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## Emergency Plan of Action Operation Update Mongolia: Air Pollution and Influenza A

 International Federation  
of Red Cross and Red Crescent Societies

DREF n° MDRMN009	GLIDE n° EP-2019-000007-MNG
EPoA update n° 1; date of issue: 14 March 2019	Timeframe covered by this update: 1 month
Operation start date: 28 January 2019	Operation timeframe: 3 months Expected end date: 28 April 2019
Overall operation budget: CHF 112,847	If Emergency Appeal / One International Appeal operation, DREF amount initially allocated: N/A
N° of people being assisted: 39,935	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The Mongolian Red Cross Society (MRCS) is working with the International Federation of Red Cross and Red Crescent Societies (IFRC) on this operation.	
<b>Other partner organizations actively involved in the operation:</b> The MRCS is working in coordination with the Ministry of Health (MoH) and local health departments.	

### Summary of major revisions made to emergency plan of action:

*This DREF operation update covers the period of 1 month since the start of the operation on 28<sup>th</sup> of January 2019. No major revisions have been made to the emergency plan of action. Due to the lunar new year celebration in February, the transfer of DREF funds to the MRCS was completed on 11 February 2019. Therefore, procurement, as well as training, was delayed for 1 to 2 weeks; however, the operation is on track as the mid-level branch volunteers are ready to mobilize the public awareness campaigns starting on the 1<sup>st</sup> of March 2019.*

## A. SITUATION ANALYSIS

### Description of the disaster

On 15 January 2019, due to the outbreak of Influenza A (H1N1) virus in Mongolia, a State Emergency Commission meeting was called. The Mongolian Ministry of Health (MoH) stated that Influenza A cases were confirmed to be H1N1 at the end of December 2018 and since then it had rapidly spread within a short period of time. By the third week of January 2019, the outbreak had spread to nine districts of Ulaanbaatar City and 11 provinces, ranging from 11 to 23.5 per cent of total outpatient visits with influenza or influenza-like illnesses and a national average of 10.6 per cent (see figure 1). From the total number of influenza cases, 30.9 per cent were children aged 0-1 year, 26.5 per cent children aged 2-4 years, and 14.1 per cent children aged 5-9 years. As of 3 January 2019, the outbreak had become higher than the three-year average, and four deaths had been registered in January 2019<sup>1</sup>.

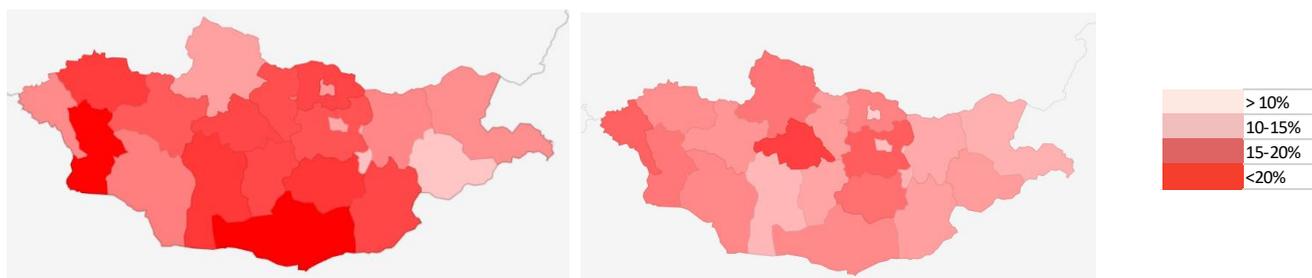
The risk of rapid increase of the outbreak was high in urban areas due to several factors including air pollution, high population density, extremely cold temperatures dropping lower than -40°C, and the socioeconomic situation of households. It must be emphasized that due to poor air quality in Ulaanbaatar<sup>2</sup>, infants and children in the city are the most exposed and vulnerable to the outbreak<sup>3</sup>. The poor air pollution is mainly caused by the use of coal combustion

<sup>1</sup> Source: Ministry of Health.

<sup>2</sup> [https://www.unicef.org/mongolia/Mongolia\\_air\\_pollution\\_crisis\\_ENG.pdf](https://www.unicef.org/mongolia/Mongolia_air_pollution_crisis_ENG.pdf)

<sup>3</sup> [https://www.unicef.org/eap/sites/unicef.org/eap/files/press-releases/eap-media-Mongolia\\_air\\_pollution\\_crisis\\_ENG.pdf](https://www.unicef.org/eap/sites/unicef.org/eap/files/press-releases/eap-media-Mongolia_air_pollution_crisis_ENG.pdf)

by individual households. An increase in coal consumption during the cold season between October and April further exacerbates the situation due to elevated particulate matter (PM10 and PM2.5) emissions. The fatality risk remains high in Ulaanbaatar city as a result of poor air quality, which has been reported as 133 times worse than the World Health Organization (WHO) standard level<sup>4</sup>. For the last 10 years, incidences of respiratory diseases have increased 2.7-fold in terms of respiratory infections per 10,000 people. Children aged 0-5 years are the most vulnerable, and pneumonia has become the second leading cause of death for children aged 0-5 years. In 2018, pneumonia deaths among children increased by 40 per cent, and the total ambulatory screening of children for pneumonia increased by 76.8 per cent compared to the previous year. Due to the continued effects of severe air pollution and the Influenza outbreak, children aged 0-10 had been prohibited to attend public gatherings and service areas within Ulaanbaatar city until 1 March 2019. As of 28 February 2019, there were 35 influenza cases detected for every 10,000 people, which indicates a decrease in the number of influenza cases compared to 73 influenza cases detected for every 10,000 people in January 2019<sup>5</sup>.



**Figure 1.** Percentage of outpatient visits with Influenza and influenza-like illness. Statistics for the 3<sup>rd</sup> week of January (left) compared with the 3<sup>rd</sup> week of February 2019 (right) (Source: <http://flu.mn/report>)

## Summary of current response

### Overview of Host National Society

MRCS is a member of the State Emergency Commission and has been closely monitoring the situation since the start of the outbreak. Having implemented community-based health and first aid programs in the recent past, MRCS has trained human resources readily available at its branches who are on high alert and can be mobilized for public awareness and information dissemination. Public awareness information on epidemic prevention is currently being distributed to the public through MRCS's Facebook and social media pages. Based on request and the needs, MRCS has provided Songinokhairkhan and Khan-Uul district hospitals with 70 portable beds. Based on further needs assessments by branch (BDRT) and national (NDRT) disaster response teams, the following activities have been implemented:



1Volunteers attending a group work session during the ECV training at the MRCS Youth Training Center on 28 February 2019 (Photo: MRCS)

- Three Epidemic Control for Volunteers (ECV) workshops were conducted for a total of 150 volunteers nationwide.
- Training of trainers (ToT) training was developed and provided to 150 mid-level branch volunteers. The two-day training on epidemic control and health messaging was organized and presented in three sessions. The aim of the training was to develop volunteer capacity in epidemic control, effective health messaging, and organizing public awareness campaigns so that they can mobilize the public in awareness activities. Each of the trained volunteers has developed a plan to organize public and school-based campaigns in their respective district and province.
- An ECV handout manual was developed, printed and distributed to the volunteers. The manual will be used as a guideline for the volunteers in engaging with the public.
- Hand sanitizers for school children were procured and are now being distributed to all the mid-level branches.
- Personal protective equipment (PPE) for volunteers was procured and will be distributed and used by the volunteers.
- Branches have begun reaching out to communities with key messages.

<sup>4</sup> [https://www.unicef.org/mongolia/Mongolia\\_air\\_pollution\\_crisis\\_ENG.pdf](https://www.unicef.org/mongolia/Mongolia_air_pollution_crisis_ENG.pdf)

<sup>5</sup> <http://flu.mn/report>

## **Overview of Red Cross Red Crescent Movement in country**

The IFRC is supporting the MRCS in the implementation of activities through technical and administrative assistance. The Country Cluster Support Team (CCST) in Beijing is working closely with the MRCS and maintains close communication. Through the CCST, the MRCS is also working in coordination with the IFRC Asia Pacific Regional Office (APRO) in Kuala Lumpur.

The health regional disaster response team (RDRT) was mobilized and arrived in Ulaanbaatar City on 15 February 2019 to provide additional capacity to the MRCS in health sector for four weeks. The RDRT worked with the health and care programme team of the MRCS to develop the ECV training and organized three trainings for volunteers from all mid-level branches across the country.

The IFRC will continue to support the MRCS in the implementation of activities through technical assistance and monitoring and evaluation, as well as any required logistical and administrative support. Currently there are no Partner National Societies present in country.

## **Overview of non-RCRC actors in country**

The Government of Mongolia has taken several actions to prevent further spread of the outbreak. An emergency operation team on influenza has been established to carry out immediate measures. The MoH has set up a 24/7 hotline for monitoring influenza-related cases, communicating with the public, and giving out medical advices. Approximately 21 infographic posters, six videos, and seven types of flyers have been developed and are being shared through social media channels and on the television. In 10 provinces, secondary school winter vacation was extended until 8 February 2019 and public gatherings have been discouraged by decree of the Minister of Education. School authorities were ordered to take necessary actions to prevent Influenza from spreading among school children. The Ministry of Social Protection and Labor issued a decree to give paid leave of five working days to parents of children infected by Influenza A.

The WHO handed over 500 Tamiflu medications and ordered 1,600 more to support hospitals. Medications and equipment worth USD 107,000 were distributed to hospitals with support from UNICEF. Some 130,000 children under the age of five were provided with high-dose Vitamin A and zinc supplements, and 22,300 pregnant women are provided with D3 vitamins to support their immune system. Approximately 122,277 children and adults from kindergartens, the vulnerable population, were vaccinated for immunization.

## **Needs analysis and scenario planning**

### **Needs analysis**

Through regular meetings with the MoH, the MRCS and the IFRC committed to support public awareness campaigns focusing on epidemic control, early detection and prevention through trained volunteers with adequate PPE. Information leaflets, handouts and hand sanitizers will be distributed during the awareness campaigns to 39,935 children and adults throughout the country. The MRCS also committed to reach primary school children, parents and adults with health messaging on influenza signs, symptoms, prevention, and treatment options. Moreover, proper handwashing and coughing etiquette will be taught to school children. Influenza's signs and symptoms cannot be detected by normal people at its early stage possess the risk of worsened health conditions. Therefore, the need to conduct and scale up public awareness campaigns and provide correct information through health messaging remains a crucial need.

Throughout January 2019, there had been a rapid increase in influenza cases based on the total number of outpatient visits. In 10 provinces, influenza cases of total outpatient visits had exceeded 15 per cent, and in those provinces public gatherings were discouraged, and school vacation had been extended. As of 28 February 2019, there were 35 influenza cases detected for every 10,000 people, which indicates a decrease in the number of influenza cases compared to 73 influenza cases detected for every 10,000 people in January 2019; as such, during the operation update timeframe, there have been no further requests from the State Emergency Commission or the Ministry of Health.

### **Operation Risk Assessment**

There is a risk to the safety of the volunteers due to exposure to influenza. The hazard of volunteers becoming sick due to exposure to the virus could potentially worsen due to the effects of air pollution. Moreover, there is a risk of injury to volunteers while accessing certain hard-to-reach peri-urban communities due to potential attacks by stray dogs and/or slips, trips and falls. The MRCS has procured PPE (face masks), hand sanitizer, antibacterial soap, and wet tissues for volunteers to protect them from exposure to influenza and air pollution. All volunteers involved in the operation are insured for accidents related to the operation. The weather and road conditions are no longer posing a risk as the weather has been warmer than expected during this period.

## B. OPERATIONAL STRATEGY

### Proposed strategy

The MRCS, utilizing its presence of trained staff and volunteers across the affected areas, has been actively engaged in the response. Refresher training was conducted for 150 volunteers in ECV and effective health messaging. The MRCS has produced ECV handouts for volunteers for use during the awareness campaigns. The MRCS is also producing information, education and communication (IEC) materials to be distributed to the public, workplaces, educational institutions, and health facilities. The MRCS will produce posters on H1N1 prevention, handwashing, and epidemic signs and symptoms for nationwide dissemination to all cities and provinces using the health system and MRCS network in coordination with the MoH and educational institutes at both national and local levels.

An RDRT member from Australian Red Cross was deployed on 15 February 2019 for three weeks to support the MRCS in organizing the ECV refresher training and developing key messages for communication.

30,935 primary school children and 9,000 parents and adults will be reached through public awareness campaigns on epidemic control.

The MRCS is working in close coordination with its mid-level branches to assess timeliness and effectiveness of the operation.

## C. DETAILED OPERATIONAL PLAN

	<p><b>Health</b></p> <p><b>People reached: 0</b></p> <p>Male: 0</p> <p>Female: 0</p>	
<b>Outcome 1: The immediate risks to the health of affected populations are reduced</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of people reached through health prevention messaging	39,935	0
<b>Output 1.1: Communities are supported by NS to effectively reduce influenza cases</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of printed materials and key messages identified	10,000	1,000
Number of volunteers received refresher training on ECV	150	150
Number of dissemination campaigns organized	1	0
<b>Progress towards outcomes</b>		
<p>With support from the Health RDRT member, MRCS has developed and organized ECV training and a handout manual. A total of 150 volunteers (39 male and 111 female) from 30 mid-level branches were trained and practiced health messaging through the two-day refresher training course organized at the MRCS Youth Training Center. The training included the following topics; social distancing, isolating sick people, immunization campaign, fever, handwashing, cough etiquette, dehydration, ORS, breastfeeding and symptoms of communicable diseases. Volunteers enthusiastically participated in the training and developed plans and schedules to organize public and school-based awareness campaigns. Training evaluation was done through open plenary feedback from participants. Participants were satisfied with the training content; however, they were asking for IEC materials to be used during the awareness campaigns.</p> <p>All of the volunteers were provided with PPE to carry out their plans for outreach to the communities. Procurement of 30,935 hand sanitizers for school children was completed and 1,000 copies of the ECV handout manual have been printed. Each of the provinces are to provide at least four campaigns to school children and the target</p>		

population focusing on prevention through social distancing, cough etiquette, handwashing, using personal protection, and identifying signs and symptoms of influenza and other common communicable diseases.

**Challenges:** Due to the lunar new year celebration in February, the transfer of DREF funds to MRCS was completed on 11 February 2019. Therefore, procurement, as well as training, was delayed for one to two weeks; however, the operation is on track as the mid-level branch volunteers are ready to mobilize the public awareness campaigns starting on 1 March 2019.

## International Disaster Response

### *Outcome 1: Effective and coordinated international disaster response is ensured*

Indicators:	Target	Actual
Effective and coordinated international disaster response is ensured	Yes	Yes

### *Output 1.1: Effective response preparedness and NS surge capacity mechanism is maintained*

Indicators:	Target	Actual
Number of RDRT members deployed on time to assist with NS on health components	1	1

### *Output 1.2: Supply chain and fleet services meet recognized quality and accountability*

Indicators:	Target	Actual
Procured items and IEC materials delivered in a timely manner and meet standards	Yes	Not yet

### **Progress towards outcomes**

A Health RDRT was deployed on 15 February 2019 for a period of three weeks. The RDRT has supported the MRCS to develop key messages (first week), organize ECV training (second week), and develop the ECV handout manual (third week).

The procurement of hand sanitizer and PPE was conducted. The printing of IEC materials is in progress. Once finished, all of the procured items and IEC materials will be delivered to the mid-level branches. All local procurement is conducted by the NS following IFRC standard procurement rules and procedures with technical support from IFRC CCST, as required.

## Strengthen National Society

### *Outcome 1: NS have trained and skilled human resources for better implementation*

Indicators:	Target	Actual
Number of branches that are well functioning	30	30

### *Output 1.1: NS have effective and motivated volunteers*

Indicators:	Target	Actual
Number of volunteers and branch response team members involved in the operation, and awareness by the community of RC presence	150	150

### **Progress towards outcomes**

All of the 30 mid-level branches of the MRCS are actively engaged in the operation. Five volunteers from each mid-level branch participated in the ECV training.

## Effective, credible and accountable IFRC

### *Outcome 1: NS and IFRC are visible, trusted and effective advocates on humanitarian issues*

Indicators:	Target	Actual
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IFRC and NS are visible, trusted and effective advocates on humanitarian issues	Yes	Yes
<b>Output 1.1: NS together with IFRC uses its unique position to influence decisions at local, national and international levels that affect the most vulnerable</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
NS is visible during the operation and has clear means of communication	Yes	Yes
<b>Output 1.2: NS together with IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of lessons learned workshops conducted	1	0
<b>Progress towards outcomes</b>		
<p>MRCS volunteers will be provided with Red Cross uniforms with clear MRCS and IFRC logos to ensure visibility at all times during the operation. MRCS vehicles will be provided with magnetic logos to be posted during operations. IFRC and MRCS are actively participating in humanitarian country team meetings to provide updates on the current operation to humanitarian organizations.</p> <p>IEC materials are being developed for distribution. Health messaging is also being provided to the public through social media.</p>		

## D. BUDGET

### DREF OPERATION

Mongolia: Air Pollution and Influenza A

Budget Group	DREF Budget CHF
Water, Sanitation & Hygiene	30,935
Teaching Materials	12,000
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>42,935</b>
Distribution & Monitoring	1,000
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>1,000</b>
National Society Staff	6,000
Volunteers	21,225
Other Staff Benefits	1,800
<b>Total PERSONNEL</b>	<b>29,025</b>
Workshops & Training	5,000
<b>Total WORKSHOP &amp; TRAINING</b>	<b>5,000</b>
Travel	8,500
Information & Public Relations	18,000
Communications	1,500
<b>Total GENERAL EXPENDITURES</b>	<b>28,000</b>
Programme and Services Support Recovery	6,887
<b>Total INDIRECT COSTS</b>	<b>6,887</b>
<b>TOTAL BUDGET</b>	<b>112,847</b>



Click for:

- [DREF Operation](#)

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## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.

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