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Emergency Plan of Action Final Report

Mongolia: Air Pollution and Influenza A

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRMN009
Date of Issue: 5 August 2019	Glide number: FL-2017-000107-NPL
Date of disaster: December 2018	
Operation start date: 28 January 2019	Operation end date: 28 April 2019
Host National Society: Mongolian Red Cross Society	Operation budget: CHF 112,847
Number of people affected: 21,080	Number of people assisted: 44,264
N° of National Societies involved in the operation: Mongolian Red Cross Society (MRCS) worked with the International Federation of Red Cross and Red Crescent Societies (IFRC) in this operation. Australian Red Cross has supported technically by sending regional disaster response team member to Mongolia.	
N° of other partner organizations involved in the operation: Government ministries and agencies including the State Emergency Commission, Ministry of Health, Local health departments and Second-level hospitals	

A. SITUATION ANALYSIS

Description of the disaster

Starting from mid of December 2018 (51st week of 2018), two cases of influenza A (H1N1) were detected. As of 3 January 2019, the outbreak had become higher than the three-year average, and four deaths had been registered in January. By the second week of January, the outbreak had spread to nine districts of Ulaanbaatar City and 11 provinces, ranging from 11 per cent to 23.5 per cent of total outpatient visits with influenza or influenza-like illnesses and a national average of 10.6 per cent. From the total number of influenza cases, 30.9 per cent were children aged zero to one year, 26.5 per cent children aged zero to four years, and 14.1 per cent children aged five to nine years, based on the [report](#) by Mongolian National Influenza Centre under the Mongolian Ministry of Health¹.

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. UNICEF [reported](#) that it must be emphasized that due to poor air quality in Ulaanbaatar, infants and children in the city are the most exposed and vulnerable to the outbreak. The poor air pollution is mainly caused by the use of coal combustion 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.

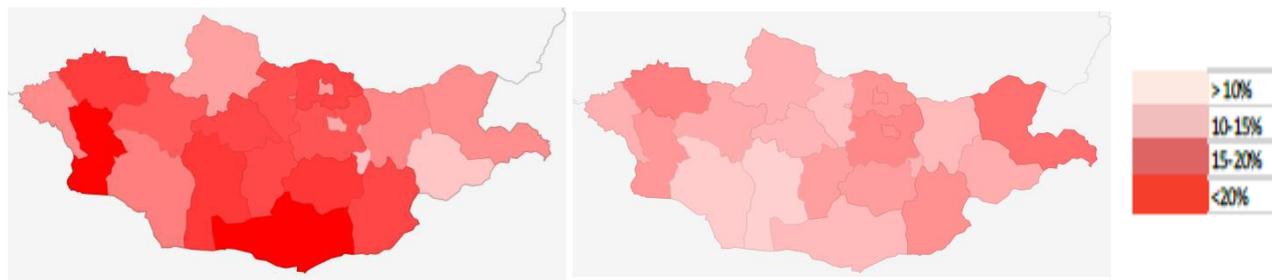
For the last 10 years, incidences of respiratory diseases have increased 2.7-fold in terms of respiratory infections per 10,000 people. Children aged zero to five years are the most vulnerable, and pneumonia has become the second leading cause of death for children aged zero to five years. In 2018, pneumonia deaths among children increased by 40 per cent, and the total ambulatory screening of children for pneumonia



Songinokhairkhan district hospital hallway. The girl is laying on a portable bed, readmitted to the hospital with influenza due to poor air pollution. No beds were available to many children. (Photo: MRCS)

¹ 73 cases of H1N1 Influenza cases are detected in every 10,000 people.

increased by 76.8 per cent compared to the previous year. The hospital bed capacity had exceeded by 53.2 per cent according to Ministry of Health.



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

Due to the continued effects of severe air pollution and the Influenza outbreak, children aged zero to ten had been prohibited to attend public gatherings and service areas within Ulaanbaatar city until 1 March 2019. From its peak of 73 H1N1 influenza cases in every 10,000 population in January, it has decreased to 33 cases by the end of March, 2019. As such during the operation timeframe, there have been no further requests from the State Emergency Commission or the Ministry of Health.

Summary of response

Overview of Host National Society

Due to the rapid increase of Influenza A outbreak and its complexity adjoined with the air pollution, MRCS disseminated information on prevention, protection and early detection of the Influenza A through its social media and webpage and was closely monitoring the situation. Upon request of some mid-level branches, MRCS has provided 70 portable beds to district hospitals in Songinokhairkhan and Khan-Uul districts to support the effort of capacitating new incoming patients.

However, the situation worsened on 15 January 2019, and the State Emergency Commission meeting was called. The Deputy State emergency commission as well as Ministry of Health requested Mongolian Red Cross Society, to support the response activities by conducting awareness campaigns, training and to support the local hospitals by providing additional beds, sanitizers and nutrition supplements. MRCS' response has been planned in close cooperation with emergency commission members and other Humanitarian Country Team (HCT) members.

Mongolian Red Cross Society through its trained volunteers on epidemic control, has organized 236 public awareness sessions to 44,264 people. The summary of the response is the following:

Total number of people reached through public awareness sessions						
Public awareness session conducted	200 sessions			36 sessions		
Age	3-12 years	13-17 years	18-29 years	30-39 years	40-49 years	50-59 years
People reached	22,429	9,898	8,173	1,700	1,238	826

200 public awareness sessions were organized to 32,327 kindergarten and secondary school children, whereas 36 public awareness sessions were organized to 11,937 university students, teachers, parents, civil servants and other organizations focusing on prevention through social distancing, cough etiquette, hand washing, using personal protection, and identifying signs and symptoms of influenza and other common communicable diseases. Each of the reached population received hand-sanitizers and information, education and communication (IEC) materials.

Overview of Red Cross Red Crescent Movement in country

The IFRC Country Cluster Support Team (CCST) in Beijing and the IFRC Asia Pacific Regional Office (APRO) continuously supported MRCS in the implementation of activities through technical and administrative assistance. Information was regularly exchanged, and close communication was maintained.

The Health Regional Disaster Response team (RDRT) was mobilized and arrived in Ulaanbaatar City in February 2019 to provide additional capacity to the MRCS in health sector for three weeks. The RDRT member worked closely with the MRCS health in the planning and implementation of the Disaster Relief Emergency Fund (DREF) operation.

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 information graphic posters, six videos, and seven types of flyers have been developed and shared through social media channels and on the television. In ten 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 more than 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 vitamins D3 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

MRCS had deployed its national and branch disaster response team members for further needs assessment and had participated in Humanitarian Country Team (a coordinating body of humanitarian organizations in Mongolia) meeting to coordinate the operation.

The DREF operation strongly contributed to addressing the gaps of the efforts of the other stakeholders in Mongolia in responding to the outbreak. Due to high risk of the outbreak spreading at all provinces, the target area covered all provinces and districts. The total number of people targeted for the health messaging and public awareness campaign were 39,935 people, however the total reach was 44,264 people. Continuous assessment was conducted through monitoring visits to the field which indicated that the needs of the affected population were met. Most of the additional campaigns were conducted upon request of the community and organizations. The demand of health messaging, information dissemination campaign was high. The lessons learnt workshop also indicated that the Red Cross should provide information dissemination campaign prior to the next winter.

Throughout the operation, there were no revisions on the original plan.

Risk Analysis

Cold weather, road condition, and safety of the volunteers were considered as the potential risk identified during the implementation of the operation. During the operation, the weather and road conditions were no longer posing a risk as the weather had been warmer than expected during the implementation period. MRCS had provided PPE (face masks), hand sanitizer, antibacterial soap, and wet tissues for volunteers mobilized and insured all the volunteers. No cases of volunteers infected by influenza virus, or any injuries have been reported during the operation.

B. OPERATIONAL STRATEGY

The overall operational objective of the DREF operation was to provide public health campaign to general public, school and kindergarten children to disseminate information on prevention, protection, early detection of Influenza signs and symptoms, and promote personal hygiene.

Proposed strategy

All actions were carried out according to the needs identified from the affected population, considering the gap of the coordinated approach. Supported by the DREF, MRCS complemented its actions through its own resources. Proposed intervention area was health to reduce the risks to health of the affected population. Continuous needs assessment was conducted through monitoring visits to the affected areas and attendance to humanitarian country team meeting, and regular communication with the Ministry of Health and WHO in country.

MRCS organized refresher training on Epidemic Control for Volunteers (ECV) to the volunteers of all the branches and provided them with ECV handout, IEC material to be disseminated during the public awareness campaigns. The handout and IEC materials were developed with the information from the Ministry of health, with the support of health RDRT member and the involvement of volunteers.



Process of ECV training break-out session. Participants were divided into several small groups for training. (Photo: MRCS)

MRCS health and care program team worked in close coordination with the mid-level branches, whereas mid-level branches coordinated the volunteer mobilization in each of the respective areas. At the local level, each of the mid-level branches worked together with the local health facilities. Each of the volunteers had developed plan to organize the public awareness campaigns and executed accordingly. The program, and cooperation departments ensured the coordination of the integrated programming. Planning, Monitoring, Evaluation and Reporting (PMER) team and the communications team supported the operation with monitoring, reporting, organization of the lessons learnt workshop and delivering information to the public through media channels. IFRC has supported the procurement of hand-sanitizers and to deliver the goods in a timely manner which met the operational requirements. The finance team worked responsible for financial reporting and ensuring the quality of reports.



Darkhan-Uul province Kindergarten students after the information dissemination session. (Photo: MRCS)

Overcrowded kindergarten and school children, as well as their parents and teachers were targeted for information dissemination. Each of the public awareness campaign information context was modified depending on the target audience.

Lessons learnt workshop was organized to ensure that the challenges and achievements from the volunteers are targeted. MRCS has participated in humanitarian country team meeting to provide information on the operation and provided the report to Ministry of Health, State Emergency Commission and informed the WHO in country.

C. DETAILED OPERATIONAL PLAN



Health

People reached: 44,264

Male: 19,013

Female: 25,251

Outcome 1: The risks to the health of affected population are reduced

Indicators:	Target	Actual
<i>Number of people reached through health prevention messaging</i>	39,935	44,264
Output 1.1: Communities are supported by NS to effectively reduce influenza cases		
Indicators:	Target	Actual
<i>Number of printed materials and key messages identified</i>	10,000	13,000
<i>Number of volunteers received refresher training on Epidemic Control for Volunteers (ECV)</i>	150	150
<i>Number of dissemination campaigns organized</i>	1	1

Narrative description of achievements

From the end of February 2019 to the beginning of March, MRCS organized ECV trainings three times for a total of 150 (39 male and 111 female) volunteers nationwide, five from each 30 mid-level branches, with the support of Health RDRT mobilized.

From the beginning of March to the beginning of April, 150 trained volunteers from 30 mid-level branches organized one dissemination campaign, which included 200 public campaign sessions to 32,327 kindergarten and secondary school children, and 36 public campaign sessions organized to 11,937 school teachers, parents, university students, civil servants and organizations focusing on prevention through social distancing, cough etiquette, hand washing, using personal protection, and identifying signs and symptoms of influenza and other common communicable diseases.



Various types of IEC materials produced by the National Society. (Photo: MRCS)

All trained volunteers were provided with printed training manuals, handouts, IEC materials and posters developed by MRCS as well as hand sanitizers. The trainings reached more than the targeted beneficiaries and there were requests from kindergarten teachers and community members for additional trainings in autumn.

Challenges

Even though MRCS has previous experience in conducting emergency responses and health promotion activities, responding to influenza outbreak at national level was a new experience for the National Society. There was a lack of trained volunteers on epidemic control at the branch level.

Despite efficient development of emergency plan of action, there were some delays in operational implementation due to social circumstances like the lunar new year celebration in Asia Pacific region. The banks were closed for four working days, which delayed the international funds transfer. The DREF funds were only received on 11 February 2019 in the bank account of the national society after its approval on 28 January 2019.

MRCS was not part of the health cluster, therefore we had to communicate to individual organizations separately for coordination.

Lessons Learned

- Now that the national society has technical capacity at the branch levels to conduct influenza awareness campaigns, it is suggested to organize awareness activities and campaigns regularly as a preventive method.
- The epidemic control for volunteers training was conducted with the support of RDRT health member. Each training sessions consisted of two full days. After the training, all the volunteers from 30 mid-level branches have developed public awareness session organization plan, which allowed to meet the target within a short period of time.
- MRCS has expressed its interest to become the official member of health cluster to the Ministry of Health and the World Health Organization. The request was officially approved, and further activities can be coordinated through this platform.

Strengthen National Society

Indicators:	Target	Actual
<i>Number of branches that are well functioning</i>	30	30
<i>Number of volunteers and branches of the MRCS are actively engaged in the operation, and awareness by the community of the Red Cross presence</i>	150	307

Narrative description of achievements

30 mid-level branches of the Mongolian red cross society were involved in the implementation of this operation. Five volunteers from each mid-level branch was trained in the ECV refresher training. Each of the volunteers had developed public awareness campaign organizing plan at their communities on the final day of the training. The public awareness campaigns were carried out to kindergarten, school children, adults, parents, teachers, public and private organizations upon request. Each of the training materials were modified according to the delivering audience.

Lessons learnt workshop was organized from 16 to 18 April 2019 involving volunteers and staff from 10 mid-level branches coming from different regions. It was reflected that 100 per cent of the trained volunteers found that the component of the -ECV training and teaching manual, handouts was easy to understand and efficient. The volunteers said that the training material could be modified depending on the audience and it was flexible to do so. Through these trainings and IEC materials, the visibility of Red Cross in the communities was enhanced and strengthened.

Total of 307 volunteers (51 male, 256 female) were involved in the operation which is 157 more volunteers mobilized than the trained 150. The additional 157 volunteers received orientation training from the trained 150 volunteers at their branch level. Additional volunteers were mobilized to support the organization of additional public awareness sessions. This was due to increased interest of school teachers, parents and volunteers who wanted to learn about epidemic control and organize in the public awareness campaigns.

All of the volunteers were provided with PPE to carry out their plans for outreach to the communities.

Challenges

As MRCS had little experience in epidemic control, RDRT member specialized in health was requested from IFRC to support the organization of the training for volunteers and development of the contents of the IEC materials. The RDRT arrived on 15 February 2019 for a period of three weeks which was challenging in terms of time. Therefore, the trainings for the volunteers were organized on the week of 25 February, which was the earliest time possible. Then the public awareness campaign started from 1 March 2019. The public awareness campaigns seemed late for some of the community members.

Lessons Learned

While training the volunteers, it is essential to train them on different types of teaching methods for different type of audiences. Some participants had minor difficulties teaching older audiences. The training material could be developed further integrating more contents dedicated for older audiences. The deployment period of the RDRT was three weeks. Therefore, it is advised that the deployment in country should be at least four weeks to allow sufficient time for planning and implementation.

It is suggested by the staff and volunteers involved in the operation to develop influenza contingency plan and integrate it into MRCS contingency plan and mid-level branch contingency plans, so that MRCS is better prepared to respond to similar emergencies in the future.

International Disaster Response

Indicators:	Target	Actual
<i>Effective and coordinated international disaster response is ensured</i>	Yes	Yes
<i>Number of RDRT members deployed on time to assist with national society on health components</i>	1	1
<i>Procured items and IEC materials delivered in a timely manner and meet standards</i>	Yes	Yes
Narrative description of achievements		
<p>Upon request of support from the state emergency commission, MRCS in cooperation with IFRC effectively organized needs assessment and developed response plan in timely manner. MRCS attended the humanitarian country team meeting to provide operation plan, update and information to all the other humanitarian organizations in country. Ministry of Health and WHO was regularly contacted for information sharing. Both international and in-country coordination was ensured during the operation.</p> <p>The RDRT health was deployed in-country for a period of three weeks. The volunteer training organization and the IEC material development supported by the RDRT.</p> <p>30,935 hand sanitizer procurement was planned in the operation plan. Due to savings from the procurement additional 9,044 hand sanitizers were procured by the national society. The procurement was supported by IFRC and the selection committee was comprised from national society staff and IFRC staff. The procurement duration was within the planned timeframe and there was no delay for the goods.</p> <p>During the lessons learnt workshop, volunteers reflected that the community members were highly appreciative of the hand sanitizers, because it was difficult for school children to regularly wash their hands during cold season due to lack of hot water / running water / in the communities. The contents and quality of training materials, manuals, IEC materials, and posters were considered interesting and easy to be used by staff and volunteers.</p>		
Challenges		
<p>The gel-based hand sanitizer was distributed to school children, though some school children who were allergic to the sanitizer were not able to receive the assistance.</p>		
Lessons Learned		
<p>In future operations, if MRCS were to distribute hand sanitizers it is suggested to have an alternative sanitizer such as soap as a back-up stock.</p> <p>Some participants also suggested to procure bigger sizes of hand sanitizer to position them at dining halls, hallways since some children didn't bring their mini sanitizers with them all the time, especially during lunch time.</p>		

Effective, credible and accountable IFRC

Indicators:	Target	Actual
<i>IFRC and national society are visible, trusted and effective advocates on humanitarian issues.</i>	Yes	Yes
<i>National society is visible during the operation and has a clear means of communication</i>	Yes	Yes
<i>Number of lessons learned workshops conducted</i>	1	1
Narrative description of achievements		
<p>The visibility of Red Cross was ensured throughout the operation. The staff and volunteers mobilized for the operation were all equipped with jackets with MRCS logo. All dissemination materials also included MRCS and IFRC logos.</p>		

The Terms of Reference of the operation were officially delivered to local governors and school administrations to ensure clear understanding of the operation and avoid miscommunication. Local authorities expressed high appreciation to the MRCS and requested or suggested further collaboration in future activities.

Regular communication had been held between headquarters and branches, branch to volunteers. Community suggestion was regularly being delivered to headquarters. Monitoring and field visits were conducted to mid-level branches.

Lessons learned workshop was organized at the end of the operation with a participation of 10 mid-level branch representatives from different regions. The workshop was organized for three days and participatory method was used to evaluate the operation. Based on the workshop, it was found that majority of the participants have rated the operational phases as below:

- Preparedness – there are needs on capacity building.
- Planning – strong performance.
- Implementation – outstanding performance.
- Sustainability – there are needs for improvement.

Majority of the participants identified that there are needs on capacity building during preparedness phase of the operation as it was the first time that MRCS organized emergency operation for epidemic control. Therefore, it would be better if the epidemic and Influenza are included in the contingency plan for preparedness. For planning, the branches felt that all activities were implemented on time as per emergency plan of action. Therefore, the planning phase was rated to have shown strong performance. As for implementation phase of the operation, mid-level branch staff and volunteers have exceeded initial expectations and surpassed the targeted people reached. They also received additional requests from other organizations, entities and communities to continue public awareness campaigns. Therefore, it was rated to show outstanding performance.

The participants felt that epidemic control response should not be a one-time operation. However, it needs to be included in the National Society's contingency plan and human resource capacity building in epidemic control should be developed and regularized. Therefore, the participants found that with regards to sustainability, further improvements are required.

Participants also highlighted that providing insurance to volunteers was an efficient method that encouraged volunteers to carry out the campaigns.

Challenges

As the DREF operation was activated after the request of National Emergency Commission, there was a delay in the implementation of the response activities which started in March 2019.

Lessons Learned

Numerous volunteers said they would like to carry out the "Air pollution and influenza" campaign prior to the cold season in the following years. Several times it was mentioned that the project was a success with high community acceptance and enhanced visibility of Red Cross. MRCS is planning to organize the same public awareness sessions prior to the cold season utilizing the trained volunteers on epidemic control.

D. THE BUDGET

The approved Disaster Relief Emergency Fund (DREF) amounting CHF 112,847 was utilized to assist 44,264 people for the operation. CHF 107,908 has been utilized equivalent to 96 per cent of the allocated amount. Balance of CHF 4,939 will be returned to the DREF pot. Detailed expenditure of the operation is attached at the of this final report.

The major donors and partners of the DREF include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions. The NLRC has replenished the DREF in the occasion of this operation.

Contact information

Reference documents



Click here for

- [Information Bulletin](#)
- [DREF Operation](#)
- [Previous updates](#)

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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.

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.**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/1-2019/6	Operation	MDRMN009
Budget Timeframe	2019/1-2019/4	Budget	APPROVED

Prepared on 17/Jul/2019

All figures are in Swiss Francs (CHF)

MDRMN009 - Mongolia - Air Pollution and Influenza A

Operating Timeframe: 28 Jan 2019 to 28 Apr 2019

I. Summary

Opening Balance	0
Funds & Other Income	112,847
DREF Allocations	112,847
Expenditure	-107,908
Closing Balance	4,939

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	81,510	81,947	-437
AOF5 - Water, sanitation and hygiene	7,109	7,177	-68
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	88,619	89,124	-505
SFI1 - Strengthen National Societies	7,189	7,169	20
SFI2 - Effective international disaster management	8,520	4,751	3,769
SFI3 - Influence others as leading strategic partners	8,520	6,865	1,655
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	24,229	18,785	5,444
Grand Total	112,847	107,908	4,939

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2019/1-2019/4	Budget	APPROVED

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MDRMN009 - Mongolia - Air Pollution and Influenza A

Operating Timeframe: 28 Jan 2019 to 28 Apr 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	42,935	42,934	1
Water, Sanitation & Hygiene	30,935	30,934	1
Teaching Materials	12,000	12,000	0
Logistics, Transport & Storage	1,000	979	21
Distribution & Monitoring	1,000	979	21
Personnel	29,025	29,712	-687
National Staff		228	-228
National Society Staff	6,000	6,105	-105
Volunteers	23,025	21,201	1,824
Other Staff Benefits		2,177	-2,177
Workshops & Training	5,000	4,873	127
Workshops & Training	5,000	4,873	127
General Expenditure	28,000	22,825	5,175
Travel	8,500	3,246	5,254
Information & Public Relations	18,000	18,386	-386
Communications	1,500	1,185	315
Financial Charges		7	-7
Indirect Costs	6,887	6,586	301
Programme & Services Support Recover	6,887	6,586	301
Grand Total	112,847	107,908	4,939