

Annual report



International Federation
of Red Cross and Red Crescent Societies

Mongolia

Appeal No. MAAMN001

30 April 2010

This report covers the period 1 January 2009 to 31 December 2010.



The Mongolian Red Cross is implementing social care projects that targets socially vulnerable groups such as the elderly, people with disabilities, single parent, unregistered migrants and extreme poor people. Rob Few/IFRC.

In brief

Summary:

The year of 2009 was an rewarding period for the Mongolian Red Cross Society (MRCS) as it highlighted the National Society's accomplishments since its establishment 70 years ago, and demanding as the country faced a number of natural disasters and public health emergencies unprecedented in the last decade.

With technical and financial assistance from the International Federation of Red Cross and Red Crescent Societies (IFRC), MRCS has been able to address community needs in many areas of health and social care as well as disaster response and relief through its development programmes and emergency operations.

The community-based approach is becoming more and more familiar to the National Society staff and volunteers as being accepted as an effective way of making the targeted community resilient and powerful through their active participation in the planning, implementation and monitoring process. The MRCS is making an effort towards introducing and incorporating this approach into the existing and new development programmes.

Organizational development remains as a high priority for the National Society and this year's key achievements have been the salary harmonization of the headquarters' staff, progress in the financial development project, and a more integrated way of working among programme managers at headquarters level.

Financial situation: The total 2009 budget was revised up from CHF 637,788 (USD 587,623 or EUR 418,298) to CHF 771,800 (EUR 510,505 or USD 755,380). Coverage is 125 per cent while expenditure from January to December 2009 is 93 per cent of the total 2009 budget.

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

See also: [Mongolia: Floods \(MDRMN002\)](#), [DREF operation final report](#)

No. of people we help: The estimated number of MRCS beneficiaries throughout Mongolia in 2009 was 400,000, or approximately 15 per cent of the population. This includes direct beneficiaries, both through IFRC and bilaterally-funded activities such as trainings and other targeted activities, as well as indirect beneficiaries

receiving information and/or participating in more broad activities, through the media, newspapers and other public campaigns.

Our partners: The Mongolian Red Cross Society works with over than 40 partners including Australian Red Cross, British Red Cross, Red Cross Society of China, Finnish Red Cross/Finnish government, Japanese Red Cross, Republic of Korea Red Cross, Netherlands Red Cross, Norwegian Red Cross/Norwegian government, the European Union, the United Kingdom's Department of International Development (DFID), the National Emergency Management Agency (NEMA), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nation's Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the United Nation's Volunteers (UNV), the Ministry of Health, the National Blood Transfusion Centre and its departments in provinces, the Ulaanbaatar city Municipality Office, the Youth for Health non-governmental organization, the National Centre for Communicable Disease (NCCD), the National Journalists Association/Journalists Union, the Desert International Charities, the Mongolian National Radio and Television Broadcasting Agency, the Mongolian Educational Channel, local prison authorities, the National Youth Association, the National Students Union, the Ministry of Education, the Ministry of Agriculture and Food, the 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), and the National Voluntary Counselling and Testing VCT Working Group.

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

Context

At the beginning of 2009 the government made various changes in the administrative set-up of the country, including the establishment of "The Government Action Plan 2008-2012". The action plan aims to reduce the population living below the national poverty line through the establishment of new industries, presenting increased employment opportunities. Also, it aims at improving the livelihood of herders while making them less vulnerable to natural disasters.

In May, the Mongolian government granted value-added tax (VAT) exemption status for MRCS projects with foreign partners (based on respective project agreements) that will cover local purchases within the project timeframe from 2009 up to 2012, to balance increased prices.

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. 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.

The first cases of A (H1N1) were detected in Ulaanbaatar, the capital city of Mongolia, in early October 2009. Subsequently, the outbreak spread to other provinces within a very short period of time. Government actions on A (H1N1) pandemic include the establishment of an ad-hoc rapid response working group to coordinate mitigation efforts at national level, led by the health minister. The ministry of health also produced and distributed information, education, communication materials for the public, workplaces and all levels of health facilities. A special hotline to respond to public inquiries about the pandemic was also set up.

Demographic profile and characteristics of population: Mongolia's demographic transition is characterized by declining fertility and mortality and an increasing aging population. According to the national statistics data for 2008, the total population was estimated at 2.68 million, giving an overall population density of 1.7 per square kilometre, making it the least populated country in the world. The population is predominantly young, with 28.1 per cent under the age of 15 years, 67.8 per cent between 15 and 64 years of age and 4.1 per cent 65 years or over¹. The population growth rate decreased from 2.7 per cent in 1990 to 1.17 per cent in 2003-2006.

Over the last decade, there has been an increasing trend in rural to urban migration due to people seeking better life in cities, employment opportunities, children's education and better opportunities for health care. As a result, an estimated 60 percent of the total population now live in five major urban cities, with the majority living in the capital Ulaanbaatar city alone. Urban migration has imposed a great socioeconomic challenge to the government. People living in the pre-urban *ger* areas of Ulaanbaatar lack adequate water and sanitation facilities and due to over crowding and poverty have a much higher prevalence of tuberculosis, respiratory and nutritional

¹Statistics Yearbook, 2008, National Statistical Office, Mongolia

related diseases. Due to the use of coal for heating and cooking inside *gers*, air pollution in the city has also become a major health hazard.

Socioeconomic situation: Mongolia has experienced a positive growth in its economy since 2004, where the mining and agricultural sectors continue to be the driving force of the country's economy. The global financial crisis of 2009 impacted the country's economy, resulting in the decline in Mongolian currency by up to 40 percent.

According to the United Nation's 2008 common country assessment, approximately 36 percent of the population live below the poverty line. Human poverty is manifesting itself in a rising incidence of child labour and street children, alcoholism, domestic violence, sexually transmitted infections including HIV, and tuberculosis, homelessness, trafficking of women and children and above all, an alarming increase in suicides. Women in particular and those living in rural areas have significantly higher poverty compared to men and those living in urban areas.

Risk of emergencies/crisis: Mongolia is prone to natural disasters including earthquakes, floods and *dzud*², as well as communicable diseases such as A (H1N1) and severe acute respiratory syndrome (SARS) pandemic. To address health in emergency issues as well as disaster preparedness and mitigation, the government developed national plans of action to build capacity of different government agencies and non-governmental organizations to respond to such emergencies and to establish mechanisms for coordination with other sectors for more effective response. NEMA is responsible overall for the coordination of emergencies and disasters at national, provincial and county levels, with multisectoral committees established at each level.

Health status of the population: Mongolia has been experiencing an epidemiological transition since 1990. The prevalence of lifestyle related diseases, such as circulatory system diseases, cancer and injuries have become leading causes of morbidity and mortality. Diseases of the digestive, genitor-urinary, and circulatory systems and injuries and poisoning have increased 25-40 per cent in 2008 compared with 2001. Circulatory diseases, cancer, injuries and poisonings have remained the main causes of death since 1995, and accounted for 73 per cent of total deaths in 2008.

Item ³	HIEC/LSMS survey			
	1995	1998	2002-2003	2007-2008
1.Total Fertility Rate (TFR)	2.8	2.2	2.0	2.6
2.Maternal Mortality Rate (per 100,000 live births)	187	158.5	109.5	31.0
3.Infant Mortality Rate (below 1 year/1,000 live births)	44.4	32.8	29.6	19.4
4. Life expectancy at birth				
a. Female	63.78	63.18	63.63	67.23
b. Male	65.43	66.13	66.5	70.98
	62.10	60.43	60.79	63.69

Progress towards outcomes

Health and care

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

Health and first aid

Outcomes

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

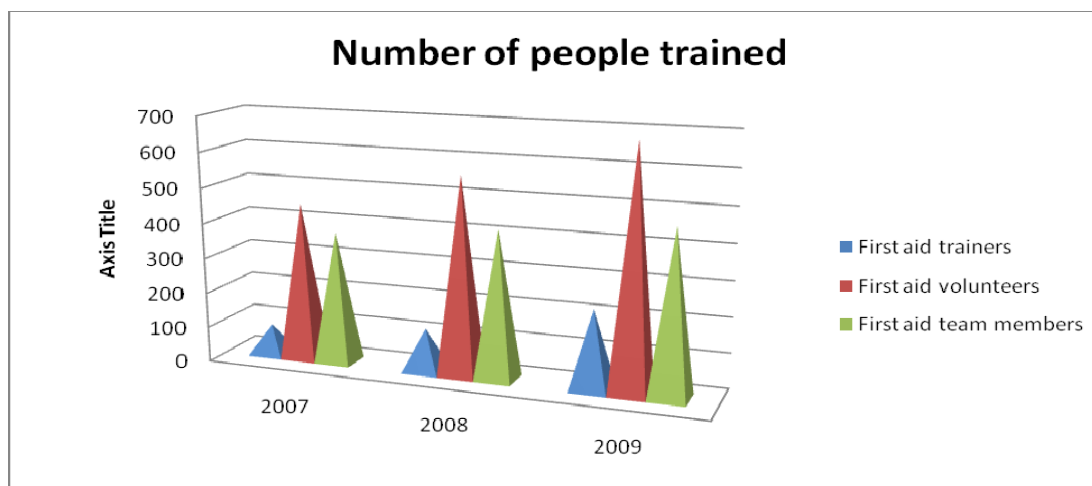
² A natural disaster, combination of heavy snowfall and extreme cold

³ Mongolian statistical yearbook 2008

Achievements

In 2009, MRCS conducted a five-day national training for first aid trainers, with one day devoted to a sensitization meeting on the community-based health and first aid approach. As a result, 22 participants have familiarized themselves with an updated first aid standard followed within the IFRC.

The programme continues to conduct basic and refresher trainings targeting the members of its first aid teams at branch level, volunteers and youth members in order to reduce fatal injuries and deaths that are caused by disasters, accidents and casualties. First aid team members are normally mobilized in response to natural and man-made disasters while volunteers work in peace-time promoting correct first aid practices.



The National Society also promotes and provides commercial first aid training to different institutions. In 2009, the total income that was generated as a result of commercial first aid trainings has reached CHF 9,000.

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

MRCS received a total of CHF 108,169 from IFRC, Finnish Red Cross and the United Kingdom's Department for International Development in support of their A(H1N1) mitigation and preparedness activities. The project timeframe is between October 2009 and April 2010. The prevention and mitigation activities mainly target schoolchildren and the general public in six Ulaanbaatar central districts and three rural provinces.

As of the end of 2009, the main highlights of the project include the following:

- The National Society's disaster preparedness and mitigation plan was developed;
- The National Society's business continuity plan was developed;
- A total of 180 trainers (Red Cross volunteers and staff from targeted schools) on A (H1N1) are prepared and mobilized;
- A total of 300 schoolchildren have been trained as peer educators on A (H1N1) pandemic and mobilized;
- Communications campaign is ongoing across the whole country.



IFRC's communication campaign "Your best defense is you" messages have been translated and adapted to Mongolian, and delivered in different forms (brochures, posters, TV spot etc) to the general public. MRCS.

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

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 accidents⁴. As road safety is fast becoming a problem that affects everyone in Ulaanbaatar, MRCS has been organizing road safety campaigns that targeted mainly both drivers and pedestrians through information dissemination activities.

The three-year water and sanitation project, supported by the Netherlands Red Cross, was completed in September 2009. Unfortunately, very limited funding has been made available for the project proposal which was developed as a continuation of this project.

On the other hand, through the water and sanitation project supported by the Canada fund in Mongolia from March to November 2009, water consumption of the targeted 480 households in two sub-districts of Ulaanbaatar *ger*⁵ area has increased from 6-8 litres per person/per day to 16-18 litres per person/per day.

Constraints or challenges

Despite efforts to make the health and first aid projects community-based, it still remains very much training-based and fails to activate the network of trained volunteers as and when needed.

In 2010, the programme activities will be incorporated to the pilot community-based health and first aid project (in 12 counties of four provinces) which is a clear demonstration of a more integrated and community-based approach to address community development and empowering through regular health promotion, disease prevention, first aid and disaster preparedness and response activities.

HIV response

Outcomes

Programme component: HIV response
Component outcome: to reduce vulnerability to HIV/AIDS and its impacts in Mongolia

Achievements: In 2009, IFRC's funding has been mainly used to increase involvement of youth in the HIV programme activities through close cooperation with the MRCS Youth movement.

Youth Red Cross members are extensively involved in HIV prevention public campaigns and different awareness raising and prevention activities. The trained youth members have been initiating activities to reach and educate their peers. An example is the Youth TV Club, a one-hour TV programme screened each week which covers sexual and reproductive health matters, life skills, sexual orientation, communication skills and other relevant issues, hosted by Red Cross youth members.

Despite limited funding, certain efforts have been made towards scaling up the HIV programme nationwide and integrating Global Alliance principles into the HIV programming. The table below illustrates the programme deliverables at community level within the year of 2009 and presents the number of people reached through IFRC support and four other bilaterally funded projects.

Performances	2009	Remark
Number of people reached with prevention messages	55,000	International Federation support, four bilateral projects
Number of PLHIV supported	20	Income generating support, home care, education programmes and support to the relevant community-based organizations
Number of OVC supported	8	Home visits, psychological support
Number of volunteers trained and engaged in the work during the year	2,255	360 – peer educators 1,895 – volunteers
Volunteer hours mobilized for action in the year	1,281,600 hours	Calculated basing on estimation that a volunteer is working four hours a day and three days in a week.
Number of staff (%) reached	174	Out of 249 paid staff working at headquarters and

⁴ <http://montsame.mn/> (News agency of Mongolia, 09 Sep 2009)

⁵ Ger – Mongolian traditional round tent; *Here:* refers to the poorest area of Ulaanbaatar, mainly settled by internal migrants and poor people

through HIV work place programmes	midlevel branches
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In the last year the MRCS has become known as an important HIV partner within the country and as a result, more in-country funding opportunities available compared with the previous years. Domestically funded bilateral projects include:

- Cross-Border HIV Prevention Project, implemented jointly with the United Nations' Population Fund office in Mongolia and China as well as the Red Cross Society of China;
- Sex Worker's project supported by United Nation's Volunteers;
- Project targeting the people living with HIV (PLHIV), funded by the Global Fund.

Overall, the programme activities target sex workers, men who have sex with men (MSM), people living with HIV, mobile population, journalists and the general community through voluntary confidential counselling and testing centres (VCCT). In addition to the expected results, this extensive collaboration has been beneficial to the National Society as it gave an opportunity to establish warm relations with the Red Cross Society of China (Cross-Border HIV Prevention Project) and share experience and resources on project management with the partner organizations and national societies.

A key achievement of the programme is the National Society's approach to support sex workers, which was selected as the best practice of working with socially marginalized groups in the whole Asia Pacific zone, recognized and acknowledged at the IFRC's General Assembly in 2009.

Constraints or challenges: Further growth of the MRCS' HIV response programme is constrained by the lack of technical capacity of its branches to implement the community-based HIV programme.

The MRCS plans to conduct the HIV Global Alliance review in February 2010, upon which it will revisit its current programme strategies.

Voluntary and non-remunerated blood donor recruitment

Outcome

Programme component: voluntary and non-remunerated blood donor recruitment

Component outcome: to improve community/youth involvement in blood donation in Mongolia

Achievements: 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. IFRC's "Club 25" concept, an initiative to encourage young people in blood donation and blood donor recruitment, was introduced in Mongolia in 2005, and since then has been implemented successfully and is now recognized as a driving force of the whole programme.

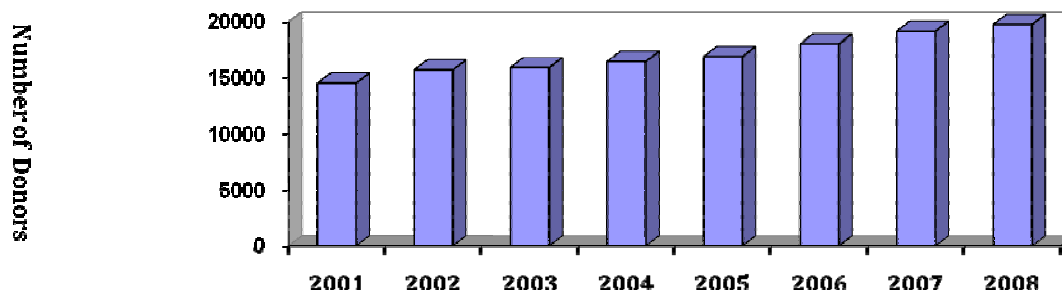


In 2009, the MRCS celebrated the World Blood Donors Day nationwide with extensive participation of youth and other related governmental and non-governmental organizations. Enkhtor/MRCS

Key achievements of the programme over 2009 include:

- Strengthened collaboration with the ministry of health, World Health Organization in Mongolia, National Blood Transfusion Centre, Mongolian Youth Association and Students' Union;
- Increased percentage of students among blood donors;
- Reduced donor referral rates. The donors referral is a biggest challenge in the blood supply and safety in Mongolia as almost one-third of the donated blood is rejected due to the high rate of blood-transmitted infections such as hepatitis B and C, sexually transmitted illnesses, etc.

The below graphics illustrate an increasing number of blood donors between 2001 and 2008 nationwide. The statistics at national level of 2009 haven't been compiled yet.



The IFRC's strategic review of the MRCS' voluntary blood donor recruitment programme planned in 2009 was not conducted due to the decision not to duplicate with similar assessment conducted by the Mongolian government and WHO in Mongolia, where the MRCS blood donor programme has been included as a part of the review. However, MRCS conducted a self-assessment of its blood donor recruitment programme in 2009, using the Federation's Global Advisory Panel on Risk Management and Corporate Governance for National Societies involved in Blood Programmes (GAP) guidelines. The National Society received feedback from GAP's global technical panel which enables the National Society to better manage its corporate risks that accompany its blood donor recruitment activities in the context of securing blood safety.

Constraints or challenges:

Even though, the Donor's Law of Mongolia states that the government is responsible for the funding of blood donor recruitment, retention and recognition activities, it has failed to provide the continuous support required to sustain the programme. In 2009, the government granted financial support of MNT 20 million (approximately CHF 16,500) to MRCS. Activities such as trainings, mobile campaigns and promotion of Information, education communication materials have taken place.

To address A (H1N1), the National Society has developed its business continuity plan. The plan reflects the blood donor recruitment as one of essential functions of the MRCS during disasters and public health emergencies. Communication campaigns encouraging general public for donation of blood have been implemented and resulted in adequate supply of safe blood during the A (H1N1) pandemic.

Community-based social care

Outcome

Programme component: Community-based social care

Component outcome: to reduce vulnerability of beneficiaries in targeted five locations

Achievements: The community-based social care programme is a unique approach to address new vulnerabilities posed by unplanned urbanization, overpopulation and some other challenging social problems. The programme works to improve general well-being of the most vulnerable communities which consist of the elderly, people with disabilities, single parents, people without income and internal migrants.

The MRCS is implementing three social care projects supported by different donors including the European Union/Finnish Red Cross/ Finnish government, British Red Cross and IFRC. The "Care for Elders" project funded by IFRC is running in five locations.

In 2009, the Federation-supported social care project has been implemented in its five target locations through home visits and operation of social care centres. In 2009, three social care centres were established and so far, together with an existing centre, have served up to 375 beneficiaries. Psychological well being of beneficiaries were improved through regular home visits and visits to the social care centres which provide them an opportunity to socialize with their peers, to be cared for and take care of others. Also, these social care centres, when operating on regular basis, can serve as an information platform, training centre, entertainment and cultural centre for the beneficiaries.

The programme has introduced psychosocial support as one of the essential components of the training curricula for instructors and volunteers. In 2009, a total of 10 trainers on psychosocial support has been prepared and mobilized for training of volunteers.

At the end of 2009, a monitoring trip was carried out in the five branches and main findings include the following:

- All interviewed beneficiaries have reported positively on the psychological support provided by Red Cross volunteers and youth members;
- All interviewed beneficiaries have reported that distribution of hygiene items and basic food items were vital for their everyday life even though the assistance was very small;
- The project implementation has helped the Red Cross branch strengthen the partnership with government agencies and non-governmental organizations and has facilitated recognition of the branch as one of the key parties in field of social care.

The European Union and Finnish government/Finnish Red Cross supported a community-based social care project for the most vulnerable in Mongolia in six districts in Ulaanbaatar and four rural provinces. To date, a total of 746 volunteers and 82 youth members are serving around 3,900 beneficiaries through 17 social care centres and reaching over 2,200 beneficiaries through household visits.

The delivery of social care services for the most vulnerable people project, funded by British Red Cross is being successfully implemented in two remote districts of Ulaanbaatar and two rural provinces. To date, a total of 255 volunteers, 470 youth members have been working towards improving life quality of the most vulnerable groups in the targeted locations.

Constraints or challenges:

In 2009 a part of Federation funds were directed to social care activities to coordinate and integrate social care projects supported by different donors in the form of a joint training curriculum.

Disaster management

Outcome

Programme component 1: Organizational preparedness
Component outcome: to improve the National Society's capacity for rapid disaster response at national and regional level
Programme component 2: Community preparedness/disaster risk reduction
Component outcome: to improve community-based disaster preparedness for areas most at risk for disasters and emergencies

Achievements:

In 2009, the programme continued to respond rapidly to different natural disasters, addressing the most immediate and critical needs of affected communities with assistance from the Federation's disaster response and relief systems.

In the second half of July 2009, a devastating flash flood hit Ulaanbaatar city and partly covered territories in three rural provinces. IFRC released CHF 240,000 from its disaster relief emergency funds (DREF) to support the National Society in reaching up to 1,900 worst affected households with their most critical needs such as food items, clothing, boots, bedding and hygiene and sanitation items.

The DREF helped the National Society identify its strengths and weaknesses both at headquarters and branch levels as well as strengthen capacity in many different sectors such as staff skills development, disaster preparedness, decision making and coordination mechanisms.

Another priority of the programme is a community-based disaster preparedness, which focuses on awareness raising and capacity building of the Red Cross volunteers and community members. Training and awareness raising activities, an essential part of disaster preparedness, have been taking place nationwide. These trained people were mobilized in disasters and were involved in assessments, data collection and distribution of relief items. Moreover, they also provided psychological support to the affected communities.

In November 2009, the MRCS launched a community-based disaster preparedness project, funded through the Federation by the Norwegian Red Cross. The project is a pilot and running in one rural province and two Ulaanbaatar districts to check the effectiveness of the current community-based approach and make adjustments and improvements as will be required by the local context.



The MRCS volunteers were extensively involved in distribution and monitoring process of the DREF assistance. Enkhator/MRCS

This year, the MRCS hay project, which is a good example of continuation and sustainability of past donor-funded projects, prepared a total of 2,500 tonnes of hay and distributed to over 1,500 vulnerable herding families. While currently very limited, it is believed that the hay, either sold at a discounted rate or distributed freely by MRCS, have contributed towards reducing the vulnerability of local poor herders during harsh winters, including the ongoing *dzud* 2009-2010. The unemployed people that were temporarily hired by the project have also benefited from first aid trainings. The project, implemented successfully, also creates an additional income sources in order to self-sustain branches.

At the beginning of 2009, the disaster management programme activities over the past four to five years were reviewed by outsourced local experts. Based on extensive recommendations developed by the review team, a comprehensive plan of action focusing on the following components of the programme was elaborated:

- Cooperation of the programme with state agencies and other major stakeholders;
- Revision of the National Society disaster management related policy and guidelines;
- Integration of the programme with National Society's other programmes;
- Development of standard training curriculum that would reflect local context and specific response mechanisms.

The herders' consultations were conducted in two provinces and the attendees-herders demonstrated their continuous support to the local Red Cross branches by donating animals and financially supporting micro-projects to help the most vulnerable herders. A key initiative of the consultations is the tripartite agreement to provide small number of animals to vulnerable herding families in order to ensure their livelihood.

The MRCS has also introduced an earthquake preparedness project, supported by the Australian Red Cross, to reduce the potential impact of earthquakes in Ulaanbaatar through increasing community awareness and enhancing inter-agency cooperation on preparedness measures.

Constraints or challenges

During a number of emergency operations it was noticed that the effectiveness of such rapid responses has been hindered by the weak logistics capacity of the National Society, especially by the lack of adequate warehousing, lack of comprehensive procurement and logistics procedures.

Organizational development

Outcomes

Programme component 1: Integration of programmes at the National headquarters and branch levels
Component outcome: to increase the impact of programmes on targeted communities through more integrated approach to the programme and project implementation
Programme component 2: Well-functioning National Society with sustainable systems, procedures and staff with desired level of management and technical competencies.
Component outcome: to contribute to the well-being of the beneficiaries through improving capacity building of all the middle and primary level Red Cross branches in financial and human resources management areas

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 IFRC's organizational development unit in the Asia Pacific zone office, country office in Mongolia and an external expert on human resources. As a result of the new salary scale the staff motivation and accomplishment has increased. The harmonization efforts of salary scale have been appreciated by the partner and donor national societies.

In 2009, the integration of the core programmes was also strengthened. During the number of emergency operations and short and long-term projects the programmes have been intertwined in the assessments, planning process and actual implementation. Red Cross youth members are actively involved in many activities of all the programmes.

The MRCS was shortlisted for intensified capacity building (ICB) project proposal, which was submitted to the Secretariat headquarters in Geneva in February 2009. The ICB project aims to increase the capacity of individual Red Cross Red Crescent national societies, and for MRCS, to strengthen its grassroots level branch capacity and relationship with local communities. Within 2009, the ICB project proposal was further developed with technical assistance from the IFRC's Asia Pacific zone office and East Asia regional office. The ICB project,

if approved, will introduce a new approach to build the National Society's capacity through involvement and empowerment of the targeted community and grassroot level branches

Also, a two-day planning, monitoring, evaluation and reporting (PMER) workshop was organized for the national headquarters' staff and created a solid foundation for building PMER culture in the organization. Follow-up actions will include development of simple and practical PMER manual, translated to Mongolian, to be used throughout the Red Cross network and trainings for mid-level branch staff.

Another achievement in 2009 was the progress in the financial development project. The comprehensive financial software will be started to be utilized from the beginning of 2010 in full scale both in reporting of projects funded by IFRC as well as in bilateral projects.

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.

Working in partnership

MRCS continues to maintain 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

MRCS's core programmes continues to contribute to IFRC's 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

The year 2009 was important in rolling out IFRC's community-based health and first aid (CBHFA) programme to facilitate delivery of the regular services in a more needs-based, integrated and efficient manner to the most vulnerable groups within the community. The CBHFA approach is believed to help successful implementation of a pilot joint project of health, disaster management and youth programmes in four provinces of southern Mongolia. This pilot project is a part of the three-year framework of the Finnish Red Cross support through IFRC.

In 2010, the current social care programme training activities supported by different donors including the International Federation, EU/Finnish Red Cross/Finnish government 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.

The *dzud* disaster that started late 2009 is evolving while causing severe damages to the livelihood of the herding families throughout the country. Basing on the current assessment and past disaster scenarios it is projected that internal migration will increase in the next two to three years, resulting in new vulnerabilities and social problems in Ulaanbaatar and pre-urban areas. For further information, click [here](#) for the latest operation updates related to the severe winter emergency appeal.

The MRCS announced in late 2009 that 2010 would be the Year of Capacity Building. The first step of this initiative will be the development of a business plan. 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.

Finally, on a general level, the Finnish Red Cross has expressed its willingness to study the possibility to support the communications functions of MRCS. Mongolia has been chosen one of the pilot countries in the Finnish Red Cross's worldwide communications cooperation plan for 2010-2012.

How we work	
<p>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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • 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	
<p>For further information specifically related to this report, please contact: (text in Arial 10)</p> <p>Mongolian Red Cross Society:</p> <ul style="list-style-type: none"> • Mr Ravdan Samdandovji, Secretary-General, email: redcross@magicnet.mn; phone: +976 11 312578; fax: +976 11 320934 <p>IFRC country office in Mongolia:</p> <ul style="list-style-type: none"> • Mr Javier Barrera, (Head of office); email: javier.barrera@ifrc.org; phone: +976.11.312.720; fax:+976.11.321.684 <p>IFRC regional office in China:</p> <ul style="list-style-type: none"> • Mr Carl Naucner (Head of East Asia regional office); email: carl.naucner@ifrc.org; phone: +86.10.65327162, fax: +86.10.65327166 • Ms. Nicole LaFleur (regional programme coordinator), email: nicolle.lafleur@ifrc.org <p>IFRC Asia Pacific zone office in Kuala Lumpur: phone: + 60 3 9207 5700, fax: +60 3 2161 0670</p> <ul style="list-style-type: none"> • Mr. Jagan Chapagain (head of operations), email: jagan.chapagain@ifrc.org • Ms. Penny Elghady (resource mobilization and planning, monitoring, evaluation and reporting (PMER) coordinator), email: penny.elghady@ifrc.org <ul style="list-style-type: none"> • Please send pledges of funding to zonerm.asiapacific@ifrc.org 	

<final financial report below; click here to return to title page>

International Federation of Red Cross and Red Crescent Societies

MAAMN001 - Mongolia

Annual Report 2009

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

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	301,337	229,273	32,204	0	208,987	771,800
B. Opening Balance	5,175	8,284	12,040	0	33,182	58,682
Income						
<u>Cash contributions</u>						
British Red Cross					13,636	13,636
Canadian Red Cross (from Canadian Government)		567				567
Capacity Building Fund			0			0
China Red Cross (from Chinese Government)			43,483			43,483
DFID - British Government		95,300				95,300
DFID Partnership grant	135,098					135,098
Finnish Red Cross	22,000	24,219			4,043	50,262
Finnish Red Cross (from Finnish Government)	124,667	137,243			22,908	284,818
Germany Red Cross		0				0
Icelandic Red Cross					0	0
Netherlands Red Cross (from Netherlands Government)	7,454					7,454
Norwegian Red Cross (from Norwegian Government)	168,436					168,436
Unidentified donor				-0	-5	-6
C1. Cash contributions	457,654	257,329	43,483		40,581	799,047
<u>Outstanding pledges (Revalued)</u>						
Finnish Red Cross					4,043	4,043
Finnish Red Cross (from Finnish Government)					22,908	22,908
Netherlands Red Cross (from Netherlands Government)	7,439					7,439
C2. Outstanding pledges (Revalued)	7,439				26,950	34,389
<u>Income reserved for future periods</u>						
DFID - British Government		-34,564				-34,564
C3. Income reserved for future periods		-34,564				-34,564
<u>Inkind Personnel</u>						
Finnish Red Cross					92,650	92,650
Icelandic Red Cross					17,000	17,000
C5. Inkind Personnel					109,650	109,650
<u>Other Income</u>						
Miscellaneous Income	556				347	902
C6. Other Income	556				347	902
C. Total Income = SUM(C1..C6)	465,650	222,766	43,483	0	177,527	909,426
D. Total Funding = B + C	470,825	231,050	55,523	0	210,709	968,108
Appeal Coverage	156%	101%	172%	#DIV/0	101%	125%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	5,175	8,284	12,040	0	33,182	58,682
C. Income	465,650	222,766	43,483	0	177,527	909,426
E. Expenditure	-286,155	-229,250	-16,979		-186,965	-719,349
F. Closing Balance = (B + C + E)	184,670	1,800	38,545	0	23,744	248,758

International Federation of Red Cross and Red Crescent Societies

MAAMN001 - Mongolia

Annual Report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
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
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		301,337	229,273	32,204	0	208,987	771,800	
Supplies								
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	1,724				106,899	17,701
Total Supplies	149,650	112,576	10,523			31	123,130	26,520
Land, vehicles & equipment								
Vehicles	40,000	17,143	2,809				19,952	20,048
Total Land, vehicles & equipment	40,000	17,143	2,809				19,952	20,048
Transport & Storage								
Storage	230							230
Distribution & Monitoring			902			66	968	-968
Transport & Vehicle Costs	779	2,193	1,042	1,072		3,507	7,813	-7,034
Total Transport & Storage	1,009	2,193	1,944	1,072		3,573	8,782	-7,773
Personnel								
International Staff	174,000					129,541	129,541	44,459
National Staff	12,415	6,880	1,580	6,602		10,963	26,025	-13,610
National Society Staff	22,378	12,885	5,909				18,794	3,584
Consultants	500			4,380		968	5,348	-4,848
Total Personnel	209,293	19,766	7,489	10,982		141,472	179,708	29,585
Workshops & Training								
Workshops & Training	134,980	61,891	87,526			1,572	150,989	-16,009
Total Workshops & Training	134,980	61,891	87,526			1,572	150,989	-16,009
General Expenditure								
Travel	16,613	5,999	4,609	1,091		19,257	30,956	-14,343
Information & Public Relation	127,059	37,376	54,540	104		-335	91,685	35,374
Office Costs	25,189	6,119	11,756			1,133	19,009	6,180
Communications	5,941	1,908	6,647			6,578	15,133	-9,193
Professional Fees	10,852					18	18	10,834
Financial Charges	767	-2,718	50			15,047	12,379	-11,612
Other General Expenses	281	3,631	5,148	2,710		-6,767	4,722	-4,441
Total General Expenditure	186,701	52,316	82,750	3,906		34,930	173,902	12,799
Programme Support								
Program Support	50,167	20,126	17,119	1,104		5,387	43,736	6,431
Total Programme Support	50,167	20,126	17,119	1,104		5,387	43,736	6,431
Operational Provisions								
Operational Provisions		145	19,090	-85			19,150	-19,150
Total Operational Provisions		145	19,090	-85			19,150	-19,150
TOTAL EXPENDITURE (D)	771,800	286,155	229,250	16,979		186,965	719,349	52,451
VARIANCE (C - D)		15,181	22	15,225		22,022	52,451	