

Plan 2010-2011



International Federation
of Red Cross and Red Crescent Societies

Mongolia

Executive summary

Mongolia is climatically and geographically one of the most disaster-prone areas in the world. It experiences a spectrum of disasters ranging from heavy snowfalls in winter, strong winds and dust storms, drought, floods, earthquakes, and animal and human epidemic infectious diseases. The three largest cities in Mongolia are located in magnitudes of 7 to 8 seismic active areas.

The Mongolian Red Cross Society (MRCS) strives to assist the most vulnerable people in both urban and rural settings. A major priority of the national society is to build up the resiliency of communities and herders against disasters. This remains a huge challenge for the national society as half of the country, approximately 1.2 million people, are spread out over a territory nearly three times the size of France.

The Mongolian Red Cross Society relies very much on external technical assistance and international funding of its programmes in order to increase its capacity to achieve its objectives and to support and assist those most vulnerable in the country. With a strong history of bilateral and multilateral partnerships, the MRCS is looking to explore the possibilities of developing a new cooperation strategy among all Movement partners' supporting programmes in Mongolia.

In the 2010-2011 programme cycle, the International Federation plans to support the MRCS in the areas of disaster management, health and care, organizational development, and principles and values. Integrated programming will be a key factor in pushing forward with new initiatives and reviving existing projects. The programmes will further integrate the Fundamental Principles and humanitarian values that guide Red Cross work.

The total budget for 2010 is CHF 849,564 (USD 0.82 million or EUR 0.55 million) and for 2011 is CHF 1,069,864 (USD 1.03 million or EUR 0.70 million).

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Country context

Mongolia's total population has been recorded as 2.7 million (2009), which has grown by 1.5 per cent per annum in recent years. The population density is two persons/km². Mongolia has become more urbanized, as more than 40 per cent of the population live in Ulaanbaatar alone, and more than 20 per cent live in Darkhan, Erdenet (the most industrialized towns in Mongolia) and the province centres and sub-province level permanent settlements.



Mongolian Red Cross serves the most vulnerable of society through a volunteer-based network, providing key services to targeted populations while promoting the values of humanitarianism and volunteerism. A key project under their health programme is the social care project, where volunteers deliver community-based social care assistance by mobilizing trained Red Cross volunteers and provide opportunities for vocational training, legal documentation, and access to schooling and health services through a network of partner organizations and local authorities.
Credit: Rob Few/International Federation.

More than 30 per cent of the total households in the country are herders that follow a pattern of nomadic or semi-nomadic pastoralism.

The MRCS is working in a very unique environment; for example, due to the sparsely populated territory in the countryside, delivery cost of the MRCS services can be quite high while in Ulaanbaatar city, the programmes mainly address needs caused by rapid and uncontrolled urbanization.

In recent years, due to the global warming and climate change, variety and frequency of natural disasters as well as man-made disasters have increased in Mongolia. The most devastating natural disaster is *dzud* (heavy snowfall), a slow onset disaster that brings difficulties with counting and measuring the scope. In recent years, the frequency of small and mid-size *dzud* disasters is increasing. In winter 2008-2009, when the *dzud* disaster occurred, it encompassed almost half of the territory while causing up to 60,000 head of livestock loss.

Due to their nomadic lifestyles which may leave them the most affected by disasters, herders are increasingly moving to urban areas with the belief that it will improve their livelihoods. Most of those urban migrants are herders who have lost their livestock during natural disasters. In Ulaanbaatar, they live in the outskirts dwelling in a *ger*¹ and small house which lack urban facilities including safe drinking water and proper sanitary conditions. Also, lack of registration and legal documents might block access to government social care services.

The government of Mongolia made important improvements in the health sector in the past years and as of end of 2005, it has been spending 11 per cent of its total government spending in health sector. However, the challenges in the health sector continue to be challenged by a range of problems.

Indicators ²	Year	Mongolia
Life expectancy - women	2006	70
Life expectancy – men	2006	62
Infant mortality rate (per 100,000)	2008	41.24
Under-five mortality rate (per 100,000)	2006	42
Maternal mortality ratio (per 100,000)	2007	50
Tuberculosis prevalence rate (per 100,000)	2007	234
Number of people living with HIV	2007	<1000
Adult HIV prevalence rate	2007	0.1%
Access to sanitation (%)	2006	50%

In Mongolia, during recent years mortality from communicable diseases has decreased. Concerns now include tuberculosis, sexually transmitted infections, and brucellosis. However, mortality from non-communicable conditions is increasing. Cancers, cardiovascular disease, injuries, poisoning and other external causes associated with lifestyle patterns including smoking, consuming of a high fat diet are important causes of morbidity and mortality among people aged 35 - 55.

It is estimated that if approximately 5 per cent of the population donates blood on a regular basis, an adequate supply will be maintained. Latest figures from the National Blood Transfusion Centre (2008) indicate that the percentage of donors is 0.7 per cent in the country. As a result, it is estimated that current number of blood units collected nationwide meets only 60-70 per cent of total demand for blood and blood components. This is a very worrying trend and many patients who are in need of blood transfusion die unnecessarily, simply because they could not receive safe blood in time.

The first HIV case was registered in Mongolia in 1992 and as of end of 2007, the total number of people living with HIV is estimated as less than 1,000. The total cumulative number of people reported to be living with HIV was 56 as of end of May 2009, including eight who have died of AIDS. The difference between the reported and estimated number of people living with HIV shows that as at the end of 2007, up to hundreds of people who are infected with the virus do not know their status, posing a high risk for further spread of the epidemic.

¹ Tent-like dwelling

² www.globalhealthfacts.org

Mongolia's economy continues to be heavily influenced by its neighbours. The global economic crisis has extensively affected Mongolian socio-economic situation in the first half of the year, and is projected to have an impact in the remaining half as well. A decline in prices for copper, coal, cashmere and other primary-sector raw materials at the international market badly affected the country's economy as well the society, particularly herders. Many companies reduced number of the employees leaving numerous people unemployed and devastated to poverty.

The president of Mongolia changed in spring 2009. The new president's plan of action targets major mining projects being approved and lets people of Mongolia own a share of these projects for life. The multi-billion-dollar mining projects on copper and gold that are being discussed with foreign investors could make a big difference to an economy that generated less than US\$5 billion in gross domestic product in 2008.

The MRCS strives to develop its partnership with the government at national and provincial levels and some achievements have been already made. The government authorities are giving more importance to humanitarian activities, and are eager to attend relevant public events and ceremonies organized by the MRCS; for example, the traditional Humanitarian Hero ceremony in 2009 was organized with the support of Mongolian president. Also, the MRCS senior managers were included in the working group that was established by the Mongolian government to revise the Donor's Law of Mongolia (applicable to articles on blood donation, promotion and recruitment).

National Society priorities and current work with partners

The Mongolian Red Cross Society (MRCS) aims to serve the most vulnerable of society through a volunteer-based network, providing key services to targeted populations while promoting the values of humanitarianism and volunteerism. With 31 mid-level branches and 902 primary level branches working all over Mongolia, the MRCS network extends to communities nationwide. Through an integrated system of programmes, the MRCS addresses all four of the goals set by the Global Agenda.

In 2010-2011, the MRCS will continue to focus on community-based disaster preparedness activities. It aims at increased knowledge, awareness and practice of locally appropriate disaster preparedness, protection and mitigation methodologies that will improve community resilience to protect livelihood and reduce the incidence of preventable life threatening and debilitating injuries.

Herders are generally considered a less vulnerable group compared to the urban poor living in big cities like Ulaanbaatar or vulnerable people living in provinces and sub-provinces. However, their nomadic lifestyles leave them exposed and severely affected when hit by disasters and, subsequently, lose their livestock. Therefore, herders' consultations that help herders maintain effective networking for information exchange and experience sharing will take place at national, regional and provincial levels.

Earthquakes are one of the most devastating forms of natural disasters, and in Mongolia, 80 per cent of the total land area and 70 per cent of urban areas are located in earthquake-prone regions. According to the vulnerability capacity assessment that was held in 2008, a high number of people lack knowledge and awareness regarding earthquakes. Therefore, within the disaster preparedness programme, an earthquake project, funded by Australian Red Cross, will be commenced in July 2009.

In 2009, the MRCS adopted the International Federation's community-based health and first aid (CBHFA) approach which is a broader and more comprehensive approach to injury and disease prevention and health promotion in the communities. It is an integrated approach that trains and mobilizes volunteers from the community level and it is recognized as a core approach for national societies to deliver the global health and care strategy in health promotion and disease prevention.

The swift actions of the MRCS in response to outbreaks of hand, foot and mouth disease and A (H1N1) influenza virus pandemic during 2009 sets an excellent platform for building the programme capacity to compliment the national response by mobilizing volunteers and communities in those situations.

While MRCS targets the most urgent problems in their communities through its core programmes, there are gaps that are still not addressed by the work of the national society and its partners. One of those gaps includes climate change and its impacts in Mongolia. A high priority should be given to climate change adaptation activities through building local community resilience to the related natural disasters.

The MRCS health programming consists of community-based first aid and health promotion, social care, HIV prevention, water sanitation, and blood donor recruitment.

CBHFA was previously called health and first aid and focused on providing first aid training to the community and organizations, either on commercial basis or for free of charge. The programme also included limited health education and promotion components, either as a part of the first aid training or as public risk communication and health education campaigns during outbreaks of communicable diseases.

In 2009, the programme adopted the International Federation's new approach of community-based health and first aid which provides a good unified approach to its existing first aid, health education, outbreak control, disaster preparedness-related activities and helps to shift its emphasis from training to more cohesive community mobilization activities. The vulnerability and capacity assessment will serve as a base to identify needs of local communities and accordingly, implement the CBHFA. The MRCS believes that by adjusting its current programming to an integrated approach, it will help them improve the delivery of their existing first aid, health promotion, hygiene promotion, and outbreak control and disaster preparedness activities at the community level.

Poverty is a multifaceted social phenomenon, characterized not only by low income, but also by the lack of capacities, opportunities and access to education and health services. Without adequate access to social assistance, these people remain trapped in intergenerational poverty. These concepts are core to the social care programme, which delivers community-based social care assistance by mobilizing trained Red Cross volunteers and provide opportunities for vocational training, legal documentation, and access to schooling and health services through a network of partner organizations and local authorities. The social care programme is currently being implemented in a total of 19 locations (provinces or districts) across the country, of which five are being supported through the International Federation's appeal, and four others on a bilateral basis by the British Red Cross. With the support of the European Union and Finnish Red Cross/Finnish government, in 2009, the MRCS launched a new community-based social care project in ten locations that is designed to address the needs of the most vulnerable people including disabled, the elderly, single parents, unregistered migrants and the extreme poor. Within the project period of four years, the activities are planned to reach 60,000 beneficiaries through 1,600 volunteers while using new tools including psychosocial support and stress management.

The MRCS has been involved in both recruiting blood donors and motivating the general population through broad community-based education/awareness-raising activities for several years under the mandate of the Mongolian government. In 2008, a total of 18,737 donors gave blood out of which 75 per cent were donors aged between 17 to 24. The Donor's Law of Mongolia states that the MRCS's role is to address blood donor recruitment including cooperation with other non-governmental organizations, training, promotion and dissemination, while defining that the government will be responsible for the costs of these activities.

In the past year, the programme has prioritized and successfully scaled up its activities aimed at raising general awareness about the blood donation, especially among young people. It introduced a new, innovative and youth-friendly approach called Club 25 in schools and universities³. However, without any reliable funding source, the continuity of these activities in the coming years is jeopardized. There is no blood service reimbursement system in place, and while in 2009, the national society received some funding from the government, it is unclear if this support will continue in 2010-2011. At the same time, interest of international partners to support such activities continues to decline.

Mongolia borders with two countries with HIV occurrences, and the changing pattern of behaviour among the communities, especially young people, leaves it at high risk of HIV. The MRCS HIV programme activities target mainly youth and high risk groups through different trainings and workshops. The campaigns and public events are designed to reach the general public and raise their awareness on HIV, prevention of sexually-transmitted infections, as well as to reduce stigma and discrimination towards marginal groups in the society.

The strong features of the HIV prevention programme of the MRCS is its focus on working with high risk groups, meaningful involvement of people living with HIV (PLHIV) and community groups in the programme as well as strong national-level positioning. During 2008, under the framework of the Global Alliance on HIV, the programme has scaled up by reaching 63,918 people, which is a 39 per cent increase from the previous year. The number of branches with active HIV programming increased from 7 to 16 in the past year.

The water, sanitation and hygiene promotion project supported by the Netherlands Red Cross has been successfully implemented in *ger* districts in Ulaanbaatar over the past three years. Such interventions remain highly relevant in the context of the rapid urbanization and the national society is currently developing a proposal seeking new funding to continue the project beyond the project's planned end in late 2009.

³ Club 25 is a rapidly growing global movement of young people aged 16-25 who are committed to the principles of regular, voluntary, non-remunerated blood donation to provide safe blood and to the promotion of community-based health promotion programmes, contributing to the overall health and wellbeing of their communities.

Secretariat supported programmes in 2010-2011

For the period 2010-2011, the key support areas of the multilateral partners of the MRCS are:

- scale-up of disaster preparedness and health and care programmes through integration and community-based approaches;
- MRCS's contribution to the Millennium Development Goals and Global Agenda goals; and
- national society capacity development in terms of leadership management, volunteer management, human resource and finance.

Based on the feedback from its partners and support from the Finnish Red Cross, the MRCS national headquarters programme management team undertook a rapid desk review of Federation-supported health programme components for the past three years and also conducted a series of internal consultations with its mid-level Red Cross branches in the spring of 2009. This process was facilitated by the Federation country office and regional technical delegates from the East Asia regional office.

Following these discussions, different programmes of the national society, including disaster management, health and youth, will work jointly to focus its efforts in at least four piloted locations, using the new Federation approach of CBHFA but adapted to the Mongolian context on a pilot basis.

This way, a larger number of people from selected most vulnerable communities will be able to benefit from different Red Cross activities in health education and first aid, HIV prevention, blood donor recruitment or disaster preparedness activities, depending on their needs. The vulnerability and capacity assessment will serve a base to identify needs of local community and accordingly implement the CBHFA. Also, different components of CBHFA in the Federation support plan for 2010-2011 will concentrate its programme delivery and capacity building efforts to the Red Cross branches more efficiently.

The youth Red Cross services will integrate with and coordinate its activities planned in those same communities with the health and disaster preparedness programmes. School-based disaster preparedness, life skills trainings, emergency stock establishment based on local community resources, trainings for first aid teams and regular simulation exercises for first aid team members are good examples of activities that facilitate the successful integration of disaster preparedness with health and care promotion.

At the end of 2011, lessons learnt from this pilot to deliver Red Cross health and disaster preparedness activities at community-level in a more integrated way will be applied across other programmes and will serve as a catalyst for change and innovation.

With support from the International Federation, the community-based disaster preparedness programme will target communities residing in disaster prone/affected areas and people with low economic status who want to be involved in disaster preparedness activities. It is crucial to implement the programme through strong Red Cross branches that have skilled trainers, committed volunteers and supportive local authorities. Therefore, a high priority will be given to building the capacity of mid-level branches in logistics and human resource development. Community trainings with focus on key messages such as disaster preparedness, community-based first aid and health promotion will be conducted at selected communities on regular basis in order to raise community awareness. Youth will be targeted through school-based disaster preparedness activities.

Herders, who consist of almost 30 per cent of total population of Mongolia, are nomadic and become easily vulnerable when hit by disasters. Furthermore, the increasing number of natural disasters and long lasting *dzud* disasters make their life even harsher. Herders will continue to benefit from herders' consultation initiated by the MRCS and organized in close collaboration with local authorities at regional and provincial levels. The consultations provide opportunities for information exchange and experience sharing. Also, it will serve as a good



Mongolian Red Cross volunteers in action—strong disaster preparedness and pre-positioned stocks help reduce the impact of disasters on the lives of vulnerable communities. MRCS.



Floods hit Mongolia between 16 – 26 July 2009, affecting up to 3,000 households. Mongolian Red Cross supported affected families with food and non-food relief items. MRCS.

base for the establishment of herding groups that consist of 10-15 herding families. The MRCS believes that the establishment of herding groups is an effective way to apply community-based tools to herders that are spread over the huge territory of Mongolia.

Also, in 2010-2011, the MRCS programmes will prioritize life skills' trainings for selected communities and support project initiatives that are believed to hugely contribute to community resilience building and facilitate programme sustainability.

Disaster management

a) The purpose and components of the programme

Programme purpose – Global Agenda Goal 1
To reduce the number of deaths, injuries and impact from disasters.

The disaster management programme budget in 2010 is CHF 419,485 and in 2011 the budget is CHF 550,171.

Programme component 1: Organizational preparedness
Component outcome 1: Improved capacity for rapid disaster response at regional level
Key Activities: <ul style="list-style-type: none"> • To strengthen the logistics capacity of the regional disaster preparedness centres • To train facilitators, volunteers at selected areas

The regional approach presented by the establishment of seven disaster preparedness centres throughout Mongolia was an effective means to cope with challenges such as sparsely populated territory and high service delivery cost. In 2010-2011, the MRCS will continue to build the capacity of the regional disaster preparedness centres through the procurement of necessary equipments and machinery. Trainings and workshops, targeted at Red Cross branch staff and volunteers, will take place on a regular basis.

Programme component 2: Community preparedness
Component outcome 1: Reduced vulnerability to disaster through the creation of resilient communities in disaster prone areas
Key Activities: <ul style="list-style-type: none"> • Dissemination activities on disaster prevention and healthy lifestyles among general public at selected areas • Community trainings • Establishment of household groups with special attention to herding families • Trainings, simulations and dissemination activities for schoolchildren • Improved collaboration with stakeholders and local authorities • Rapid response to the disaster affected people

The MRCS disaster preparedness and relief programme components will be integrated to CBHFA trainings and the community-level implementations in at least four pilot provinces.

The community-based disaster preparedness programme aims to increase local community involvement and commitment to develop locally appropriate disaster preparedness, protection and mitigation methodologies.

Vulnerability and capacity assessment will be conducted in order to meet local priorities. However, volunteers and community trainings on basic Red Cross education, key health education messages, personal hygiene and environmental hygiene promotion, first aid, and life skills are considered as the minimum requirements and will be prioritized in 2010-2011 in order to build the capacity of target community to plan and implement risk reduction initiatives addressing their local hazards.

The Red Cross branches will continue to encourage the more established herders to support poor herding families through the donation of livestock. Local authorities could be engaged in the agreement processing as a coordinator.

Herders' consultations will be conducted at provincial and regional levels and will contribute to the development of effective networking among herder communities and furthermore, facilitating establishment of herding groups.

Extracurricular education sessions on school-based disaster preparedness for children and related simulation exercises will be organized jointly with school authorities through trained youth Red Cross members.

b) Potential risks and challenges

In Mongolia, due to the sparsely populated territory and unique disasters experienced in Mongolia (for example, *dzud*) the number of people affected can be very low, but they may have lost thousands of livestock in the process. In order to raise awareness of disasters at national and international levels and attract more support to Mongolia, a definition and criteria for disasters need to be developed together with rapid assessment tools.

Furthermore, it can be very difficult to identify damage and the needs caused by the disasters. News of small to medium size disasters can take days to reach provincial or municipality centres. Relief items are allocated based on statistics collected by the national emergency management agency and its departments in provinces and sub-provinces. In these statistics, attention could be drawn to technical aspects such as the definition of material damages while missing key issues which include hygiene and sanitation, reproductive health and psychological damage.

An ongoing challenge is responding to *dzud* disasters which are frequent and devastating in nature and which can last for several months.

Finally, due to the distinctive nomadic lifestyle presented by herders moving around from place to place, the programme encounters challenges in implementing community-based approaches. The relevant policy and guidelines developed by the International Federation should always be amended and adjusted to Mongolian context.

Health and care

a) The purpose and components of the programme

Programme purpose - Global Agenda Goal 2
To reduce the number of deaths, illnesses and impact from disease and public health emergencies.

The health and care programme budget in 2010 is CHF 353,268 and in 2011 the budget is CHF 438,599.

Programme component: Community-based health and first aid (CBHFA)
Component outcome 1: Mid-level branches staffs and volunteers knowledge on CBHFA will be improved
Key Activities: <ul style="list-style-type: none"> • CBHFA facilitator training for selected mid level branches • Training of volunteers on CBHFA in at least four targeted provinces • Adaptation and distribution of CBHFA toolkit • Integration meetings with other programmes • Midterm review of CBHFA (mid-2011)

In 2010-2011, the CBHFA programme will focus at least four pilot provinces, reaching the most vulnerable people living in province and sub-province centres, schoolchildren and students and poor herders. In those provinces, several vulnerable communities will be selected based on the vulnerability and capacity assessment.

All Red Cross volunteers from the selected communities will be trained on a basic volunteer training package, adapted from the CBHFA toolkit. Following the training, based on the findings from the vulnerability and capacity assessment, they will be further trained on the most relevant health issues affecting those communities and will be encouraged to take community-led actions. These will include general prevention on HIV and sexually-transmitted infections, climate change adaptation, hygiene promotion and campaigns promoting non-discrimination towards people living with HIV and other marginalized groups. Jointly with the youth Red Cross, the volunteers will work with schools to promote the concept of voluntary non-remunerated blood donation among young people. The programme will make special effort to ensure that socially vulnerable groups (disabled, the elderly, single mothers and others) are not left out from these general community activities.

Programme component: Community-based social care
Component outcome 1: Reduced vulnerability of beneficiaries
Key Activities: <ul style="list-style-type: none"> • Review of social care programming in five branches supported by the International Federation in the past two years • Provision of home care services, support to social care centres and dissemination of legal rights to the most vulnerable groups in five locations

- Development and integration of psychosocial support and self-care modules in training of volunteers in selected ten branches
- Integration of psychosocial support in ongoing social care activities in selected ten branches
- Adaptation of CBHFA training module for volunteers to reflect special health needs of socially vulnerable groups (disabled, the elderly, etc.)

The appeal component under the social care programme will include support in three key areas:

- Continuation of support for social care activities in five mid-level branches;
- Strengthening of existing psychosocial support elements in the social care programming in ten target branches supported through the Finnish Red Cross/European Union;
- Working with the CBHFA volunteers to ensure the full inclusion of socially vulnerable groups in general CBHFA activities.

The programme will promote the restoration of social cohesion and the independence and dignity of vulnerable individuals and groups assisted through the Red Cross social care services. The social care centres will serve as a “fireplace” for the elderly, disabled, single mothers and fathers and other community members, providing them opportunity to socialize, develop peer support groups, learn life skills and share information.

The International Federation has been supporting these activities in five branches for the past two years; however, no substantial reviews have been carried out yet. With the support of relevant experts, the national society plans to review the programme in those branches and, based on the review findings, will decide on its future plans.

In 2009, the programme benefited from a psychosocial assessment mission conducted by an external consultant. The main finding from the assessment has been that the programme already has few psychosocial support elements embedded in its activities at the branch level, but these elements need to be further strengthened and institutionalized so that the clients benefit from the programme equally and the branches improve the management of social care services and volunteers. Therefore, in 2010-2011, the module of psychosocial support will be developed based on existing experience and integrated into the trainings of social care volunteers in ten selected provinces. The International Federation’s psychosocial support training manuals and best practices will also serve as a base for developing the module. The mid-level branch staff and management will be encouraged to institute volunteer-friendly management practices in their daily work and will receive training on how to provide support for volunteers.

The social care programme will facilitate the CBHFA programme activities to reach socially vulnerable groups including the disabled and the elderly. The CBHFA training will contain a module that will teach volunteers to be more responsive to the special health needs of those vulnerable groups.

Programme component: HIV prevention
Component outcome 1: Reduced vulnerability to HIV and its impact among most-at-risk groups in Mongolia
<p>Key Activities:</p> <ul style="list-style-type: none"> • Peer educator trainings among youth and most-at-risk groups (sex workers, men who have sex with men, single mothers, mobile population) • Campaigns and public events to raise general public awareness on HIV, sexually transmitted infections, prevention as well as to reduce stigma and discrimination towards people living with HIV, those affected by HIV and marginal groups • HIV prevention training for CBHFA volunteers and youth in schools in at least four pilot provinces (integration of HIV messages into CBHFA training)

The key priority of the HIV programme in 2010 – 2011 is to work with the most at-risk communities. In 2010-2011, a high priority will be given to the capacity building of mid level branch staff and volunteers to organize HIV prevention activities. The programme will equip the mid-level branches with skills on how to work the high risk groups and involve people living with HIV in their programming in a meaningful way.

Because of its modular approach, the CBHFA training tools for volunteers provide a good opportunity to integrate HIV prevention messages. Therefore, in parallel to its regular activities targeting the most at risk groups, the programme will also emphasize delivering general HIV prevention messages using the vehicle of CBHFA in at least four pilot provinces. The trained CBHFA volunteers will deliver HIV prevention messages as a part of their regular health education messages for the general communities and youth in schools.

Programme component: Voluntary, non-remunerated blood donor recruitment
Component outcome 1: Availability of safe blood supply is improved through voluntary, non-remunerated blood donor recruitment among youth
Key Activities: <ul style="list-style-type: none"> • Mobilization of Red Cross volunteers for blood donation campaigns and mobile blood collection • Club 25 peer educator trainings • Dissemination activities and public campaigns with the support of Club 25 members • Training for CBHFA volunteers and youth in schools on blood donor recruitment in the CBHFA piloted provinces

During the next two years, the programme will continue its focus on motivating the general public and youth to donate blood regularly by expanding Club 25 activities in secondary schools and universities and organizing public campaigns.

The CBHFA toolkit has a modular approach and includes a special section on voluntary non-remunerated blood donation. Therefore, in parallel to its nationwide activities, the programme will focus its efforts in the provinces where the CBHFA programme's new approach will be piloted. In those provinces, as a part of their regular health promotion activities, trained CBHFA volunteers will motivate general communities and youth in schools to donate blood and establish youth donor Clubs 25.

b) Potential risks and challenges

- Increasing number of the most vulnerable people that is caused by global economic downturn, internal migration, natural and man-made disasters is exceeding the programme's capacity and resources. Definition of the most vulnerable is getting more difficult.
- HIV programme: overload of the national HIV programme staff with multiple reports required for the partners and the Red Cross Global Alliance on HIV.
- Public misconception that blood donation is unhealthy, also a high rate of people infected with hepatitis viruses and sexually transmitted infections are the main factors that cause high donor deferral rates. It is considered that the mass media's role is crucial for promotion of basic health information to the general public.
- MRCS is the largest volunteer-based organization in Mongolia and it encounters challenges with managing, coordinating and retaining volunteers. The results of the recent survey conducted by British Red Cross showed that in some branches, caseloads in community-based social care programming exceeds the capacity of branch to manage and monitor volunteers. Related risks include unmet beneficiary needs and damage to the MRCS's reputation.

Organizational development/Capacity building

a) The purpose and components of the programme

Programme purpose - Global Agenda Goal 3
To increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

The organizational development/capacity building programme budget in 2010 is CHF 76,811 and in 2011 the budget is CHF 81,094.

Programme component – Ensuring a well functioning national society with sustainable systems, procedures and staff with desired level of management and technical competencies.
Component outcome 1: improved capacity of the national society headquarter, mid and primary level branches
Activities: <ul style="list-style-type: none"> • Introduction and implementation of the harmonized salary scale • Support to income generation and fundraising activities at all levels • Training and workshops for headquarters and branch level staff

A high priority will be given to improve the financial sustainability of the national society. Basic steps have been initiated to mobilize existing resources in order to increase fundraising and income generating activities at branch level. Further plans include intensifying resource mobilization efforts to boost its efficiency and impact. Therefore, activities such as coaching session to train the mid-level branches on making business plans, and approaches to increase community involvement will be developed.

During the 2009 East Asia partnership meeting in Hainan, China, a day was dedicated to the MRCS and partner national societies' consideration of a cooperation agreement strategy (CAS) process. Strengths, identified weaknesses of current partnerships, as well as the opportunities and threats were listed as the premier step in order to further develop stronger linkages in partnerships in Mongolia. Based on the recommended four stages of developing a CAS, during 2009 the MRCS took steps in the exploration and preparation stage of CAS process. The process will continue during years 2010-2011 by building mutual understanding, developing the cooperation strategy and by putting CAS to work.

b) Potential risks and challenges

Due to the financial constraints organizational development programme is not able to implement its planned activities at full scope. As the activities are highly integrated beginning from the planning process, it is challenging to achieve the expected results and outcomes when some of the plans are not realized.

Principles and values

a) The purpose and components of the programme

Programme purpose - Global Agenda Goal 4
To promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

No funding is being sought for the principles and values programme as the activities are integrated into other International Federation-supported programmes of the MRCS.

Programme component - Publications/mass media/public events and campaigns, and promotion of Fundamental Principles and humanitarian values.
Component outcome 1: Improved dissemination on the MRCS and humanitarian activities to increase community awareness
Activities: <ul style="list-style-type: none">• To develop cooperation between journalists and the national society• To attract general public to humanitarian activities

Information dissemination is key in order to increase public awareness of humanitarian values and to encourage their engagement in such activities. Based on need, from 2010 to 2011 the national society plans to undertake increased dissemination measures directed to the public through cooperation with media organizations and journalists. Activities include training courses introducing the Movement's Fundamental Principles and MRCS core programmes, round table discussions and meetings.

The mentioned activities are expected to be fruitful to both the public and the national society. The public will gain correct and current knowledge on the MRCS through the increased dissemination activities. In order to attract the communities' attention, MRCS dissemination and commercials will involve public figures including famous local artistes and community leaders. Also, goodwill ambassadors, honorary members, blood donors and other distinguished members of the national society will be encouraged to share humanitarian messages and support the appeal to communities to be engaged in humanitarian activities.

b) Potential risks and challenges

In Mongolia, the number of media organizations has increased dramatically in recent years, with 25 of 35 official television channels and cable operators newly established in the last two years (2006-2008)⁴. However, most of them are commercial, so a specific budget will be required to implement the dissemination through public broadcasting. However, a separate budget either from headquarters or core programmes is not allocated for the dissemination measures. This is the biggest challenge to the promotion of Fundamental Principles and humanitarian values.

Also, delivery of publicized materials at due time to the targeted groups are challenging due to the fact that the Mongolian population are scattered in vast territory, and limited number of personnel are hired for carrying out dissemination measures.

⁴ Survey of Public Media Institution of Mongolia, 2008

Role of the secretariat

a) Technical programme support

The country office in Mongolia continues to provide technical support as well as international resource mobilization for MRCS programmes and projects with assistance from the International Federation's East Asia regional office in Beijing, the Asia Pacific zone office in Kuala Lumpur and the secretariat in Geneva. The International Federation plays an advising role in the coordination of international development support and the facilitation of ongoing and future partner national society support. The present head of country office provides technical support in the area of organizational development, and in particular, finance development and human resources. As a result of this guidance, the implementation of the finance management project is facing a phase of the utilization not only in the MRCS internal reporting but also in multilateral and bilateral reporting. The human resource policy and salary scale harmonization project have been initiated. Secretariat support will continue in 2010 with the ownership being within the related sections of the MRCS and will focus on self-sustainability and synergies of projects as well as to create supplementary/complementary elements of multi-donor funding of individual projects.

With CHF 2.3 million of funding through bilateral and multilateral channels in 2009, when mainly contributed by bilateral partners, there is a need for coordination and technical support to the national society.

b) Partnership development and coordination

The MRCS has identified the relevant local government agencies and established cooperation through coordination meetings and follow-up visits.

The MRCS programmes are being implemented successfully through effective partnerships with agencies such as the national emergency management agency (NEMA) and its divisions in provinces, (in sections as disaster management and first aid), ministry of social welfare and Labour and its departments, family hospitals (social care), traffic police (first aid), the national blood transfusion centre (blood donors), border troops and prison authorities (HIV, social care, ICRC), the ministry of justice (ICRC), and others. However, there is a need to deepen the collaboration and promote a systematic approach in order to broaden the programmes' scope and increase efficiency and effectiveness. In terms of civil society, community-based organizations such as Youth for Health, non-governmental organizations for MSM (men who have sex with men) and Positive Life non-governmental organization for HIV positive communities, have been working with the MRCS for the mutual benefit of both organizations. These partners provide valuable community insight and connections to ensure effectiveness of programmes. Alliances with non-governmental organizations such as the United Nations Population Fund, World Health Organization, Voluntary Service Overseas, and United Nations Volunteers are also being initiated to reach common goals and avoid duplication of projects.

The International Federation country office in Mongolia has actively been providing professional support to MRCS programmes and projects which are being implemented both through multilateral funding and as well with bilateral partners. The International Federation country office has a key role to play in coordinating both elements in order to avoid duplication of implementation, and to facilitate that the programmes are supplementing/ complementing each other. This is also to ensure that certain conditions and procedures are, as far as possible, standardized within MRCS.

While funding support through multilateral channels is based on country appeals, MRCS has worked with long standing bilateral partners, both regionally and internationally, which continue to support the national society with funding and technical support. These partner national societies include the British Red Cross, Netherlands Red Cross, Australian Red Cross, the Finnish Red Cross, Japanese Red Cross and Republic of Korea Red Cross.

MRCS and the International Federation will strengthen global and regional cooperation within and outside the Red Cross Red Crescent Movement, as well as building on existing partnerships, and exploring new ones. This will include:

- Working with local and national authorities to have the auxiliary role of MRCS more recognized, including receiving more programme support.
- Actively form more partnerships with other international organizations such as the World Health Organization where common grounds can be met, including synergistic implementation of programmes to include supplementary/complementary approaches where possible.
- To develop partnerships which will increase further funding and technical support, in turn increasing the provision of services to the most vulnerable communities, and contribute to the success in the implementation of the programmes.

c) Representation and advocacy

The International Federation country office in Mongolia continues to support the MRCS as it actively links with the government of Mongolia and its various ministries, as well as with embassies and international donors represented in-country. This is carried out by formal and informal contact with interlocutors, attending regular meetings, and providing up to date information on MRCS programmes. This work will continue accordingly to the International Federation's newly adopted Humanitarian Diplomacy policy, recognizing that diplomacy involves all aspects of our work and is exercised in different ways as required by objective through advocacy, negotiation, communication, formal agreements, fundraising and other measures.

With support and assistance from the MRCS information officer, media outlets including television, newspapers and radio, are used extensively in promoting the work of the MRCS and disseminating humanitarian messages through to the public and other stakeholders. MRCS programmes and projects are covered regularly in the local media as well as newspapers which are printed in the English language. Good access to the media has been a key to successful dissemination and advocacy work of the national society on a national level.

The International Federation country office in Mongolia encourages and supports the MRCS senior management to play a greater role in representing the national society within the international community, which includes the UN and other international organizations.

While the face-to-face advocacy work of MRCS is and has been successful on the provincial level with active participation by the Red Cross branches, the national society continues to strive for better access to local government ministries, and better recognition of its auxiliary role in Mongolian society.

Promoting gender equity and diversity

Significant progress towards ensuring equity for all groups and gender concerns will be made in coming years. The MRCS will commence conducting trainings and workshops to sensitize the staff on gender issues.

All the programmes will maintain an initiative in balancing gender equity through its trainings and workshops. The social care programme has successfully organized a volunteer recruitment campaign directed to the recruitment of men volunteers, and planning to continue the activities in order to maintain gender balance among volunteers and beneficiaries.

Quality, accountability and learning

All development programmes will focus on identifying branches with best practices, mainly in disaster response and social care services where well-functioning branches will share their experiences and lessons learned with others through national-level meetings and conferences to create a model for all other branches to follow. Also, the headquarter staff and branch officers will expand their cooperation with stakeholders and related authorities and will be largely involved in different activities held at provincial and national levels.

As for quality, the MRCS consistently strives to follow the humanitarian charter and minimum standards in disaster response (SPHERE) standards that were translated into Mongolian across all of its programmes.

The national society headquarters is improving its monitoring and evaluation mechanisms at all levels. For example, in 2009, the social care programme volunteer monitoring form was updated jointly with bilateral partners. In future, coordination and standardization of the tools between bilateral and multilateral projects will continue, based on the positive outcomes from social care project.

How we work

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

Global Agenda Goals:

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

Contact information

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

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Please send pledges of funding to zonerm.asiapacific@ifrc.org

[<map below; click to return to title page>](#)

MAAMN001 - Mongolia

Budget 2010 - 2011

Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	54,000	5,400				59,400
Land, vehicles & equipment	50,000					50,000
Transport & Storage	5,116	4,308	937			10,360
Personnel	111,289	85,627	22,616			219,532
Workshops & Training	89,800	134,900	19,000			243,700
General Expenditure	82,013	100,071	29,266		0	211,350
Depreciation						
Contributions & Transfers						
Programme Support	27,267	22,962	4,993			55,222
Services						
Contingency						
Total Budget 2010	419,485	353,268	76,811		0	849,564

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	110,800	48,601				159,401
Land, vehicles & equipment						
Transport & Storage	4,689	4,658	1,013			10,360
Personnel	111,205	92,587	26,640			230,432
Workshops & Training	108,400	107,600	19,800			235,800
General Expenditure	179,316	156,644	28,369		0	364,330
Depreciation						
Contributions & Transfers						
Programme Support	35,761	28,509	5,271			69,541
Services						
Contingency						
Total Budget 2011	550,171	438,599	81,094		0	1,069,864



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Mongolia



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, DEVINFO, GRUMP, Federation