

Mid-Year report



International Federation
of Red Cross and Red Crescent Societies

Mongolia

Appeal No. MAAMN001

7 July 2010

This report covers the period 1 January to 30 June 2010.



In response to the humanitarian crisis caused by the harsh winter conditions, the Mongolian Red Cross Society, with support from IFRC, has conducted number of activities while closely monitoring delivery of services to the most vulnerable. Photo: IFRC

In brief

Summary: During this reporting period the Mongolian Red Cross Society (MRCS) has prioritized its efforts to meet the needs of the thousands of herders who have suffered from harsh winter conditions. These life-saving actions have been made possible through funding raised with support of the International Federation of Red Cross and Red Crescent Societies (IFRC) and other partner national societies.

In total, 1,200 households or 4,800 individuals have been assisted with basic food items, warm clothes and boots. In addition, the MRCS has been providing health and psychosocial support to these affected families through its network of volunteers throughout Mongolia.

Whilst responding to the emergency, the National Society has completed the implementation of H2P human pandemic accelerated project which resulted in improved knowledge and skills of schoolchildren and general population in target locations on preventative behaviours from influenza pandemic.

The community-based health and first aid project has been set up with number of facilitator and volunteer trainings as well as meetings to sensitize partners and local municipality in the concept of the approach. The next half of the year will be devoted to the community level activities.

The community-based disaster preparedness project has been addressing most urgent problems communities face in the target locations through disaster mitigation initiatives while highlighting importance of community involvement in the disaster preparedness measures.

Financial situation:

The total 2010 budget was revised upwards from CHF 849,564 (USD 818,408 or EUR 647,125) to CHF 1,109,053 (USD 1.07 million or EUR 845,180) to account for coordination costs, and is 63 per cent covered. Expenditure from January to June 2010 is 52 per cent of total income received.

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

See also: [Mongolia: Cold waves \(MDRMN003\), Operations Update no. 1](#)
[Mongolia: Severe winter \(MDRMN004\), Operations Update no. 2](#)

No. of people we help: The estimated number of MRCS beneficiaries throughout Mongolia in the first half of the year was 200 000, or approximately 7.5 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 number of partners including but not limited to American Red Cross, Australian Red Cross, British Red Cross, Red Cross Society of China, Canadian Red Cross/Canadian government, Hong Kong Red Cross, Finnish Red Cross/Finnish government, Japanese Red Cross, Republic of Korea Red Cross, Netherlands Red Cross, Norwegian Red Cross/Norwegian government, Australian government's overseas aid programme (AusAID), European Union, the United Kingdom's Department of International Development (DFID), government of France, 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), Global Fund, 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 Deseret 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.

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

Context

Since December 2009, Mongolia has been experiencing an unprecedented cold and prolonged winter, preceded by a dry summer and followed by an unstable spring with well below average temperatures and snow storms. The rural population of Mongolia, consisting mainly of nomadic herding communities, suffered severely under this extended and extreme winter weather conditions, locally known as *dzud*. The *dzud* is a natural phenomenon that describes these extreme weather conditions which can see a sharp drop of temperature and recurrent and prolonged snowfall that has a devastating effect on the livelihood of herders by causing a serious loss of livestock as well as affecting their own health. The latest official reports indicate that around 8.500 households or 45,000 individuals have been left without animals and face a grim future in the coming months. More than 8.5 million heads of livestock are reportedly lost.

Since early January 2010, temperatures have consistently been more than 6°C colder than average and there has been a greater-than-average level of snowfall. As of the end of April 2010, more than 60 percent of the country remained blanketed by a thick layer of snow. Many roads were blocked, hindering or preventing access to people and communities in remote areas, and in turn impeding their access to health care facilities and services. In some provinces, fuel and coal reserves have been depleted and other sources of heating supplies have been severely compromised.

Herding is the main livelihood for 80 per cent of the rural community throughout Mongolia. The herding practices have been followed through generations and most families involved are subsistence herders whose animals provide hope and security for present and future generations. The impact of the *dzud* is further exacerbated by



Herders struggled on a daily basis to feed their animals in January 2010. Photo: MRCS

the fact that there are few female livestock left, and the pregnant livestock either miscarry or die during the birthing process, and those offspring that do survive birth will inevitably succumb to a lack of sustenance.

The danger in the current situation if unattended is that these families have no other alternatives for livelihood. There is a widespread lack of small and mid-size enterprises at county and provincial levels. Moreover, the herding population in their majority lacks specific skills that would help them to find employment in other sectors of the economy. The Mongolian government reports indicate that as of April 2010, approximately 1,400 herding households have already moved to the *soum*¹ centres, normally considered as a first step in a migration process which ultimately leads to Ulaanbaatar, the largest city in Mongolia which is already overcrowded and has insufficient social structures to cope with more arrivals. The United Nations Human Settlements Programme (UN Habitat) estimates that at least 20,000 people will migrate to Ulaanbaatar by the end of this year. The direct impact of this population flow to the capital city includes but is not limited to increased burden on availability and accessibility of health and social services, which will have implications on urban poverty rate, unemployment and many other social factors that will continue to adversely affect the lives of the people involved as well as the overall development of Mongolia.

Those who have been cut off from accessing health services are particularly vulnerable to disease, preventable illnesses and malnutrition. Of particular concern is the well being of pregnant women, the elderly and children. There has been a sharp rise in the incidence of respiratory illness, notably in areas where there is insufficient heating or fuel, and food shortages. In the first three months of 2010, the Ministry of Health reported increases in both infant and under-five child mortality, with children dying of preventable illnesses, predominantly respiratory problems, because their families were unable to access emergency medical care. Further, the affected communities have been experiencing prolonged periods of stress and the strain of losing livelihoods which has resulted in families and children developing extreme fatigue and psychological stress and trauma.

The government and international non-governmental organizations present have been providing assistance to the affected communities. For further information, click [here](#) for latest operations updates related to the severe winter operations (MDRMN004).

As a result of several coordination meetings, the initiatives of the international donor community have been consolidated under a UN appeal that was issued in May 12, 2010. It focuses on issues such as

- The most critical humanitarian needs of the vulnerable groups and institutions for the period between April 2010 and April 2011.
- The protracted humanitarian and early recovery needs of the affected population by means of livelihood-based humanitarian programming to prevent further or renewed deterioration into a humanitarian emergency.
- Put in place preparedness, disaster risk-reduction and contingency planning (mainstreamed throughout sectors) in anticipation of worsening conditions resulting from a post-*dzud* spring/summer season, and preparing for the next winter as well as for other risks such as earthquakes.

The current *dzud* has exposed areas of disaster preparedness, response and coordination that need improvement.

The gaps that need to be urgently addressed include the following:

- A common and comprehensive humanitarian needs assessment tool;
- Inconsistent information on the planning and distribution of government and donor aid. Also, no geographic mapping is available in order to ensure the coordination of all national and donor contributions;
- Systematic coordination between NEMA and the line ministries. Line ministries were approached individually and received support from UN agencies and other stakeholders without clear coordination by NEMA;
- An emergency database and information-management tools within NEMA;
- Supply plan for the humanitarian response;
- Contingency plan for overcoming logistical and distribution challenges;
- Snow-removal equipment and snow mobiles to enable contact with isolated and inaccessible communities;
- Communication and equipment shortages; some villages cannot be contacted for extended periods of time;
- Capacity at the provincial level to comply with central NEMA instructions; and
- Inter-agency contingency plan²

¹ Administrative unit in rural area, sub-province

² *Dzud* appeal, UNOCHA final field draft

In April 2010 first reoccurrence cases of hand, foot and mouth disease have been reported officially by the government officials. As of 28 May, Ulaanbaatar health authorities confirmed that more than 450 cases of hand, foot and mouth disease were reported and around 80 percent occurred among children from ages one and four.

The government has stopped counting A (H1N1) influenza cases and the current situation remains largely unchanged since 28 February 2010, where the latest available statistics from the Ministry of Health indicate a total of 1,383 cases of A (H1N1) virus infection confirmed by laboratory analysis in Ulaanbaatar (840) and 21 provinces (543), with a total of 30 deaths (16 in Ulaanbaatar). Overall pandemic influenza activity remains low to sporadic across to country.

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 health and first aid
Component outcome: To strengthen the capacity of selected communities to prevent and manage health problems and injuries in emergency and non-emergency situations.
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.

Achievements:

The MRCS is in the process of piloting and adopting a new, Federation-wide approach of community-based health and first aid that is believed to facilitate delivery of the regular services in more needs-based, integrated and efficient manner to the most vulnerable within the community.

In 2010, the project is being implemented in 12 *soums* of four provinces in southern Mongolia. Core programmes of the National Society such as disaster management, health and care, youth are implementing integrated activities while focusing efforts in these four selected locations, using the community-based health and first aid (CBHFA) approach.

Project implementation started with a workshop facilitated by the health advisor of the Finnish Red Cross. The branch chairmen and instructors were introduced to the global CBHFA concept, experiences from other countries as well as project and programme management issues. Also, during the workshop the branches have developed more specific selection criteria for target *soums*. Later, using these criteria the branches selected target locations in close consultation with their respective local authorities.

A key activity of this reporting period was the national level master facilitators' training that was conducted with participation of 33 people including mid-level branch staff and national headquarter programme staff. The training was organized at one of the project implementation sites to enable the participants to conduct the community assessment with actual target communities for better understanding through "learning by doing" approach. The seven-day training was conducted in Mongolian, native language of participants. The regional health delegate of IFRC supported the MRCS in facilitation of the training.

Also, at provincial and *soum* level, the branches organized a number of introduction workshops with all stakeholders including representatives from the community, health institutions, local government units, schools and from operating non-governmental organizations and international organizations. As a result, the stakeholders and partners are sensitized, mapped and encouraged to contribute to the project implementation.

A regional CBHFA programme coordinator was identified among mid-level branch instructors from four pilot provinces. The purpose of the positions is to enhance the regional approach and decentralize management and coordination mechanism.

The actions undertaken so far have sought to set up the project and form a good and firm base for community-level activities.

In the last half of this year, the project will aim to improve knowledge, awareness and practice of up to 6,500 households and 8,000 schoolchildren 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 May, the MRCS completed implementation of the six-month humanitarian pandemic preparedness project. The activities were carried out within the framework of the following objectives:

1. The national society has developed and applied response plans and mechanisms.

The national society has built up its capacity to respond to disasters and public health emergencies through the development of the preparedness and response plans both at national and provincial levels. Further, the national society has developed its business continuity plan and identified crisis management protocol, essential functions and staff responsible in order to ensure sustained operations in emergencies.

2. Staff and volunteers of MRCS are able to carry out community and school based response activities.

As a result of intensive training sessions, all MRCS headquarter and mid-level branch staff were sensitized about the pandemic influenza prevention and response and made inputs towards developing preparedness and response plan, and volunteers were trained, equipped and mobilized to deliver life-saving messages and support services. A total of 230 school teachers and social workers throughout Ulaanbaatar districts and the three other most populated cities of Mongolia, were involved in two-day training sessions on A (H1N1) pandemic influenza prevention and response and were mobilized to train a number of schoolchildren as peer educators to disseminate A (H1N1) mitigation and response messages. In addition, a total of 900 peer educators were trained in 60 schools (40 schools in Ulaanbaatar, 20 in three other cities) and shared their knowledge on preventative behaviours and actions to approximately 60,000 schoolchildren. The total number of direct and indirect beneficiaries is estimated at 100,000 people who were exposed to health messages through posters, brochures, TV spots and promotion campaigns developed using the IFRC global communication campaign “Your best defence is you”.

3. Coordination and partnership mechanisms are supported.

MRCS has been effectively coordinating its A (H1N1) mitigation and preparedness activities with the ministry of health, ministry of education, National Emergency Management Agency, National Centre of Communicable Diseases and other related governmental institutions and non-governmental organizations by issuing sensitization meetings, wrap-up meetings as well as actively participating in national pandemic influenza coordination.

Constraints or challenges:

Within the community-based health and first aid project, as a case with every pilot project, the challenges such as miscalculation of costs and timeframe for certain activities have been noticed but were solved in timely manner as a result of close communications with donors.

The *dzud* disaster that was the most burning problem in the first half of the year did not hamper much the implementation of community level activities of the H2P human pandemic project as the target locations were in Ulaanbaatar City and most urbanized areas of Mongolia. However, this caused slight challenge with involving partners in the activities as many of them were stretching their resources over the *dzud* response.

HIV response

Outcomes

Programme component: HIV prevention
Component outcome: to reduce vulnerability to HIV/AIDS and its impacts among most-at-risk groups in Mongolia

Achievements:

In 2010, the HIV prevention programme lacks financial assistance from multilateral donors. Currently, the programme is undertaking 2 projects on a bilateral basis. These include:

1. Cross-border HIV prevention project funded and technically supported by UNFPA in Mongolia and in China, implemented in collaboration with the Red Cross Society of China. In March, the project steering committee met in Beijing, China. The IFRC country representative and health delegate from the regional office are members of the steering committee, assigned to perform monitoring and give feedback.
2. The MRCS HIV department has signed a collaboration agreement with the Global Fund in Mongolia and in undertaking care and support to the PLHIV through trainings, distribution of vitamins and supporting their income generation initiatives.

During this reporting period, a mid-term programme review of the Australian Red Cross supported project was completed. The report will be issued soon. Also, Japanese Red Cross Society had phased out its Voluntary Confidential Counselling and Testing (VCCT) project, with the final review conducted in March. While financial support has stopped the mid-level branches continue to run its regular activities on HIV prevention and reproductive health. A notable example is the Dornod Red Cross branch, who established another VCCT centre in partnership with other non-governmental organizations.

In May, two Mongolian journalists who won last years' article competition among journalists on discrimination and stigma based on HIV were awarded with a trip to attend the annual Asia Media Summit held in Beijing.

Voluntary and non-remunerated blood donor recruitment

Outcome

Programme component: voluntary and non-remunerated blood donor recruitment

Component outcome: to improve availability of safe blood supply through voluntary, non-remunerated blood donor recruitment among youth

Achievements: The Mongolian Red Cross is mandated by its government as focal point for blood donor recruitment, retention and recognition. During the A (H1N1) pandemic outbreak in Mongolia, the National Society realized and identified blood donor recruitment activities as one of the essential services to be maintained at all times in preparation for the disasters and public health emergencies.

Considering the fact that during A (H1N1) virus pandemic the number of donors was decreasing, resulting in blood reserves running dangerously low, the MRCS intensified its blood donor recruitment efforts through an existing network of "Club 25" youth blood donor clubs and started appealing to the existing pool of donors to donate blood. These activities were organized jointly with the Mongolian Youth Union and in close coordination with the National Blood Transfusion Centre. Additional dissemination measures to reach the general public were taken through television broadcasts and poster development and distributions.

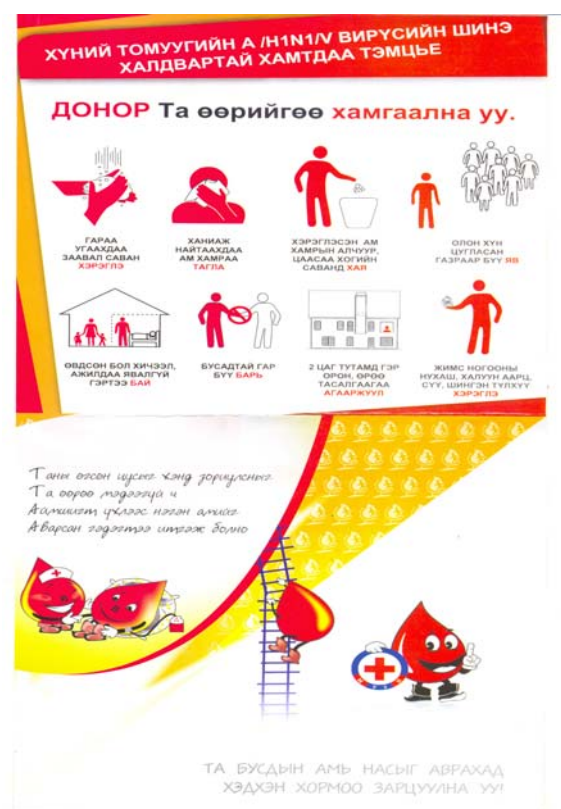
Even though the programme lacks any financial support from IFRC and its partner national societies, the programme is using its limited resources such as nationwide network of "Club 25" youth blood donor clubs, trained instructors and well-coordinated partners to its best extent.

Another key achievement of the programme is the revision and approval of its donor recognition policy. Also, the MRCS "Club 25" youth blood donor membership regulations were renewed and registration of club members was revised in March. As of this period, a total of thirty "Club-25"s is operating across the country.

This year, the Mongolian Red Cross was able to negotiate with the ministry of health the current funding situation that hampers further growth of the activities. As a result, the National Society has received MNT 10 million (approximately CHF 8,500) from the government to support programme sustainability.

Constraints or challenges:

Regretfully, despite the stated responsibility of the Mongolian Government as stipulated in the Donor's Law of Mongolia which identifies the government as responsible for the funding of blood donor recruitment, retention and recognition activities, the necessary support to sustain the programme has yet to materialize.



"You, Donor, protect yourself!" poster was developed using IFRC global communication tools and were distributed to communities alongside messages encouraging donors to continue to give blood during emergencies in order to maintain blood supply at normal levels. Photo: MRCS

The National Blood Transfusion Centre has been expanding its capacity and is planning to set up its branches in the two most populated and closest cities to Ulaanbaatar, Darkhan and Erdenet, as part of contingency planning in disasters, especially considering potential risks of an earthquake.

Therefore, to address constantly growing demand of blood units, the National Society is willing to run its activities to its full extent and expand once financial and technical assistance is available.

Community-based social care

Outcome

Programme component: Community-based social care
Component outcome: to reduce vulnerability of beneficiaries in selected locations

Achievements: In 2010, IFRC support in MRCS's social care programme is directed towards supporting in the coordination and integration of the National Society's social care projects supported by different donors including IFRC, British Red Cross and the European Union. The first action to achieve this objective was the review and standardization of the training curriculums so that all three projects conduct facilitator and volunteer training using the same training curriculum.

Putting together its previous efforts for introducing psychosocial support and self-care modules as an integrated part of the trainings the National Society has come up with an initiative to develop a localized psychosocial support manual in Mongolian for volunteer use. It highlights general concepts of the psychosocial support elements, addresses stress management techniques and instructs volunteers in correct and timely provision of psychological support to beneficiaries and people affected by disasters.

In the past six months, approximately 735 people including the elderly, people with disabilities, and other vulnerable groups have benefited from the IFRC-supported social care project through its services in social care centres, home care visits, psychosocial support and referrals to the public social services. The project activities are carried out with active involvement of approximately 245 volunteers and 250 junior Red Cross members.

The project to deliver social care services for the most vulnerable people, funded by British Red Cross on a bilateral basis, continued to serve the most vulnerable communities in four selected locations. A total of 280 volunteers and 250 junior Red Cross members have been providing support to more than 840 beneficiaries. As the project timeline is coming to an end, the National Society, with technical support from the British Red Cross, conducted a midterm review in all implementation sites. Prior to the review, the instructors and volunteers have received training on techniques to conduct an interview with beneficiaries and correct application of the developed questionnaire. In June, the same review, but incorporated with branch capacity survey, will be conducted in IFRC supported areas to measure the impact of the intervention since in some of the areas the project was established years ago, and if needed, to modify and adjust the activities.

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 reduced vulnerability to disaster through the creation of resilient communities in disaster prone areas

Achievements: The disaster management department has been responding to the *dzud* disaster alongside its development projects such as community-based disaster preparedness project and earthquake awareness raising project.

The Mongolian Red Cross Society was one of the first organizations to react when winter conditions started to worsen and the first livestock loss was reported. In response to the *dzud*, MRCS launched a national appeal to assist the herders directly impacted by the disaster. The National Society headquarters and mid-level branches mobilized volunteers and dispatched relief items including mattresses, blankets, *ger* canvas, boots and warm clothes to affected people from its disaster preparedness stocks.

In January, as a result of the deteriorating weather conditions and its extensive damage to livelihood, health and food insecurity of the affected population, the National Society requested for assistance from the IFRC Disaster Relief Emergency Fund (DREF) and received CHF 400,000 to assist 1,200 most vulnerable households in five most severely affected provinces (Arkhangai, Gobi-Altai, Khuvsgul, Uvurkhangai, Zavkhan).

Between 18 and 26 January, the joint MRCS and IFRC team conducted a rapid assessment to identify the critical needs of the worst-affected population. Key assessment findings indicated that families were facing food shortages, and needed warm clothes and boots, as well as psychological support and health education. The DREF operation aimed to support 1,200 herder families (approximately 4,800 individuals) most affected by the *dzud* disaster in the selected five provinces with essential food and non-food items to meet their immediate needs for up to three months.



The distribution site in Uvurkhangai province, Sant *soum*. Photo: MRCS

In addressing worsening conditions, the National Society, with the close support from the IFRC launched an international appeal in March, expanding its relief operation into eight more provinces and adding livelihood support as an essential component of response and mitigation initiatives. The launch of the appeal was followed by detailed needs assessment that was undertaken to identify the most appropriate livelihood intervention, to complement existing MRCS programmes and which together can form an early recovery basis for longer-term recovery and risk reduction among 1,200 herder households. Two teams were assembled from experienced personnel from MRCS, IFRC, British Red Cross, United Nations' Food and Agriculture Organization and representative from the ECHO office in Moscow. Based on the assessment findings, a detailed plan of action was issued. For further information on the severe winter appeal, click [here](#) for the latest operations update.

The launch of the appeal was communicated to all partner national societies and disseminated to in-country donors and partners. The head of IFRC's country office in Mongolia met with ambassadors and heads of various international institutions and organizations in-country to bring to their attention to the deteriorating situation and the need for a coordinated effort to adequately respond to the humanitarian imperatives of the current crisis.

IFRC and MRCS jointly initiated immediate communications actions and travelled with early assessment teams. Press releases, human interest stories, photos and videos were widely distributed to international media and to potential donor national societies. Efforts led to significant coverage in international press, including by BBC, Al Jazeera, CNN and the Washington Post.

Within the community-based disaster preparedness project, funded by Norwegian Red Cross, the activities are taking place as planned in eight communities selected from rural province (Uvs) and two districts in Ulaanbaatar. So far, vulnerability and capacity assessments have been completed in target areas jointly with representatives from national emergency management agency departments in respective areas. Based on the problems and hazards identified during the assessment the branches have jointly developed training curriculum for facilitators and volunteers. A total of 120 facilitators who are output of facilitator trainings are being mobilized to train volunteers on the most urgent health risks and hazards posed to the most vulnerable communities in each of the target areas. As a part of information, dissemination and communication plan, a total of 6,400 copies of posters and leaflets were printed out and delivered to target group through the volunteers.

The project is well-integrated with school-based disaster preparedness activities. The selected schools have established first aid corners with information, education and communication materials on disaster preparedness and response, first aid manuals and other related exhibits in order to encourage children to be involved in the project activities and improve their knowledge and skills in relevant field. Also, disaster simulation exercises on response after an earthquake, the most pressing and possible disaster concern for the Mongolian government, were organized jointly with NEMA in selected secondary schools.

To support disaster mitigation initiatives, following measures will be taken in nearest future:

Target locations	Actions	Status
Khan-Uul district khoroo No. 5	Early warning system: Establishment of siren	Approved

Khan-Uul district khoroo No. 12	Repair the most severely damaged part of embankment	Approved
Songinokhairkhan district khoroo No. 1	Repair the most severely damaged part of embankment	Approved
Songinokhairkhan district khoroo No. 20	Building of public latrines, maintenance	Approved
Uvs province Bag No. 10	Reconstruction of public well	Under discussion
Uvs province Bag No. 1	Reconstruction of public well	Under discussion
Uvs province "Tarialan" <i>soum</i>	Formation of herding groups and provide necessary facilities for disaster mitigation initiatives	Under discussion
Uvs province "Turgen" <i>soum</i>		

With financial assistance from the United Kingdom's Department of International Development (DFID), the National Society continues to broadcast a monthly radio programme focusing on the most urgent problems and hazards the herding community encounters. Furthermore, printing and distribution of monthly Red Cross newsletter (3,000 copies per month) is taking place which is considered by the national society as a key tool to disseminate its programmes, ongoing activities and highlights while building positive public image of the MRCS.

The disaster management programme makes an effort towards establishing and building partnership with governmental and non-governmental organizations. In June, a partnership meeting involving all focal disaster responders at national level was initiated and hosted by MRCS.

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.

In addition, the National Society has been facing insufficiency in human resources both qualitatively and quantitatively. There is a need to build up the National Society's capacity while highlighting accountability, motivation and technical skills of the staff both at headquarters and branch levels.

Organizational development

Outcomes

Programme component 1: 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 building capacity of the national society headquarters, all the middle and primary level Red Cross branches

Achievements: Organizational development issues remain a top priority for the National Society. A key achievement during this reporting period was a resource mobilization review that was conducted in January with technical assistance from an external consultancy centre, supported by British Red Cross. The review assessed the National Society's capacity in terms of resource mobilization and marketing perspectives. Based on the recommendations of the review, the National Society established a marketing department with the aim to scale up its current activities and efforts in income generation, fundraising, and information and dissemination sectors both at headquarters and branch levels, and further seek new opportunities to increase internal financing in coming years.

This review focused on practical steps to address immediate concerns within framework of eight specific and measurable objectives for 2010. The progress so far includes to following:

- "Fundraising Action Plan" finalized;
- Creation of donor database started;
- Donor list and membership list updated for 2010;
- Set-up process of transparent income and donor reports has started jointly with the finance department. It will allow donors to analyze income generated as a result of income generating and fundraising activities.

Another major event in this reporting period was a review of Strategy 2010 the process of which involved ideas and suggestions from MRCS policy makers, staff at headquarters and branch levels, volunteers and beneficiaries. In addition, local consultants were outsourced and made a separate organizational strategy review. Put together, the findings and recommendations will be brought to the MRCS governing board discussions and approval.

Working in partnership

MRCS continues to make efforts towards establishing and maintaining partnership with relevant international organizations, governmental and non-governmental institutions, corporations and business enterprises. The national society keeps the partners updated on its ongoing activities, disseminates the need for better coordination in order to improve delivery of services to the most vulnerable in Mongolia and encourages the partners for sharing experience, being involved in the activities and contributing to the implementation of the programmes.

Within the Red Cross Red Crescent Movement, the MRCS is closely supported by the IFRC Asia Pacific Zone office, East Asia regional office and country office. In the first half of the year, a number of technical advisors including disaster management and logistics delegates visited Mongolia to facilitate effective and efficient implementation of the *dzud* operations.

Many of the sister national societies of the MRCS have provided a generous contribution towards emergency appeal funding alongside with their past or ongoing support coming on multilateral and bilateral basis.

Contributing to longer-term impact

MRCS's projects and programmes continue to contribute to IFRC's Global Agenda Goals of reducing the impact from disasters, diseases and public health emergencies through its extensive disaster response and health promotion activities implemented by the well-established branches in all corners of Mongolia.

The activities also contribute to the fulfilment of the country's Millennium Development Goals as the social care programme alone has reached almost 50,000 of the most vulnerable people, including both direct and indirect beneficiaries, within the past six months.

Looking ahead

In the second half of this year, MRCS plans to organize its General Assembly, a major organizational event which happens once every four years. During the assembly, National Society staff, members, volunteers and beneficiaries democratically elect the president and secretary general of the National Society.

MRCS will continue to support the herding population affected by the *dzud* disaster through implementation of activities planned within the emergency appeal. In June, the relief distribution of food and non-food items will be completed, and if funding is available, will be followed by early recovery actions focusing on restocking, cash distribution and livelihood alternatives.

By September 2010, the MRCS will finish piloting its community-based disaster preparedness project, funded by the Norwegian Red Cross. Upon completion of the project, the National Society will be able to identify gaps and strengths of this approach and will make necessary adaptations basing on the lessons learnt. Further, implementation of another pilot project on community-based health and social care, supported by Finnish Red Cross, is expected to prove effectiveness of integrated approach based on learning-by-doing principles.

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:</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"> • Ms Nicolle LaFleur (acting head of regional office), 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 • Mr Alan Bradbury (head of resource mobilization and planning, monitoring, evaluation and reporting (PMER) unit), email: alan.bradbury@ifrc.org <p>Please send pledges of funding to zonerm.asiapacific@ifrc.org</p>	

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

International Federation of Red Cross and Red Crescent Societies

MAAMN001 - Mongolia

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
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	417,712	351,775	76,487	0	263,078	1,109,053
B. Opening Balance	184,670	1,800	38,545	0	23,744	248,758
Income						
<u>Cash contributions</u>						
<i>Australian Red Cross (from Australian Government)</i>					20,941	20,941
<i>DFID Partnership grant</i>	66,700					66,700
<i>Finnish Red Cross</i>	5,413	15,939	1,203			22,555
<i>Finnish Red Cross (from Finnish Government)</i>	30,674	90,319	6,817			127,810
<i>Netherlands Red Cross (from Netherlands Government)</i>	6,952					6,952
C1. Cash contributions	109,740	106,258	8,019		20,941	244,959
<u>Outstanding pledges (Revalued)</u>						
<i>DFID Partnership grant</i>	65,585					65,585
<i>Finnish Red Cross</i>	2,173	6,399	483		-1,054	8,002
<i>Finnish Red Cross (from Finnish Government)</i>	12,316	36,262	2,737		-5,971	45,343
<i>Japanese Red Cross</i>	36,530					36,530
<i>Netherlands Red Cross (from Netherlands Government)</i>	-7,439					-7,439
C2. Outstanding pledges (Revalued)	109,164	42,662	3,220		-7,025	148,021
<u>Income reserved for future periods</u>						
<i>DFID - British Government</i>		35,467				35,467
C3. Income reserved for future periods		35,467				35,467
<u>Inkind Personnel</u>						
<i>Finnish Red Cross</i>					23,233	23,233
C5. Inkind Personnel					23,233	23,233
<u>Other Income</u>						
<i>Miscellaneous Income</i>	97	132				229
C6. Other Income	97	132				229
C. Total Income = SUM(C1..C6)	219,001	184,519	11,239	0	37,149	451,908
D. Total Funding = B + C	403,670	186,319	49,784	0	60,893	700,667
Appeal Coverage	97%	53%	65%	#DIV/0	23%	63%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	184,670	1,800	38,545	0	23,744	248,758
C. Income	219,001	184,519	11,239	0	37,149	451,908
E. Expenditure	-141,029	-125,699	-17,639		-81,884	-366,251
F. Closing Balance = (B + C + E)	262,641	60,620	32,145	0	-20,991	334,415

International Federation of Red Cross and Red Crescent Societies

MAAMN001 - Mongolia

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
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)		417,712	351,775	76,487	0	263,078	1,109,053	
Supplies								
Clothing & textiles	50,000		9,632				9,632	40,368
Medical & First Aid			2,264				2,264	-2,264
Other Supplies & Services	9,400							9,400
Total Supplies	59,400		11,895				11,895	47,505
Land, vehicles & equipment								
Vehicles	50,000							50,000
Total Land, vehicles & equipment	50,000							50,000
Transport & Storage								
Transport & Vehicle Costs	21,850	395		1,088		2,109	3,592	18,258
Total Transport & Storage	21,850	395		1,088		2,109	3,592	18,258
Personnel								
International Staff	350,887		221			85,222	85,444	265,443
National Staff	69,847	2,368		4,338		-15,262	-8,556	78,404
National Society Staff	13,600	2,730	10,051				12,781	819
Total Personnel	434,334	5,097	10,272	4,338		69,960	89,668	344,666
Workshops & Training								
Workshops & Training	243,700	21,674	39,110			1,044	61,828	181,872
Total Workshops & Training	243,700	21,674	39,110			1,044	61,828	181,872
General Expenditure								
Travel	29,100	867	692	5		3,689	5,253	23,847
Information & Public Relation	179,630	7,804	29,478			737	38,019	141,611
Office Costs	12,410	1,739	883			-4,352	-1,729	14,139
Communications	8,590	3,563	-2,424			3,154	4,293	4,297
Professional Fees	900					4	4	896
Financial Charges	1,200	3	655			3,730	4,388	-3,188
Other General Expenses	250	1,572	-641	739		-2,311	-641	891
Total General Expenditure	232,080	15,548	28,643	743		4,652	49,587	182,493
Programme Support								
Program Support	67,689	8,984	8,641	1,077		3,981	22,682	45,006
Total Programme Support	67,689	8,984	8,641	1,077		3,981	22,682	45,006
Operational Provisions								
Operational Provisions		89,331	27,137	10,393		137	126,998	-126,998
Total Operational Provisions		89,331	27,137	10,393		137	126,998	-126,998
TOTAL EXPENDITURE (D)	1,109,053	141,029	125,699	17,639		81,884	366,251	742,801
VARIANCE (C - D)		276,684	226,076	58,847		181,194	742,801	