

ANNUAL REPORT ON THE USE OF CERF GRANTS MONGOLIA

Country	Mongolia
Resident/Humanitarian Coordinator	Ms. Sezin Sinanoglu
Reporting Period	1 January 2010 – 31 December 2010

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response:	US\$ 32,818,841		
	Total amount received for the humanitarian response:	US\$ 16,043,247		
	Breakdown of total country funding received by source:	CERF:	US\$ 3,556,532 ¹	
		CHF/HRF COUNTRY LEVEL FUNDS:	US\$	
		OTHER (Bilateral/Multilateral):	US\$ 12,486,715	
	Total amount of CERF funding received from the Rapid Response window:	US\$ 3,556,532		
	Total amount of CERF funding received from the Underfunded window:	US\$		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 3,556,532	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$	
		c. Funds for Government implementation:	US\$	
d. TOTAL:		US\$ 3,556,532		
Beneficiaries	Total number of individuals affected by the crisis:	769,106 individuals in 217,144 households		
	Total number of individuals reached with CERF funding:	FAO: 1,195 beneficiary households UNDP: 18,605 people from vulnerable groups (of which 2,529 are women) and 67,286 individuals reached indirectly UNFPA: 7,000 women UNICEF: 42,818 children under age of 5, 8,172 pregnant women, 17,200 school children in dormitories WHO: 6,654 individuals		
		42,818 children under 5		
		8,172 females (please refer to the results table VI for exact detail)		
Geographical areas of implementation:	FAO: Bayankhongor, Gobi-Altai, Zavkhan, Omnogobi UNDP: Khovd, Uvurkhangai, and Dundgovi provinces UNFPA: Gobi-Altai, Khuvsgul, Zavkhan, Dundgobi,			

¹ Not all the funds received by WHO were utilised due to several reasons affecting implementation of planned activities.

	<p>Uvurkhangai and Tuv provinces. UNICEF: 19 out of 21 provinces WHO: Psychosocial and water sanitation support and supply provided by WHO to eight provinces: Arkhangai, Uvurkhangai, Bayankhongor, Tuv, Umnugobi, Dundgobi, Zavkhan, and Bayan Ulgii. Fourteen <i>aimags</i> received 217 essential emergency kits</p>
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II. Analysis

In the winter of 2009/10, Mongolia endured a severe and prolonged “*dzud*” – a natural disaster unique to the country characterised by summer droughts followed by extreme cold and heavy winter snowfalls. The *dzud* was the worst in over 20 years as a quarter of a million livestock and other animals were dying each week. In a country in which a third of the population are nomadic herders who depend on livestock for their livelihoods and food, the impact of the humanitarian situation was extensive.

According to the National Emergency Management Agency (NEMA), 19 of Mongolia’s 21 *aimags* (provinces) were declared disaster zones. Approximately 800,000 people in rural areas, which accounted for 28 per cent of the national population, were severely impacted by the *dzud*. More than 280,000 children were affected by the disaster. Heavy snow cover in these regions hindered people’s ability to reach nearby settlements to purchase food and other needed supplies, and caused delays in the provisioning of fuel and coal. Exacerbating the difficulty of the situation was the isolation of many herder families and the distance between rural settlements. The *dzud* costs about \$3.15 million (MNT 3.9 billion) in additional fuel expenditure and repairs to damaged heating systems and boilers. The impact on the nation’s livestock was equally devastating and by June 2010, 9.7 million animals had perished.

Due to the scope of the crisis, the Government of Mongolia (GoM) requested humanitarian support from the international community to compensate for the rapid exhaustion of its national resources. The Central Emergency Response Fund (CERF) allocations were extremely timely and crucial to the success of the humanitarian response. Due to the nature and pace of the *dzud* winter disaster as a slow-unfolding emergency, CERF helped to bridge the time-lapsed between the initial instigation of the disaster, and the launch of an international humanitarian appeal and the reception of resources. The swiftly allocated funds allowed UN Agencies in Mongolia to provide immediate humanitarian assistance to the affected people.

At the end of February and the beginning of March 2010, the Resident Coordinator (RC) Office had rapidly rolled out the cluster approach by activating four clusters:

- Survival, WASH, Health and Nutrition (SWHN): United Nations Children’s Fund (UNICEF)
- Education: UNICEF
- Agriculture: Food and Agriculture Organization of the United Nations (FAO)
- Early Recovery: United Nations Development Programme (UNDP)

Each of the four sectors conducted a series of needs assessments in collaboration with the government. The CERF activities were based on the findings of these assessments and cluster leads was responsible for coordination.

On the date of the appeal launch, 12 May 2010, an impressive humanitarian response had already taken place². Donors provided essential medicines, sanitation/hygiene items, food aid and warm clothes, fuel and rehabilitation of heating systems. Furthermore, they supported relief initiatives such as psychosocial support, essential veterinary support and distribution of livestock input, adoption of a carcass removal plan, organization of herder communities into carcass removal groups, livestock removal and burial.

The Food and Agriculture Organization of the United Nations (FAO), the United Nations Children Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund

² It was the first time the International Community in Mongolia launched a consolidated humanitarian appeal.

(UNFPA) and the World Health Organization (WHO) received funds from the Central Emergency Response Fund (CERF) to provide timely humanitarian assistance to those affected by the *dzud*.

FAO focused its interventions on protecting people's food and livelihoods security through the provision of emergency livestock and veterinary supplies. It played an important role in providing technical guidance to, and coordination of, agricultural sector activities as part of the overall UN *dzud* response. As the scope of the disaster became apparent, FAO established an Emergency and Rehabilitation Coordination Unit (ERCU) in the capital, Ulaanbaatar, to coordinate the response.

FAO worked closely with relevant departments from the Ministry of Food, Agriculture and Light Industry (MoFALI) and the NEMA. Rural Investment Support Centre (RISC), a local Non-Governmental Organization (NGO), was selected as the implementing partner. CERF funding enabled FAO to target four *dzud*-affected *aimags* - Bayankhongor, Govi-Altai, Zavkhan and Umnugovi – to provide support for 1,195 beneficiary households. Overall, the following livestock products were distributed 1,051 tonnes of pellet animal feed, 5,975 kg of milk powder, and 1,195 veterinary packages. NEMA carried transportation and delivery. An impact assessment of FAO Emergency Programmes in Mongolia conducted in May and June 2010 indicated that by May 2010, herding families supported by the project were able to achieve a livestock survival rate of almost 90 per cent.

UNDP received \$1,524,430 in CERF funding to remove an estimated 2.7 million animal carcasses from three *aimags* that posed serious risks to both human and environmental health. From 15 April to 15 May 2010, in collaboration with the NEMA and local government administrations and communities, carcasses in those three *aimags* - which represented 20 per cent of the total *dzud*-affected territory - were removed and surrounding areas were decontaminated. This was made possible with assistance from local government agencies, which in tandem with UNDP, identified 18,605 beneficiaries. The beneficiaries formed working groups, and oversaw the selection of appropriate carcass burial sites and monitored the progress of the clean up.

Individual Cash for Work (CfW) transfers to these 18,605 beneficiaries as well as the reimbursement of fuel costs totalling \$121,600 was disbursed with assistance from Khan Bank, which facilitated the funds disbursement free of bank fees or service charges. Overall, beneficiaries each received about \$72-87 (MNT 100,000-120,000) to cover their immediate needs. The CfW scheme also addressed social equity and gender equality through inclusive collective action, and assisted those worst affected in overcoming the psychological trauma inherent in disaster situations by ensuring their immediate financial wellbeing.

International development agencies such as the Swiss Agency for Development and Cooperation (SDC) and Mercy Corps began replicating the CfW initiative in other *aimags* in conjunction with the Government of Mongolia (GoM). Other external partners focused their efforts on the provision of emergency food supplies and clothing, and livestock fodder.

The Government also allocated approximately \$343,000 (MNT 466.6 million) for carcass removal in the remaining *aimags*. The combination of these efforts enabled Mongolia to prevent outbreaks of disease in *dzud*-affected areas. The CERF project also prompted the GoM to re-examine its own job-creation fund and restocking programme, and provided impetus to a national survey on *dzud*-affected herders that will guide future social recovery programmes and projects.

UNFPA received \$242,461 in CERF funding in February 2010. This allowed UNFPA to focus its *dzud* response on the provision of emergency reproductive health support for vulnerable women and girls in *dzud*-affected areas. The objective was to prevent rises in rates of maternal and neonatal morbidity and mortality. All interventions were implemented in collaboration with the Ministry of Health (MoH) and local health departments. These included the provision of maternal delivery equipment to *aimag* general hospitals and the provision of midwifery kits to *soum* (*district*) hospitals. Additionally, capacity for *soum* hospitals was developed to enable better provision of mobile health services to affected communities. It also included the provision of micronutrients and food supplies to isolated pregnant and lactating women, warm boots for affected women of reproductive age and the implementation of components of the Minimum Initial Service Package (MISP), health check-ups, and clinical care for those affected by the

dzud. Also important was the prevention of sexually transmitted infections, particularly among pregnant women, and counselling based on the development of disaster-related coping strategies.

Throughout the crisis, UNICEF Mongolia focused on the most urgent needs of affected children, while also focusing on longer-term issues of future disaster preparedness. CERF funding and UNICEF's Emergency Programme Funds (EPF) facilitated the agency's immediate *dzud* response, which was undertaken within the framework of UNICEF's Core Commitments for Children in Humanitarian Action.

One of the key sectors heavily impacted by the *dzud* was the education sector, particularly rural educational facilities. UNICEF focused on children living in school dormitories, whom were predominantly from nomadic herder families. Because of UNICEF's interventions, assistance was provided to more than 80,000 children through repairs to schools' heating systems, the provision of coal and fuel for heating, and the provision of boots, blankets, toys, books and toiletries. Support was also given to establish rehabilitation centres for 380 malnourished children up to six years of age in 19 *soums* in ten *aimags*. Psychosocial support (PSS) was provided to 11,500 children in 18 *aimags* and PSS training was conducted for teachers, social workers and community representatives in the five worst affected *aimags*.

Health was another key area of UNICEF's disaster response and a total of \$420,000 was mobilized for targeted interventions to address the infant mortality rate (IMR) and the under-five mortality rate (U5MR). By March 2010, IMR and U5MR had risen sharply in *dzud*-affected areas by 25 to 35 per cent. Forty-four rural paediatricians were trained in emergency triage assessment and management - an initiative that has been ongoing in rural *aimags* since the *dzud* as part of future disaster-preparedness activities. CERF funds enabled UNICEF to contribute to the provision of continual health services throughout the *dzud*, which avoided much unnecessary and preventable loss of life. It has also enabled UNFPA to strengthen local capacity to provide emergency obstetric and reproductive health care during emergencies.

In order to inform affected communities about relevant post-*dzud* sanitation issues, informational material focusing on sanitation, water storage and treatment was distributed to people located in rural areas in May and June 2010. In addition, more than 20 representatives from the NEMA and the National Authority for Children (NAC) were trained in emergency communications and the development of information for family preparedness during natural disasters. Emergency preparedness and response training to improve coordination at the field level was also conducted in July 2010 in the Khuvsgul *aimag* centre of Murun, facilitated by the NEMA, the Department of Health (DoH) and the NAC. A similar training was held in Uvurkhangai *aimag* in September and October 2010.

WHO in Mongolia targeted its interventions at the provision of psychosocial support for those affected by the *dzud* and at issues related to water and sanitation in eight *aimags*: Arkhangai, Uvurkhangai, Bayankhongor, Tuv, Umnugovi, Dundgovi, Zavkhan, and Bayan-Ulgii. Physicians and mental health specialists in rural areas were trained in crisis management and psychosocial interventions. As a result, 1,032 people and groups received trauma counselling and 896 people received preventive health examinations and treatments. Disinfection materials were distributed to 120 *soums*. PSS informational material was printed and distributed throughout eight *aimags*. WHO also provided 217 essential emergency kits to 14 *dzud*-affected *aimags*, and warm clothing was distributed to health-care workers.

In terms of water and sanitation issues, WHO organised a workshop for *soum* government officials, health-care workers and social workers, and distributed informational material on disease prevention and the treatment and safe storage of drinking water in households. Microbiological test kits for the analysis of drinking water were also provided to *soum* hospitals, along with training booklets focusing on water and sanitation. Finally, ground wells and water kiosks in ten *soums* located in eight *aimags* were repaired, a bathhouse and seven sanitation facilities were upgraded, and 2,001 water-storage tanks were provided to 45 *soum* hospitals.

III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Agriculture	<p>10-FAO-015</p> <p>Emergency Livestock Input Support to <i>Dzud</i>-Affected Herders in Protection of their Food Security and Livelihoods</p> <p>(OSRO/MON/002/CHA)</p>	600,000	600,000	1,195 beneficiary households	<ul style="list-style-type: none"> 1,195 severely <i>Dzud</i>-affected herder families immediately enabled to protect their <i>Dzud</i>-affected livestock-based livelihoods and prevent their vulnerable livestock from dying through supply of agricultural inputs Household (HH) level food security and family income of the targeted beneficiary herder families protected through livestock input support Improved technical know-how of the target beneficiary families on better animal health practices through technical training 	<ul style="list-style-type: none"> 1,195 households from the project-targeted <i>aimags</i> (Bayankhongor, Gobi-Altai, Zavkhan, and Omnogobi) supported through provision of 1,051 MT (880 Kg/HH) of animal feed, 5.98 MT (5 Kg/HH) of milk powder and 1,195 (one package/HH) veterinary packages Herding families were able to achieve a livestock survival rate of nearly 90 per cent of their remaining adult animals Livestock specialists in the beneficiary <i>aimags</i> and soums as well as staff of the newly established Veterinary Breeding units in each soum (329) under Government of Mongolia Livestock National Program were trained on specific livestock issues 	<p>Rapid allocation of CERF funds allowed the project to start immediately after the needs were identified</p> <p>Immediate availability of funds allowed prompt field operations and distribution of much needed agricultural inputs to take place</p>	<ul style="list-style-type: none"> Regular monitoring of supported HH was achieved through the establishment of FAO's Emergency and Rehabilitation Coordination Unit (ERCU). ERCU's staff regularly monitored project sites. An impact assessment of the project was conducted in May-June 2010 with 15 per cent of beneficiary families being interviewed on the outcomes of the intervention 	<ul style="list-style-type: none"> Vulnerable households-constituted 20 per cent of the total beneficiaries while child headed households were 0.7 per cent of total supported households. Single-parent headed households-were 19.1 per cent of total households, low-income households (with per capita income lower than the Minimum Survival Rate) were 95.5 per cent.

Health	<p>10-CEF-018</p> <p>Provision of Life Emergency Medical Supplies, Food and Fuel for the Most Vulnerable Children and Pregnant Women in the Disaster and Severely Affected 133 <i>Soums</i></p>	<p>Total: 963,803</p> <p>Programmable amount: 900,750</p>	<p>900,750</p>	<p>42,818 children under age of five</p> <p>8,172 pregnant women</p> <p>17,200 school children in dormitories</p>	<ul style="list-style-type: none"> ■ The most vulnerable children (under five years of age and children in dormitories) and pregnant women in the most affected 133 soums were prevented from chronic malnutrition and incidences of ARIs maintained at the national average level of 2009 ■ Cases of infant and child mortality could be averted by increased accessibility and availability to emergency health care services at the some level 	<ul style="list-style-type: none"> ■ Education: 80,000 school children assisted ■ Health and Nutrition: 23,803 under five years old and pregnant women assisted ■ Hygiene and Sanitation: 7,142 persons assisted ■ Child protection: 11,500 children assisted 	<p>Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified</p>	<ul style="list-style-type: none"> ■ Regular staff meetings and field visits were carried out to assess the project's progress 	<ul style="list-style-type: none"> ■ Special attention was paid to the hygiene needs of girls and young women to ensure full participation in school activities
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Health	<p>10-UDP-006</p> <p>Immediate Removal of 1.5 million Livestock Carcasses in <i>Dzud</i>-Affected Communities Under the Poverty Line to Avoid Immediate Health and Associated Risk</p>	1,524,430	4,000,000	18,605 herders in three provinces benefited directly from CERF funds	<ul style="list-style-type: none"> ■ Cash distributed to at least 25 per cent of the affected people ■ 1,5 million carcasses removed ■ 51 sums of three provinces to be completely cleared of carcasses 	<ul style="list-style-type: none"> ■ 18,605 or 27.7 per cent of the affected herders of the three provinces benefited by receiving cash of \$ 67.5 (on average) for their immediate food/cash needs ■ In total, 2,706,223 carcasses in 213.700 km² were removed. The number of carcasses that were cleared was increased but the allocated budget remained the same. As a result, the population of the three provinces, (especially the herders), benefited by having clean water resources and pasture land and there was no outbreak of diseases 	<p>Rapid allocation of CERF allowed UNDP to begin the project immediately and secured the commitment of other stakeholders including the Government of Mongolia</p> <p>It encouraged donors and local communities to conduct support campaigns immediately and other organizations copied the approach</p> <p>It helped highlight the <i>dzud</i> crisis in international media like the New York Times and BBC who covered the project</p> <p>The cash for work modality was used for the first time in Mongolia and the approach was replicated by several other organizations. It has potential for being implemented in other development areas with emphasis on social protection</p> <p>Without the additional income, some families may have had to migrate to urban centres in search of livelihoods and put additional strained on the already overstretched urban services. This was the case in previous <i>dzuds</i></p> <p>The clearing the carcasses acted as a constant reminder of the project and relieved mental stress of the affected populations</p>	<ul style="list-style-type: none"> ■ The implementation was regularly followed up and monitored according to a monitoring plan developed for the project: <ul style="list-style-type: none"> ○ Team meetings every two days at head office and monitoring on a daily basis with random visits to the field ○ In agreement with specialised government agencies, local authorities were tasked with monitoring the collection and burying processes ○ Teams of representatives of herder groups (two supervisors per group) monitored implementation of activities at community level ○ Local and national hotlines established to allow anyone to report problems or possible misconduct ○ UNDP CO launched a review of the programme to ensure all implementation was done in compliance to relevant rules/regulations 	<ul style="list-style-type: none"> ■ Due to difficulties to dig the hard frozen snow sheet and soil, the heavy weight of the dead animals, the high infection risk and dependent baby children, many families decided to send male members for this work even though the project sought greater women participation ■ To compensate for the above, to ensure women participated in project activities and benefited from the scheme, tasks requiring less physical work but with the same payment were given to women participants ■ As a result, 2,529 women (of which 767 were women heading households), and 836 herders with limited labour capability benefited and received cash for work
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Survival, Health and Nutrition	10-FPA-014	242,461	612,461	<p>Provision of Emergency Reproductive Health Support to Dzuud-Affected Population in Mongolia Focusing on Vulnerable Women and Girls</p> <p>MNG4R22A</p>	<p>CERF funds benefited 7000 pregnant women, lactating mothers and other vulnerable women of reproductive age</p> <ul style="list-style-type: none"> ▪ 2,500 pregnant women received quality Antenatal Care (ANC) and EmOC (Emergency Obstetric care) at the soum or aimag hospital in the coming three months ▪ 7,000 pregnant and lactating women and other vulnerable women of reproductive age received essential vitamins and nutritional supplements ▪ 1,000 of the most vulnerable pregnant and lactating women and other women of reproductive age received clothing and protection from the cold 	<ul style="list-style-type: none"> ▪ Vital reproductive health services restored and risk of maternal, neonatal mortality and morbidity prevented by providing six most affected provinces with clinical delivery kits ▪ Risk of disruption of normal and safe deliveries in 70 soums of 12 disaster-declared provinces provided with 70 midwifery kits ▪ 1,033 pregnant and 2,478 lactating women and children under five in target provinces provided with micronutrients ▪ Up to 1,000 vulnerable and poor women, pregnant and lactating mothers received warm boots ▪ Outreach services reached 69 soums to provide quality ANC and EmOC visits when roads were blocked and people were unable to travel ▪ Six homeless mothers prevented from hunger and provided with food and nutrients for three months. One homeless mother enabled to give safe birth to twins ▪ Sexually transmitted diseases (STD) among pregnant women prevented and reduced through mobile health check up and outreach services ▪ 1,033 pregnant and lactating mothers, unable to travel and receive regular antenatal care, provided with medical checkups and up to three months consumption rations of prenatal vitamins ▪ Pregnant and lactating mothers working at artisanal mines provided with food supplements, including fortified flour, rice, iodized salt and sunflower oil. This assistance was valuable for healthy pregnancy and prevented from possible malnutrition for under five years of age. 	<p>Enabled UNFPA CO Mongolia:</p> <p>To implement the service delivery components of the MISP to provide health check up and clinical care to the affected people</p> <p>To prevent and reduce infectious disease and STD particularly among pregnant women and prevent from possible maternal and newborn morbidity and mortality</p> <p>To effectively coordinate CERF funded activities and to avoid the duplication of efforts, UNFPA participated in the health cluster</p> <p>To complement and coordinate its humanitarian response with the efforts of the Government of Mongolia, the National Emergency Management Agency and the Ministry of Health</p> <p>To address reproductive health services in emergency settings and reduced human vulnerabilities in communities affected by extreme cold weather and disaster</p> <p>Contributed to strengthen the mobile health check up team- local capacity to provide mobile health services and reporting</p> <p>Enabled the mobile check up team to combine their public health programmed during non-emergency setting including raise awareness, regular medical checkups, psychosocial support and consultation.</p>	<ul style="list-style-type: none"> ▪ The project implementation was followed-up and monitored by the Ministry of Health and UNFPA Project Officers. ▪ A team consisting of a representatives of provincial and district health staff (doctor, health worker/ social worker, bag doctor, and medication doctor etc) with approval of local authorities was formed to ensure transparency in use of funds and implementation of project activities. ▪ All teams developed work plans. UNFPA Project Officer reviewed them to ensure the project activities adhere the purpose of the funding. ▪ Project implementation in soums was jointly monitored by the provincial health coordinators and directors of the provincial health departments ▪ Narrative and financial reports prepared by the provincial health departments through a close cooperation with soum hospital ▪ The beneficiaries selected through a selected panel, which included different representatives from local authorities, medical staff, social and health workers. Soum hospitals broadcasting to public about the project. This also enables the transparency of fund use 	<ul style="list-style-type: none"> ▪ The plan, design and activities ensured involving both genders and support for most vulnerable groups (women, children, disable, and old aged). ▪ The project was gender balanced as male and female children under five with severe acute malnutrition were targeted. ▪ Pregnant and lactating women were particularly targeted because of their increased physiological nutrition requirements. ▪ Special attention was paid to the most vulnerable families with many children, specially female headed households, and pregnant women identified by soum and aimag health staff, social workers and local authorities. ▪ Health services provided to all the patients without any discrimination. All family members benefited from the outreach services. ▪ All severely affected families, who lost livelihood benefited from nutrition supplement and warm clothes.

Health	<p>10-WHO-018</p> <p>OCR S CERF M Provision of Psycho-Social Support, Emergency Communication Tools and Medical Supplies to the Disaster and Severely Affected by <i>Dzud aimags</i> in Mongolia</p> <p>WPROMNG10 02463</p>	<p>174.3710³ (CERF disbursed 225,838 to WHO)</p>	<p>225,838</p>	<p>Total of 6,654 beneficiaries:</p> <p>45 National trainers and 341 trainers from local areas trained in psychosocial support</p> <p>1,032 individuals (83 families) received psychological consultation</p> <p>896 people received preventive health examination</p> <p>Support: 113,819 pieces printed and distributed to 87 <i>soums</i> of eight provinces of communities</p> <p>217 essential emergency kit to 14 <i>aimags</i> and warm clothes 367 for primary health care workers and emergency doctor and drivers distributed</p> <p>120 <i>soums</i> provided with three different posters, leaflets on safe storage and treatment of drinking</p>	<ul style="list-style-type: none"> ▪ Timely response in terms of provision of essential emergency health care services to the vulnerable and most affected population groups ▪ Support and capacity of primary health care workers enhanced in the affected areas ▪ Basic communication equipments, medical supplies in place at health facilities ▪ 405 primary health care workers equipped with protective clothing, 217 gears and emergency essential supplies. ▪ The deep ground well and water kiosk of ten <i>soums</i> of eight <i>aimags</i> repaired and re-operated with adequate water , sanitation and hygiene facilities 	<ul style="list-style-type: none"> ▪ Training of trainer on psychosocial support conducted for mental health specialist and medical doctors and 341 trainers for local areas prepared. The professional team included two mental health specialists and two medical doctors in each <i>aimag</i> to provide psycho-social support ▪ Total of 1032 individuals (83 families) and group psychological consultation received ▪ Preventive health examination provided for 896 people ▪ 113,819 pieces of information, communication and education materials on psycho-social support printed and distributed to 87 <i>soums</i> in eight provinces of communities ▪ 217 essential emergency kit to 14 <i>aimags</i> and 367 items of warm clothes for primary health care workers and emergency doctor and drivers distributed ▪ Communities of 120 <i>soums</i> provided with the three different posters, leaflets on safe storage and treatment of drinking water, use of disinfection materials, hand sanitation and washing. Training booklets on water and sanitation distributed to 120 <i>soum</i> hospitals ▪ The deep ground well and water kiosk of ten <i>soums</i> of eight <i>aimags</i> repaired and re-operated. Bath house of one <i>soum</i> and sanitation facilities (improved pit latrines) improved 	<p>Rapid allocation of funds and implementation of projected activities</p>	<ul style="list-style-type: none"> ▪ Organized workshop on <i>dzud</i> lessons learn and social-psychological support 2009-2010 and discussed implemented activities and lessons learned 	<ul style="list-style-type: none"> ▪ All support provided promoted gender equity ▪ Psychological support targeted elderly people and children based on need rather than gender
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³ Not all the funds received by WHO were utilised due to several reasons affecting implementation of planned activities.

Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
"Mongol Urkh" Psychotherapy Association	Child protection	YS403	292.86	24 April 2010

Annex 2: Acronyms and Abbreviations

Aimag	Province
ANC	Antenatal Care
CERF	Central Emergency Response Fund
CfW	Cash for Work
CP	Inter-agency Contingency Planning
DoH	Department of Health
EMD	Emergency Management Division
EmOC	Emergency Obstetric Care
EPF	Emergency Programme Funds
ERCU	Emergency and Rehabilitation Coordination Unit
FAO	Food and Agriculture Organization of the United Nations
GoM	Government of Mongolia
HCT	Humanitarian Country Team
IASC	Inter-Agency Standing Committee
IMR	Infant Mortality Rate
MISP	Minimum Initial Service Package
MoFALI	Ministry of Food, Agriculture and Light Industry
MoH	Ministry of Health
MNT	Mongolian Tugrug
NAC	National Authority for Children
NEMA	National Emergency Management Agency
OCHA	Office for the Coordination of Humanitarian Affairs
PSS	Psychosocial Support
RISC	Rural Investment Support Centre
SDC	Swiss Agency for Development and Cooperation
STD	Sexually Transmitted Diseases
Soum	District
U5MR	Under-Five Mortality Rate
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNRC	United Nations Resident Coordinator
WHO	World Health Organization