising purposes.

Constraints or Challenges

Most of the challenges were related to lack of sufficient volunteer management policy as well as misperception of the volunteering concept in Mongolia. For example, some of the volunteers were discouraged to conduct home visits because beneficiaries asked for too much, which were beyond the capacity of the volunteers to give. Also, most of the volunteers came from vulnerable families and they found it difficult to volunteer during summer and spring as they are normally occupied with seasonal work.

Organizational Development

Program component	<ul style="list-style-type: none"> • National Society leadership development • National Society development of systems and procedures • National Society branch development
Component outcome	<ol style="list-style-type: none"> 1. Leadership is supported to develop capacities for creating effective policies and promoting MRCS role and mandate to the Government and partners. 2. Quality of services delivered to the most vulnerable in Mongolia is improved through adoption of better systems and structures. 3. Branches are supported to maintain operational sustainability and gain financial independence.

Achievements

In September 2011, the MRCS organized its first partnership meeting in Ulaanbaatar with close support from the IFRC's country and regional delegations, the International Committee of the Red Cross (ICRC) and representatives from seven Partner National Societies. The first day of the meeting outlined the importance of corporate social responsibility was joined by 100 people that were from international organizations in Mongolia, diplomats and representatives from business sector of Mongolia.

Main objectives of the meeting were:

- To strengthen partnership and trust;
- To create an effective platform for consultation and development of cooperation;
- To promote the spirit of working together effectively to add value to service delivery;
- To meet and exchange views with people who are doing their best job for humanity.

The meeting deliberations presented a number of overarching facts:

- Mongolia is currently experiencing a number of social changes such as widening social gaps, concentration in urban areas, which has seen a significant percentage of the population afflicted with challenging realities and facing a wide range of risks.
- It was evident that MRCS believes that there are a number of key issues that need to be addressed as a matter of priority in order to improve its organizational capacity to further improve their humanitarian service delivery, among these are:
 - Relevant and sustainable programmes
 - Improved financial systems, reporting and risk management and
 - Increased human resource capacities.

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

In March the MRCS submitted to the government its request for closer collaboration and funds which was approved on 16 March 2011 as resolution No 83 by the Government of Mongolia. Following that, the National Society has developed a detailed plan of action where each programme seeks for funding support from relevant ministries and government agencies in its respective operational area.

This year the Government of Mongolia approved a resolution to make the World Red Cross Day a Humanitarian Day of Mongolia and celebrated nationwide each year. On the World Red Cross Day the MRCS traditionally awards organizations and individuals that have extensively supported and contributed to humanitarian endeavors and make them as "Humanitarian Heroes". As for this year, the National Society has awarded one organization and 15 individuals.

During the reporting period, the MRCS allocated a financial grant to two small scale income-generating projects that were initiated and implemented at the Red Cross mid-level branches of Selenge and Bayan-Ulgii provinces. Within this project Selenge province's mid-level branch has planted 1 000 sea-buckthorn trees. In Bayan-Ulgii province the Red Cross mid-level branch has started to build a public shower house with some additional financial assistance received from local authorities.

One other organizational development related initiatives was the workshop on marketing for staff from headquarters and all mid-level branches that continued for three days. The workshop generated discussions on marketing approaches that are used in humanitarian work kicked off a process of developing marketing strategy for the National Society. During this workshop the participants worked on a case on how to effectively and efficiently conduct a donation campaign at national level.

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

Also, the MRCS has been provided with an opportunity to benefit from an initiative implemented by Asia Pacific zone office's planning, monitoring, evaluation and reporting/resource mobilization unit (PMER/RM) which is to build the selected national societies' capacity in developing plans, producing and applying logical frameworks, conducting results-based monitoring and evaluation, and meeting reporting standards of donors and partners by a close mentoring process that involves on-site visits, one-to-one coaching and other necessary supports. Two delegates from Asia Pacific zone PMER/RM unit visited Mongolia and organized trainings on basic PMER concepts and tools, had one-on-one coaching with individual project staff, and made recommendations for the development of PMER guidelines for the the National Society. Also, an achievement that needs to highlight is that MRCS has launched an online volunteer and membership database. In total, 10 branches have been selected to pilot this project and are collecting required data of 1,000 members and volunteers.

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

Working in partnership

MRCS continues to make efforts towards establishing and maintaining partnerships with relevant international organizations, governmental and non-governmental institutions, corporations and business enterprises. Many partner national societies continue to provide their generous contribution towards programmes and projects both multilaterally and bilaterally. The National Society keeps the partners updated on its ongoing activities, disseminates the need for better coordination in order to improve delivery of services to the most vulnerable in Mongolia and encourages the partners for sharing experience, being involved in the activities and contributing to the implementation of the programmes.

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

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

The MRCS, bilaterally, has successfully completed a project called "Supporting resilience and recovery of herders critically affected by *Dzud* in Mongolia" funded by ECHO and supported by the Finnish Red Cross. An estimated 3,000 herder households were supported to secure livestock-based livelihood in winter 2010-2011 through provision of hay for free. Also, 200 herders were employed in hay production and were able to sustain their livelihoods over the summer months. Other key activities included workshops and trainings for herders, and replenishment of the MRCS regional disaster preparedness centers.

Within the Red Cross movement, the MRCS is closely supported by the IFRC Asia Pacific zone office, East

Asia Regional Delegation and Country Office. In the second half of the year, a number of technical advisors including disaster management delegates visited Mongolia in order to facilitate effective and efficient implementation of the *Dzud* operation as well as the planning process.

IFRC continues its support to build capacity of MRCS staff, especially on thematic areas. During this reporting period there have been several capacity building initiatives to support the National Society's disaster management team due to the personnel changes. Examples include participation in family link restoring workshop held in China as well as participation in livelihood and cash transfer programme training held in Bangkok both organized by Red Cross Red Crescent. The disaster management programme manager has undertaken visits to the Democratic People's Republic of Korea (for experience sharing) and Australia. He has attended the National Society's lessons learnt workshop on DREF operation implemented in response to the major flood in 2010.

Also, two staff members from the MRCS were sent to specialized shelter training for regional disaster response team members held in Australia. They are expected to actively contribute to the IFRC and MRCS's ongoing commitment to support the implementation of shelter in emergency initiatives in Mongolia.

During this reporting period a high-level Asia Pacific dialogue on the implementation of the Almaty Programme of Action and other development gaps faced by the landlocked developing countries has been held in Mongolia involving ministers and senior government officials from Afghanistan, Armenia, Azerbaijan, Bhutan, Kazakhstan, Kyrgyzstan, Lao PDR, Mongolia, Nepal and Tajikistan. The IFRC has been invited to give a presentation reflecting on promoting millennium development goals including reducing poverty and hunger through the promotion of sustainable and inclusive development in landlocked developing countries. The Ulaanbaatar Declaration, made during this dialogue expressed deep concern at rising food and energy prices and special vulnerabilities of landlocked developing countries and noted that the greatest challenge for Asia Pacific landlocked developing countries was poverty reduction and improving living standards.

Contributing to longer-term impact

- MRCS's programmes and projects are designed and implemented in alignment with the IFRC Strategy 2020 contributing to the strategic aims of saving lives, protecting livelihoods, strengthening recovery from disasters and crises, enabling healthy and safe living, promoting social inclusion and a culture of non-violence through its extensive disaster response and preparedness actions, health promotion activities, and other regular interventions carried out at national level as well as by the well-established branches throughout Mongolia.
- The impact of the programmes and projects are expected to be contributing to the fulfillment of the Millennium Development Goals of Mongolia.
- MRCS's projects and programmes are designed and implemented in alignment with the IFRC Strategy 2020 contributing to the strategic aims of saving lives, protecting livelihoods, strengthening recovery from disasters and crises, enabling healthy and safe living, promoting social inclusion and a culture of non-violence through its extensive disaster response and preparedness actions, health promotion activities, and other regular interventions carried out at national level as well as by the well-established branches in all corners of Mongolia.
- Current efforts and initiatives taken within individual projects such as introduction of global PMER tools in the locations that implement community-based health and first aid project is expected to positively impact the overall process of building PMER culture in the branches. In addition, the projects' lessons learnt workshop that was held late October managed to capture challenges that are faced by community-based approach that are volunteer management, high staff turnover in the branches, misperception or lack of understanding of volunteerism and other key issues.

Looking ahead

In 2012, activities will be implemented as planned in the IFRC long-term planning framework and elaborated in the plan of action for 2012. Programme implementation priorities will be integration of community-based programmes based on community needs prioritization and local context as well as taking into consideration the existing capacities, experience and resources within MRCS. One of the focus in the organizational development is to ensure that an adequate volunteer recruitment and management framework and specific policies are in place at a national and local level.

Activities to ensure MRCS has the capacity to provide timely relief, emergency health, PSS, and water sanitation services to disaster-affected populations will be carried out throughout next year. Within this year the National Society is planning to complete all major trainings for the NDRT members. As planned initially, about 100 Red Cross staff and volunteers will be trained in different areas and equipped.

Also, major activities of the community-based disaster management project will be implemented assisting three different communities of rural area to become better prepared for disasters and emergencies. The CBHFA project is to be expanded into urban setting, i.e. Ulaanbaatar city, Mongolia. This activity will start with a baseline survey in the expanded areas.

Finally, the National Society's proposal on the one-year earthquake preparedness project targeting selected schools and hospitals of Ulaanbaatar City made to the USAID has been approved. Preparations and initial assessments have been conducted as part of the general earthquake preparedness initiatives of the MRCS and IFRC.

How we work

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

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

www.ifrc.org
Saving lives, changing minds.



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

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

Find out more on www.ifrc.org

Contact information

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

- **National Society:** Samdandovj Rabdan, Secretary General; office phone: +976 11 312578; fax: +976 11 320934; email: redcross@magicnet.mn.
- **IFRC country office:** Javier Barrera, Head of Office; office phone: +976 11 312720; fax: +976 11 321684; email: javier.barrera@ifrc.org.
- **IFRC regional office:** Mr. Martin Faller, Head of East Asia Regional Delegation; office phone: +86 10 6532 7162; email: martin.faller@ifrc.org
- **IFRC Asia Pacific Zone, Kuala Lumpur, Malaysia:** Alan Bradbury, Head of Resource Mobilization and PMER; office phone: +9207 5775; email: alan.bradbury@ifrc.org

Development Programme Financial Report

MAAMN001 - Mongolia

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAMN001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	561,094	738,614	146,164	51,584	196,134	1,693,589	
B. Opening Balance	16,515	4,080	10,047	0	85,699	116,340	
Income							
<u>Cash contributions</u>							
<i>British Red Cross</i>		46,304				46,304	
<i>DFID Partnership grant</i>	40,358					40,358	269,975
<i>Finnish Red Cross</i>	0	41,700	5,377			47,077	
<i>Finnish Red Cross (from Finnish Government)</i>	0	163,077	30,471			193,548	
<i>German Red Cross</i>		32,334				32,334	
<i>Japanese Red Cross Society</i>	21,331					21,331	
<i>Norwegian Red Cross (from Norwegian Government)</i>	148,787	0				148,787	23,400
<i>Red Cross Society of China (from Chinese Government)</i>			36,327			36,327	
<i>The Canadian Red Cross Society</i>		48,141				48,141	
<i>United States Government - USAID</i>	15,815					15,815	149,264
C1. Cash contributions	226,291	331,556	72,175			630,022	442,639
<u>Other Income</u>							
<i>Balance Reallocation</i>	2,514	0				2,514	
<i>Services Fees</i>					1,083	1,083	
<i>Sundry Income</i>		387				387	
C4. Other Income	2,514	387			1,083	3,984	
C. Total Income = SUM(C1..C4)	228,805	331,943	72,175		1,083	634,006	442,639
D. Total Funding = B + C	245,319	336,022	82,223	0	86,782	750,347	442,639
Coverage = D / A	44%	45%	56%	0%	44%	44%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	16,515	4,080	10,047	0	85,699	116,340	
C. Income	228,805	331,943	72,175		1,083	634,006	442,639
E. Expenditure	-162,862	-279,507	-65,026		-75,397	-582,793	
F. Closing Balance = (B + C + E)	82,458	56,515	17,196	0	11,385	167,554	442,639

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Budget Timeframe	2011/1-2011/12
Programme	MAAMN001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		561,094	738,614	146,164	51,584	196,134	1,693,589	
Relief items, Construction, Supplies								
Clothing & Textiles	100,000	11,278	8,589				19,867	80,133
Medical & First Aid	20,000		10,161				10,161	9,839
Teaching Materials	19,500		6,265				6,265	13,235
Other Supplies & Services	21,440		5,280				5,280	16,160
Total Relief items, Construction, Supplies	160,940	11,278	30,295				41,573	119,367
Land, vehicles & equipment								
Computers & Telecom	30,000	24,390	4,849	4,695			33,934	-3,934
Office & Household Equipment			13,684				13,684	-13,684
Total Land, vehicles & equipment	30,000	24,390	18,533	4,695			47,617	-17,617
Logistics, Transport & Storage								
Distribution & Monitoring			678				678	-678
Transport & Vehicles Costs	15,800	503	44	580		11,657	12,785	3,015
Logistics Services						28	28	-28
Total Logistics, Transport & Storage	15,800	503	722	580		11,685	13,491	2,309
Personnel								
International Staff	490,289		76,627	6,520		30,920	114,068	376,221
National Staff	57,848	18,012	8,246	8,630		15,317	50,205	7,643
National Society Staff	59,999	12,551	6,216	6,049			24,816	35,183
Volunteers						137	137	-137
Total Personnel	608,136	30,563	91,089	21,199		46,375	189,226	418,910
Consultants & Professional Fees								
Consultants		8,958					8,958	-8,958
Professional Fees	2,000					9	9	1,991
Total Consultants & Professional Fees	2,000	8,958				9	8,967	-6,967
Workshops & Training								
Workshops & Training	376,276	30,473	28,459	10,063		7,465	76,461	299,815
Total Workshops & Training	376,276	30,473	28,459	10,063		7,465	76,461	299,815
General Expenditure								
Travel	78,100	10,634	6,644	5,113		-1,562	20,830	57,270
Information & Public Relations	296,707	6,946	51,137	10,396		-905	67,574	229,132
Office Costs	10,483	509	2,535	1,891		-303	4,632	5,851
Communications	10,343	490	2,921			2,241	5,652	4,692
Financial Charges	1,440	-135	2,996	1,063		6,184	10,109	-8,669
Other General Expenses		1,103	231			-810	524	-524
Total General Expenditure	397,073	19,548	66,464	18,464		4,845	109,320	287,753
Operational Provisions								
Operational Provisions		25,090	23,773	5,176			54,039	-54,039
Total Operational Provisions		25,090	23,773	5,176			54,039	-54,039
Indirect Costs								
Programme & Services Support Recov	103,365	9,802	16,857	3,912		4,569	35,139	68,225
Total Indirect Costs	103,365	9,802	16,857	3,912		4,569	35,139	68,225
Pledge Specific Costs								
Pledge Earmarking Fee		1,507	2,574	327		250	4,658	-4,658
Pledge Reporting Fees		748	741	611		200	2,300	-2,300
Total Pledge Specific Costs		2,255	3,315	938		450	6,958	-6,958
TOTAL EXPENDITURE (D)	1,693,589	162,862	279,507	65,026		75,397	582,793	1,110,796
VARIANCE (C - D)		398,232	459,107	81,137	51,584	120,736	1,110,796	