

REVIEW OF MONGOLIAN RED CROSS SOCIETY COVID-19 RESPONSE

Final report



Prepared by: Independent Research Institute of Mongolia

**Ulaanbaatar
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Acknowledgement

This review was commissioned by the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Mongolian Red Cross Society (MRCS) to assess the progress and results of the overall COVID-19 response carried out by the MRCS. On behalf of the review team, we would like to extend our gratitude to the MRCS and IFRC colleagues for their proactive collaboration in providing essential documents and data, taking part in key informant interviews (KII), as well as reviewing, and providing feedback on review-related deliverables. We would also like to thank Undram Chinges and Nomin Orgodol from the MRCS, and Xuexin Li from the IFRC for their valuable support and guidance across various phases of the review.

We truly appreciate the MRCS response activity participants such as community people, people reached by the COVID-19 response, volunteers, partners, MRCS staff, and other participants who took part in the surveys, focus group discussions (FGDs), and KIIs to share their experiences and opinions.

We look forward to this review's findings and outcomes to contribute to further scaling-up of the MRCS COVID-19 response activities, and similar response activities in the future, under the MRCS's strategic focus and leadership along with implementing partner organizations like IFRC, Global Fund, World Health Organization (WHO), United Nations Children's Fund (UNICEF), Ministry of Education and Science (MES), Ministry of Health (MOH), National Emergency Management Agency (NEMA), and other stakeholders.

Review team

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Disclaimer

The opinions expressed are those of the review team and do not necessarily reflect those of the MRCS and IFRC.

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Mongolian Red Cross Society (MRCS)

Impression on the MRCS COVID-19 response and operation

If you mean it did not lose any time and worked responsibly, yes. There is one problem with donor organizations, and it is that they start raising funds when problems arise. While they are raising money, the problem subsides. In the case of the MRCS, the funding system seems to be very responsive. Because they have resources, structure, and systems that have learned to adapt to work in emergency situations, they do not have to wait for the donors or the money to come from somewhere. The funding activation system is very prompt.

Moreover, the MRCS is very sincere towards its work. In a certain situation, it does its best by dedicating all its capacity, until it works out. Because their specialization is emergencies, they are able to provide timely assistance and support to the people. In regard to the accountability, I feel they are very responsible and well organized. The hierarchical leadership is exceptional. The mid-level Red Cross branches also respond quickly to any information provided by the headquarter. For example, if there is a need to identify people at risk or those who need help, to say the least, such a process of government agencies is very slow. Meanwhile, the people of the Red Cross already would have the systems and information available. It seems they are able to use it fairly quickly and effectively.

- A representative of the WHO



List of abbreviations

CHF	Swiss Franc
CCEC	Capital City Emergency Commission
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
GoM	Government of Mongolia
IFRC	International Federation of the Red Cross and Red Crescent
IRIM	The Independent Research Institute of Mongolia
KII	Key Informant Interview
MES	Ministry of Education and Science
MHPSS	Mental Health and Psychosocial Support Service
MLSP	Ministry of Labour and Social Protection
MOH	Ministry of Health
MRCS	Mongolian Red Cross Society
NCCD	National Center for Communicable Diseases
NEMA	National Emergency Management Agency
NRSP	National Society Response Plan
PPE	Personal Protective Equipment
PSS	Psychosocial Support
PWD	People With Disabilities
RCCE	Risk Communication and Community Engagement
RCRC	Red Cross and Red Crescent
SEC	State Emergency Commission
SPSS	Statistical Package for the Social Sciences
TB	Tuberculosis
UNICEF	The United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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Executive summary

The Mongolian Red Cross Society (MRCS) actively adopted and implemented the COVID-19 National Society Response Plan (NSRP) from March 2020 until the present in order to respond to the global COVID-19 pandemic by assisting the Government of Mongolia (GoM) and providing timely assistance to the most vulnerable communities in an effective and efficient manner. Under the following primary operational priorities, the response actions were conducted nationwide across 21 provinces of Mongolia and nine districts of the capital city Ulaanbaatar:

1. Priority 1 - Health and Water, Sanitation and Hygiene (WASH)
2. Priority 2 – Addressing the Socio-economic Impacts of COVID-19
3. Priority 3 – Strengthening National Society

The purpose of this review was to assess the progress and results of the overall COVID-19 response of the MRCS between February 2020 and January 2022 in terms of relevance and appropriateness, efficiency, effectiveness, coverage, and sustainability and connectedness to provide recommendations for further improvement and scale-up of the intervention in similar situation.

In doing so, the review team utilized mixed method approach inclusive of both quantitative and qualitative data collection and analysis methods. The review covered total of 390 people reached and 80 volunteers who took part in the implementation of the MRCS COVID-19 response activities within the quantitative survey. In addition, 23 key informant interviews with government authorities, institutional representatives, and implementation level staff were conducted, five focus group discussions were organized with people who were reached and not reached by the MRCS COVID-19 response and volunteers, and one case study was implemented along with desk review of key documents.

Key findings of the review

The GoM has implemented the COVID-19 response in four main areas including (i) Management and coordination, (ii) Information, communication, surveillance and control, (iii) Assistance and service, and (iv) Resources, supplies and finance. These areas appear to be directly relevant to the three operational priorities outlined by the MRCS. During the peak of the pandemic, over 100,000 people needed medical care which resulted in shortage of human resources in the health facilities at all levels. Accordingly, the major activities carried out by the MRCS, including human resource support and material aid implemented based on the urgent needs of government agencies, have yielded satisfactory results.

The MRCS trained and mobilized 1,440 volunteers to provide support at primary health units and the National Center for Communicable Diseases (NCCD). As a result, a total of 148,200 COVID-19 contacts were identified, 534,250 people were supported through community WASH activities that reduced the risk of COVID-19 transmission, and 118,200 people were vaccinated. In addition, a total of 112 health facilities across Mongolia has been supported with personal protective equipment and WASH supplies.

The MRCS distributed pandemic-related information (COVID-19 risk communication, health, and hygiene promotion messages) to a total of 2.9 million people nationwide through different channels with the support from their volunteers has, this had a significant impact on enhancing public health and disease prevention.

Being one of the key members of the State Emergency Commission, the MRCS was the only humanitarian organization who was able to mobilize and come into contact with those who were infected and affected by COVID-19 in providing support and assistance during the strict lockdown imposed by the government during the peak of pandemic. Over the past two years, the MRCS has generated Swiss Franc (CHF) 2,152,035

by the funding from Red Cross and Red Crescent Movement members and other international and domestic organizations (and individuals) and spent a total of CHF 2,082,182 on the COVID-19 response, of which 51.5% or CHF 1,073,236 have been spent on reducing the socioeconomic adverse impacts of the pandemic.

As a result, 184,380 people who have become vulnerable through income loss due to COVID-19 received food and other in-kind assistance which reduced the risk of malnutrition during the pandemic. 91.9% of households (of 390 survey respondents of the review) that regularly received food assistance from the MRCS stated that support provided by the MRCS has satisfied all of their needs by improving their livelihoods. In addition, four households received long-term employment promotion grants from the MRCS. Two of the households that participated in our survey stated that they were completely satisfied and mentioned how much of an influence the employment promotion grants made on their life.

The review concluded that the MRCS adapted changes and modifications in its operations to better respond to global level health emergency and efficiently mobilized its internal human resources including volunteers. Staff at all levels involved in the COVID-19 response measures had access to timely information, coordination, the process of establishing understanding, management, guidance, decision-making guidelines, and monitoring possibilities thanks to the MRCS's efficient management structure.

The primary and secondary data that the review team collected for the review suggests that the MRCS has an official process with documentation and guidelines on who, to whom, when, and how to implement the COVID-19 response, and has conducted several essential training and workshops for volunteers and relevant officials to implement them.

Another key finding of the review was that volunteer mobilization was significantly effective averaging 8.90 score points out of maximum 10 score points as rated by 80 surveyed volunteers. As part of the COVID-19 response, the MRCS has organized various types of online and in-person training, workshop, and experience sharing sessions covering 4,307 volunteers and staff (in overlapped number) to strengthen their preparedness, institutional readiness to disaster and crisis, and financial stability skills.

The number of partner organizations that have coordinated with the MRCS had increased by 16 from 54 to 70 during the period of 2021 and 2022 as part of the COVID-19 response. All 23 representatives of stakeholders who have been interviewed during the review highlighted that the MRCS response activities were highly effective and achieved its initial plans.

Key lessons learned and recommendations derived from the review

It is crucial to keep up the excellent practice of supporting doctors, bridging the human resource shortages in healthcare organizations, and emphasizing volunteer involvement in this area of pandemic response. Focus should be placed on attaining age and gender parity, raising the value of involvement, developing rewards for diligence, and establishing a system that can be sustained over the long term for the recruitment and retention of volunteers. Government officials have particularly emphasized and recognized the surveillance work carried out by the volunteers as one of the best practices that was taken as part of the response measures.

Distribution of information about the pandemic (the COVID-19 risk communication, health, and hygiene promotion messages to the public) through the media and volunteer mobilization by the MRCS had a significant influence on enhancing public health and disease prevention. It is imperative to continue constant awareness raising and advocacy work on public health using the same information methods that have proven to be successful in reaching the general public.

During the review, it was observed that current number and composition of staffing at the MRCS on all levels lacked to fully respond to similar global emergencies that cover mass population in the future.

Mobilization of volunteers was proven to be effective in addressing this challenge. However, policies and initiatives must be planned and put into action to address the funds required to increase the workforce and human resources. To maintain the sustainability of current trained and experienced workforce and volunteers, in depth assessment could be carried out to remove overlaps in roles and responsibilities and decrease workload per staff along with suitable incentivization measures.

One of the core challenges faced by the MRCS staff and volunteers during their COVID-19 response activities was logistical issues. Specifically, the lack of standard warehouses to store all food items and shortage in transportation to deliver assistances to the target communities was significantly critical. In some cases, MRCS staff at mid-branch levels had to use their personal vehicles to transport and deliver food parcels to households as well as local facilities like school halls and khoroo buildings which were utilized as warehouses to address and overcome this difficulty. Due to this difficulty and a lack of finances, the MRCS hired various unconventional spaces and even operated its main office as a warehouse. Transportation issue was addressed through contracting with companies that provide transportation services, such as taxicab companies and automobile rental agencies. This was another wise move. Establishing logistics department in line with the logistics assessment and needs could be essential in addressing further similar challenges in the future.

It was discovered during the review that monitoring-evaluation and accountability system was not properly in place within the MRCS. Since the MRCS collaborates with numerous organizations both national and internationally, systems to notify, report, review, and improve the effectiveness of operations should be put in place and implemented at all levels of the National Society – General Secretariat, mid and primary-level branches. In addition, community feedback and response mechanism need to be established within the MRCS to enhance accountability towards the public.

An integrated cloud database with details on the target group's geographic, socioeconomic, and demographic information should be created and utilized to ensure those in need of assistance are identified and reached accordingly. The database will make it possible to swiftly locate those who require help and support as well as to keep track of whether supplies have been given to the right persons. This should be followed with needs assessment, pre and post distribution surveys to increase accuracy of coverage in the future.

Planning for a long-lasting crisis like a pandemic involves several stages, during which time the requirements and context of the populace change in accordance with the circumstances. The actions taken by the MRCS up until the end of 2021 were intended to alleviate immediate sufferings brought on by several lockdowns, job losses, and other negative implications on livelihood and household economy.

Being the first humanitarian responder, the MRCS timely engaged in this crucial and important area of action to stop malnutrition from affecting the most vulnerable through humanitarian aid. In response to the significant socio-economic effects of COVID 19, the MRCS is expanding and scaling-up its current assistance for food security and livelihoods and adapting new programs to deal with the pandemic's effects as stated in their National Society Response Plan on 2022.

1. Background

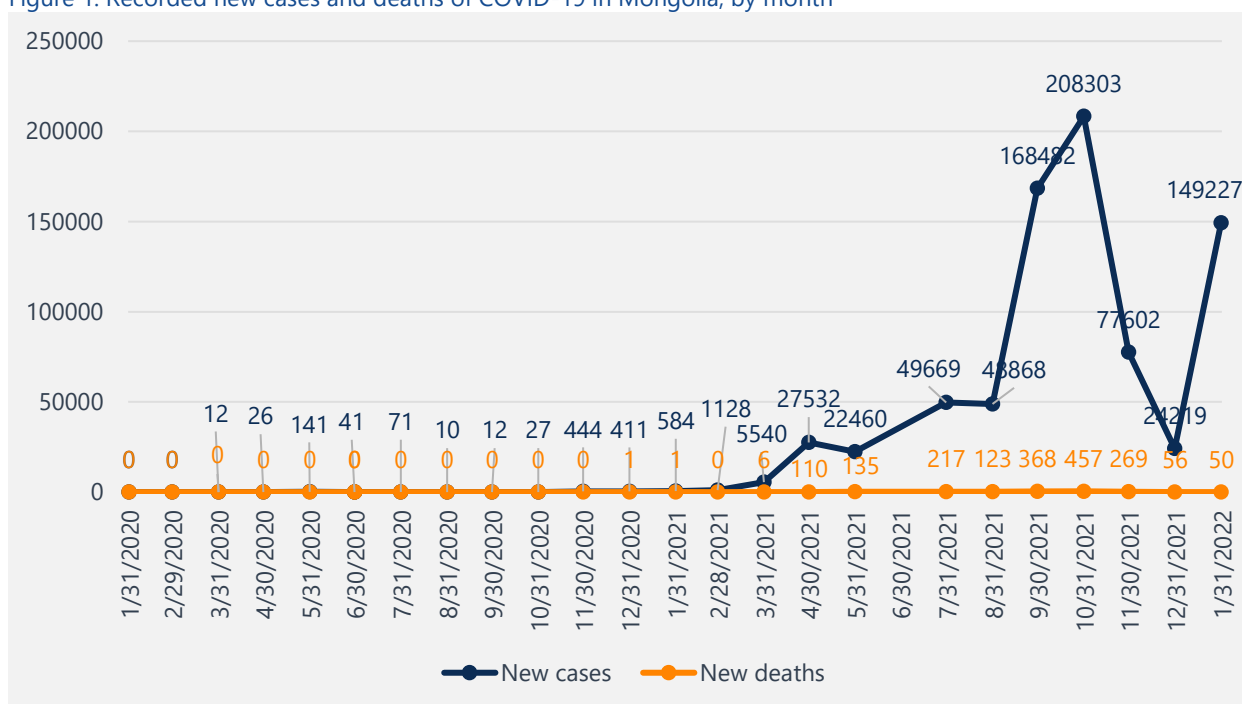
1.1 Context

The Government of Mongolia (GoM) has been undertaking precautionary measures to contain the spread of COVID-19 since late January 2020 by establishing the State Emergency Commission (SEC). Following the first occurrence of COVID-19 transmission in Ulaanbaatar on February 13, 2020, the GoM announced the State Disaster Preparedness Status. As a result, all schools (including kindergarten) were closed, as were all forms of public transportation (inside Ulaanbaatar), and public events.

Measures against COVID-19 imposed by the government also included the closure of restaurants and bars, sports clubs, tourist camps, resorts, and hotels, as well as the prohibition of religious and cultural meetings, and restriction of celebration of national holidays such as the Lunar New Year on a wide scale. These precautions were accompanied by active infection surveillance and imposed self-isolation¹.

Although Mongolia has taken swift and immediate action to curb the intake and spread of COVID-19, the total number of confirmed cases exceeded 859,013 or 25.1% of the total population as of January 2022, making it one of the world's highest rates of transmission per capita. Figure 1 shows number of new cases in Mongolia between 2020 to 2021².

Figure 1. Recorded new cases and deaths of COVID-19 in Mongolia, by month



In addition, the pandemic’s impact at the household level was long-lasting, and it is still impacting the poor and vulnerable more. The Household Based Survey, conducted by the National Statistics Office of Mongolia and the World Bank, to determine the impacts of COVID-19, shows that poor households are more likely

¹ Research Study on Assessing the Effectiveness of Migration Restrictions in Ulaanbaatar City and Migrants’ Vulnerability, IOM and IRIM, 2021, <https://publications.iom.int/books/research-study-assessing-effectiveness-migration-restrictions-ulaanbaatar-city-and-migrants>

² Latest reported counts of cases and deaths, WHO, 2022, [Mongolia: WHO Coronavirus Disease \(COVID-19\) Dashboard with Vaccination Data | WHO Coronavirus \(COVID-19\) Dashboard With Vaccination Data](https://www.who.int/dashboards/covid19/mongolia)

than the non-poor to reduce non-food consumption and take harmful coping strategies which increased indebtedness or involved the sale of assets, raising concerns of potential long-term impacts on household wellbeing³.

The COVID-19 pandemic continues to have an impact on the retail and wholesale sectors, which include marketplaces, shopping malls, and other related services, that employ the bulk of the Mongolian workforce, particularly women, young, and vulnerable populations. In addition, some organizations, private companies, small-scale enterprises have begun to change work hours and decrease employees' compensation or salary, some had even laid off people, in response to the strict lockdowns and restricting actions⁴. This led to income shortage and hardships to those affected in coping with the pandemic situation at the household level.

1.2 The MRCS COVID-19 Response

In this difficult time of the COVID-19 pandemic, the MRCS is collaborating with governmental and international organizations, and other stakeholders to respond to COVID-19 and address the negative impact of the pandemic. The MRCS is the largest humanitarian organization in Mongolia with 34 mid-level and 703 primary-level branches across the country and has over 65,000 volunteers. It is legally bound to serve the people of Mongolia by "Law on the Legal Status of the MRCS" and it bears an auxiliary role to the public authorities in humanitarian field to provide support in disaster risk management, public health, social care, and other sectors⁵.

The MRCS operates in accordance with several laws of Mongolia. According to these laws, any activities/operations implemented by the MRCS will be related to public policy or the planning and implementation of government activities. For instance:

- Article 5 of the Law on the Legal Status of the MRCS states that the MRCS is a non-profit and tax-exempted national humanitarian organization that carries out its activities based on principles of volunteerism and self-governance with the aim to promote and assist in the state humanitarian activities⁶.
- Article 10 of the Law on the Legal Status of the MRCS states that the MRCS will sign an annual cooperation agreement with the GoM⁷.
- Article 13 of the Law on Disaster Protection states that the MRCS will support and cooperate in organizing disaster protection training within the scope of its responsibilities⁸.
- Article 24 of the Law on Disaster Protection states that the MRCS will act as an additional force in organizing and implementing disaster protection activities within the scope of relevant laws⁹.

³ Ikuko Uochi, Monitoring COVID-19 Impacts on Households in Mongolia, 22 Oct 2021, <https://www.worldbank.org/en/country/mongolia/brief/monitoring-covid-19-impacts-on-households-in-mongolia>

⁴ Mongolia: Migration and Employment Study, IOM and NUM-PTRC, 2021, <https://publications.iom.int/books/mongolia-migration-and-employment-study>

⁵ IFRC, Domestic Response Plan Mongolia: COVID-19 outbreak, 2020

⁶ [Law on the Legal Status of the MRCS \(legalinfo.mn\)](#)

⁷ [Law on the Legal Status of the MRCS \(legalinfo.mn\)](#)

⁸ [Law on Disaster Protection \(legalinfo.mn\)](#)

⁹ [Law on Disaster Protection \(legalinfo.mn\)](#)

- Article 39 of the Law on Disaster Protection states that the MRCS, requesting support from the IFRC, will seek, receive, notify, place, store, transport, and distribute the humanitarian assistance in accordance with the law¹⁰.

The MRCS, as a member of the SEC, is actively involved in the planning and designing of the national response to the COVID-19 pandemic. The SEC adopted the National COVID-19 response plan in March 2020. The role of the MRCS is identified in the plan as:

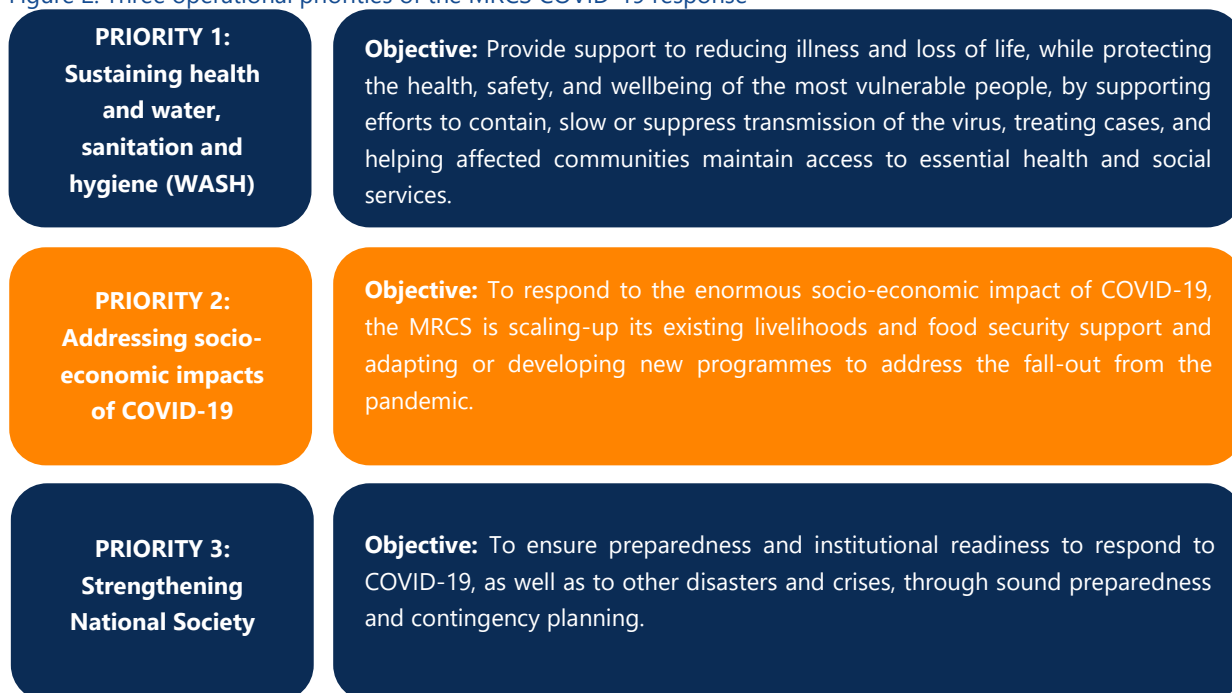
- To support and monitor the wellbeing of people who are at home isolation;
- To receive and organize international humanitarian aid;
- To conduct community surveillance, disseminate health awareness messages; and
- To mobilize human resource and technical resource if needed¹¹.

In March 2020, the MRCS first developed a “Response and contingency Plan for COVID-19 epidemics” and adopted its response strategy. Since then, IFRC-backed National Society Response Plan (NRSP) and annual operation plans were developed, and the response plan had been revised to reflect the existing conditions.

The operational objective of the MRCS COVID-19 response is to fulfill the auxiliary role and mandate of the National Society and contribute to reducing illness and loss of life, while protecting the health, safety, wellbeing, and livelihoods of the most vulnerable people, by supporting efforts to contain, suppress transmission of the virus, and helping affected communities maintain access to essential health and social services.¹²

Within this objective, the MRCS established the following three operational priorities regarding their COVID-19 response:

Figure 2. Three operational priorities of the MRCS COVID-19 response



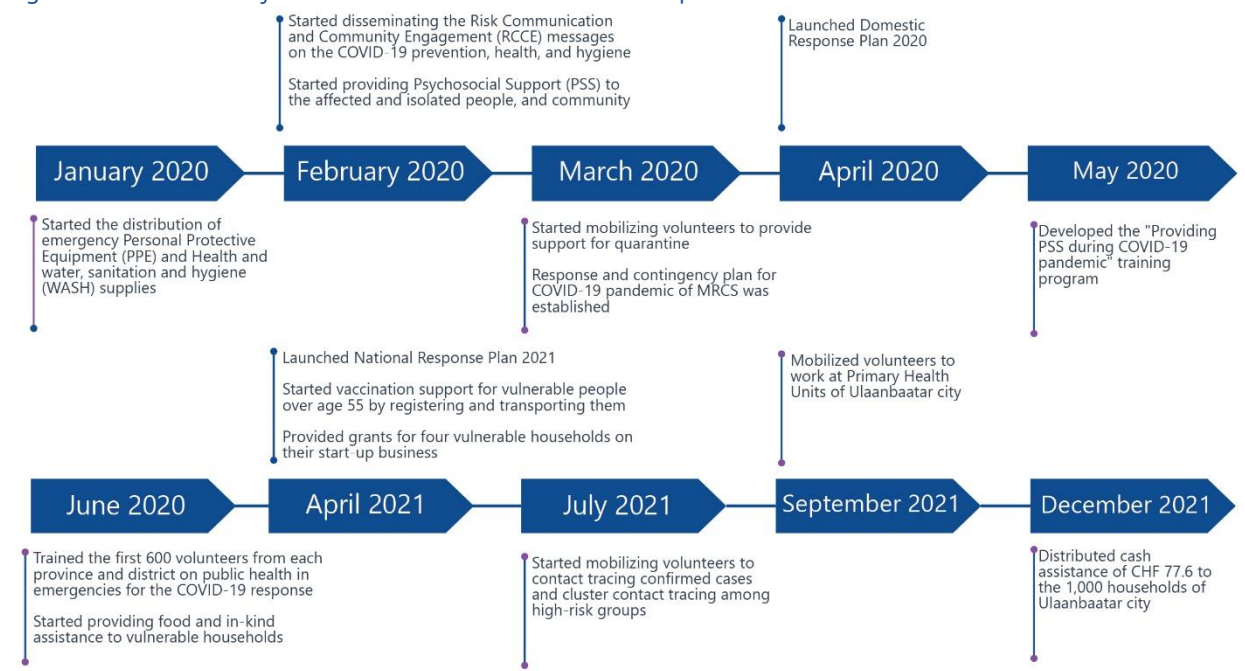
¹⁰ [Law on Disaster Protection \(legalinfo.mn\)](#)

¹¹ MRCS, Domestic Response Plan, Apr 2022

¹² MRCS, National Response Plan, Sep 2021

From February 2020 to January 2022, under the scope of each Priority, the MRCS undertook a variety of activities in 21 provinces of Mongolia and 9 districts of Ulaanbaatar city in cooperation with Red Cross and Red Crescent (RCRC) Movement members, governmental bodies, international institutions, domestic entities and individuals. To respond the COVID-19 pandemic, the MRCS raised a total of CHF 2.4 million from RCRC Movement members, international agencies, governmental organizations, entities, and individuals as of December 2021. A total of 1,440 volunteers were trained and mobilized to provide support to the health system and reduce the socio-economic impact of the pandemic. The following table illustrates the timeline of major activities of the MRCS COVID-19 response.

Figure 3. Timeline of major activities of the MRCS COVID-19 response



1.3 Scope of the review and key criteria

As stated in the Terms of Reference provided by the IFRC and MRCS, the review followed the IFRC Framework for Evaluation. In accordance with the IFRC Framework for Evaluation, the review assessed the relevance and appropriateness, efficiency, effectiveness, coverage, and sustainability of the following:

- Implementation of the response activities and strategies;
- COVID-19 response implementation modalities;
- Coordination and operation management mechanisms within the COVID-19 response;
- Quality assurance measures;
- Capacities to implement, enhancement of capacities as a result of this operation;
- Performance of the implementing partners; and
- Accountability to the beneficiaries and donors.

The review covered the MRCS COVID-19 response activities implementation period of February 2020 to January 2022.

1.4 Review purpose and objectives

The main purpose of this review was to assess the progress, results and achievements of the overall response actions taken by the MRCS regarding COVID-19. The review team looked at how well the overall

operation has met its goals and objectives (direct and indirect reach) considering the problems it has experienced, as well as whether the initial implementing strategies are still applicable and useful for other humanitarian operations.

Key findings and main recommendations derived from the review were used to inform the MRCS and IFRC on modifications that need to be adapted on the operational strategies, management arrangements in the future, with the goal of improving overall implementation quality.

The following key objectives were carried out under the review:

- Assess the relevance, efficiency, effectiveness, coverage, and sustainability and connectedness of the activities and overall operations carried out by the MRCS in response to COVID-19 including the NSRP.
- Determine whether the MRCS has ensured community engagement (what type with which groups) and protection gender and inclusion in the design and implementation of COVID-19 response operations, and whether the assistance has been delivered to those in need the most in a timely and accountable manner.
- Determine how the Movement and external coordination systems helped or impeded the objectives of operations taken by the MRCS with regard to COVID-19 .
- Identify "areas of concern" and address mitigation strategy or solutions so that the next phases of COVID-19 pandemic response operations and long-term pandemic preparedness can be better informed.
- Identify and address significant limitations, lessons learned, best practices, and recommendations for the MRCS, IFRC, and others to use in future pandemic or emergency response.
- Provide recommendations on how to improve the response and implementation capability of the MRCS, how to sustain coordination mechanisms and initiatives at the national and sub-national levels, how to transition operations from response to recovery in the future, and how to better engage communities for surveillance, designing and executing preparedness and response.

1.5 Limitation and challenges of the review

The following table summarizes major limitations and challenges caused during the data collection, data analysis, and reporting periods of the review.

Table 1. Limitation and challenges

Limitations and challenges	Description
Lack of report and disaggregated data available on monitoring and evaluation of some activities under the COVID-19 response	Major activities covering wide range of population such as number of people reached through COVID-19 screening and testing, crowd control support at the vaccination centers, and blood recruitment events limited the possibility to derive accurate estimation on the total number of people engaged or reached through these activities. This also imposed limitation in conducting detailed analysis on the coverage of different groups of people including the elderly, people with disabilities, ethnic minorities, LGBTQI+, and other vulnerable groups such as single-headed households or households with many children etc. To mitigate this challenge in the future, brief registration could be carried out, backed-up by the volunteers.
Not all indicators have set targets and none of the indicators had baseline values	Majority of the indicators defined under each Priority of the MRCS's COVID-19 response did not have targets that were set prior to the implementation of the intervention as the pandemic situation itself was unpredictable. In addition, baseline assessment or pre and post intervention surveys hasn't been carried out in some activities (but not for all response), in accordance with the emergency situation of the pandemic. This caused the biggest challenge for the review team to review and assess the progress and achievement of the MRCS's COVID-19 response activities and conduct comparative analysis on the pre and post pandemic periods. However, the indicator tracking tool reported by the MRCS on a quarterly basis helped mitigate this limitation to some level.

2. Methodology

In line with the review framework, a mixed-method approach comprising quantitative and qualitative methods including **Desk Review, Questionnaire Survey, Key Informant Interview (KII), Focus Group Discussion (FGD), and Case Study** were used for cross-checking and to ensure that the limitations of one type of data are balanced by the strengths of another (to improve the overall quality of the integrated research). More detailed description and information on review framework, sampling method, and data collection methods are shown in "Appendix 1- Detailed information on the review methodology".

2.1 Sampling size and composition

2.1.1 Quantitative survey sample size and composition

A total of six sites namely Selenge, Khovd, Darkhan-Uul, and Umnugovi provinces, and Songinokhairkhan and Bayanzurkh districts of Ulaanbaatar was covered in the questionnaire survey. Various activities have been implemented by the MRCS and their volunteers in these areas as the recorded case of COVID-19 was the high in these areas. Table 3 below provides an overview of the quantitative research sample size and composition.

Table 2. Quantitative survey sample size, by areas

Location	Sample size of people reached					Sample size of MRCS volunteers
	One-time food and in-kind assistance	Food assistance - Hotline	Routine food and in-kind assistance	Cash and Voucher assistance	Total number of people reached	
Songinokhairkhan district	49	31	18	27	125	20
Bayanzurkh district	27	18	18	27	90	20
Selenge district	31	28	-	-	59	10
Darkhan-Uul district	27	18	-	-	45	10
Umnugovi province	21	14	-	-	35	10
Khovd Province	27	9	-	-	36	10
Total	182	118	36	54	390	80

2.1.2 Qualitative research sample size and composition

Table 3 below provides an overview on the sample size and composition of the qualitative research respondents. More detailed information can be found in "Qualitative research sample size and composition" section of Appendix 1 and "Appendix 4— List of Key Informant Interview participants" of Appendix 4.

Table 3. Sample size and composition of the qualitative research respondents

Composition	Nº of KII	Nº of FGD
Government authorities	10	-
Institutional representatives	5	-
Implementation level staffs	6	2
People reached/people not reached	1	3
Primary Health Unit representative	1	-
Total	23	5

3. Findings

3.1 Relevance and Appropriateness

This section shows the results of the review of how the activities implemented by the MRCS under the COVID-19 response were implemented to meet the needs of the GoM, stakeholders, and targeted people as per the wider goal.

The MRCS COVID-19 response activities' relevance to meeting the needs of the GoM

The review team developed the table below, which compares the activities carried out by the GoM and the MRCS within the framework of the COVID-19 response from 2020 to 2022 .

Table 4. The activities and works done by the GoM and the MRCS within the framework of the COVID-19 response

#	Government of Mongolia: <i>Scope of response and performed activities¹³</i>	Mongolian Red Cross Society: <i>Scope of response and performed activities</i>
1	Management and coordination <ul style="list-style-type: none"> • Legal environment, regulations, instructions, their coherence, gap, and duplication • Planning, amendment, implementation, reporting, and outcomes • Public health and public events • Public participation and involvement 	Priority 3: Strengthening National Society <ul style="list-style-type: none"> • Improve the the MRCS' disaster preparedness capacity • Increase human resource and capacity building of volunteers • Ensure the safety of volunteers
2	Information, communication, surveillance and control <ul style="list-style-type: none"> • Risk communication • Surveillance-response • Information flow 	Priority 1: Sustaining Health and WASH: <ul style="list-style-type: none"> • COVID-19 contact tracing • RCCE messages (brochures, posters, video contents, leaflets)
3	Assistance and service <ul style="list-style-type: none"> • Laboratory and diagnostics • Health care and monitoring (detection, classification, treatment) • Essential and basic care • Infection prevention and control • COVID-19 vaccination 	Priority 1: Sustaining Health and WASH <ul style="list-style-type: none"> • COVID-19 testing • Emergency PPE, WASH supplies, testing kits and equipments (Negative pressure ambulance, ventilators, etc) • PSS, psychological first aid • Vaccination support for vulnerable people • Crowd control support at the vaccination centers
4	Resources, supplies and finance <ul style="list-style-type: none"> • Resource creation • Coordination (distribution) • Consumption 	Priority 2: Addressing Socio-economic Impacts of COVID-19 <ul style="list-style-type: none"> • Food and in-kind assistance • Cash transfer • Recourse mobilization (PPE, equipment, etc.) • "Improve the resilience and livelihoods of the families who migrated from rural to urban areas" project

The GoM implemented its COVID-19 response in four main areas, and the three priorities established by the MRCS appear to be directly relevant to these areas. In particular, the following major activities, implemented based on the urgent needs of government agencies, have yielded satisfactory results.

¹³ COVID-19 Response Evaluation Assessment, Working group leader Ambaselmaa. A, 2022.02.14

Human resource support: The dramatic increase in the number of cases of COVID-19 followed by the sharp increase in the number of people seeking hospital care resulted in a shortage of human resources in the health sector and hindered outreach services. At the time, the MRCS-trained volunteers worked at the primary health units, immunization, and testing centers as well as in surveillance teams which helped to mitigate the human resource shortage issue. Furthermore, as some of the volunteers were retired health workers, they had a positive effect on the outcome of these actions.

Since the first COVID-19 case in Mongolia was confirmed in March 2020, the MRCS volunteers started to provide PSS to those who were in isolation. Trained volunteers also worked at the National Center for Communicable Diseases (NCCD) to support their capacity and provide PSS to the affected people as well.

Box 1. Excerpt from the interviews on operational interdependence

During the peak of the pandemic, approximately 100,000 people needed medical care, exceeding health care capacity. The role of volunteers had been crucial during this period. Without volunteers, not only the hospital would have failed to cope with the workload but also the hospital would have faced human resources shortage. There is no denying that such shortage would have led to a crisis or human resources shortage that other nations had suffered from. Therefore, the MRCS's contribution was significant.

- KII with a representative of the SEC

The daily number of confirmed cases of COVID-19 was very high. The fact that the MRCS volunteers provided cooperation during this period when the health care human resources and capacity were in a dire situation had been exceptionally positive and effective. It is believed that the human resources problem was resolved.

- KII with a representative of the NCCD

Material aid: The MRCS provided material aid, including PPE, Health and WASH supplies (face masks, disinfectant kits, testing kits, etc.), and other essential equipment to combat COVID-19 and promote public health to relevant agencies and health care workers to 112 health facilities. For example, in 2020, when the MRCS donated a negative pressure ambulance used to transport infected patients to the Ulaanbaatar Ambulance Center, the then MoH and the Deputy Chairman of the SEC were present to express their gratitude¹⁴.

Representatives of the government and the MRCS also highlighted the coherence of the cooperation between GoM and the MRCS, starting from the planning stage.

The MRCS COVID-19 response activities' relevance to meeting the needs of the donor organizations

During the COVID-19 pandemic, the international donor organizations operating in Mongolia implemented COVID-19 response activities in their respective areas as well. However, due to the strict quarantine requirements in Mongolia at the time, these organizations were unable to reach their target groups. Therefore, the MRCS received financial and technical assistance from donors and carried out several activities in response to COVID-19. The table and section below show the major activities implemented and the types of collaborations the MRCS had with donors.

Table 5. Major activities implemented with the support of donors

Partner name	Collaboration
RCRC Movement members	Financial and technical support to develop and adapt the MRCS COVID-19 response operations under three priorities.

¹⁴ [Capital City Health Department \(ub.gov.mn\)](http://ub.gov.mn)

Partner name	Collaboration
UNICEF	Humanitarian contingency agreement for WASH emergencies. Funding for emergency hygiene supplies PSS outreach for children School reopening activities
WHO	Technical support and funding to the MRCS for volunteer mobilization
Global fund	Tuberculosis (TB) surveillance and treatments Funding for volunteer mobilization and food assistance
World Vision	Collaboration for WASH project

Risk Communication and Community Engagement (RCCE) activities: Stakeholders noted that the establishment of the RCCE network by the MRCS in cooperation with the WHO, inclusive of humanitarian organizations and government agencies, has been extremely effective in disseminating comprehensive and accurate information on the pandemic. In times of mass disasters and pandemics, all kinds of information, both true and false, spread rather quickly and may mislead the public. Under this context, the WHO representative highlighted that this network and the actions taken by the MRCS were tremendously constructive in ensuring information-sharing among stakeholders as well as disseminating accurate and identical information to the public. Moreover, KIIs demonstrated that the MRCS information on COVID-19 (risk communication, health and hygiene promotion messages) that was disseminated to the public through communication channels and volunteers was effective in improving public health and preventing the infection. This was because the MRCS handouts, brochures, video content, and posters were based on studies and comprehensively designed. Additionally, the MRCS also prepared and distributed Braille brochures for the visually impaired people and provided information in the Kazakh language for the ethnic minorities which had a positive outcome.

Mental Health and Psychosocial Support Service (MHPSS): The MRCS implemented the UNICEF-funded project named "Provision of MHPSS to COVID-19 affected children in rural communities" to provide MHPSS for 400 children infected with COVID-19. The UNICEF representative noted that this activity had been beneficial and received compliments from parents. Within the framework of the project, the MRCS trained and mobilized 40 volunteers in Gobi-Altai, Zavkhan, Tuv and Selenge provinces and all volunteers were introduced to child protection policy through inductions. The representative from the UNICEF noted "Due to the public emergency readiness regime, the UNICEF and other children's organizations were restricted from transport and access to health facilities. At that time, the MRCS was the only organization able to reach out to the affected communities. So our organization requested them to implement our project on behalf of us."

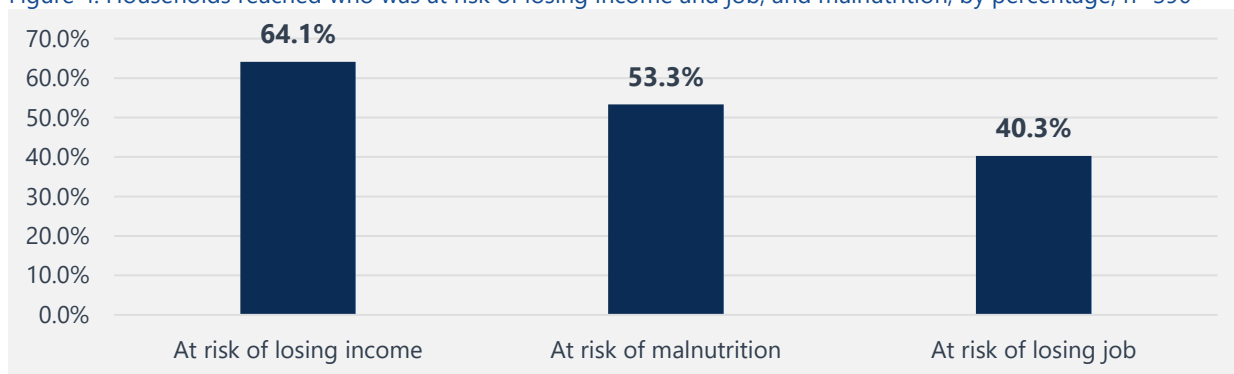
Support for access to essential health services: The MRCS has taken actions to maintain essential health services while simultaneously responding to the spread of COVID-19. In collaboration with the Global Fund and WHO, the MRCS conducted TB surveillance and treatments among homeless people of Ulaanbaatar city. During the strict lockdown, six sessions of TB examinations at the detention centers were organized. The representative of the Global Fund, who participated in the KII, said that these activities collaborated with the MRCS were very consistent with their organization's overall goals and activities. In addition to anti-TB measures, the MRCS also focused on the blood supply shortage and seasonal influenza outbreaks during the pandemic. Since the COVID-19 quarantine has made blood collection more difficult, the MRCS organized 43 blood recruitment events and blood donation appeals through media channels to support the National Centre for Blood Transfusion.

The MRCS COVID-19 response activities' relevance to meeting the needs of target communities

The review team assessed how the MRCS COVID-19 response activities met the needs of target groups based on the questionnaire survey conducted among the people reached.

Findings from the survey show that people reached faced the risk of losing their income, jobs, and malnutrition during the period of the MRCS response operation.

Figure 4. Households reached who was at risk of losing income and job, and malnutrition, by percentage, n=390



64.1% of people reached stated that they were at risk of losing income due to COVID-19 while 53.3% said that they were at risk of malnutrition due to the same reason. In terms of the employment, 40.3% of people reached also indicated that they were at risk of losing their job due to COVID-19.

Figure . Whether the assistance provided by the MRCS met the needs of people reached, by type of assistance



The review team also asked all survey respondents about how the assistance provided by the MRCS met their needs. 81.5% of 390 households received one-time food and in-kind assistance through the MRCS COVID-19 response , and 92.1% of them assessed that the support met the needs of the household. Of the 38 households that received routine food and in-kind assistance for a period of six months to a year, 21.1% received it 1-3 times, 14 or 36.8% received it 4-5 times, and the remaining 16 or 42.1% received it six or more times. 91.9% of households that received routine food assistance reported that the assistance fully met their household needs. Of the 390 households surveyed, 16.2% mentioned that they received cash assistance, and 95.2% of them were able to meet their needs. These results demonstrate that 91.9%-95.2% of the households that received livelihood support assistance met their household needs, indicating that most of citizens were satisfied with the activities of the MRCS.

These findings prove that the MRCS support on the livelihood of vulnerable people suited to the priority needs of targeted household. In addition, the MRCS volunteers have provided routine visits to the vulnerable people to support them emotionally, ensuring people living alone have someone they can talk to and discuss any problems. This lifeline has become an invaluable part of the COVID-19 response in

Mongolia, with the MRCS providing these crucial services to those who have found themselves isolated and alone¹⁵.

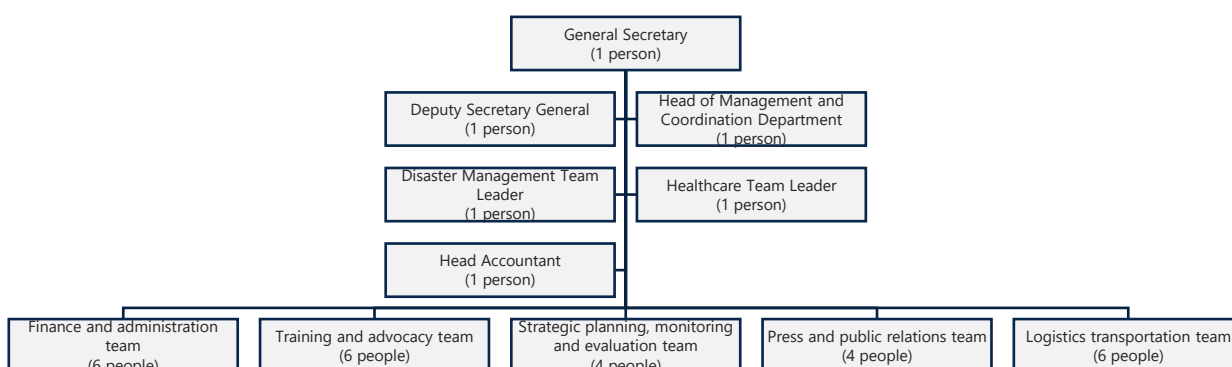
3.2 Efficiency

This section analyzes the efficiency of the MRCS’s resource and financial management during their COVID-19 response activities. In particular, efficiency can be analyzed by assessing whether they achieved the best possible results while spending the least amount of resources¹⁶.

The MRCS’s Secretary-General is a member of the Capital City Emergency Commission (CCEC). The MRCS staff at other levels also work as their respective province, district, soum (a rural administrative and territorial unit), and khoroо (a lowest administrative unit of Ulaanbaatar city) emergency commission members. On January 23, 2020, after the spread of COVID-19 was reported and the GoM and the SEC instructed to take necessary measures, Emergency headquarters were established. The MRCS members started working at SEC’s Emergency Headquarters at the state, province, and district levels. In addition, the MRCS began exploring the possible ways of responding to emergencies and how humanitarian organizations can assist.

The MRCS Secretary-General Order No. A/64 of 12 March 2020 was approved to restructure and reorganize the head office, which started operating in 2 shifts to prevent the spread of the COVID-19 pandemic, protect against exposure to COVID-19, enable work in shifts in emergencies, and ensure the continuity of the organization as shown in the figure below. To conclude from these actions, the MRCS updated its management structure during its COVID-19 response in a timely manner to ensure that the organization is able to continue to operate in risky and emergency situations.

Figure 5. Roles and responsibilities of members of the MRCS National Disaster Management Team to deal with COVID-19



Source: Order No. A/64 of 12 March 2020 approved by Secretary General of the MRCS, March 12, 2020

Based on the findings of KIIs conducted with 23 respondents, the following table provides identification of strengths and weaknesses of the management and administrative work of the head office in responding to COVID-19 at the departmental level and at the mid and primary-level branches.

¹⁵ IFRC, 2022, Reaching out with kindness, [Reaching out with kindness by International Federation of Red Cross and Red Crescent Societies - International Federation of Red Cross and Red Crescent Societies - Exposure \(exposure.co\)](https://www.ifrc.org/2022/02/22/reaching-out-with-kindness-by-international-federation-of-red-cross-and-red-crescent-societies-international-federation-of-red-cross-and-red-crescent-societies-exposure-exposure-co)

¹⁶ (Planning and Evaluation Department IFRC Secretariat, February 2011)

Table 6. Strengths and weaknesses of the organization based on interview findings and evaluation observations

Strengths	Challenges
<ul style="list-style-type: none"> • The Secretary-General of the MRCS is a CCEC member. With a representative in the Emergency Commission, they have access to information and can reflect and implement the work of the MRCS in decision-making. • With its vertical organization structure, General Secretariat – Mid-level branches – Primary-level branches, it can quickly mobilize resources in times of emergencies. • The MRCS was the only humanitarian organization permitted to reach out to citizens during the peak of the COVID-19 pandemic and provide humanitarian assistance and services. • As a humanitarian organization, it can import some goods and services urgently, with tariff reductions and exemptions, according to Mongolia's foreign trade policy. • The MRCS has co-operations with numerous foreign and domestic, public and private, profit and non-profit organizations, and individuals. • With its widespread network throughout Mongolia, it can reach and serve most of the population. • The MRCS has human resources trained to work in emergencies at all branch levels. With a reserve of many readily trained volunteers, it can engage and deploy them at short notice if necessary. • The MRCS provides its staff and volunteers with clear rules, regulations, instructions, and professional guidance. • The MRCS has a training system for volunteers who will work in emergency situations. • The MRCS has procedures in place to work during the COVID-19 pandemic. • The MRCS's capacity improved throughout its efforts. Their organizational capacity has been improved throughout 2021 and 2022 as compared to 2020. • The MRCS made new, flexible rules and regulations for working remotely. • The MRCS made efforts to protect and ensure the safety of volunteers working during infectious disease emergencies. 	<ul style="list-style-type: none"> • In general, lack of human resources at all levels of the Society: General Secretariat, mid-level, and primary-level branches. Particularly at mid-level branches, where only an average of 5-10 people work at each. • MRCS staff and volunteers worked for low wage to respond to the COVID-19 pandemic since labor costs were not reflected in activities implemented with donations from partner organizations. • Primary-level branch staff often work part-time and have different core job functions. For example, depending on the specifics of the district, the size and concentration of the population, local officials such as khoroo social workers double as part-time workers for the MRCS. For the 21 provinces, soum-based secretaries of Citizens' Representatives' Khurals are responsible for the activities of the MRCS. • Most of the volunteers are women or are elderly, which led to inefficiencies when distributing heavy and bulky food supplies, so volunteers' age and gender diversity need to be balanced. • The incentive mechanism to redeploy trained volunteers is weak. • Poor supply of clothing and equipment for volunteers working in red zones. • The reporting system needs to be improved. Reporting operation activities with only photos is insufficient. • In some cases, it was necessary to give a better understanding to the volunteers of their roles and responsibilities and provide more detailed information and guidance to them on the circumstances of the people they intend to help.

Source: Qualitative data collected for the review of the MRCS COVID-19 response

Box 2. Excerpt from the interviews on the cooperation of the MRCS staff at all levels

The MRCS General Secretariat provided us with recommendations and guidance. The mid-level branches planned their activities following these recommendations. In addition, we cooperated on relevant activities and plans per the cooperation agreements and Memorandum of Understanding signed with the province's Emergency Commission and professional associations.

- Promptly implemented the decisions of the GoM and the local Emergency Commission.
- Closely worked with organizations such as our local Emergency Management Agency, Department of Health, Labor and Social Welfare Agency, and Department of Education and Sciences on the four main programs.

- KII with the MRCS mid-level branch staff

It is observed that the MRCS had used a unique management structure and organizational approach with many strengths in its response to the COVID-19 pandemic. If the MRCS work to correct the challenges shown in Table 6, it would be better positioned to be able to provide additional and more effective support to the government and help the people in emergencies.

Box 3. Excerpt from the interviews on the MRCS's professional guidance provided to volunteers

The IFRC is very experienced and provided excellent guidance.

–KII with staff at the MRCS General Secretariat

The MRCS is well organized and has a transparent group system. What I like best is the professional guidance. Volunteers must be provided with professional guidance, listened to, and correct for their failures. They were good at that.

– KII with a representative of UNICEF

Although it had a vast network of volunteers with many years of experience, skills, training, and a sense of duty, most did not receive proper guidance on working during the COVID-19 pandemic. In the future, it is necessary to continue to strengthen the knowledge, skills, and experience gained during COVID-19 regularly and to be prepared for future emergencies.

– KII with a staff of the MRCS mid-level branch

The primary and secondary data the review team collected for the review suggests that the MRCS has an official process with documentation and guidelines on who, to whom, when, and how to implement the COVID-19 response, and has conducted several essential training and workshops for volunteers and relevant officials to implement them.

The review team conducted interviews with the MRCS staff at all levels of the organization on reviewing and evaluating how efficient and well-organized the COVID-19 response was, whether there is a system to improve it, and how it can be improved. From these interviews, we concluded that the plan for monitoring, evaluating, and improving operation at all levels of the organization was relatively weak. This was based on findings that there was insufficient documentation on planning and reporting of monitoring and evaluation of the COVID-19 response. In addition, staff at the headquarter noted that "Due to a lack of human resources, the system for monitoring, evaluating, and improving operations is weak. Therefore, the office of General Secretariat is looking to increase the number of such positions and to pay more attention to this matter."

Mid-level branch staff highlighted that the MRCS was faced with the need to focus more on the health and safety of staff and volunteers rather than on monitoring and evaluating the activities under the emergencies.

Some of the mid-level branch officers stated that registration and verification were done only by taking a photo of the ID card rather than collecting signatures from the people who were reached through the COVID-19 response. A primary-level branch staff, on the other hand, criticized the weak and almost non-existent system for monitoring, evaluating, and improving its operations.

The main financial resources of the MRCS are international organizations, donors, the government budget, private organizations, and individual donations. Funding for the COVID-19 response can be divided into two main areas. These include:

1. Funding from the RCRC Movement members
2. Funding from other stakeholders including humanitarian organizations and development agencies

As of January 31, 2022, the MRCS has generated CHF 2,152,035, of which CHF 2,082,182 was generated over the last two years for the response to the COVID-19 pandemic. The total amount of funds generated for the COVID-19 response activities by source is shown in the table below.

Table 7. Fundings raised for the MRCS COVID-19 response activities between January 2020 and January 2022

#	Source	Amounts, CHF	Percentage
1	Other Red Cross National Societies	555,856	25.8%
2	IFRC	480,734	22.3%
3	Income generating activity	383,000	17.8%
4	UN agencies & other multilateral agencies	353,113	16.4%
5	Corporations	210,246	9.8%
6	Foundations	60,981	2.8%
7	Home government	58,105	2.7%
8	ICRC	50,000	2.3%
Total of income breakdown amounts		2,152,035	100%

Data source: IFRC, COVID-19 National Society Financial Overview, 31 January 2022

The RCRC Movement members, including the IFRC and other National Societies, has been a major sponsor of humanitarian efforts to prevent and mitigate the effects of COVID-19. In other words, the International RCRC Movement generated 50.4% of the total funding of MRCS's COVID-19 response activities. Also, the MRCS itself created 17.8% of the total funding from their own income generation activities including trainings.

The IFRC funded 480,734 CHF, the largest share of total funding, while other national societies, including the Red Cross Society of China (242,808 CHF), the Australian Red Cross (172,549 CHF), the Republic of Korea National Red Cross (50,000 CHF), and the Japanese Red Cross Society (50,000 CHF), the Kuwait Red Crescent Society (18,178 CHF), and the Turkish Red Crescent Society (9,100 CHF), together funded about a quarter or 25.8% of the total funding.

Also, UN agencies & other multilateral agencies, such as the World Bank, Global Fund and regional development bank, and not-for-profit foundations with the explicit aim of making donations to other organizations financed 19.2% of total funding for the COVID-19 response. The remaining 12.5% of the funding was received from the GoM and corporations.

Over the past two years, the MRCS has spent a total of CHF 2,082,182 on the COVID-19 response, of which 51.5% or CHF 1,073,236 have been spent on reducing the socioeconomic adverse impacts of the pandemic. Also, CHF 783,146 or 37.6% of total expenditure was spent on health-related activities, while the remaining CHF 225,800 or 10.9% of the expenditure was spent on national society strengthening activities.

KIIs with stakeholders were conducted to get in-depth information on whether the funding decisions for the MRCS COVID-19 response were transparent and made promptly available. The staff of the General Secretariat and the mid-level branches said that the funding was regular and timely, and the information was open and transparent.

Table 8. Share of total expenditure on the COVID-19 response activities

#	Expenditure source	Amounts, CHF	Percentage
1	Socioeconomic activities	1,073,236	51.5%
2	Health-related activities	783,146	37.6%
3	National society institutional strengthening activities	225,800	10.9%
Total		2,082,182	100%

Data source: IFRC, COVID-19 National Society Financial Overview, 31 January 2022

The MRCS gathered the human resources, volunteers, cash, healthcare and hygiene products, food packages, facilities, news, information, and public relations tools needed to respond to COVID-19 promptly. The MRCS's position as a member of the SEC was a significant advantage.

However, the delivery of food packages to each household gave rise to many transportation and logistical challenges due to insufficient MRCS vehicles and drivers, exacerbated by the government's decision on strict lockdowns halting internal mobilization during the pandemic outbreak. To address and overcome these challenges, the MRCS volunteers utilized their own personal vehicles to transport and deliver food packages to households and used local facilities such as school halls, khoroo buildings as storage facility. Another option employed by the MRCS was contracting with transportation entities such as taxi companies and car rental organizations.

Moreover, the main standard warehouse the MRCS has is located in the Tuv province, not in Ulaanbaatar city, which created many challenges in storing food parcel and related goods during the strict lockdown as it was not easily accessible. Due to this challenge and a lack of resources, the MRCS used its headquarters office as a warehouse and rented many non-standard premises for storage.

The review team interviewed representatives of international and donor organizations that provided resources to the MRCS to assess whether the resources were used following the plan promptly without compromising the goals and objectives. Some results of the interviews are shown in the Box 4. All 23 respondents interviewed agreed that the MRCS used its resources in line with its purpose without waste.

Box 4. Excerpt from the interviews on the resource allocation and use of the MRCS

In terms of funding, we sign the contract between the IFRC and MRCS with the budget plan, timeframe alongside the financial report, narrative report. Therefore we are closely monitoring their implementation and also by regular meeting, field visit and receiving their report. Clearly reporting about the budget and details, reviewal of their financial report and receipts is a mandatory process as they must follow IFRC procurement guidance.

– KII with a representative of the IFRC

The MRCS used the resources obtained for the response following the agreed plan, objectives, budget, and timeframe, and there were no discrepancies. Global Fund projects are funded every quarter. There are no changes or misstatements, as the quarterly receipts are based on the cost items of the approved work plan and the content of the activities.

– KII with a representative of the Global Fund

We did not observe any discrepancies in the MRCS's resource management. The MRCS seems to have an excellent financial spending and control system. Technically, if we support the MRCS ourselves, we get information from those who benefit from it directly. So, there are no spending issues or discrepancies. I don't think there will be any issues in the future because the MRCS itself is well-organized.

– KII with a representative of the WHO

We monitored the MRCS's procurement. UNICEF conducts market research itself. Therefore, the market price of the purchased packages and products was monitored. No recommendations were made in the scope of monitoring.

– KII with a representative of the UNICEF

3.3 Effectiveness

Effectiveness of the MRCS COVID-19 response is evaluated based on to what extent the MRCS COVID-19 response achieved its intended, immediate results based on the response objectives and related indicators. Key elements of the effectiveness, in particular timeliness, coordination, trade-offs, and stakeholder perspectives, are considered in this section.

Timeliness

All interview respondents representing government bodies, international agencies, and implementation level MRCS staff, highlighted the MRCS took prompt and responsible actions to respond the COVID-19 pandemic. The qualitative data gathered through the KIIs shows that the main factors including cooperation of the RCRC Movement members, structure of the MRCS, mid and primary-level branches in all provinces of Mongolia, trained volunteers and staff positively affected the prompt responses.

Box 5. Excerpt from the interviews on the timeliness

I had no understanding of the MRCS activities before the pandemic. But after working closely with them during the pandemic, my confidence in this organization has increased and I am very impressed. From the way they worked during the pandemic, I realized that they were very responsible and able to work in a timely manner.

- *KII with a representative of the Labour and Social Welfare Service Division in Bayanzurkh district*

The MRCS was able to work promptly. During the pandemic, I noticed that the MRCS mid-level branches were very active.

- *KII with a representative of the MLSP*

If you mean it did not lose any time and worked responsibly, yes. There is one problem with donor organizations, and it is that they start raising funds when problems arise. While they are raising money, the problem subsides. In the case of the MRCS, the funding system seems to be very responsive. Because they have resources, structure, and systems that have learned to adapt to work in emergency situations, they do not have to wait for the donors or the money to come from somewhere. The funding activation system is very prompt.

- *KII with a representative of the WHO*

Moreover, 75.6% of the people reached who took part in the survey said that the MRCS staff were able to provide timely support to them during the pandemic. Poor and inadequate addressing in ger districts, and time-consuming filtering and selection process of households hindered the timely support of the MRCS staff as informed by the MRCS staff.

Figure 6. Whether the staff were able to provide timely support to people reached, n=390

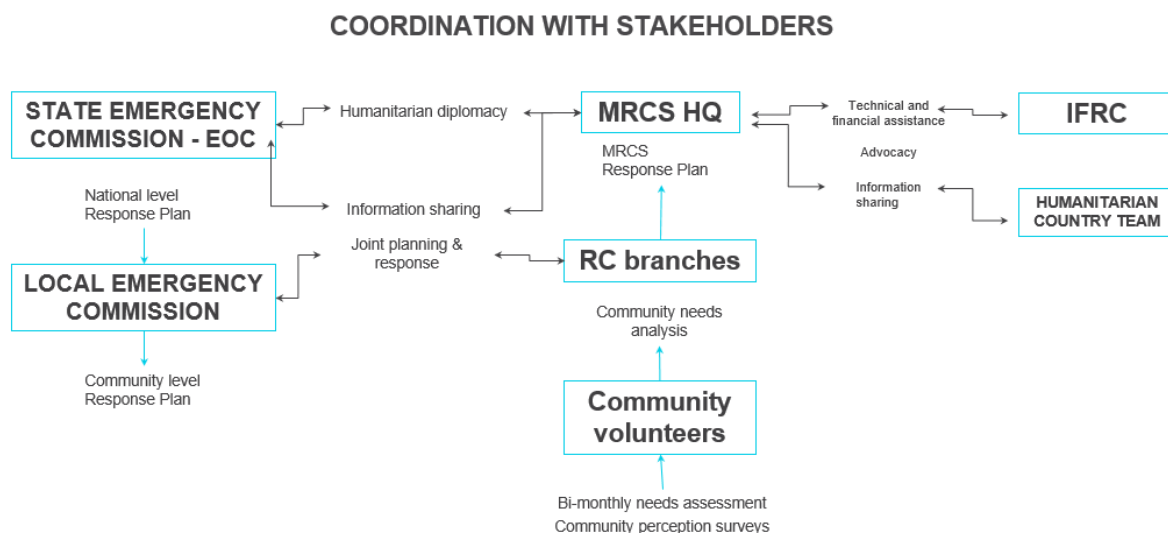


People reached by the MRCS' COVID-19 response who participated in the FGDs also highlighted that the assistance provided by the MRCS was delivered to them in timely manner and prevented their families from running out of food.

Coordination

The MRCS managed its response activities collaborating with different stakeholders in each stage. The review considered the involvement and effectiveness of other stakeholders during the implementation of the response activities, as well as the relevance and coherence of the stakeholders' activities.

Figure 7. The MRCS's coordination with stakeholders



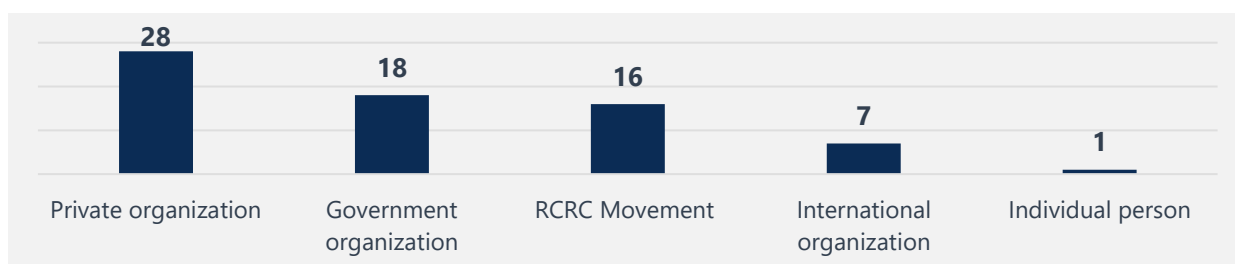
The Table 9 below summarizes the stakeholder coordination at each stage of the MRCS COVID-19 response.

Table 9. The stakeholder coordination at each stage of the MRCS COVID-19 response

Stages	Key stakeholders coordinated	Other stakeholders coordinated	Implementation type
Planning	RCRC Movement-IFRC Emergency Committees at all levels The MRCS and its local branches	International Donor Organizations Private organizations	By developing joint plans in the Emergency Committee meeting
Funding	RCRC Movement Donor Organizations (both national and international) Government partners	Private organizations Individuals	Donation
Implementation	The MRCS and its local branches	Government organizations	Activities and works reflected in the Priority 1-3
Monitoring and evaluation	RCRC Movement- IFRC External Donor Organization	-	Financial audits and performance evaluation
Reporting	The MRCS RCRC Movement- IFRC	Emergency Committees at all levels Media organizations	Annual reports Interim report Monthly reports

In 2019 (or pre-pandemic period), the number of partner stakeholders of the MRCS was 54, whereas within the framework of the COVID-19 response, the MRCS collaborated with about 70 stakeholders¹⁷ in 2020 and 2021.

Figure 8. Number of organizations that cooperated with the MRCS in 2021 by type of organization



¹⁷ A list of businesses, organizations, and individuals that have supported the response to the COVID-19 pandemic

During the planning and implementation stages, the MRCS worked closely with the IFRC and the government organizations, particularly with the SEC. Whereas, during the funding and M&E stages, the MRCS worked more closely with international donors, private organizations, and individuals.

Box 6. Excerpt from the interviews on stakeholders' engagement

During the planning stage, we often cooperated with government agencies. We often speak our opinion at meetings of the Emergency Committees (EC). Heads of the mid-level branches represent us and participate in these meetings.

- KII with the representative of the MRCS

International organizations are not producing separate plans but supporting government plans and decisions as much as possible. The MRCS planned and designed their response activity and funding in a way that there are no overlaps with other organizations.

- KII with the representative of the WHO

IFRC Global Appeal was launched in February 2020 to support national societies in response to Covid-19. The Global Appeal has been extended to the end of this year (2022). During this time, our Global Appeal includes three priorities, first Health & WASH, second Socio-economic Impact, third National Societies Capacity Building. The role of IFRC includes funds mobilization, advocacy, technical support, monitoring and evaluation, and support to the national society's response plan.

- KII with the representative of the IFRC

In the KIIs conducted for the review, participants stated that their collaboration with the MRCS was effective to respond the pandemic.

Box 7. Excerpt from the interviews on the effectiveness of collaboration

Measures taken by the MRCS during the pandemic were effective, and in my opinion, our organization has collaborated with the MRCS in an effective and proactive manner.

- KII with a representative of the SEC

Australian Red Cross provided technical support for influenza and COVID-19 preparedness and response. The MRCS has done everything they had planned.

- KII with the representative of the Australian Red Cross

Trade-offs

Actions taken by the GoM, the State and Capital City Special Emergency Commissions, and emergency commissions of corresponding levels were being changed drastically during the COVID-19 pandemic, adapting to the circumstances at the time. Due to the emergency situation, on the basis of the performance of the preceding months, the MRCS managed to revise, improve and realize its action plan by three or six months. In the timeframe of this review, the Response and Contingency Plan for the COVID-19 pandemic of the MRCS has been revised five times and implemented accordingly, since its initial adoption in February 2020. These prompt decisions made by the MRCS had positive effect on the overall operation of the response according to the MRCS representatives.

Stakeholder perspectives

In general, all 23 representatives of stakeholders who have been interviewed highlighted that the MRCS response activities were highly effective and achieved its initial plans.

Box 8. Excerpt from the interviews with the stakeholders on the MRCS's performance of its planned action

The implementation of the MRCS action plan is 100% complete. I know because I, myself was in charge of the funding. MRCS does not carry out anything without funding. We have never done anything without funding. I am well informed of the matters related to financing, hence the actions that were proposed to me are 100 percent complete.

- KII with a representative of the Sukhbaatar District Governor's Office

Performance was generally good. We had been fairly well prepared, everything worked according to the plan, and we provided the necessary food and in-kind assistance to the citizens. Our operation became more vigorous in comparison to ordinary times. In that sense, I think our cooperation with the MRCS has resulted in an amplified outcome.

- KII with a representative of the Labour and Social Welfare Service Division in Bayanzurkh district

Initially, we weren't sure what to do exactly and we planned our activities in general. However, during the implementation phase, we managed to achieve as much as we had expected. Overall, the planned work has been done. In addition to the planned actions, a lot more additional work has been done.

- KII with the staff of the primary-level branch

However, some representatives of stakeholders noted the following challenges and areas for improvement for the MRCS. These include:

- There was a challenge of allocating human resources and providing emergency care and services without neglecting core operations. Due to a lack of financial resources, the MRCS was unable to acquire enough human resources. Human resources needed to be increased and the staff workload at all levels should be balanced out.
- The work of the primary-level branch requires attention and it needs to be strengthened and enhanced. The branch should closely work with the soum Citizens' Representative Khural, and the soum governor's office.
- In some districts and localities, a designated place was not prepared in advance for the receipt, unloading, transportation, and storage of goods and materials.
- As the whole world suffered from pandemic-induced border restrictions and not only limited to Mongolia, Mongolia's aid resources became limited. As a result, there was a risk that medications needed for medical treatment faced delays. Therefore, there is a need to provide more domestic resources and to increase the number of warehouses in strategic locations.
- The MRCS training is not very effective if organized online. In-person and apprenticeship are more effective. Although humanitarian activities and assistance continued as planned, planned activities and training intended for the primary level began to experience interruptions due to poor internet connection and lack of training facilities at the primary level.
- Public awareness activities for the MRCS need to be carried out, and the MRCS membership needs to be increased. It would be useful to introduce the importance of volunteering and humanitarian work as part of the general education classes in schools.

According to the MRCS Annual Reports of 2020 and 2021, the office of the General Secretariat has successfully completed its 2020 and 2021 action plans, with the same completion rate of 96.5%, for both years.

The IFRC launched the COVID-19 Indicator tracking tool, which defines standard indicators across the IFRC so that collective achievements and results are measured and communicated widely. Consolidated data

collected through this tool can provide a Federation-wide overview of the RCRC activities globally¹⁸. In the next sections, the review team analyzes the indicators related to each priority of the response.

3.3.1 Priority 1: Sustaining Health and Water, Sanitation and Hygiene (WASH)

The objective of Priority 1: Provide support to reducing illness and loss of life, while protecting the health, safety and wellbeing of the most vulnerable people, by supporting efforts to contain, slow or suppress transmission of the virus, treating cases, and helping affected communities maintain access to essential health and social services.

The review team evaluated the extent which the MRCS achieved its objective for Priority 1 based on the data collected through the IFRC Indicator tracking tool. The following table provides data on achievements of key indicators of the intervention.

Table 10. Achievement of key indicators under Priority 1, by date

Indicators	2020/07 /30	2020/10 /15	2021/01 /31	2021/06 /30	2021/09 /30	2022/01 /31
# contacts identified and/or followed disaggregated by age/sex	-	-	-	-	14,700	148,200
# of COVID-19 cases in cohort/home isolation and/or contacts under quarantine receiving material support from NS	1	1	1	1	9,865	24,300
# of people reached through risk communication and community engagement for health and hygiene promotion activities	291,870	291,870	2,650,000	2,970,000	2,970,000	2,978,000
# of health facilities supported with infection prevention control and WASH activities	83	84	101	112	112	112
# of people supported through community WASH activities that reduce the risk of COVID-19 transmission	70,970	70,970	74,249	456,539	534,250	534,250
# of people reached with MHPSS services for COVID-19 response	5,258	17,300	113,300	119,420	241,300	247,180
# of staff and volunteers trained in COVID-19 vaccine introduction	N/A ¹⁹	N/A	0	60	7,260	7,260
# of individuals NS has supported to get vaccinated against COVID-19	N/A ²⁰	N/A	N/A	4,883	118,200	118,200
# of people reached by the NS to address vaccine hesitancy	N/A	N/A	N/A	44,524	118,200	118,200

Source: IFRC Indicator tracking tools

In April 2020, the MRCS launched the “Domestic Response Plan: COVID-19 outbreak” with technical support of the IFRC and set goal to reach out to 224,932 people with Health and WASH activities under Priority 1. Data shown above proves that the MRCS over-achieved their initial goal successfully, having reached out to a total of 534,250 people and 112 health facilities with their support and assistance. Furthermore, it can be observed that the total cumulative number of people and health facilities reached in each indicator had constantly increased within the period from July 2020 to January 2022.

¹⁸ IFRC, COVID-19 Indicator Tracking Tool

¹⁹ Data wasn't provided on the Indicator Tracking Tool.

²⁰ Vaccination has not been started yet.

Contact tracing and vaccination support, MHPSS, RCCE activities (dissemination of 98 types of leaflets, posters, video content, and brochures on the COVID-19 risk communication, health, and hygiene promotion messages had reached 87.3% of the total population of Mongolia), supplies (face masks, disinfectant kits, testing kits, beds, mattresses, etc.) and other equipment (Negative pressure ambulance, ventilators, etc.) provided by the MRCS to general population and health facilities were highly effective according to the representatives of stakeholders interviewed in the KIIs.

In terms of the MHPSS, the MRCS mobilized their trained volunteers to provide PSS to general and affected communities. "Provision of MHPSS to COVID-19 affected children in rural communities" project was implemented with funding of the UNICEF to provide PSS to the 400 children infected with COVID-19 and its initial assessment was conducted by the MRCS. As stated in the project report, almost all caregivers (99.5%) of the children reached indicated that the MHPSS project had achieved its goal and had been implemented successfully. Moreover, all caregivers said this type of project needs to be implemented in the future²¹.

3.3.2 Priority 2: Addressing socio-economic impacts of COVID-19

The objective of Priority 2: To respond to the enormous socio-economic impact of COVID-19, the MRCS is scaling-up its existing livelihoods and food security support and adapting or developing new programmes to address the fall-out from the pandemic.

The review team assessed the effectiveness of the MRCS response to COVID-19 in protecting the socio-economic well-being based on the following table, which provides the data on achievement of key indicators defined under Priority 2.

Table 11. Achievement of key indicators under Priority 2, by date

Indicators	2020/07 /30	2020/10 /15	2021/01 /31	2021/06 /30	2021/09 /30	2022/01 /31
# of people made vulnerable by COVID-19 reached with food and other in-kind assistance	10,800	16,700	92,700	174,647	178,500	184,380
# number of people reached with safe and adequate shelter and settlements under the circumstances of COVID-19	0	92	92	92	92	92
# of community feedback comments collected	350	2	968	0	0	0
# of NS staff and volunteers trained on community engagement and accountability	1,139	600	751	751	751	751
# of branches who include an analysis of the specific needs of marginalised groups in their assessments	30	30	30	30	30	30
# of people reached by programmes addressing violence	2,160	4,165	4,165	6,120	6,120	6,120

Source: IFRC Indicator tracking tools

The MRCS set a target to deliver food and other in-kind assistance to 11,100 people in April 2020, and as of two years later, at the end of January 2022, 184,380 people have received food and other in-kind assistance from the MRCS. This shows that the MRCS has reached out to 17 times its targeted number of

²¹ MRCS, 2022, "Provision of MHPSS to the Covid-19 affected children in rural communities" project report

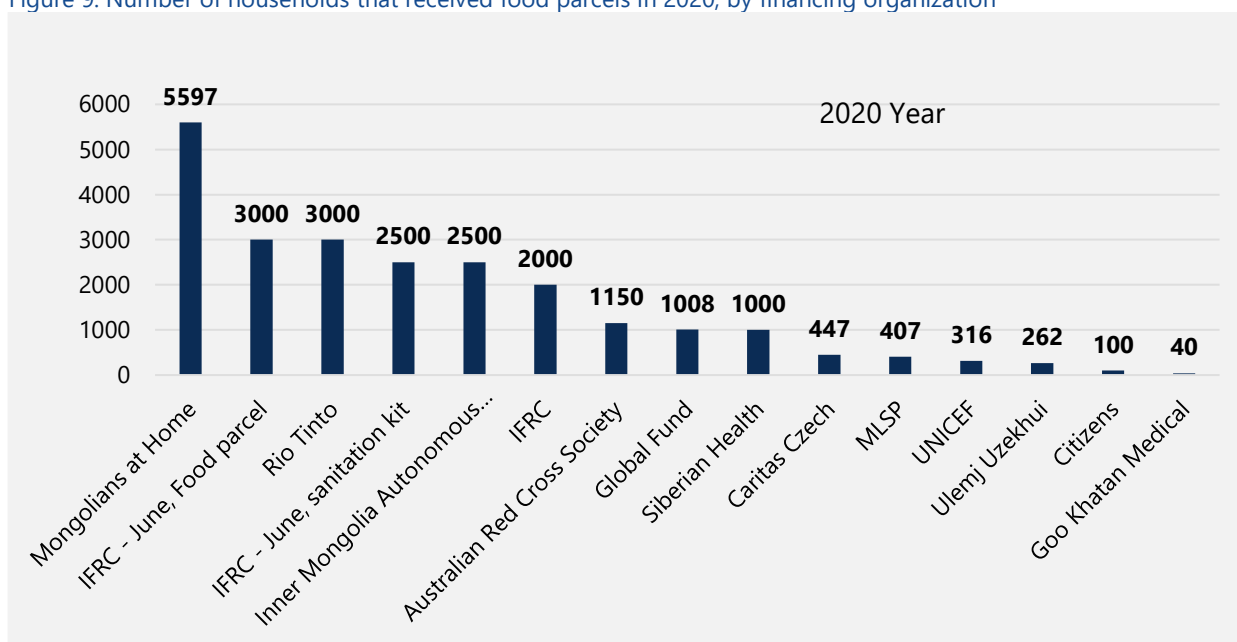
people. In addition, 92 people have been reached with safe and adequate shelter and settlements under the circumstances of COVID-19.

30 National Society branches have included an analysis of the specific needs of marginalised groups in their assessments and they have reached 6,120 people through their National Society programs in addressing violence.

For the purpose of mitigating the social and economic impact of COVID-19, the MRCS raised a total of CHF 1,174,489²² in 2020 and 2021, which accounted for 47.4% of the total funding raised for actions aimed at responding to COVID-19. Funding was provided by public and private organizations, international donors, and citizens such as the IFRC, the UNICEF, the Australian Red Cross Society, the Qatar Red Crescent Society, the Mongolian Government Reserve Fund, the Ministry of Labour and Social Protection (MLSP), the UNICEF, the “Mongolians at Home”, good-will TV Concert Fund, the Global Fund, Rio Tinto, Munkh Togtvortoi Hujil San, Government House of the Inner Mongolia Autonomous Region of the People's Republic of China, Caritas Czech Republic, the Naro Banchin Foundation, Ulemj Uzkehui, Goo Khatan Medical, and Siberian Health.

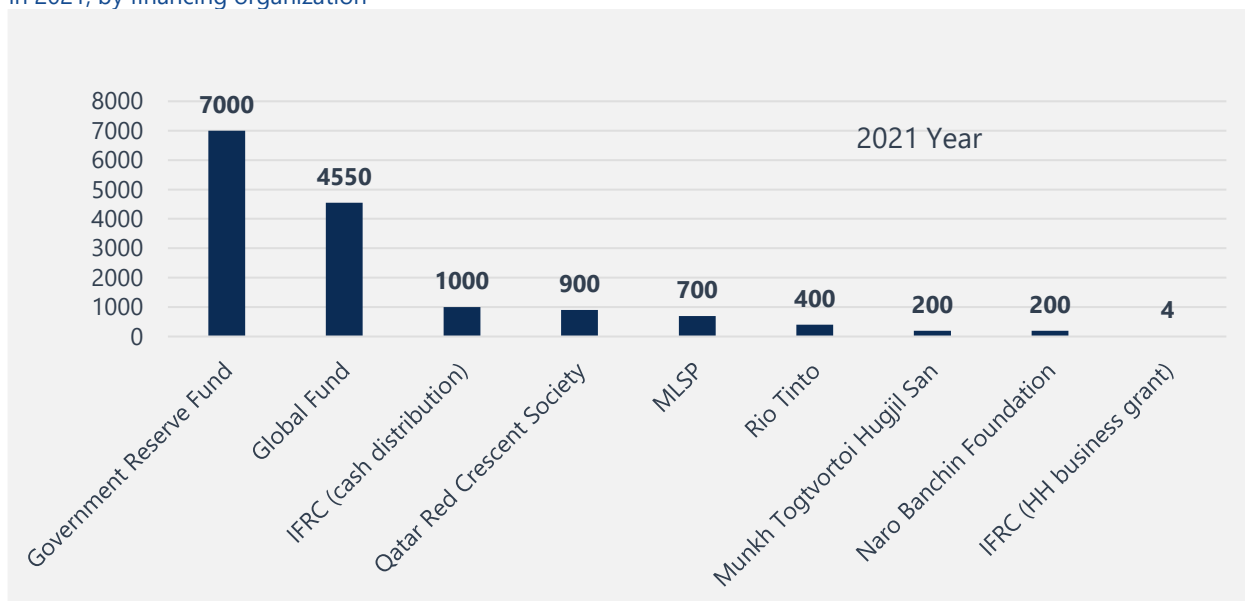
The MRCS provided food parcels, one-time food assistance, cash assistance, and household business grants to support the livelihoods of the target group. The following two figures show the number of households that received livelihood support food parcels in 2020 and 2021 by financing organizations, within the scope of 21 provinces, nine districts, Ulaanbaatar Railway, and Office of the MRCS General Secretariat. A total of 37,277 households received food parcels, and the Government Reserve Fund, the “Mongolians at Home” good-will TV concert fund, the IFRC, and the Global Fund were named as the major financing organizations.

Figure 9. Number of households that received food parcels in 2020, by financing organization



²² (Mongolian Red Cross Society, 1 February 2020 - 31 December 2021)

Figure 10. Number of households that received food parcels, cash distribution and household business grants support in 2021, by financing organization



Results of the surveys and FGDs conducted with the people reached by the COVID-19 response on the performance of the MRCS livelihood support activities are summarized below. The following table summarizes the number of households surveyed (in overlapped numbers) and their share in the total number of households by each type of livelihood assistance provided by the MRCS.

Table 12. Number and proportion of people reached by the COVID-19 response, by type of assistance, n=390

Type of assistance	Number of households reached by the COVID-19 response	Percentage in the total households surveyed
One-time food assistance	318	81.5%
Simple/regular food parcels (6 months to a year)	38	9.7%
Cash assistance	63	16.2%

Of the 390 households surveyed, 295 households, or 75.6% indicated that the MRCS was able to provide immediate assistance to the members of these households. The ability to provide emergency assistance without a delay is an important indicator of the effectiveness of the concerning action²³.

As reported in the Post Distribution Monitoring Report on Provision of Cash Assistance developed by the MRCS, 62% of total 71 respondents answered that the amount of cash assistance was good, and 32.4% answered that it was fair enough and only 5.6% answered that the amount was poor. It was also reported that the cash assistance has helped well for 7.1% of the respondents to recover to their normal life and helped 89.7% of the respondents in some way, but their life was still worse than the life before the pandemic.²⁴ This shows that the livelihood support measures of the MRCS have been effective. This can also be confirmed by the results of KIIs conducted by IRIM team during the review included in the following Box 9.

²³ (Planning and Evaluation Department IFRC Secretariat, February 2011)

²⁴ MRCS, 2021, Cash distribution report

Box 9. Excerpt from the interviews on the MRCS’s performance to respond to COVID-19 in terms of timeliness

The MRCS was able to respond promptly and responsibly. Because when we were unable to provide out reach services, the MRCS had already been able to do so. Also, it took action without a delay.

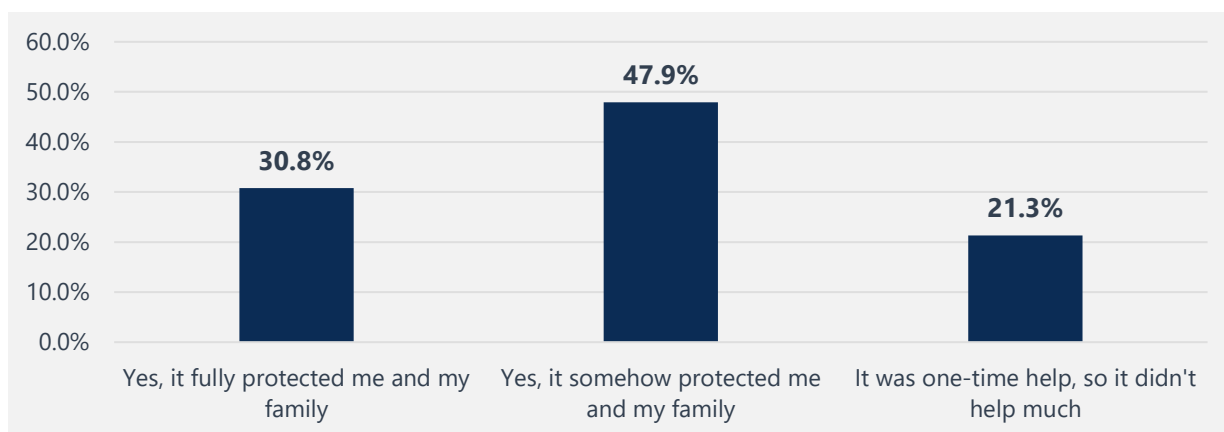
- *KII with a representative of a UNICEF*

The activities funded within the scope of our project were fully implemented on time and within the framework of national legislation.

- *KII with a representative of a Global Fund*

Another important indicator of the effectiveness of the MRCS's response to COVID-19 and its efforts to improve people's livelihoods is whether the MRCS has been able to protect people reached by the COVID-19 response from experiencing malnutrition. As shown in the figure below Figure 11, about 78.7% (30.8% answered “fully protected” and 47.9% answered “somehow protected”) of the 390 households surveyed during the review said that assistance provided by the MRCS protected their households from the risk of malnutrition. These indicate that the MRCS's efforts to reduce the social and economic impact of COVID-19 have been significant.

Figure 11. Whether the MRCS helped to protect household reached by the COVID-19 response from the risk of malnutrition, n = 390



Box 10. Excerpt from the interviews on the effectiveness of food and in-kind assistance

It can be concluded that the MRCS promptly provided assistance and donations in a timely manner has been a positive approach and even the national announcement of a fundraising event called “Mongolians at home” has offered support to a large number of households in a very short period of time. If it hadn't been so, the people would have been very upset with the government as they would have to rely on the government. I think our Red Cross has contributed significantly to that.

– KII with the MRCS mid-level branch staff

If the MRCS had not provided food and in-kind assistance, the number of people with COVID-19 would probably have been higher. It may have been a little help in boosting people's immunity.

– KII with the MRCS mid-level branch staff

The one-time food and in-kind assistance provided by the MRCS had a significant impact on our family's food needs. If the assistance had not been provided, there would have been a direct shortage of food for us. In fact, we were getting short of food.

- FGD with the people reached from Bayanzurkh district

In addition to the above-mentioned activities to support people's livelihoods, the MRCS provided long-term employment promotion grants to four households. Two households who took part in the our survey responded that they were 100% satisfied, mentioning that the employment promotion grants had a significant impact on their lives.

Case Study

In 2021, the MRCS carried out the “Improve the resilience and livelihoods of families who migrated from rural to urban areas” project with an objective to help families who migrated to Ulaanbaatar from rural areas during COVID-19 by teaching them life skills and start their own small and medium businesses. The project covered a total of 30 households and provided disaster risk and business management training. After the participants were trained, a project competition was organized among the small and medium businesses, and four households were selected and provided with the necessary equipment to launch their own businesses. One of these four households was Sh. Battsengel’s family.



Photo: Participant Sh.Battsengel and the MRCS staff

Sh.Battsengel lives with his wife and three children in the Bayanzurkh District of Ulaanbaatar. They migrated to Ulaanbaatar from Dundgovi province in 2019 and they did not have a fixed income until the project was implemented. The basic household income was child allowance provided for each of their children by the government which is equivalent to CHF 32. Within the framework of the project, the family was selected for their vegetable growing project proposal ("Vegetables"). They launched their own business by acquiring greenhouses, seedlings, fertilizers, and bio-preparations from the MRCS.

Prior to this project, my family had just migrated from the countryside. Therefore, we had financial problems. At that time, participating in the MRCS project and successfully implementing the vegetable growing activities has helped us to overcome the pandemic.

- Sh.Battsengel, Project participant

During the case study, they mentioned that running a vegetable business has increased their household income by about 80% and that they can pay for their child's university tuition. Sh.Battsengel and his wife B.Tsetsegmaa plan to build a winter greenhouse in order to expand their business, grow four seasons of vegetables and provide jobs for other unemployed people in the near future. They also bought two cows last fall, and plan to build a dairy farm in the future in addition to growing vegetables.

I have a lot of confidence to continue and expand my business in the future. I work hard because I am confident. This is a major work that we initiated during the pandemic.

- Sh.Battsengel, Project participant

The outcome of the project on other participants

Case of participant B.Khandaa: The participant B.Khandaa started her sewing and tailoring project "Nandin" with support of the MRCS. The biggest impact of the MRCS assistance on participant Khandaa.B's life was the increase in their household income. She said that participating in the project inspired her to pursue a new goal of buying a car. Since delivering her product by bus takes more time and leaving her daughter alone at home is worrisome, she decided to save up money to buy a car. She also said that the business will be more efficient she would be able to deliver her products anytime and anywhere with a car.

Case of participant Ya.Byambatsogt: The project participant Ya.Byambatsogt's family received the required equipment for their "Mongolian eco toys" project. Since young children often play with toys made of plastic, which is harmful to their health and environment, they came up with the idea to make toys out of wood. Now they also make wooden furniture in addition to the toys. His family built a garage for his new business with the income from selling the toys and furniture. For the future, they plan to expand their business and produce a wide variety of wooden products.

Case of participant B.Zolbayar: Another one of the selected projects was the "Mandakh" sewing and tailoring project. "Mandakh" is now a working group of around fifty parents of children with disabilities and project participant B.Zolbayar works as a coordinator of the group. Since they received sewing machines and knitting machines from the MRCS, they have been receiving orders to make work clothes, children's deel (Mongolian clothing), and kindergarten children's bags from clients. Currently, B.Zolbayar himself is studying for a master's degree in sewing and embroidery. He stated that they were inspired by the MRCS to establish their own factory in the future.

3.3.3 Priority 3: Strengthening National Society

The objective of Priority 3: To ensure preparedness and institutional readiness to respond to COVID-19, as well as to other disasters and crises, through sound preparedness and contingency planning.

The following table provides data on achievements of key indicators of the Priority 3.

Table 13. Achievement of key indicators under Priority 3, by date

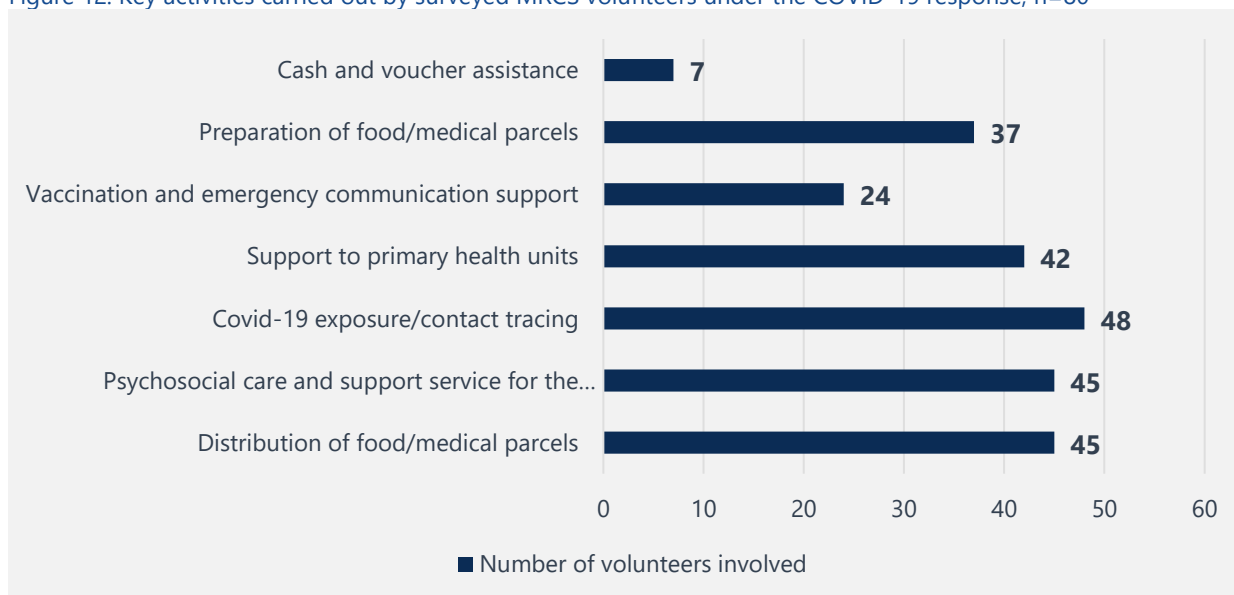
Indicators	2020/07 /30	2020/10 /15	2021/01 /31	2021/06 /30	2021/09 /30	2022/01 /31
# of people reached through pandemic-proof community preparedness, response and DRR measures	418,380	418,380	630,250	1,246,565	1,246,565	1,246,565
The NS has developed contingency plans for the COVID-19 response and other concomitant emergencies	yes	yes	yes	yes	yes	yes
The role and activities of the NS are expressly included in the national government's main plan(s) for the COVID response/recovery	yes	yes	yes	yes	yes	yes
Proportion (%) of core organizational budget that is funded	80	80	80	80	80	80
Unrestricted financial reserves for more than 3 months	no	no	no	no	no	no
# of new streams for unrestricted income	0	0	0	0	0	0
The NS has adapted its business continuity plan (BCP) for COVID-19 or developed a new one.	yes	yes	yes	yes	yes	yes
NS volunteers are provided with insurance that covers accidents, illness, or death benefits to their families, including private, organizational (e.g. solidarity funds) or public coverage from authorities.	300	715	yes-partially	yes-partially	yes-partially	yes-partially
NS COVID-19 volunteers have access to the Personal Protection Equipment (PPE) necessary to safely fulfil their duty	2,800	400	yes-fully	yes-fully	yes-partially	yes-partially

Source: IFRC Indicator tracking tools

The review team particularly emphasized on the effectiveness of volunteer mobilization under the MRCS COVID-19 response in contributing towards the community resilience and capacity strengthening of the National Society.

The review team conducted a survey with 80 MRCS volunteers who provided support in eight different types of response activities. Following figure summarizes activities carried out by the surveyed MRCS volunteers under the COVID-19 response.

Figure 12. Key activities carried out by surveyed MRCS volunteers under the COVID-19 response, n=80



As informed by the survey respondents, a total of 255 households were reached out by the surveyed 80 volunteers. This means each volunteer was responsible to reach out and provide support to three household/individuals on average.

Volunteers were asked to rate the effectiveness of response assistance/activities carried out by the MRCS with the help of volunteers from 1 to 10 (1 being not effective at all, 10 being very effective) during the survey. The result showed that volunteer mobilization was significantly effective averaging 8.90 score points out of maximum 10 score points. Emergency communication support activity received the highest effectiveness rate of 9.33 score points whereas all other activities where surveyed volunteers were involved have been rated with score 8 and above.

The following table provides overview on the effectiveness of volunteer mobilization in each assistance/activity as rated by the volunteers themselves.

Table 14. Effectiveness of volunteer mobilization in response assistance/activities carried out by the MRCS

#	Assistance/activities	Effectiveness rate (out of 10 score points)
1	One time food and in-kind assistance	9.00
2	COVID-19 contact tracing	8.69
3	Routine food and in-kind assistance	8.93
4	Cash and Voucher	8.08
5	Medical package	9.03
6	Psychological advice and assistance	8.96
7	Emergency communication support	9.33
8	Attended training	9.18
Overall average score of effectiveness		8.90

In order to build the capacity of the National Society in terms of disaster readiness and financial stability, various types of trainings and capacity building sessions were organized covering staff at different levels and volunteers. In total, 4307 volunteers and staff (in overlapped number) took part in capacity building activities to strengthen their disaster readiness and financial stability skills. The following table provides an overview of the capacity building activities organized in 2020 and 2021.

Table 15. Capacity building activities organized for MRCS staffs and volunteers in 2020 and 2021

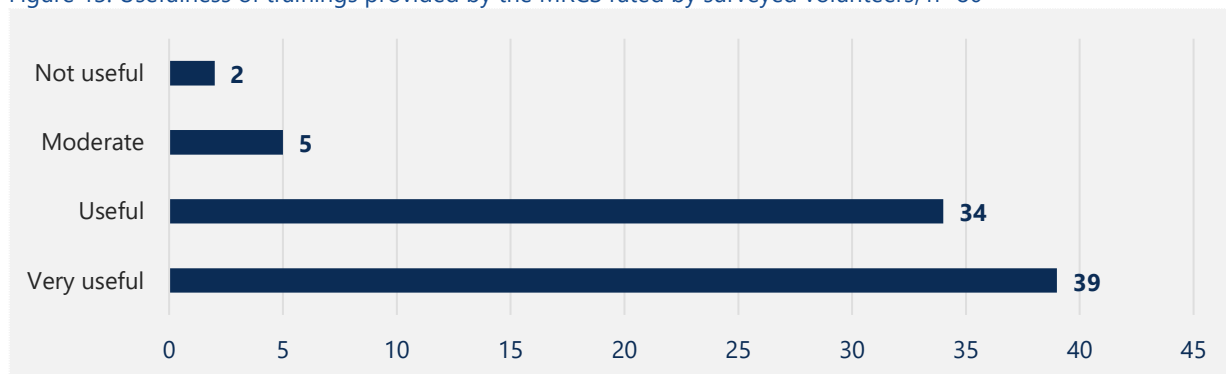
#	Capacity building activities	Year	Target audience	#
1	"Interaction and Response during the COVID-19 pandemic" workshop	2020	- Volunteers of 6 districts and 21 provinces - Staffs of the Disaster Management Team of the MRCS and mid-level branches	510
2	"Working during Public Health Emergencies" 12 times training		- Volunteers	600
3	Training on "Disaster Response, International Humanitarian Law, Disaster Protection, Gender, Participation, Social and Psychological Support, and Water and Hygiene"		- National Society Disaster Response Team members	17
4	"The COVID-19 safety protocols and effective response" training		- National Society Disaster Response Team members	23
5	Training on "Providing care and support for nursing patients"		- Methodologists and volunteers of 6 districts of UB	180
6	"Be Ready" module training for trainers		- Volunteers from mid-level branches	68
7	Training to build primary accounting and reporting skills		- Mid-level branch chairpersons and accountants	55
8	A3 Certification ²⁵ training on the Law on Procurement of Goods, Works and Services with State and Local Funds		- Mid-level branch accountants	11
9	Training on communicable disease prevention and good hygiene practices		- Mid-level branch methodologists and volunteers	29
10	Training for trainers using the "Disaster Management Training for Business Entities and Organizations" handbook	- Trainers	68	
11	Training on the COVID-19 Response, Organization, and Communication Surveillance, Tracing, Volunteer Ethics and Management, and Disaster and Emergency Psychological Support	- Volunteers	400	
12	Training and capacity building training for providing home-based care to vulnerable elderly people	- Volunteers	60	
13	Online training on "Dissemination of information on the COVID-19 pandemic vaccination at rural areas"	2021	- Volunteers from 21 provinces	315
14	Training on the MRCS Strategy-2030 and 2025 Action Plan, Record Keeping Standards, Financial Management, and e-Government Methodology		- Mid-level branch chairpersons and methodologists	111
15	Financial Stability Plan Development Training		- Mid-level branch chairpersons and accountants	44
16	E-learning session on "Social and Psychological Support" and "Stress Management"		- Volunteers and MRCS staffs of 17 provinces and 9 districts	132
17	22 times of joint training and experience sharing seminars		- Chairpersons, methodologists, accountants, and volunteers from 31 mid-level branches	1684
Duplicated counting of volunteers and staff engaged in capacity building activities				4307

²⁵ "A3 Certification" is a term given by the Ministry of Finance of Mongolia.

As reported in the 2020 and 2021 Annual Report of the MRCS, the National Society’s overall organizational capacity²⁶ was increased by 15% in 2020 and 18.7%²⁷ in 2021 respectively compared to 2017.

To evaluate the effectiveness of aforementioned capacity building activities, we asked volunteers to rate the usefulness of trainings and capacity building activities they were enrolled in. 48.8% of surveyed volunteers rated the trainings as ‘very useful’ and 42.5% rated it ‘useful’.

Figure 13. Usefulness of trainings provided by the MRCS rated by surveyed volunteers, n=80



When volunteers were asked what kind of additional or more in-depth trainings they need to improve their capacity in responding disasters and emergencies, the following suggestions were collected:

Figure 14. Training needs of surveyed volunteers (excerpted from Volunteers’ survey)

Specified skills	Soft skills
<ul style="list-style-type: none"> • Livelihood improvement and household finance • Sanitation, water and hygiene • Disaster protection • Sign language and interpretation • Proper nutrition • Psychological counseling 	<ul style="list-style-type: none"> • Communicating MRCS activities to people reached • Working with elderly people • Reaching out and engaging with children • Volunteer experience and practice sharing sessions

²⁶ Organizational Capacity is assessed through 5 core capacity (to exist, to organize, to relate and mobilize, to perform, and to grow) and 85 attributes. The assessment is intended to capture the strengths and weaknesses of National Societies as a whole in relation to a wide range of organizational capacities. More information can be found here: <https://data.ifrc.org/ocac/>

²⁷ MRCS, Organizational Capacity Assessment and Certification compared result between 2018/2021

3.4 Coverage

As reported in the Effectiveness section, the MRCS reached out to a large number of people through the COVID-19 response and a variety of different target groups were included in each activity. In some cases, the coverage of people reached was determined based on the specific needs and requirements of partners and donors. For instance, the project supported by UNICEF provided social and psychological support to affected children in rural hospitals, while the TB surveillance and treatments project funded by Global Fund targeted homeless people in Ulaanbaatar city. However, people with disabilities (PWDs), internal migrants, single female-headed households, and elderly people were prioritized in all response operations²⁸.

Since COVID-19 was a new threat to public health, the MRCS implemented many activities to support health system capacity and benefit the general population under Priority 1. For instance, the MRCS provided PPE and WASH supplies to the 112 health facilities, and the volunteers were mobilized to support the Primary Health Units and health centers. In terms of the RCCE activities, the MRCS produced and disseminated many types of the COVID-19 risk communication, health, and hygiene promotion messages for all age groups including children, adolescents and adults, visually impaired people, and ethnic minorities (Kazakhs), and reached out to 2,978,000 people directly and indirectly. Moreover, MHPSS activities covered affected and isolated children and adults, frontline staff of the health sector, MRCS staff, and volunteers.

Table 16. Stakeholders and people reached by the COVID-19 response of key activities implemented under Priority 1

Nº	Activities	Type of people reached	Nº of people reached
1	COVID-19 contact tracing	• General population	• 148,200 people
2	COVID-19 screening and testing	• General population	• No data
3	RCCE messages (brochures, posters, video contents, leaflets)	• General population	• 2,978,000 people (directly and indirectly)
4	Emergency PPE, WASH supplies, testing kits, and equipment (Negative pressure ambulance, ventilators, etc)	• General population • Health facility staff	• 534,250 people • 68,200 staff
5	PSS, psychological first aid	• General population • Children affected by COVID-19 • Children of the frontline workers	• 247,180 people • 137 children • 715 children
8	Vaccination support for vulnerable people	• Vulnerable people over the age of 55	• 4,883
9	Crowd control support at the vaccination centers	• General population	• No data
10	Material support for cases in isolation and/or contacts in quarantine	• Isolated people	• 24,300 people
11	Routine tuberculosis surveillance and treatment	• Homeless people of Ulaanbaatar	• 2,106 people
12	Blood recruitment events	• General population	• No data

Source: The MRCS COVID-19 Response Interim report 2020-2021; Annual operational report of the MRCS Secretary-General office for 2020 and 2021; IFRC, Indicator tracking tool, February 2022

Since most activities under Priority 1 were directed to support the health system's capacity, there is insufficient data available on the people reached to perform advanced analysis.

Under Priority 2, major activities implemented were the distribution of food and in-kind assistance, and cash assistance to vulnerable households. The COVID-19 quarantine restrictions strongly affected the financial situation of households according to the relevant research. For instance, the research, conducted

²⁸ MRCS, COVID-19 Interim report 2020-2021, 2022

by “Sant Maral” foundation in May 2020, with the participation of 1,200 people from across Mongolia, found that 42.8% of the respondents stated that COVID-19 affected the household financial situation (income) a lot, with 36.7% answering it affected to a certain extent²⁹. Therefore, the main selection criterion for people to be reached by the MRCS’ activities was the financial situation of households, and those whose income has been reduced due to COVID-19 were covered in all provinces and soums of Mongolia. In addition, the use of supporting criteria for the selection, approved by the MRCS Board of Directors every four years, helped to cover a wide range of vulnerable groups.

For food and in-kind assistance, the MRCS operated a hotline during the pandemic 3 . A total of 4,905 households asked for food assistance; out of these, 3,746 households (76.4%) received assistance from the MRCS, which suggested the response activities covered a wide range of people reached by the COVID-19 response.

The following table shows the main activities of the MRCS under Priority 2 as of January 2022, the number of people reached, and the selection criteria.

Table 17. People reached and selection criteria of key activities implemented under Priority 2

#	Activities	# of people reached	Selection criteria
1	Food and in-kind assistance	<ul style="list-style-type: none"> 151,380 people 	<p>Main criterion</p> <ul style="list-style-type: none"> Households that lost 50 or more percent of their household income <p>Supporting criteria</p> <ul style="list-style-type: none"> Households with persons with disabilities Citizen aged 60 or older without a guardian Households with 5 or more children under the age of 16 Households with a single parent and 3 or more children under the age of 16
2	Cash transfer	<ul style="list-style-type: none"> 1,000 households 	<p>Main criterion</p> <ul style="list-style-type: none"> Households that lost 50 or more percent of their household income <p>Supporting criteria</p> <ul style="list-style-type: none"> No regular welfare income Not covered by food vouchers or other government benefits Households with a single parent and 3 or more children under the age of 16 Citizen without a guardian aged 60 or elder Households with persons with disabilities Households with pregnant or breastfeeding women
3	“Improve the resilience and livelihoods of the families who migrated from rural to urban areas” project	<ul style="list-style-type: none"> 169 people of 30 households 	<p>Main criteria</p> <ul style="list-style-type: none"> Family who lost their livestock to “dzud” and seek alternate employment or wishes to change current employment <p>Supporting criteria</p> <ul style="list-style-type: none"> Households with 3 or more children under the age of 16 Households with single parents Households with persons with disabilities

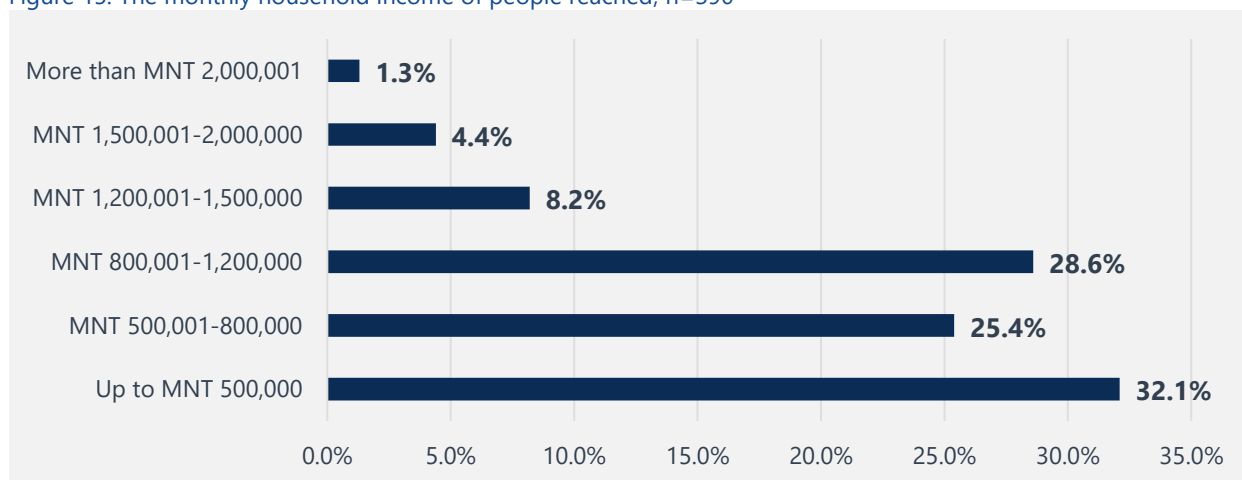
Source: The MRCS COVID-19 Response Interim report; “Improve the resilience and livelihoods of the families who migrated from rural to urban areas” project report; List of people reached by the COVID-19 response

²⁹ “Sant Maral” foundation, 2020, https://www.santmaral.org/files/ugd/915e91_338ad2a5397f432e9acc3c6ef48d7c66.pdf

The review team identified the socioeconomic and demographic situation of all 390 people reached by food and in-kind assistance, and cash assistance who participated in the questionnaire survey. Of these, 73.6% were women, and 26.4% were men. The average age of the people reached by the COVID-19 response was 46 years, with a range of 16 to 83 and a standard deviation of 13.5 years.

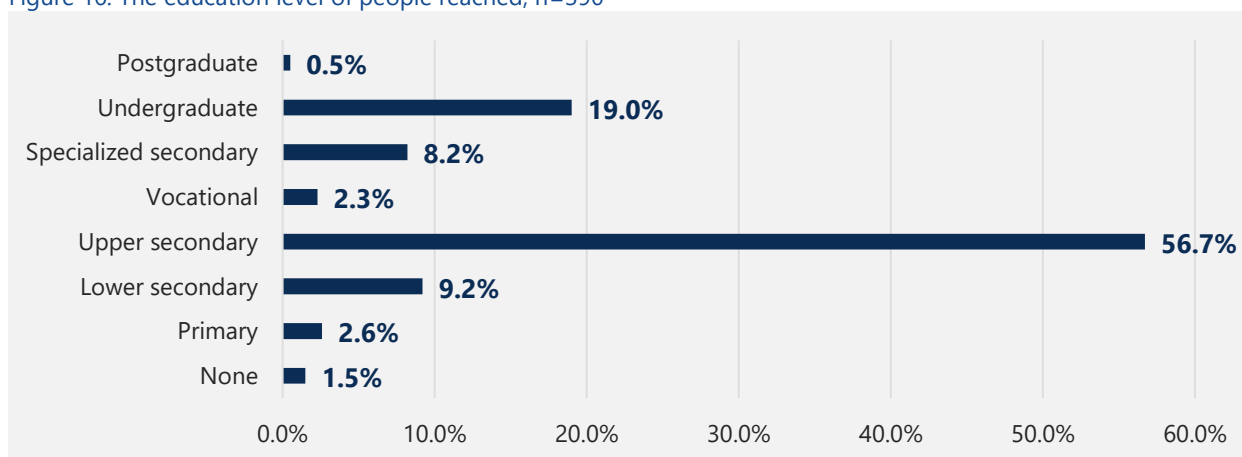
The monthly average household income of respondents was CHF 282, which is two times lower than the national average, MNT 1.6 million or CHF 518³⁰. Most of people reached (94.4%) reported that their monthly household income was up to MNT 1.5 million or CHF 485.

Figure 15. The monthly household income of people reached, n=390



In terms of education level, 56.7% had completed secondary school, 19% had a bachelor’s degree, and 9.2% had completed a lower secondary education. On employment status, 30.3% of the people reached by the COVID-19 response were unemployed, 28.7% had formal employment with a fixed income, 21.5% were retired, and 12.3% had informal employment with a fixed income, 2.3% were herder, and the remaining 4.9% answered other.

Figure 16. The education level of people reached, n=390



At least one of the members of 157 households (40.3%) of the 390 households who took part in the survey was at risk of losing his/her job or not finding a job during the pandemic. Of those 157 households, 91.7% reported that the main reason for losing their jobs or not finding jobs was the pandemic. In addition, 53.3% of the households surveyed were at risk of malnutrition during the pandemic, and 88.9% of them said that

³⁰ NSO, Household socio-economic survey, 2021 4th quarter

the main factor contributing to this risk was the pandemic. This suggests that the MRCS has provided livelihood assistance directed at households that lost their jobs or were at risk of losing their jobs.

The average household sizes of the people reached by the COVID-19 response were 4.4 whereas the minimum and the maximum recorded among them were 1 and 15 persons respectively. 18.1% of the households had up to 3 members, and 50.3% had 4-5 members while 31.6% had more than 6 members. The household size is determined by the number of people living under the same roof and eating from the same pot. It is also observed that the MRCS managed to cover the single-head families well because 41.8% of surveyed people reached were single mothers or fathers. The following table shows the types of households that were surveyed.

Table 18. Type of people reached by the COVID-19 response households, n=390

Type of households	Frequency	Percentage
Households with more than 3 children under 16	121	31.0
Households with elderly people above 60	115	29.4
Households with persons with disability	100	25.6
Households with pregnant and breastfeeding women	87	22.3
Households with a single father or mother	163	41.8

The MRCS cooperating with MLSP and local agencies, such as the Agency for Labor Welfare Services, selected people to be reached from the list of vulnerable households within the above-mentioned criteria, but there were also very few cases where recipients who do not need assistance and support were included. Representatives of the MRCS noted that due to a lack of time, human resources, and accurate information, it was sometimes difficult to prove that the income of the household had decreased, which is the main selection criterion for people to be reached by the COVID-19 response. Therefore, the volunteers who participated in the interview emphasized the need to improve the selection mechanism of people to be reached.

Box 11. Excerpt from the interviews on non-necessary people who received assistance

There were cases where the food packages were distributed to households that could afford it. These were families with affordable housing and wearing gold in their hands.

- *KII with the representative of the volunteers*

When we go to the households according to the list provided by the khoroo, there can be a few middle-class households with 2-storey houses. In that case, we give the food parcels to the poorer households in that area, near the target household.

- *KII with the representative of the volunteers*

Although there were a very few cases where households that did not need assistance received food packages, the majority of people reached were the target groups according to representatives of volunteers and funding organizations because they monitored the eligibility of the receiving households. 86.3% of the total volunteers surveyed said that only necessary people received assistance through the response, while 12.5% said that there was a case when the assistance was provided to non-necessary people, and 1.2% said that there were several cases when the assistance was provided to non-necessary people.

Box 12. Excerpt from the interviews on people reached with the MRCS assistance

Without a one-time food assistance from the MRCS, households would be short of food and nutrition. There are so many families in pitiful condition. If I have ten packages of food, there are still many families whom we can distribute and in need of food packages.

- FGD with the representative of the volunteers

Our organization visited and monitored the food distribution procedure. It was clear from the general situation of those who came and received support. I do not doubt it because if you go to the food distribution, you can see whether MRCS has reached the target group or other people who have entered under the name of the target group.

- KII with the representative of the Global Fund

Representatives of the MRCS noted that despite the efforts to involve PWDs in all response activities, there was a lack of clear strategies and plans to reach them.

The MRCS was the only humanitarian organization permitted to distribute food and goods during the severe quarantine period of the COVID-19 pandemic and had a wide geographical scope as it had mid-level branches in all provinces of Mongolia. KII participants highlighted that the MRCS assisted people living not only in the suburbs of Ulaanbaatar city but also in remote rural areas and herders.

However, representatives of the MRCS noted that despite the efforts to involve PWDs in all response activities, there was a lack of clear strategies and plans to reach them.

The following table summarizes the advantages and disadvantages of the COVID-19 response activities in terms of its coverage.

Table 19. Advantages and disadvantages of the COVID-19 response activities in terms of its coverage

Priority	Advantages	Disadvantages
Priority 1	<ul style="list-style-type: none"> - Supported the health system capacity - Implemented activities that were directed to benefit all population - Addressed and considered all age groups, visually impaired people, and ethnic minorities in the RCCE activities - Supported elderly to get vaccinated 	<ul style="list-style-type: none"> - Lack of strategy to cover vulnerable people, especially PWDs in some activities - Lack of strategy to reach out to people with very high risk to get infected by COVID-19 (People with cancer, HIV/AIDS, organ transplantation, and immuno suppression)
Priority 2	<ul style="list-style-type: none"> - Assisted a large number of people who was reached by the response activities - Created the selecting criteria for people to be reached which covered a range of vulnerable people - Reached out to households who had low income and had their income reduced due to the COVID-19 pandemic - Covered large geographical areas including all provinces and soums in Mongolia 	<ul style="list-style-type: none"> - Lack of well-developed mechanism to monitor whether assistance reached to target people to be reached by the COVID-19 response.
Priority 3	<ul style="list-style-type: none"> - Trained and mobilized volunteers nationwide to respond to COVID-19 	<ul style="list-style-type: none"> - Could not maintain the age and gender balance of volunteers (majority of volunteers were women and old people)

3.5 Sustainability and connectedness

In this section, the review team assessed how well the MRCS was equipped/capacitated to respond to similar emergencies in the future and whether there are any linkages between the relief and recovery that have been established.

The capacity of the National Society has been strengthened at all levels, and the capacity of the mid-level branches is being steadily improved. The MRCS has successfully organized a nationwide intervention to assist the government in preventing, quarantining, restricting and responding to the spread of the COVID-19 epidemic.

All representatives of the MRCS partner organizations who took part in the KIIs have reported that the MRCS signs Memorandum of Understanding or a contract with its partner organizations on annual basis. When formulating their annual operational plans and strategies, the MRCS includes collaborative activities with its partners by defining their main roles and responsibilities.

When the review team asked the informants whether any improvements or changes need to be taken to ensure sustainability and connectedness in the future activities of the MRCS, majority of them suggested to implement projects and programs that tackle livelihood development, unemployment, violence prevention, and gender-based empowerment issues rather than one-time emergency responses.

In addition, it was suggested that improvements need to be made in keeping trained and capacitated focal points at all levels as there are a lot of turnovers within staff. This was also mentioned in the efficiency section that sustainability of MRCS staff at different levels and volunteers is one of the key concerns.

Box 13. Excerpt from the interviews with partner organization of the MRCS

One of the things observed at the MRCS was the high turnover of staff. As we implement the MRCS project, we hire one person from the MRCS as a focal point. These hired people would be frequently changed. Although there is no change in management, there is a change in the person who executes the work. As far as I know, I have been working with five different MRCS people since the beginning of our cooperation. Despite they have satisfactory communication and attitudes, the fact that they change every year has made it difficult to implement projects.

- KII with international partner organization

People assume MRCS is an organization that just provide clothes and food packages. MRCS is a large organization that operates in many fields. Instead, livelihood skills development training activities should be promoted and implemented by MRCS.

- KII with local partner organization

We would like to work together with MRCS to implement activities targeting women and adolescent girls. There are unfortunate cases where girls whose parents are alcoholics and who are very busy looking after their younger siblings etc. Our district has a lot of vulnerable groups. Low-educated women live in ger areas, which can lead to alcoholism, suicide, and depression.

- KII with local partner organization

When the people directly reached by the MRCS COVID-19 response, who took part in our survey were asked what kind of improvements needed to be taken by the MRCS to ensure more equitable, resilient, sustainable, and healthy society, the following answers were provided.

1. Conduct survey or organize discussion among people who were reached and target vulnerable groups to assess their needs to better implement programs and projects that meet their needs
2. Provide psychological counseling and support services
3. Provide assistance and support to end alcoholism at outskirts areas – Organize advocacy activities
4. Provide assistance and support continuously (rather than one time support)
5. Organize employment skills development and capacity building trainings and connect with employers
6. Target the assistances to elderly people, children, undocumented citizen, and homeless people (housing support)

The review team conducted literature review on the MRCS Operational Plan of 2022. The MRCS has set goals and defined clear activities to improve the capacity of the NS for future Disaster Risk Management, Disaster Prevention, Preparedness and Response, enhance the coordination of public health promotion policies and activities during emergencies and contribute to the reduction of social and economic consequences, and strengthen the capacity of the NS at all levels and increase the participation of members, supporters, children, youth and volunteers.

It is concluded that the MRCS will be able to respond to similar events in the future and contribute to post-pandemic relief and recovery efforts by the government and other stakeholders as current plan already included activities that contribute to development of social, economic, and health systems that are equitable, resilient, and sustainable.

4. Conclusions and recommendations

4.1 Relevance and Appropriateness

The COVID-19 response activities of the MRCS were directly relevant to the scope of GoM's response, and the MRCS worked to fill the gap where there was a lack of resources and meet the needs of GoM. For instance, the MRCS trained volunteers in the health sector during the pandemic and mobilized them to work at primary health units, immunization, and testing centers as well as in surveillance teams, which met the GoM's human resource needs. In addition, the MRCS supplied essential materials and equipment to 112 health care facilities in times of need.

The MRCS has also expanded its cooperation with international donor organizations more during the pandemic period compared to previous years. The MRCS was the only humanitarian organization that was able to reach out to the public during the strict lockdown measures imposed by the government. Many donor organizations cooperated with the MRCS in providing technical and financial support based on the MRCS's advantage in availability of mobilization. This indicates that the MRCS have fulfilled their responsibilities in disaster situations and provided for the needs of other organizations, as enshrined in legislation (Law on the Legal Status of the MRCS, Law on Disaster Protection, etc.).

The MRCS provided food and sanitation parcels, routine food and in-kind assistance (for 6 months to 1 year), cash, and household employment grants to target groups in need of assistance during the pandemic. More than 90% of surveyed people who were reached reported that these activities directly met their needs. Furthermore, about 80% of them said that with the help of the MRCS, they were able to prevent malnutrition during the pandemic. It can be concluded that the MRCS had provided the appropriate response activities in meeting the needs of the target group and public during the COVID-19 pandemic.

4.2 Efficiency

The MRCS had efficiently used the resources within the framework of three priorities in responding to COVID-19. The tangible and intangible resources employed in the COVID-19 response measures had been relatively well established in a way that the MRCS did not lose time to ensure its operation.

The MRCS has well organized and efficiently spent its financial resources. They had fundraised a total of CHF 2,152,035, 50.4% of which was raised from the RCRC Movement members. The MRCS has spent a total of CHF 2,082,182 on the COVID-19 response, of which 51.5% or CHF 1,073,236 have been spent on reducing the socioeconomic adverse impacts of the pandemic. Also, CHF 783,146 or 38% of total expenditure was spent on health-related activities, while the remaining CHF 225,800 or 11% of the expenditure was spent on national society strengthening activities.

Based on the information received from all stakeholders who took part in the review, it was determined that the MRCS employed the resources as intended and without waste. In summary, the MRCS has successfully implemented the COVID-19 response measures, which were internationally recognized and announced as a good practice of the outbreak since 2020.

At the beginning of 2020, The MRCS General Secretariat changed its management structure to cope and operate efficiently during the pandemic. The new structure ensured timely information dissemination, coordination, the process of building understanding, management, guidance, decision-making guidelines, and monitoring opportunities to staff at all levels who were involved in the COVID-19 response measures.

One challenge was a human resource issue. A lack of human resources at the General Secretariat, mid-level branches, and primary level branches, resulted in current employees having to take on an excessive workload or duplicate roles during the pandemic. This posed a risk of employees abandoning or neglecting either their main or auxiliary roles.

Recommendation 1. The MRCS needs to increase its staff at all levels and clarify each employee's roles and responsibilities, and ensure appropriate amount of workload is assigned to each employee. Since it is observed that the MRCS staff and volunteers worked with low wage or low incentive in activities of the response, there is a need to plan and implement policies and activities to address the funding needed to increase the workforce and human resources. This can be achieved by specifying administrative and labor costs when making contracts and agreements with donors and the public and private sectors.

There is no system of remuneration or incentives for primary-level branch staff and volunteers that could help to encourage them to work effectively. Their involvement in humanitarian work is based solely on their own values and beliefs, and the MRCS faces a risk of losing these trained and experienced human resources in the medium and long term.

Recommendation 2. There is a need to promote and recognize the participation, achievements, time, and efforts of volunteers and establish a system that directly and indirectly evaluates their work. Primary-level branch staff and volunteers working in emergencies should be provided with security, insurance, clothing, food, and supplies. Volunteer work should be organized in a way that the volunteers do not need to incur any of these expenses on their own. For example, this can be achieved by working with public and private organizations operating in insurance and risk management.

Recommendation 3. It is essential to continue the excellent practice of filling the gaps in human resources of health institutions and backing up doctors, and focusing on involving volunteers in this area of pandemic response. There is a need to focus on ensuring age and gender balance, increasing the value of participation, creating incentives for hard work, and ensuring a long-term sustainability system for volunteer recruitment and retainment.

There have been cases where the MRCS could not provide help and services to the people who are in need during emergency situations, depending on external factors. In some cases, the criteria and requirements set by ministries and government agencies for the import of goods and materials donated by international donors for emergency situations had been inconsistent, complicating not only the work of the MRCS but also in some cases, delaying the humanitarian aid delivery. Also, due to the poor quality of household addresses, civil registration, and information in Mongolia, the MRCS encountered challenges in providing timely assistance and services to target groups.

During the strict lockdown, it was challenging to set up transport and logistics resources to deliver a considerable size of food assistance to the designated population. During the pandemic, there were many logistics related challenges due to the lack of standard warehouse and transportation capacity.

Recommendation 4. In considering the possibility of another global pandemic and future lockdowns, similar to COVID-19, the MRCS needs to address the issue of adequate warehousing, transportation, and logistics in all 21 provinces and nine districts and improve resource gathering. Also, the MRCS needs to create a logistics department in line with the logistics assessment done by the IFRC in 2019.

4.3 Effectiveness

The MRCS's COVID-19 response was assessed as highly effective by the review team in terms of implementation of activities, reaching targets defined, timeliness, and trade-offs, and coordination with stakeholders.

As a result of training and mobilizing volunteers to provide support at different levels of health units nationwide, the MRCS contributed to reducing the risk of COVID-19 transmission. For instance, the MRCS volunteers were able to identify and trace total of 148,200 COVID-19 contacts, supported vaccination of 118,200 people across Mongolia. In addition, distributing COVID-19 related information to a total of 2.9 million people brought a significant impact on enhancing public health and disease prevention.

In areas of supporting people's livelihoods during the pandemic, the MRCS's timely distributed food and other in-kind assistance which reduced the risk of malnutrition to total of 184,380 people all across Mongolia. The provision of social and psychological support to the sick, lonely and isolated children and young people has proven to be a positive and good experience.

The review team observed that M&E procedures of MRCS for effective operations and ensuring improvement for subsequent actions of all levels of its branches lacked.

Recommendation 5. Monitoring-Evaluation, Accountability and Learning systems to notify, report, review, and improve the effectiveness of operations should be put in place and implemented at all levels of the National Society – General Secretariat, mid and primary-level branches.

4.3.1 Priority 1: Health and water, sanitation and hygiene (WASH)

The main goal of this priority was to fill the resources gap the health sector was experiencing, and human resources and technical support measures carried out in this direction have been effective. In particular, the surveillance work conducted by volunteers has been highlighted and recognized as a good practice, as part of response measures, by government officials.

Through the media and volunteer mobilization, the MRCS disseminated pandemic-related information (the COVID-19 risk communication, health, and hygiene promotion messages) to the public which had a major impact on improving public health and disease prevention. It is crucial that the dissemination of this health-related news and information continue, even after the end of the pandemic, using the information channels currently used as they have demonstrated to be effective in reaching the mass population.

4.3.2 Priority 2: Addressing socio-economic impacts of COVID-19

In order to reduce the social and economic impact of COVID-19, the MRCS has raised funds from international donor organizations, the state budget, private companies, and individuals to provide one-time food assistance and sanitation kits to outreach to the target groups; to give gifts to children; to provide routine food assistance for 6 months to a year; to offer cash assistance or household employment support grant; to improve sanitation facilities; to conduct WASH training and awareness campaigns and to offer psychological support and counseling.

37,277 target households who lost or were at risk of losing their jobs were provided with food parcels, 1,000 households were given cash assistance, and four households were offered household employment support grants. 79% of the people reached through these activities who took part in the survey reported that getting assistance from the MRCS helped them to prevent from experiencing food shortages during the pandemic. It can be concluded that the MRCS efforts intended to reduce the social and economic impact of the pandemic have been effective. This conclusion was also confirmed following the result of meetings and discussions held with representatives of organizations cooperating with the MRCS.

Although the MRCS was able to raise CHF 2.4 million from local and international donors, the GoM, local businesses, organizations, and individuals, it still lacked human capital and financial resources, and the MRCS could have reached more people if more resources were available. In particular, in special times when funding and human resources were insufficient, there was a need to provide assistance to more than 1,000 households, a standard number of the Red Cross, and the MRCS did experience shortages of food assistance, hygiene, and material supplies at the time.

In addition, the MRCS had to work in conditions where it had to deliver supplies and food assistance under a strict lockdown context and there were limited drivers and personnel to transport, load and unload these

supplies. Storage facilities were also limited. The MRCS also had limited information on the target groups in need of assistance.

Furthermore, some citizens did not have sufficient information on the MRCS activities and did not understand the importance of humanitarian work, which hampered the efforts of primary level branches and volunteers.

Recommendation 6. There is a need to showcase and highlight the efforts the MRCS and their volunteers are making to help protect public health and support healthcare organizations to the public and companies in order to raise awareness among the public.

4.3.3 Priority 3: Strengthening National Society

In regards to strengthening the capacity of national society, by establishing human resources, and online and in-person training resources, the MRCS managed to conduct practical training aimed at volunteers who would provide humanitarian assistance. In total, 4307 volunteers and staffs (in overlapped number) took part in capacity building activities to strengthen their preparedness, institutional readiness to disaster and crisis, and financial stability skills.

As a result of these activities, citizens' trust in the state or the nation has increased, fears of the disease have decreased, and partner organizations found that cooperation with the MRCS was prompt and reliable. In addition, National Society's overall organization capacity to respond to emergency and crisis was increased by 15% in 2020 and 18.7% in 2021 respectively.

4.4 Coverage

Geographically, the MRCS responded to COVID-19 on a large scale and reached all 21 provinces and nine districts of the capital city of Mongolia. A large number of people were reached through the COVID-19 response and a variety of different target groups, including children, elderlies, PWD, frontline workers, and low-income households, have been included for each activity.

The response activities under Priority 1 were directed to benefit general population through health facilities, such as the MOH, NCCD and Primary Health Units. As a result, a total of 2.9 million people nationwide (about 87.3% of Mongolia's total population) were reached out with RCCE messages concerning COVID-19 and 4,883 vulnerable elderlies were supported to be vaccinated against COVID-19. Moreover, MRCS volunteers were mobilized to support COVID-19 contact tracing, testing, screening, and vaccination, and provide PSS to general and vulnerable population benefiting more than 400 thousand people. The emergency PPEs and WASH supplies were also delivered to 112 health facilities and reached out to more than 500 thousand people. One good example is the RCCE efforts carried out to increase awareness and provide accurate information on the pandemic to people of all ages, including the visually impaired and the ethnic minorities.

The food and in-kind assistance and cash assistance were distributed under Priority 2 and reached out to more than 170 thousand vulnerable people. The MRCS identified its target groups based on the certain criteria and reached out mostly to those whose household income was reduced due to COVID-19. The monthly average household income of surveyed people reached was CHF 282, which is two times lower than the national average. To immediately respond and provide help to households at the risk of malnutrition, the MRCS operated a hotline during the pandemic and supported more than 3000 households with food parcels.

During the distribution of the food and in-kind assistance, there was a lack of a well-developed monitoring mechanism to ensure that the assistance reached the target group due to a lack of time, human resources,

and accurate information at that time. This was observed as 12.5% of the total volunteers surveyed said that there was a case when the assistance was provided to non-necessary people, and 1.2% said that there were several cases when the assistance was provided to non-necessary people. Also, despite the MRCS' efforts to involve PWDs in all response activities, there was a lack of clear strategies and plans to reach them as stated by the MRCS representatives during the review.

Recommendation 7. Cases of delivering packages to non-target group households or duplicate deliveries need to be addressed. To this end, it is necessary to design and use an integrated cloud database with the target group's demographic, socio-economic, and location information. The database will allow one to identify people in need of assistance and support quickly and to monitor whether goods and materials have been distributed to the correct people.

Recommendation 8. More emphasis should be put on correctly identifying target group individuals and supporting them. In particular, the MRCS should ensure that groups with different needs are identified and provided with appropriate care and services. There is a need to develop a clear strategy on how to serve high-risk and vulnerable groups, such as PWDs, chronic illnesses, and migrants, in emergency and disaster situations.

Recommendation 9. To increase coverage of vulnerable and marginalized groups such as PWDs, ethnic minorities, single-mothers, and LGBTQI+ communities, the MRCS could increase their cooperation with local NGOs and CSOs that target their operations to these groups.

4.5 Sustainability and connectedness

The MRCS COVID-19 response operations had improved local capacities to better respond to health emergencies through various forms of in-person and online capacity building sessions. The MRCS has set goals and defined clear activities to improve the NS's capacity for Disaster Risk Management, Disaster Prevention, Preparedness, and Response, enhance the coordination of public health promotion policies and activities during emergencies and contribute to the reduction of social and economic consequences, and strengthen the NS's capacity at all levels and increase member participation in their operational plan for 2022.

The MRCS's interventions decreased and helped mitigate the livelihood and health risks posed by the pandemic in a short period of time. However, there is a need to undertake programs and activities that are long-term and contribute to long-term behavioral changes, such as improving livelihoods, encouraging employment, and income generation skills.

Recommendation 10. There is a need to provide skills development training for people affected by the pandemic regarding job losses and declining incomes and take initiatives to achieve medium and long-term results.

Recommendation 11. The MRCS should regularly disseminate knowledge and information on how to lower risk in emergencies in cooperation with international organizations, the SEC, the MoH, and the media and contribute to fostering good habits among the public to mitigate further public health crisis.

Recommendation 12. It is recommended that the MRCS continues its current best practices of cooperating with international and governmental organizations, focusing on policy and planning that would also to involve the private sector in humanitarian activities. This can be done by organizing an open day for the private sector and introducing opportunities for cooperation through direct contact.

Appendices

Appendix 1- Detailed information on the review methodology

Review criteria and framework

The review framework was constructed under the five criteria: Relevance and Appropriateness, Efficiency, Effectiveness, Coverage, and Sustainability and connectedness. The review team has prepared a review analytical framework based on the review questions. Key review question consists of sub-questions for which data is collected through qualitative and quantitative data collection instruments. The detailed Review analytical framework illustrates the key review questions, sub-questions, and data collection sources and tools relying on a mixed-methods approach to collecting both qualitative and quantitative review data (See Appendix 2— Analytical framework of the review). The table below provides an overview of the review framework and the key questions.

Table 20. Review questions

Criteria	Key question
Relevance and Appropriateness	Is the design, planning, and implementation of the MRCS COVID-19 response coherent to the needs of the communities affected?
	To what extent is the MRCS COVID-19 response aligned to the current capacity?
	To what extent have stakeholders (which includes community) been involved in the response?
Efficiency	To what extent is an effective management structure in place, providing direction, clarity and well-communicated decision-making related to the COVID-19 response activities?
	Does the MRCS COVID-19 response related funding decisions and interventions lead to efficient use of resources and equitable outcomes?
	Are there any alternative approaches to achieve and reach planned results and targets of the MRCS COVID-19 response interventions? Are there other efficient processes and/or approaches that could have been adopted?
Effectiveness	To what extent the MRCS COVID-19 response achieve/reach its targets set?
	How effectively did the MRCS COVID-19 response interventions contribute to reducing loss of life or exposure to the COVID-19 ?
	How effectively did the MRCS COVID-19 response interventions contribute to protecting socio-economic well-being of vulnerable and marginalized communities?
	How effectively did volunteer mobilization under the MRCS COVID-19 response contribute to community resilience and capacity strengthening of the National Society?
	What internal and external factors have and are affecting the implementation of the MRCS response? (include local, national, regional and global factors)
Coverage	Has the COVID-19 response reached certain groups that should receive support?
Sustainability and connectedness	How well is the MRCS equipped/capacitated to respond to similar emergencies in the future?
	Has any linkages between the relief and recovery (i.e. a sound exit strategy handing over responsibilities to appropriate stakeholders, allocating adequate resources for post-response, etc.) been established?

Data collection methods

1. Desk review:

Within the framework of the desk review, the team studied relevant organizational and operational background documents related to the MRCS, and the stakeholders, including the MRCS National Response Plan, annual operation plans and the MRCS and IFRC reports, and any relevant sources of secondary data, such as monitoring reports and other evaluations/reviews from the MRCS and other actors in the country. Findings of the desk review were used for identifying the overall design and methodology of the review, developing both quantitative and qualitative research tools, and final report.

2. Questionnaire for people reached and volunteers

The people reached by the COVID-19 response questionnaire was used to identify how effectively the MRCS COVID-19 response interventions contributed to protecting the socio-economic well-being of vulnerable and marginalized communities, and community resilience. Moreover, the volunteer questionnaire helped us to identify how effective the MRCS management structure related to the COVID-19 response activities was and whether the COVID-19 response reached the certain groups that should receive support.

3. Key informant interviews

KIs were used to collect in depth information on the MRCS COVID-19 response implementation circumstances and to see modifications for further improvement. The team focused on five main groups of interest: (i) Government bodies, (ii) Institutional representatives, (iii) Implementation level staff, (iv) People reached by the COVID-19 response, and (v) others.

4. Focus group discussions

FGD was used to help capture various opinions and in-depth information. Using this method enabled obtaining more detailed data and information from the people reached/not reached by the COVID-19 operations and volunteers. Collected data was also used for analyzing effectiveness of assistance provided in comparison with the people not reached by the COVID-19 operations.

5. Case study

A case study was carried out through qualitative data collection. To highlight stories of success and good practices in the response, the team captured the story of a person who received a livelihood grant to implement his own project and captured his story. In addition to this, review on the case study conducted by the MRCS on the previously implemented "Improve the resilience and livelihoods of families who migrated from rural to urban areas" project was carried out.

Sampling method of quantitative survey

Probability sampling method was used to define the quantitative survey sample size and following sampling formula was used.

$$n = \frac{Z^2 p(1-p)}{C^2}$$

Here: n-size of sample, Z-confidence level (for 95% confidence level Z=1.96), p- probability of occurrence, C-error limit (confidence interval). The sample error limit was chosen to be ±5%, and confidence level to be 95%.

Sample size and composition were defined with close consultation with the client. For the sample size composition, the people reached by the COVID-19 response are divided into four categories by the assistance they've received. They were selected randomly from the programme list the MRCS provided.

Qualitative research sample size and composition

The main purpose of conducting the qualitative research was to gather more in-depth and explanatory information, various opinions, perceptions and sensitivities, evidence on the target groups. In this regard, we engaged following respondents to KIIs and FGDs. Due to the limited time and respondents' preferences, the data collection conducted in person and virtually.

The research covered representatives of policy/decision making level, implementation level staff and people reached/not reached in order to gather wide range of information on implementation of the COVID-19 response. List of the people not reached was provided by the MRCS. Eight to ten respondents participated in each FGD. For the people not reached, they were households or individuals who asked for support from the MRCS but did not receive. People not reached were of same social status (income, employment, social stratification etc.,) with the people who were reached. List of the people not reached was provided by the MRCS.

Table 21 Sample size of the respondents

Level	Stakeholders	KII	FGD
Government bodies	1. Ministry of Health (MOH)	1	-
	2. Ministry of Labour and Social Protection (MLSP)	1	
	3. National Center for Communicable Diseases (NCCD)	1	
	4. National Emergency Management Agency (NEMA)	1	
	5. State Emergency Commission (SEC)	1	
	6. Ministry of Education and Science (MES)	1	
	7. Local governments	2	
Institutional representatives	1. The International Federation of Red Cross (IFRC)	1	-
	2. Global Fund Mongolia	1	
	3. World Health Organization (WHO)	1	
	4. The United Nations Children's Fund (UNICEF)	1	
	5. Australian RC	1	
Implementation level staffs	1. Volunteers (6-8 participants per discussion)	-	2
	2. Headquarters of the MRCS	3	-
	3. Branch level representatives of the MRCS	3	
People reached by the COVID-19 response/non beneficiaries	1. Household reached by the COVID-19 response representatives		2
	2. Household person didn't reach representatives		1
	3. People reached by the COVID-19 response who received a livelihood grant	1	
Other	1. Multi-disciplinary team members	2	-
	2. Primary health center	1	
Total		23	5

Data analysis methods

Mixed-methods data analysis method comprising of both quantitative and qualitative data analysis was adopted for this review.

Qualitative data analysis. Qualitative analysis provided a clear narrative to enable a better understanding of the progress, results, and achievements of the overall the MRCS COVID-19 response. Various phases of the qualitative data analysis were included:

- Mongolian transcription of all interviews;
- Coding transcriptions based on the evaluation's analytical framework (and related evaluation question) and the emerging/unanticipated topics;

- Extracting, organizing, and reading the coded information for emerging themes;
- Identifying themes by collating codes; and
- Developing explicit patterns that emerged from the data in an iterative process.

Quantitative data analysis. The review also relied on conducting statistical analysis of survey data collected through the course of the review. Descriptive and comparative analysis of data helped describe, show, or summarize data points in a constructive way such that patterns can emerge, and be observed from the data. To perform statistical data analysis, SPSS (Statistical Package for the Social Sciences) software was used.

Appendix 2— Analytical framework of the review

Evaluation criteria	Key evaluation question	Sub-questions	Sources	Review materials	Tools
Relevance and Appropriateness	Is design, planning, and implementation of the MRCS COVID-19 response coherent with the overall goal/objective of the intervention?	<ol style="list-style-type: none"> 1. Are the activities and outputs of the MRCS COVID-19 response consistent with the overall goal? 2. Are the activities and outputs of the MRCS COVID-19 response consistent with the intended impacts and effects? 	<ul style="list-style-type: none"> - Desk review (MRCS’s NSRP, IFRC’s Emergency Appeal) - KII with MRCS staff 	<ul style="list-style-type: none"> - NSRP implementation reports - IFRC’s Emergency appeal 	Desk review KII tools
	To what extent are the MRCS COVID-19 responses aligned with the current capacity?	<ol style="list-style-type: none"> 1. To what extent has the design of the operation taken into account the capacities of the National Society, both at the headquarters and branch level? 	<ul style="list-style-type: none"> - Desk review (documents on organization structure/organigram, roles/responsibilities, etc.) - KII with MRCS headquarter and branch level staff 	<ul style="list-style-type: none"> - Document on organization structure, organigram, roles, responsibilities - Strategic plan - COVID-19 response plan 	KII tools
	To what extent have stakeholders been involved in the response?	<ol style="list-style-type: none"> 1. Have the viewpoint of stakeholders been reflected in the response plan? 2. Has MRCS cooperated with stakeholders during the response implementation? 3. Has external monitoring been carried out during the response? 4. How was the collaboration between MRCS and other stakeholders contribute to increasing the effectiveness of the response? 5. How effective was MRCS’s cooperation with other actors working with the same vulnerable groups, or in the same sectors and geographic areas? 	<ul style="list-style-type: none"> - Desk review (reports and studies conducted under the theme of COVID-19 response in Mongolia) - KII with Government bodies, Institutional representatives, Non-government agencies, and other stakeholders in the humanitarian sector 	<ul style="list-style-type: none"> - Reports and studies conducted under the theme of COVID-19 response in Mongolia - Monitoring report on MRCS COVID-19 response - COVID-19 response plan - COVID-19 response report 	Desk review KII tools
Efficiency	To what extent is an effective management structure in place, providing direction,	<ol style="list-style-type: none"> 1. What are the management structure’s strengths and weaknesses? Which weaknesses need to be addressed immediately? 	<ul style="list-style-type: none"> - Desk review (especially, official documents, rules, and regulations related to 	<ul style="list-style-type: none"> - Management structure - 2020 general operational plan 	Desk review KII tools Questionnaire

Evaluation criteria	Key evaluation question	Sub-questions	Sources	Review materials	Tools
	<p>clarity, and well-communicated decision-making related to COVID-19 response activities?</p>	<ol style="list-style-type: none"> 2. Is there an official document for process mapping, guidance, and direction on when should use who, for whom, when, and how do COVID-19 response activities? 3. What are the challenges, problems, barriers, and limitations in the implementation of the response activities? How can these be improved? 4. How well are the M&E and learning processes used in the response and can they be improved? 5. To what extent are MRCS COVID-19 response-related funding decisions and interventions timely and informed? 	<p>the internal structure of MRCS) -</p> <ul style="list-style-type: none"> - KII with MRCS - Volunteers survey (sub-question 3, 4, 5) 	<ul style="list-style-type: none"> - 2021 general operational plan - Contingency plan 03.09.20 - MRCS introduction - Official letters 	
	<p>Are MRCS COVID-19 response-related funding decisions and interventions lead to efficient use of resources and equitable outcomes?</p>	<ol style="list-style-type: none"> 1. Are the resources obtained for the response being used and monitored according to agreed plans, targets, budgets, and timeframes? 2. To what extent are available resources are being used for what they were intended, without diversion or wastage? 3. How well have MRCS equipped the response staff and local staff to respond to the needs of the communities and people affected? 	<ul style="list-style-type: none"> - Desk review (report from MRCC branches to the MRCS headquarter, NSRP implementation reports) - KII with MRCS - KII with MRCS donors and partner organizations 	<ul style="list-style-type: none"> - MRCS COVID – 19 Readiness regulation A64 - MRCS – Response plan 2 - Volunteer training guide 2021 - Volunteer training agenda 2021 - MRCS Response plan 	<p>Desk review KII tools</p>

Evaluation criteria	Key evaluation question	Sub-questions	Sources	Review materials	Tools
	Are there any alternative approaches to achieve and reach planned results and targets of MRCS COVID-19 response interventions? Are there other efficient processes and/or approaches that could have been adopted?	<ol style="list-style-type: none"> To what extent is assistance being delivered in a way that is cost-effective compared to other similar countries Are there any best practices in the COVID-19 response from the IFRC in countries other than Mongolia? Is it possible to introduce it in Mongolia? 	<ul style="list-style-type: none"> Desk review (on practices of other similar countries in terms of approaches to humanitarian assistance) KII with ICRC representative, MRCS donors, and partner organizations 	<ul style="list-style-type: none"> Practices of other similar countries in terms of approaches to humanitarian assistance 	<p>Desk review KII tools</p>
Effectiveness	To what extent does the MRCS COVID-19 response achieve/reach its targets set?	<ol style="list-style-type: none"> What percentage of the planned work has been completed? What were the advantages and obstacles to the effective implementation of the planned work? How can these be improved? 	<ul style="list-style-type: none"> Desk review (MRCS interim report, annual reports, NSRP implementation reports) KII with MRCS staff 	<ul style="list-style-type: none"> MRCS interim report Annual reports Annual plans NSRP implementation reports 	<p>Desk review KII tools</p>
	How effectively did MRCS COVID-19 response interventions contribute to reducing loss of life or exposure to COVID-19 ?	<ol style="list-style-type: none"> Has the health system's capacity been strengthened with material support from MRCS? Has risk communication, and community engagement (RCCE) effectively contributed to interrupting COVID-19 disease transmission? Have community WASH activities reached to those most in need? Has MHPSSs been effective for communities? To what extent did MRCS support immunization against COVID-19 ? 	<ul style="list-style-type: none"> Desk review (MRCS interim report, annual reports, NSRP implementation reports, distribution report, post-distribution survey reports) FGD with volunteers KII with stakeholders 	<ul style="list-style-type: none"> MRCS interim report Annual reports Annual plans Distribution report Post-distribution survey reports NSRP implementation reports 	<p>Desk review FGD guideline KII tools</p>
	How effectively did MRCS COVID-19 response interventions contribute to protecting the socio-economic well-being of vulnerable and	<ol style="list-style-type: none"> Has the MRCS successfully implemented its plan addressing the socio-economic impacts of COVID-19 in a timely and accountable manner? To what extent do communities and people affected by the crisis, especially 	<ul style="list-style-type: none"> Desk review (MRCS interim report, annual reports, NSRP implementation reports, distribution report, post-distribution survey reports) 	<ul style="list-style-type: none"> Annual report 2020 MRCS's Annual report 2021 Workplan 2022 	<p>Desk review Questionnaire</p>

Evaluation criteria	Key evaluation question	Sub-questions	Sources	Review materials	Tools
	marginalized communities?	<p>those in more vulnerable circumstances, confirm that they have got the humanitarian assistance they need at the right time?</p> <p>3. What extent contribution of the MRCS response was being made to reducing the social-economic negative impact of COVID-19 on vulnerable and marginalized communities?</p>	<ul style="list-style-type: none"> - People reached by the COVID-19 response survey - Volunteers survey - FGD with volunteers - KII with Government bodies (MoH, Health departments at district/province level) 	<ul style="list-style-type: none"> - COVID19-MRCS_Interim report 2020-2021 	
	How effectively did volunteer mobilization under the MRCS COVID-19 response contribute to community resilience and capacity strengthening of the National Society?	<p>1. How effective were the volunteer mobilization in different COVID-19 - related activities (including support to primary health units, contact tracing, home care service, vaccination support, and others)?</p> <p>2. How effective were the awareness-raising activities targeting the public in encouraging vaccination and personal safety?</p> <p>3. Has the National Society been capacitated in terms of disaster readiness and financial stability?</p>	<ul style="list-style-type: none"> - Desk review (capacity building, public awareness-raising, advocacy related content, community engagement data/reports, and other documents) - People reached survey - Volunteers survey - FGD with volunteers - KII with implementation level staff 	<ul style="list-style-type: none"> - General operational plan 2020, 2021 - Volunteer preparation training, guidelines, and programs - Volunteer Liability Agreement 	<p>Desk review Questionnaire FGD guideline KII tools</p>
	What internal and external factors have and are affecting the implementation of MRCS response? (include local, national, regional, and global factors)	<p>1. How effective were the cooperation and coordination within the MRCS headquarter and branch offices?</p> <p>2. If there is another crisis what can MRCS do now to be better positioned/prepared to respond?</p>	<ul style="list-style-type: none"> - KII with MRCS headquarters and branch office staff - FGD with volunteers 		<p>KII tools FGD guideline</p>
Coverage	Has the COVID-19 response reached certain groups that should receive support?	<p>1. Who and how many people has the response reached?</p> <p>2. Did the community people, people reached, and targeted stakeholders were reached as per the response indicators and targets?</p>	<ul style="list-style-type: none"> - People reached survey - Volunteers survey - Desk review (People reached selection criteria, person reached lists, distribution lists, post-distribution survey) 	<ul style="list-style-type: none"> - Criteria for selecting people reached 	<p>Questionnaire Desk review FGD guideline KII tool</p>

Evaluation criteria	Key evaluation question	Sub-questions	Sources	Review materials	Tools
		3. To what extent have socially excluded, vulnerable groups including Persons with Disabilities (PWD) and migrants been included, considered, and targeted throughout the MRCS COVID-19 response period? 4. Is there a need to include any other target groups in the response in the future? 5. How well has the response addressed the differing needs of different groups (girls and boys, women and men, elderly, adolescents, and persons with disability)?	results, Response and contingency plan for COVID-19 epidemics of MRCS, annual and interim report) - FGD with people reached, volunteers - KII with stakeholders	- List of the people reached - Annual report 2020. 2021 - MRCS Interim report 2020-2021	
Sustainability and connectedness	How well is MRCS equipped/capacitated to respond to similar emergencies in the future?	1. How is the MRCS COVID-19 response building on local capacities, strengthening partners, and reinforcing positive coping mechanisms?	- Volunteers survey - FGD with volunteers - KII with implementation level staff		Questionnaire FGD guideline KII tools
	Has any linkages between the relief and recovery (i.e. a sound exit strategy handing over responsibilities to appropriate stakeholders, allocating adequate resources for post-response, etc.) been established?	1. To what extent does the MRCS COVID-19 response link to disaster risk reduction and recovery-related or other longer-term programs or projects? 2. Are MRCS COVID-19 response interventions contributing to the development of social, economic, and health systems that are equitable, resilient, and sustainable?	- KII with MRCS and IFRC staff - KII with relevant Government bodies, partners, and other stakeholders		KII tools

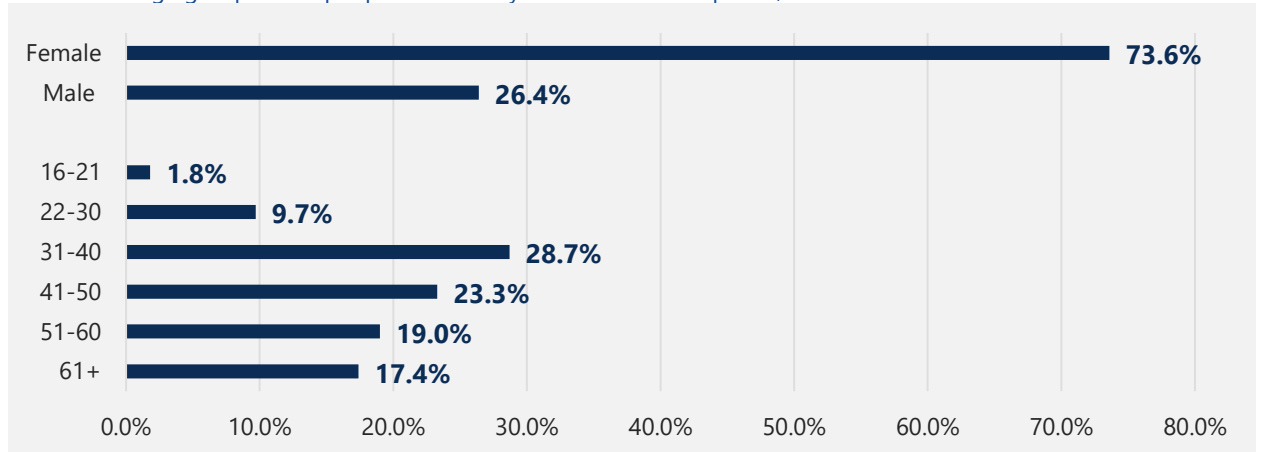
Appendix 3— Findings of the quantitative research

Descriptive analysis of the quantitative data the review team collected are shown below.

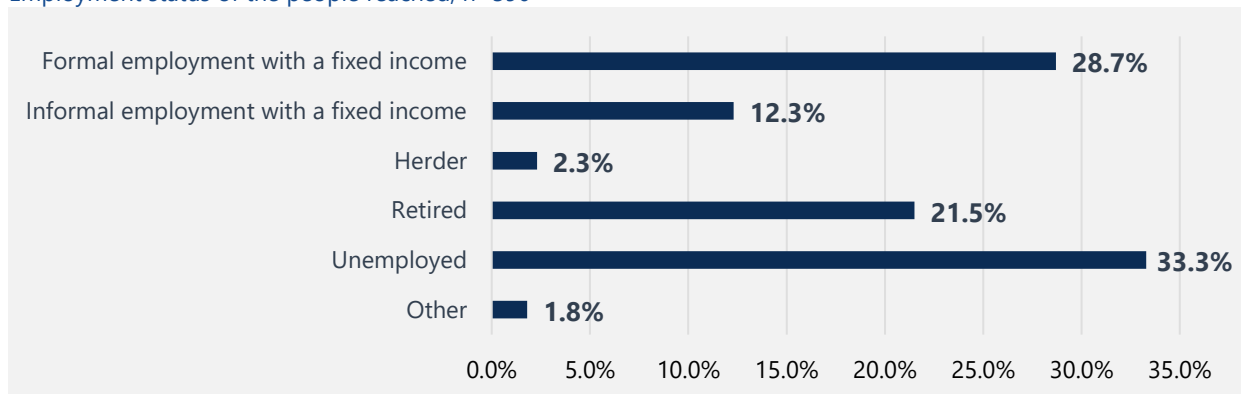
Descriptive analysis of the quantitative data collected from the people reached

A total of 390 people reached by the COVID-19 response participated in the quantitative research of *MRCSC COVID-19 Response*

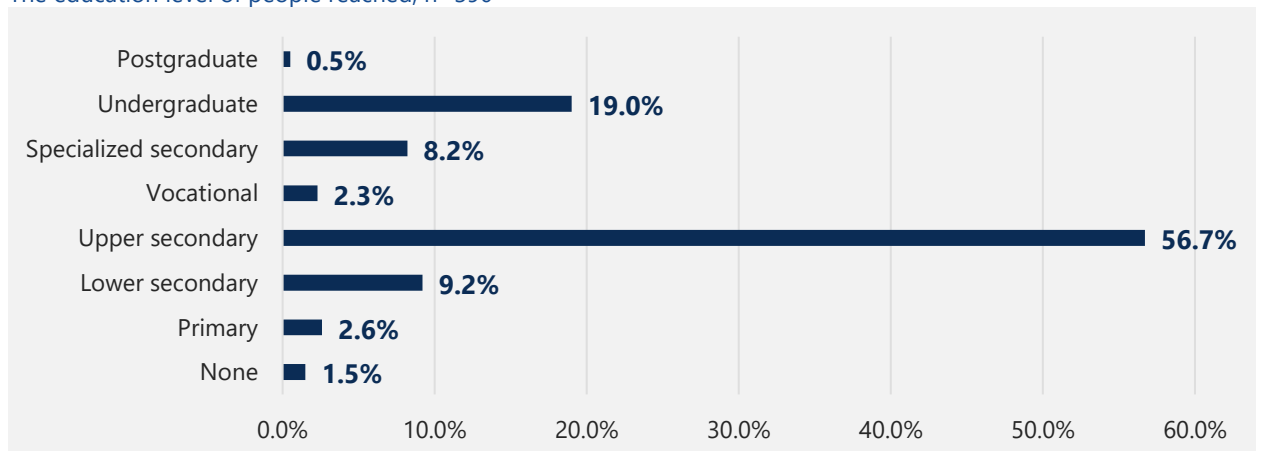
Gender and age group of the people reached by the COVID-19 response, n=390



Employment status of the people reached, n=390



The education level of people reached, n=390



Family members of households reached, n=390

	Min	Max	Mean
Number of family member	1	15	4.4

Number of children	0	7	1.75
Number of elderly people above 60	0	3	0.39
Number of persons with disabilities	0	3	0.3
Number of pregnant and breastfeeding women	0	3	0.24

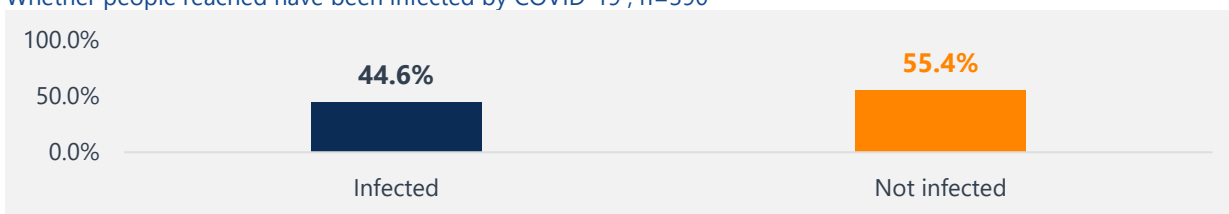
Type of households reached, n=390

Type of households	Frequency	Percentage
Households with more than 3 children under 16	121	31
Households with elderly people above 60	115	29.4
Households with persons with disability	100	25.6
Households with pregnant and breastfeeding women	87	22.3
Households with a single father or mother	163	41.8

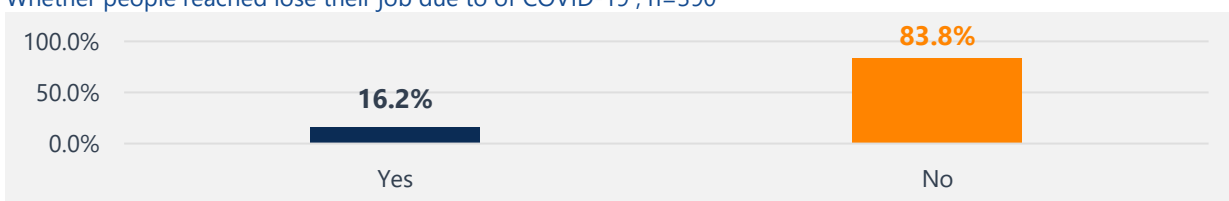
Whether the household reached migrated within the last 5 years, n=390



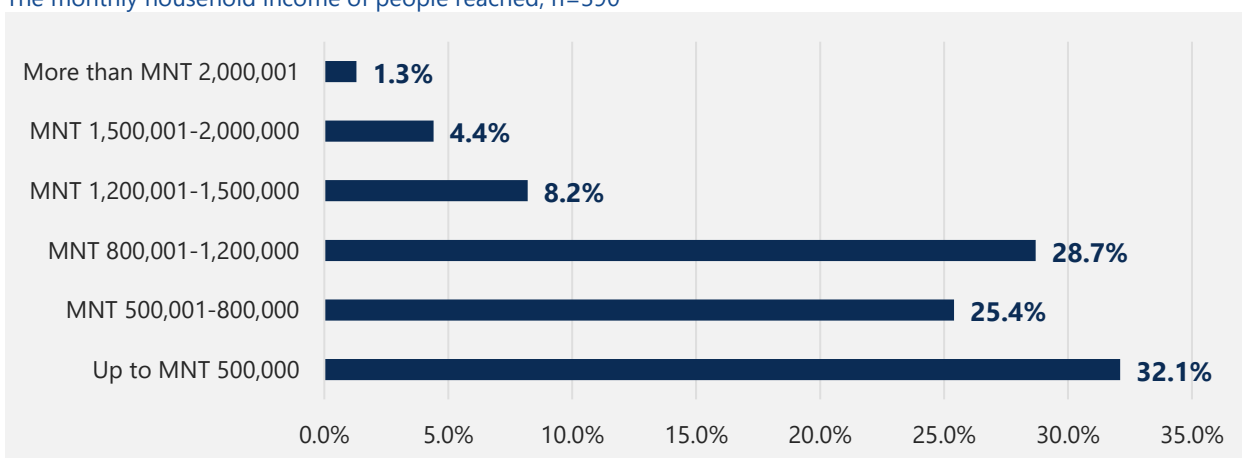
Whether people reached have been infected by COVID-19, n=390



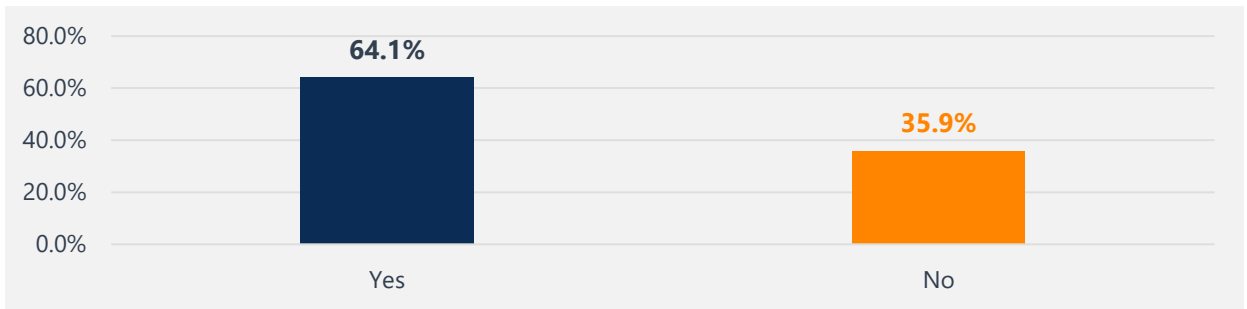
Whether people reached lose their job due to of COVID-19, n=390



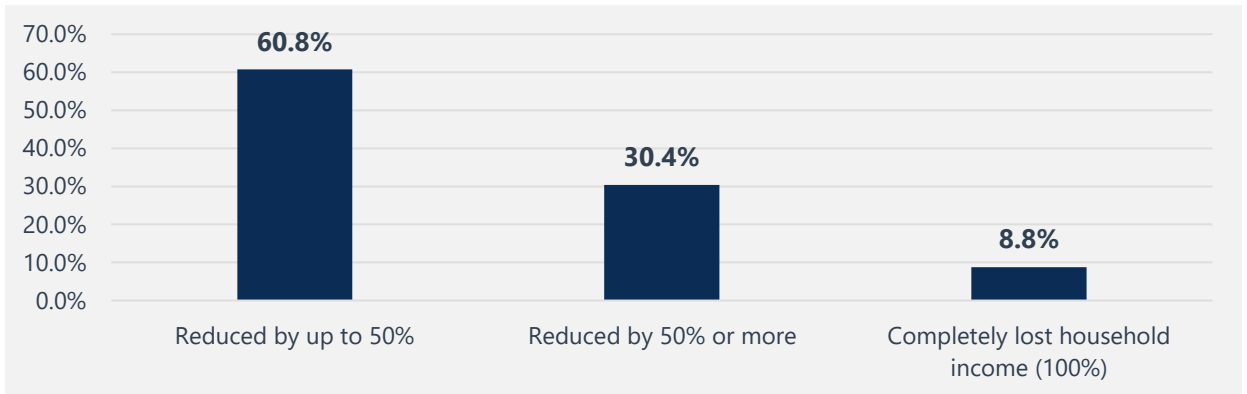
The monthly household income of people reached, n=390



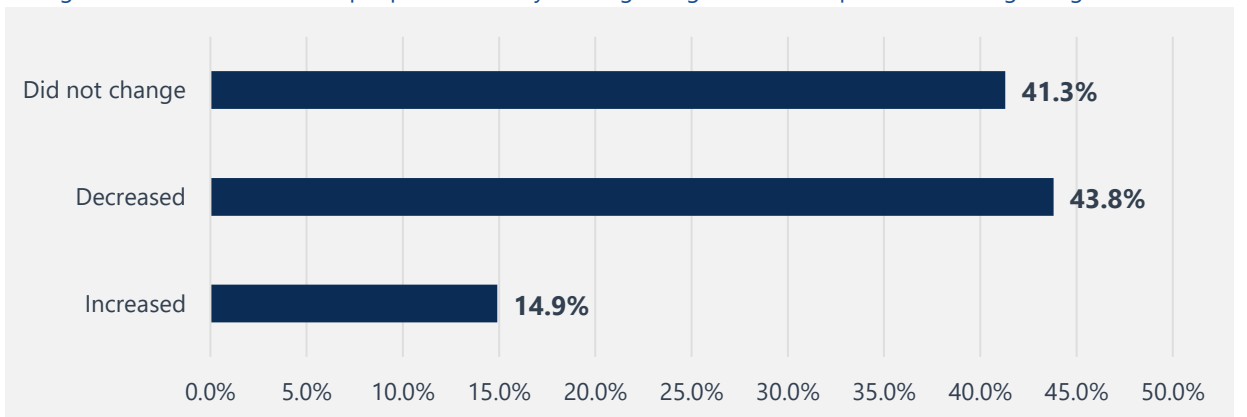
Whether the household income of the people reached decreased over the last two years due to the COVID-19, n=390



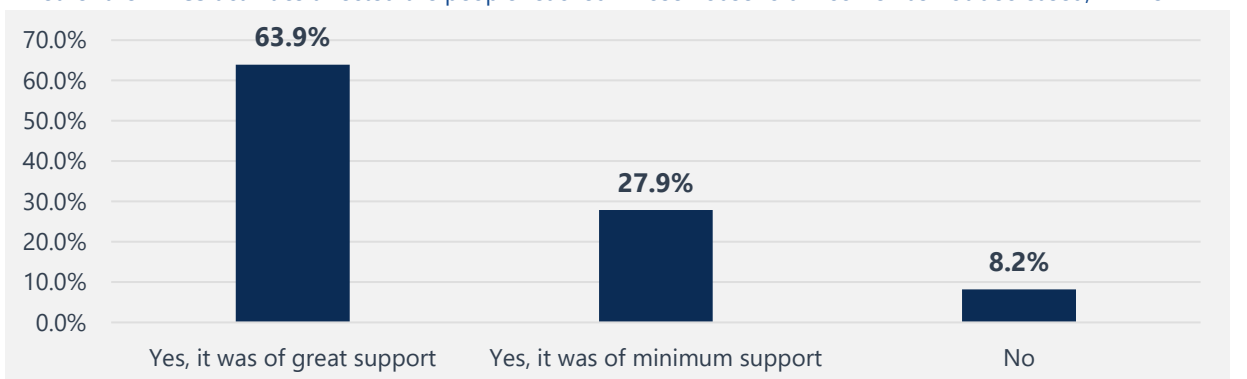
Decreased income of household reached due to the COVID-19 , n=390



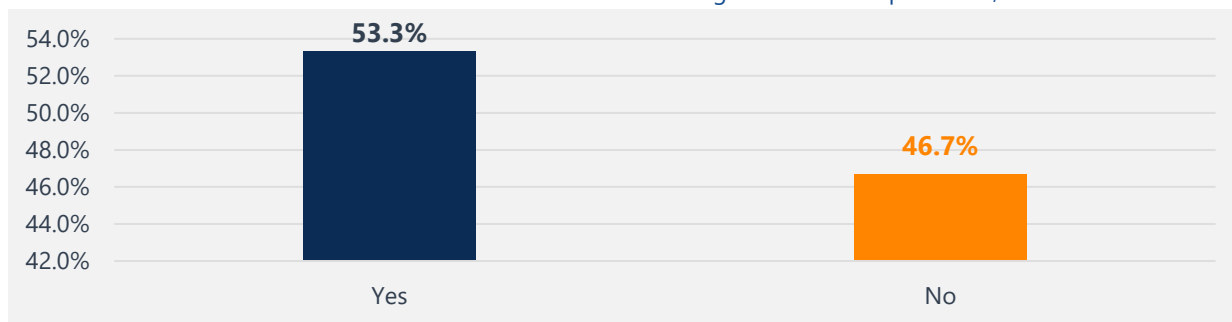
Change in household income of people reached by the beginning of 2022 compared to the beginning of 2020, n=390



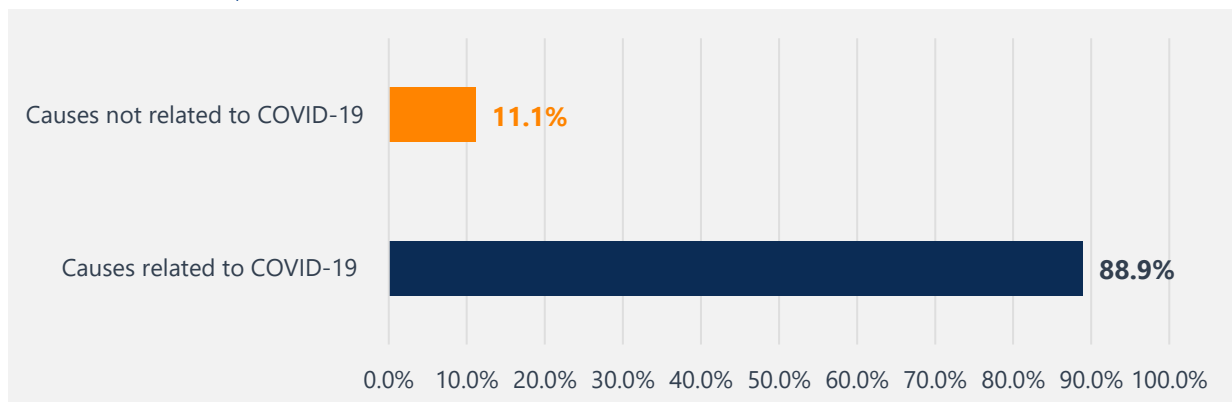
Whether the MRCS activities affected the people reached whose household income has not decreased, n=219



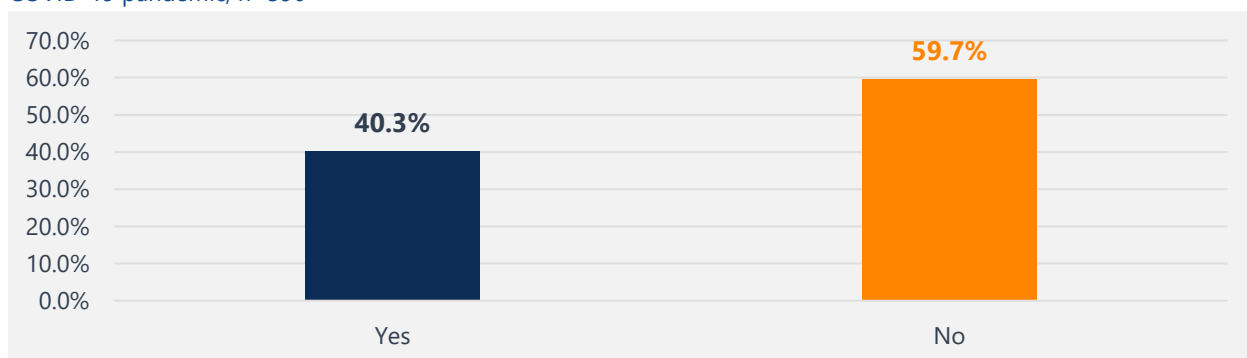
Whether the households reached were at risk of malnutrition during the COVID-19 pandemic, n=390



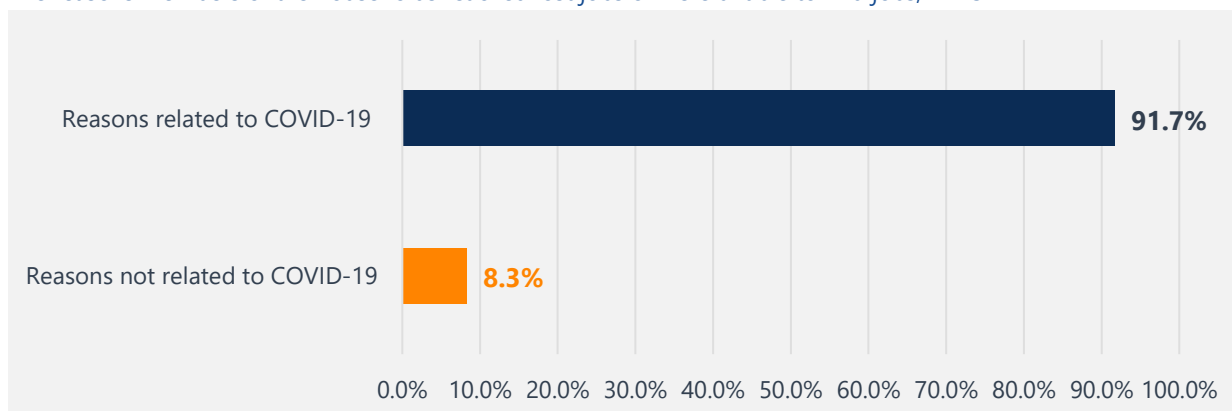
Cause of malnutrition, n=208



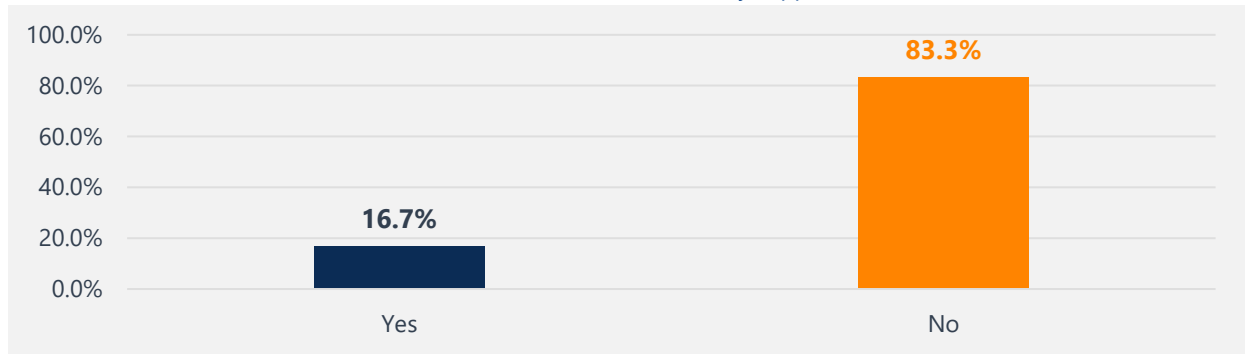
Whether the members of the household reached were at risk of losing their jobs or were unable to find jobs during COVID-19 pandemic, n=390



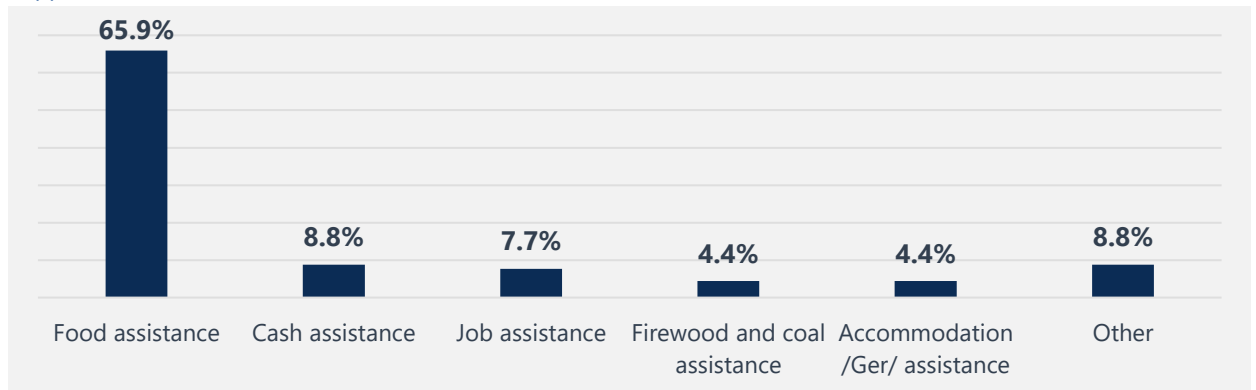
The reasons members of the households reached lost jobs or were unable to find jobs, n=157



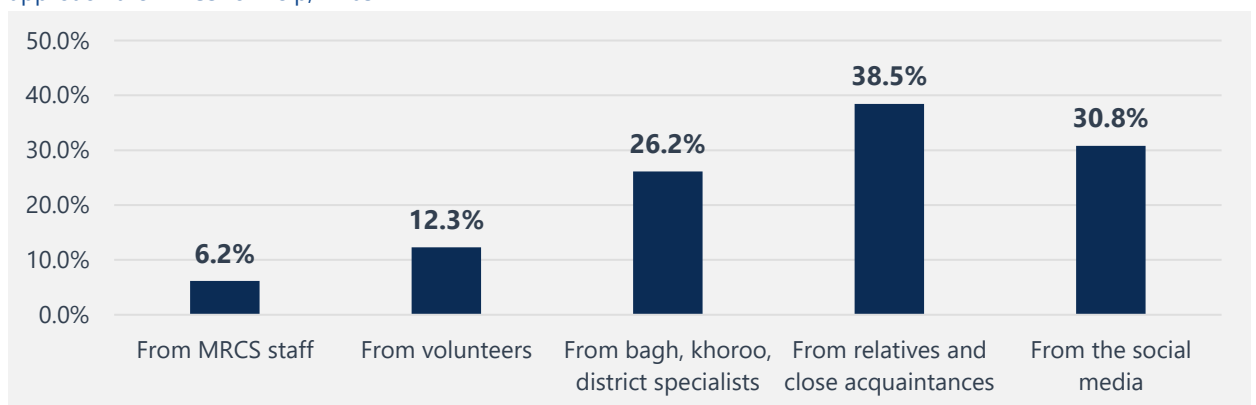
Whether members of households reached turned to the MRCS for any support, n=390



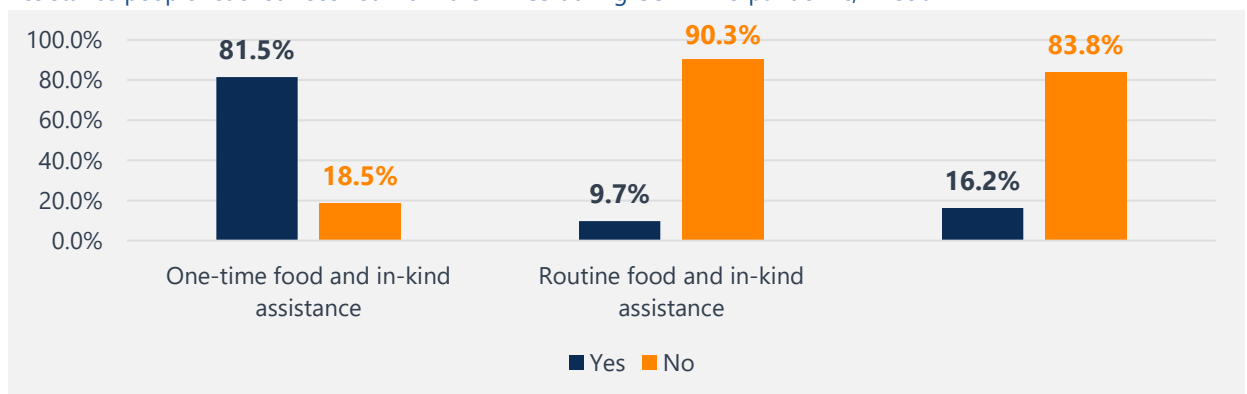
Supports households reached wanted to receive from the MRCS, n=65



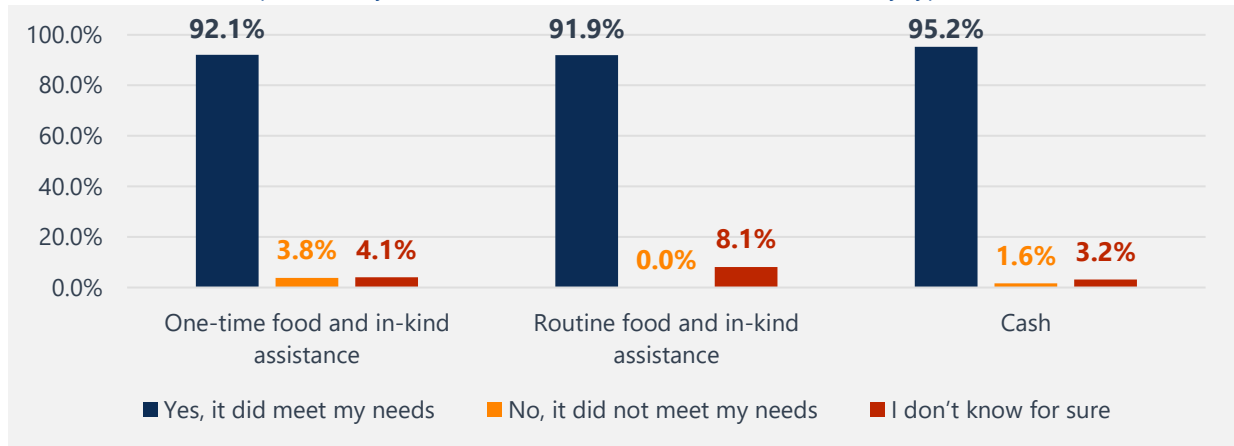
The sources/channels from which people reached received information that during a pandemic or disaster they can approach the MRCS for help, n=65



Assistance people reached received from the MRCS during COVID-19 pandemic, n=390



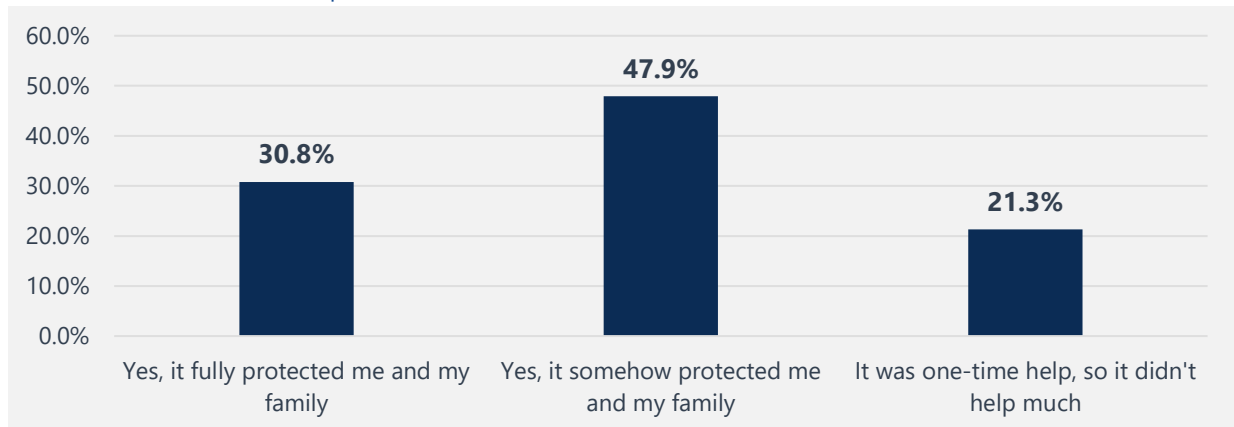
Whether the assistance provided by the MRCS met the needs of the beneficiaries, by type of assistance



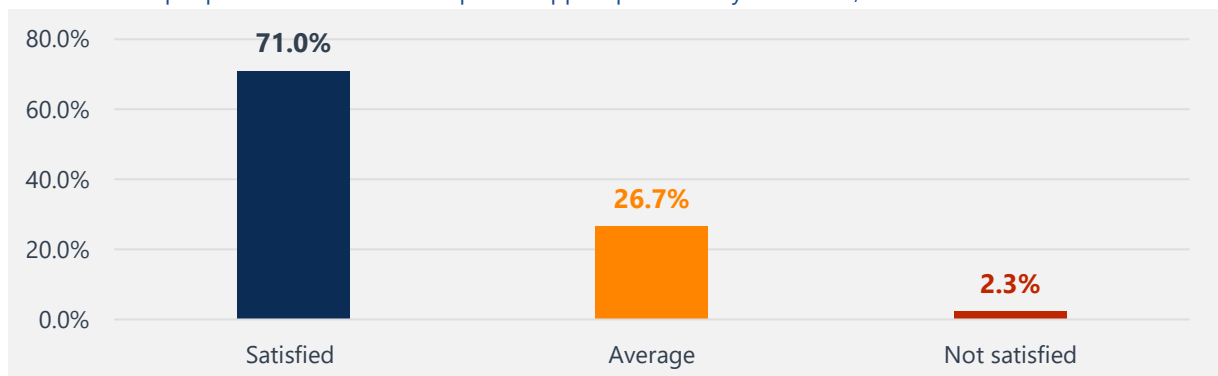
Whether the MRCS staff were able to provide timely support to people reached, n=390



Whether the MRCS assistance protected the households reached from the risk of malnutrition, n=390



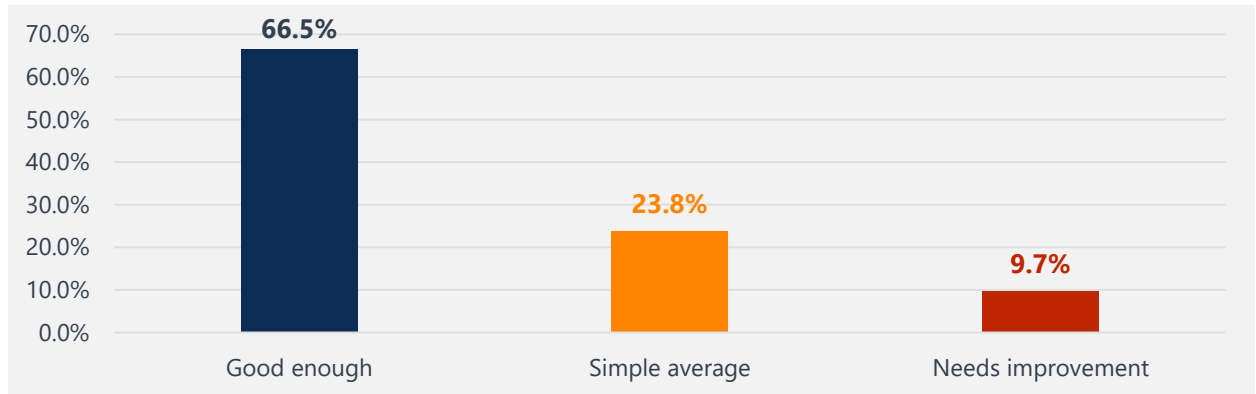
Satisfaction of people reached with the help and support provided by the MRCS, n=390



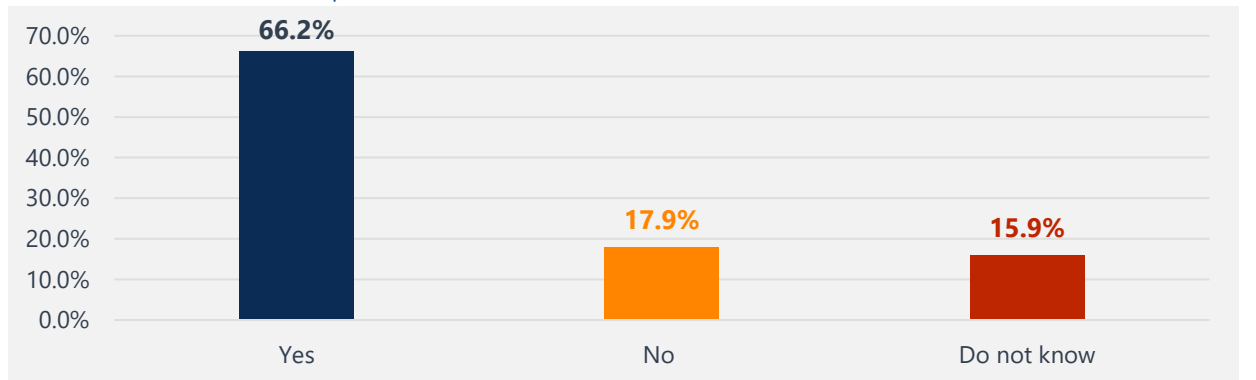
Whether the MRCS staff were taking their work responsibly, n=390



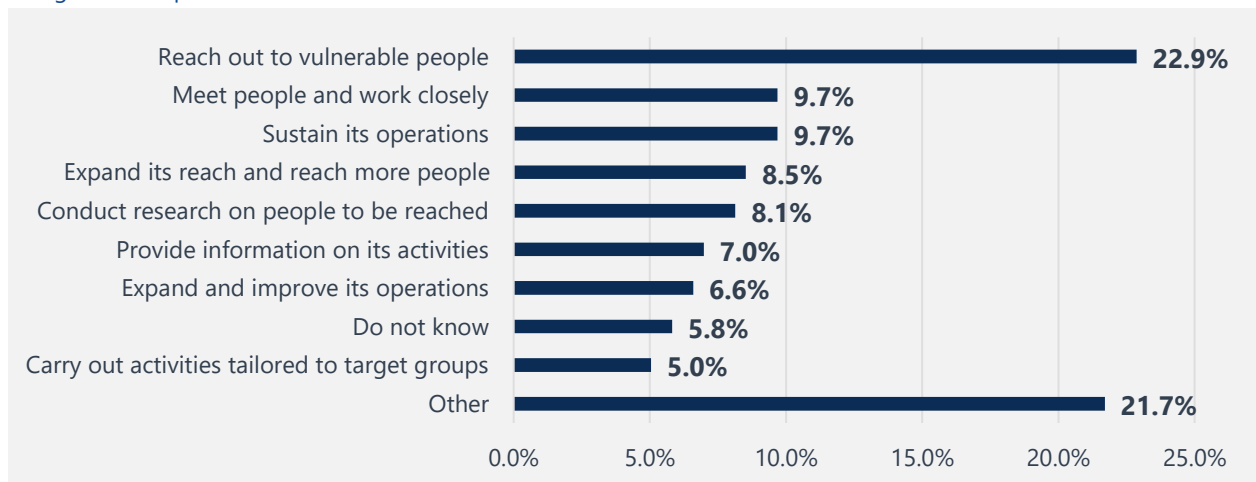
The communication, attitudes, and ethics of MRCS staff, n=390



Whether the MRCS need to improve its activities in the future, n=390



Things to be improved in the future, n=258



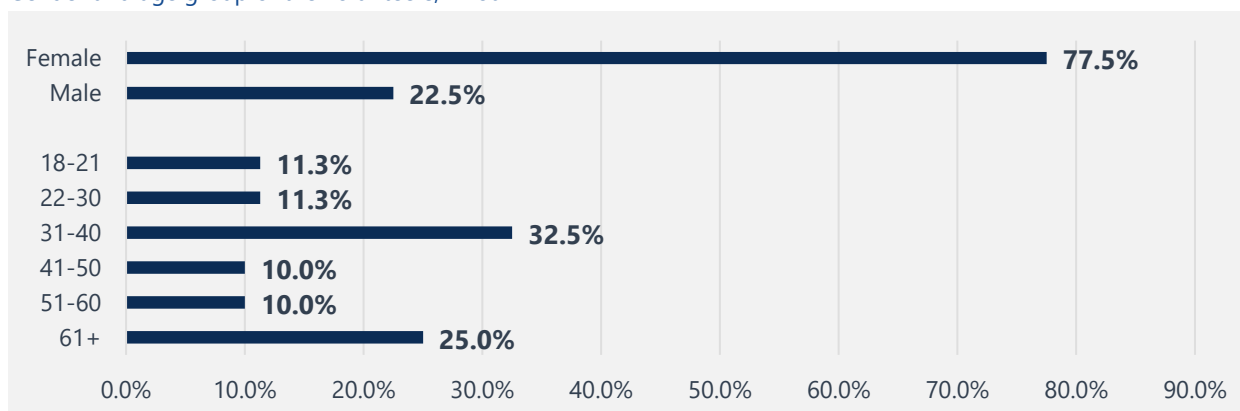
Activities the MRCS should provide to direct at households, n=390

Activities	Frequency	Percentage
Reach out to the vulnerable people	115	29.5%
Help people with their basic needs	107	27.4%
Support children's education	59	15.1%
Organize activities to promote employment and capacity-building training	54	13.8%
Support people with housing	35	9.0%
Other	175	44.9%

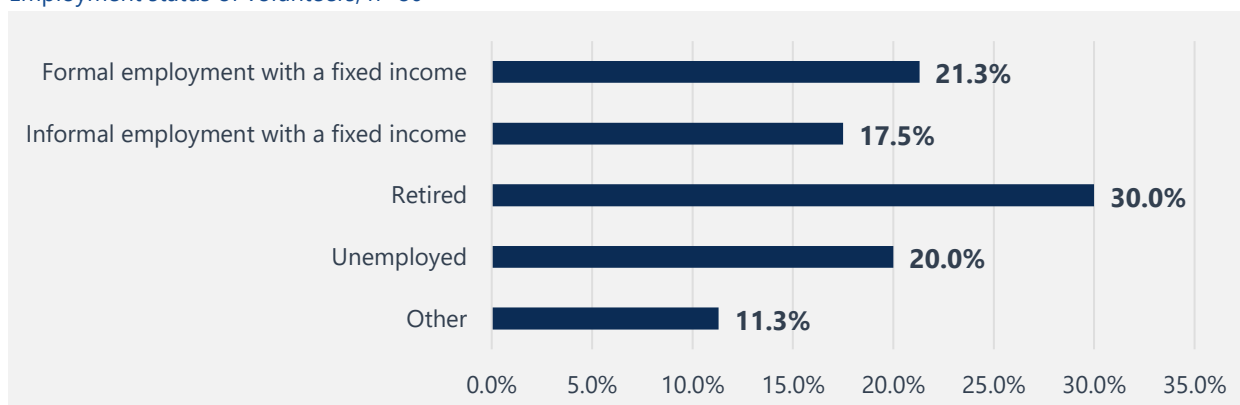
Descriptive analysis of the quantitative data collected from the volunteers

A total of 80 volunteers participated in the quantitative research of *MRCS COVID-19 Response*.

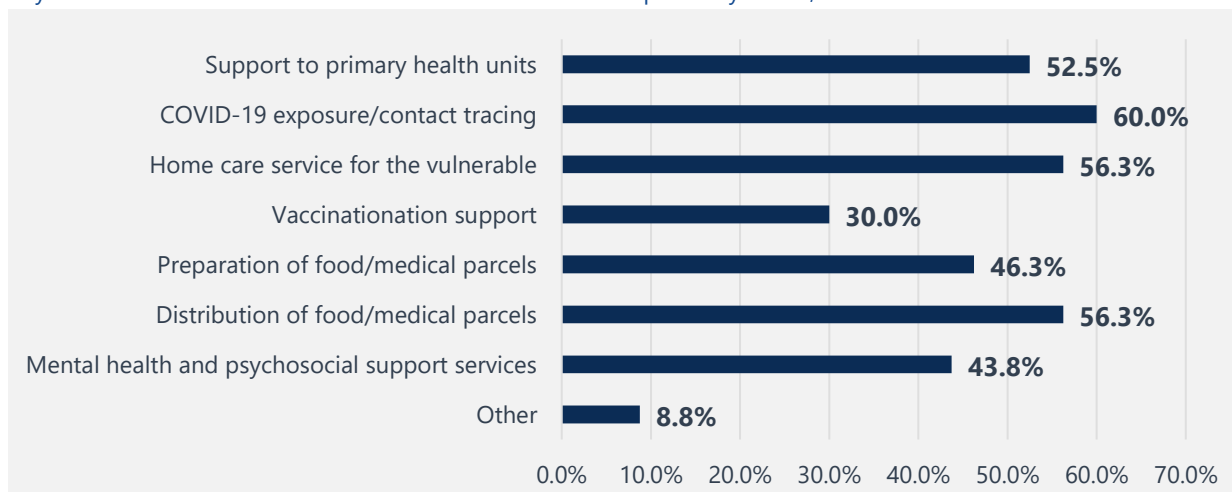
Gender and age group of the volunteers, n=80



Employment status of volunteers, n=80



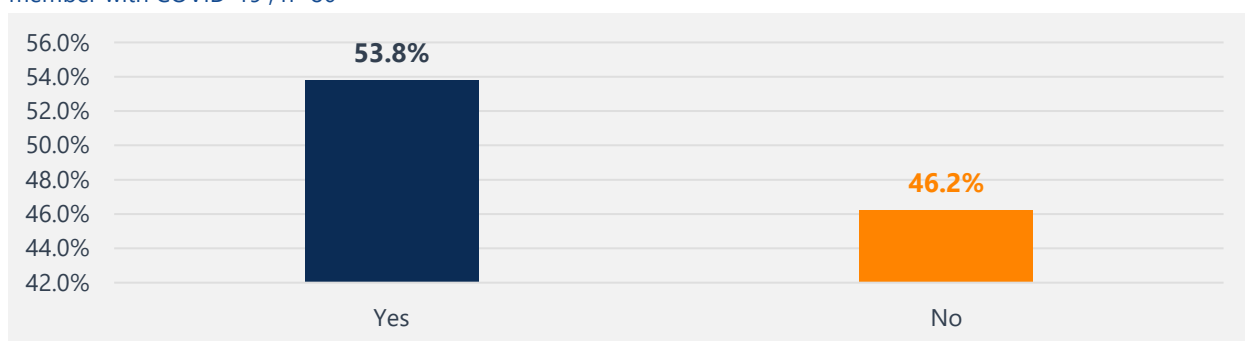
Key activities volunteers carried out under the COVID-19 response by MRCS, n=80



Number of households volunteers reached out to or provide support, n=80

Activities	Min	Max	Mean
Support to primary health units	0	160	22.4
COVID-19 exposure/contact tracing	0	4,000	736.86
Home care service for the vulnerable	1	99	17.4
Vaccination support	1	2,100	278
Preparation of food/medical parcels	0	3,000	542
Distribution of food/medical parcels	0	598	81.7
Mental health and psychosocial support services	5	600	95.3
Other	1	180	43.1

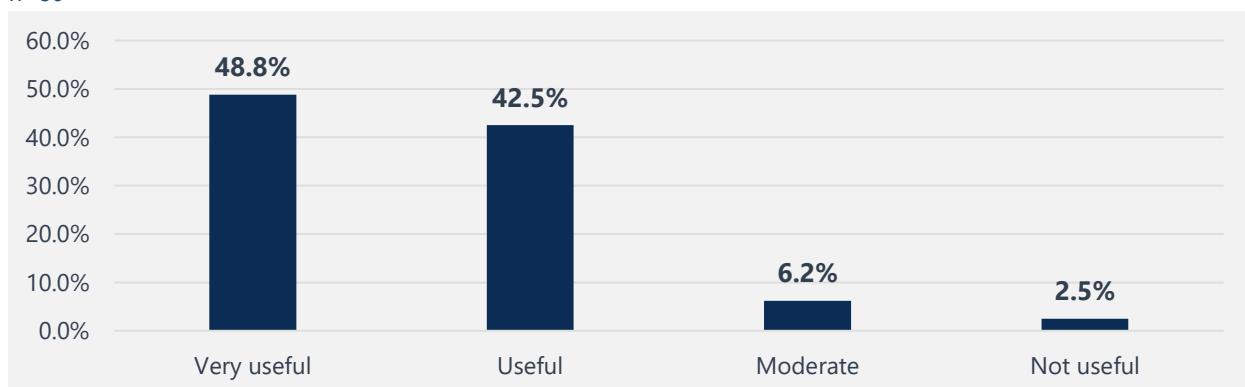
Whether households/individuals contacted or reached out to volunteers to seek support in isolating a household member with COVID-19 , n=80



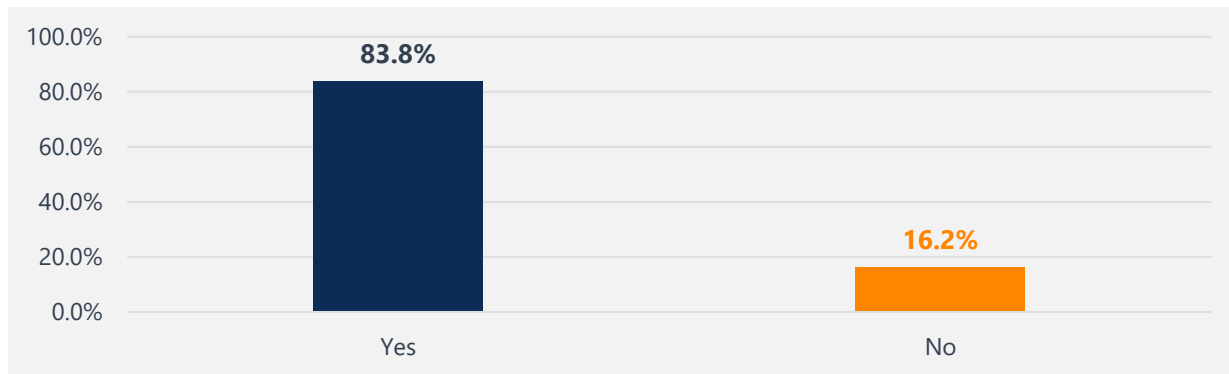
Effectiveness of volunteer mobilization in response assistance/activities carried out by MRCS, n=80

#	Assistance/activities	Effectiveness rate (out of 10 score points)
1	One time food and in-kind assistance	9.00
2	COVID-19 contact tracing	8.69
3	Routine food and in-kind assistance	8.93
4	Cash and Voucher	6.08
5	Livelihood grants	7.09
6	Medical package	9.03
7	Psychological advice and assistance	8.96
8	Emergency communication support	9.33
9	Housing support	8.23
10	Attended training	9.18
11	Help to protect against coercion, pressure, and violence	7.79
12	Assistance in overcoming academic delays	8.00
Overall average score of effectiveness		8.36

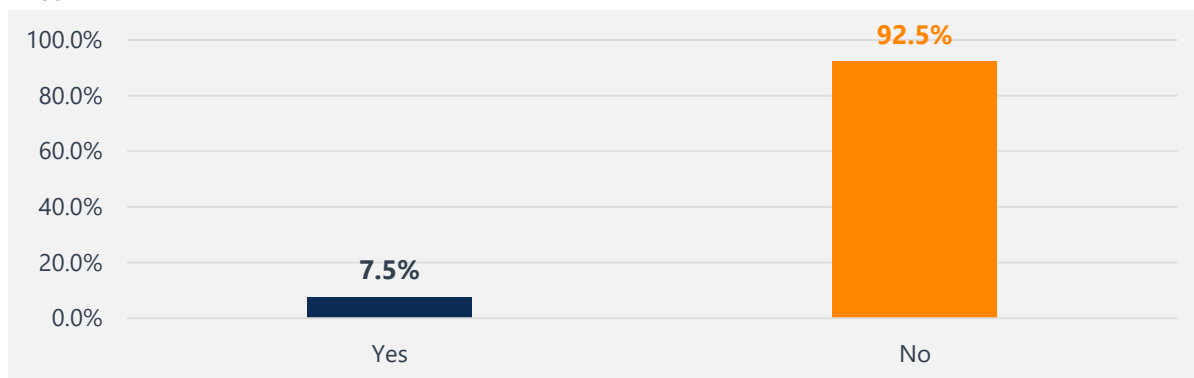
The usefulness of training provided by the MRCS before starting your volunteer work on the COVID-19 response, n=80



Whether the number of volunteers mobilized was sufficient, n=80



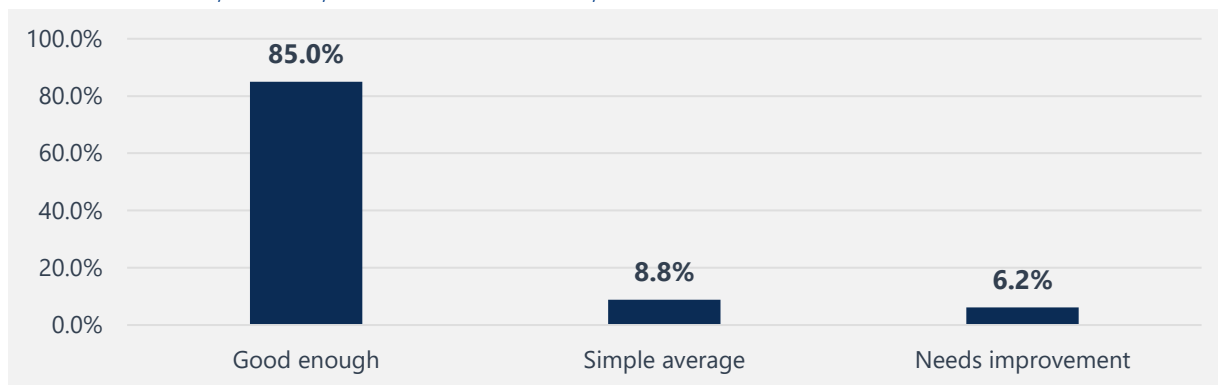
Whether volunteers received any complaints or feedback from the people reached they have provided support for, n=80



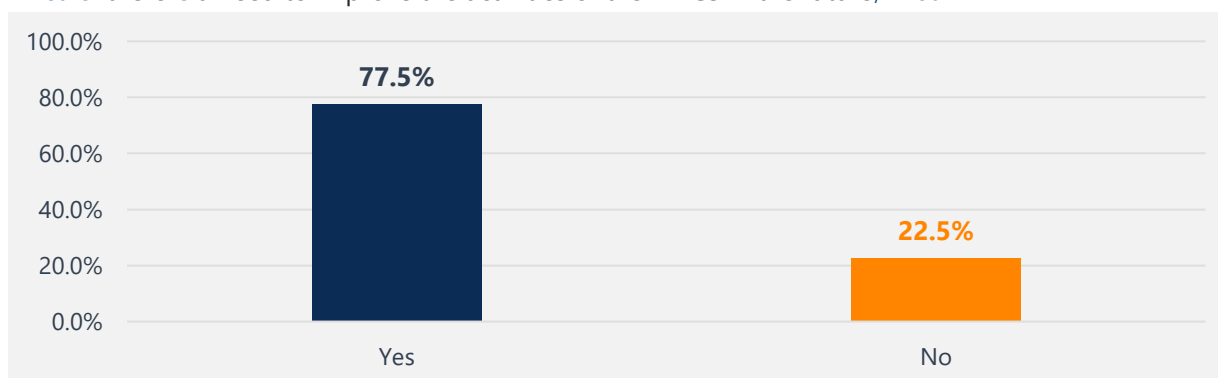
Volunteers' capacity to respond to other similar disasters/emergencies in the future, n=80

	Min	Max	Mean
Capacity	3	10	7.7

The communication, attitudes, and ethics of MRCS staff, n=80



Whether there is a need to improve the activities of the MRCS in the future, n=80



Top three advantages of doing volunteer work under the MRCS, n=80

Advantages	Frequency	Percentage
Working for other people	49	61.3%
Getting together and sharing information and experiences with other volunteers	21	26.2%
Improving self-attitude	10	12.5%

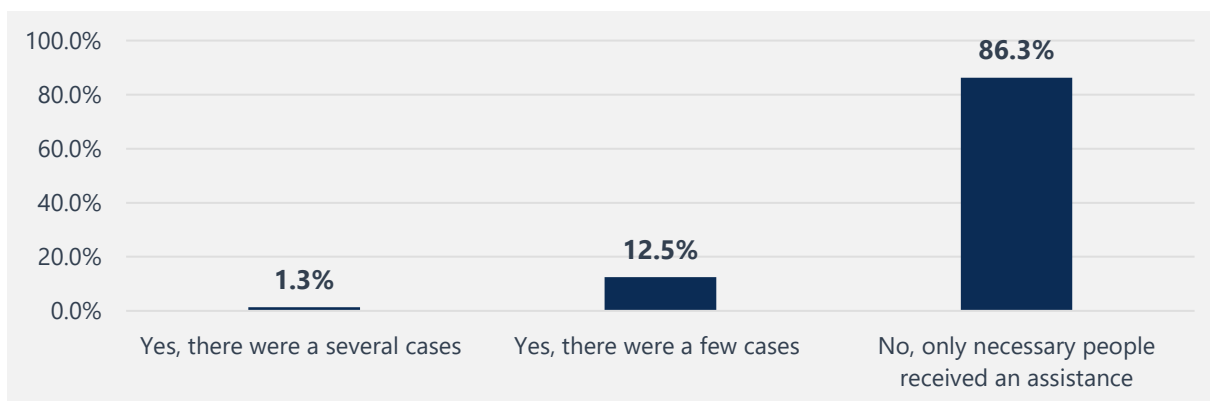
Top three disadvantages of doing volunteer work under the MRCS, n=80

Disadvantages	Frequency	Percentage
Volunteer time is long	9	11.3%
Lack of material and technical supply for volunteers	9	11.3%
Volunteer time coincides with regular work hours	5	6.3%

Whether volunteers are willing to do more volunteer work in the future under MRCS, n=80



Whether there were any cases when the assistance was provided to non-necessary people through the response, n=80



Appendix 4— List of Key Informant Interview participants

No	Name	Organization	Position
Government Bodies			
1	Enkhsaikhan.L	Ministry of Health (MOH)	Director, Division of Infectious disease, Department of Public Health
2	Adiyadorj.N	Ministry of Labour and Social Protection (MLSP)	Senior officer at Department of Social Welfare and Policy Implementation
3	Azjargal.B	National Center for Communicable Diseases (NCCD)	Head of Field Epidemiology, National Communicable Disease Center
4	Uuganbayar.B	National Emergency Management Agency (NEMA)	Brigadier General, Deputy chief of NEMA
5	Bayarkhuu.T	State Emergency Commission (SEC)	Secretary of the SEC
6	Purevsaikhan.S	Ministry of Education and Science (MES)	Officer at Preschool education department
7	Enkhbold.N	Administration of Governor from Sukhbaatar district	Head of Administration of Governor from Sukhbaatar district
8	Bat-Ulzii.P	Administration of Governor from Dornod province	Head of Administration of Governor from Dornod province
9	Otgonchuluun.	Labour and Social Welfare Service Division in Bayanzurkh district	Social care officer
10	Gerelmaa.	Family, children and youth development department of Songinokhairkhan district	Officer
Institutional representatives			
11	Xuexin Li	International Federation of Red Cross and Red Crescent Societies (IFRC)	Program Officer for COVID-19 at Country Cluster Delegation Beijing
12	Ganzaya.S	Globul Fund	Senior TB officer,
13	Dulamragchaa.B	World Health Organization (WHO)	Health emergency officer
14	Enkhtuya.S	United Nations Children's Fund (UNICEF)	Child protection in Emergencies consultant
15	Lisa Natoli	Australian Red Cross Society	Health technical lead
Implementation level staff			
16	Nomin.O	Headquarter of Mongolian Red Cross Society (MRCS)	Head of Health and Social protection department
17	Munguntuya.Sh		Head of Climate change and Disaster management
18	Undram.Ch		Administration and PMER team leader
19	Shalshmaa.B	Bayangol Red Cross Mid-level branch	Secretary
20	Narantuya.Ts	Darkhan-Uul Red Cross Mid-level branch	Volunteer
21	Enkhbaatar.B	Zavkhan Red Cross Mid-level branch	Secretary
People reached by the COVID-19 response			
22	Battsengel.Sh	“Vegetable” project	
Primary Health Unit representative			
23	Batjargal.B	Shijid Dug Primary health center	Social worker

Appendix 5— Quantitative research tools

QUESTIONNAIRE FOR PEOPLE REACHED

Introduction:

Hello. My name is [SURVEYOR NAME], and I am working with a team from IRIM. We are conducting a survey among people reached who received assistance from the MRCS within the period February 2020 to January 2022, and you were chosen to be interviewed.

The purpose of this survey is to assess the progress, results, and achievements of the overall response actions taken by the MRCS regarding COVID-19 and to develop recommendations for further action. We are seeking your consent because we would like to ask you some questions today as part of our survey.

Verification of confidentiality and voluntary participation:

Any information you give to us will be treated with confidentiality and respect. We will not tell anybody else about the answers you give to us. There will be no ramifications from this study, and nobody will be able to identify you from the data as all data will be anonymized.

Your participation in this study is completely voluntary. You are free to terminate the survey at any time or decline to participate in any or all components of the study. Such a decision will not have any consequences. If there are any questions you would rather not answer, please indicate them to me and I will move to the next question.

Would you like to continue? YES/NO

The survey will last about 15-20 minutes. We will ask you questions and be always ready to clarify, so don't hesitate to ask them for help.

FILL IN THE SECTION FOR THE ENUMERATORS

1	Province / District	<ol style="list-style-type: none"> 1. Songinokhairkhan district 2. Bayanzurkh district 3. Khovd province 4. Selenge province 5. Darkhan-Uul province 6. Umnugovi province
2	Type of assistance received	<ol style="list-style-type: none"> 1. One-time food and in-kind assistance 2. Food assistance – Hotline 3. Routine food and in-kind assistance (not a one-time kit, received food for 6 months to 1 year) 4. Cash and Voucher assistance

INFORMATION ABOUT THE RESPONDENT

1	Participant's first and last name	
2	Age	_____
3	Gender	<ol style="list-style-type: none"> 1. Male 2. Female
4	Education	<ol style="list-style-type: none"> 1. None 2. Primary 3. Lower secondary 4. Upper secondary

		5. Vocational 6. Specialized secondary 7. Undergraduate 8. Postgraduate 9. Do not know 10. Refused to answer	
5	Employment Status	1. Formal employment with a fixed income 2. Informal employment with a fixed income 3. Herder 4. Retired 5. Unemployed 6. Other (clarify: _____)	
6	Number of family members:	_____	
6.1	Number of children:	_____	
6.2	Number of elderly people:	_____	
6.3	Number of persons with disability:	_____	
6.4	Number of pregnant and breastfeeding women	_____	
7	Is the head of the household a single mother/father?	1. Yes 2. No	
8	Have you or your household migrated within the last 5 years?	1. Yes 2. No	
9	Have you ever been infected by COVID-19 ?	1. Yes 2. No	
10	Did you lose your job because of COVID-19 ?	1. Yes 2. No	
11	Average monthly household income:	_____	
12.1	Has your household income decreased over the last two years due to COVID-19 ?	1. Yes 2. No	
12.2	If yes, how much has household income decreased?	1. Reduced by up to 50% 2. Reduced by 50% or more 3. Completely lost household income (100%)	

1. Questions to evaluate the effectiveness of assistance and support for household food security and living standards.

1.1.	How has your household income changed by the end of 2021 compared to the beginning of 2020? <i>(If it was decreased jump to q2.3)</i>	1. Increased 2. Decreased 3. Didn't change
1.2.	If your household income has not decreased, did the MRCS's activities affect it?	1. Yes, it was of great support 2. Yes, it was of minimum support 3. No
1.3.	During the COVID-19 pandemic, was your family at risk of malnutrition? <i>(If Yes, answer 2.4; if No, jump to q2.5)</i>	1. Yes 2. No
1.4.	What was the cause of malnutrition?	1. Causes related to COVID-19 2. Causes not related to COVID-19
1.5.	Were you or your family members at risk of losing their jobs, or were unable to	1. Yes 2. No

	find jobs during the COVID-19 pandemic? <i>(If Yes, answer q2.6; if No, jump to q2.7)</i>				
1.6.	What were the reasons you or your family members lost jobs or were unable to find jobs?	1. Reasons related to COVID-19 2. Reasons not related to COVID-19			
1.7.	During the COVID-19 pandemic, did you or your family turn to the MRCS for any support? <i>(If No, jump to q2.10)</i>	1. Yes 2. No			
1.8.	If so, what were your needs, and what kind of support did you want to receive from MRCS? <i>(Write down 3 of the most important)</i>	1. 2. 3.			
1.9.	From what sources/channels did you receive information that during a pandemic or disaster you can approach the MRCS for help?	1. From MRCS staff 2. From volunteers 3. From bagh, khoroo, district specialists 4. From relatives and close acquaintances 5. From the social media 6. From other sources (clarify:.....)			
1.10.	Did you or your family receive any assistance from the MRCS? <i>(If No, jump to q2.23)</i>	1. Yes 2. No			
1.11.	Did you or your family receive the following assistance from the MRCS?				
			#	Assistance	
			Whether you received	If you did receive how many times (write the #)	
			1	One time food and in-kind assistance
			2	Routine food and in-kind assistance	1. Yes 2. No
			3	Cash and Voucher	1. Yes 2. No
			4	Livelihood grants	1. Yes 2. No
			5	Medical package/parcel	1. Yes 2. No
			6	Psychological advice and assistance	1. Yes 2. no
			7	Emergency communication support	1. Yes 2. No
			8	Housing support	1. Yes 2. No
			9	Attended training	1. Yes 2. No
			10	Help to protect against coercion, pressure, and violence	1. Yes 2. No
			11	Assistance in overcoming academic/education delays	1. Yes 2. No

		12	Other..... (please write)	1. Yes	2. No
1.12.	Did the help and support meet your needs? (Ask for each assistance)	1.	Yes, it did meet my needs			
		2.	No, it did not meet my needs			
		3.	I don't know for sure			
1.13.	Were the MRCS staff able to provide timely support to you and your family members?	1.	Yes			
		2.	No			
1.14.	Did the MRCS help protect your household from the risk of malnutrition?	1.	Yes, it fully protected me and my family			
		2.	Yes, it somehow protected me and my family			
		3.	It was one-time help, so it didn't help much			
1.15.	How satisfied are you with the help and support provided by the MRCS?	1.	Satisfied			
		2.	Average			
		3.	Not satisfied			
1.16.	Were the MRCS staff taking their work responsibly?	1.	Yes			
		2.	No			
1.17.	Evaluate the communication, attitudes, and ethics of MRCS staff.	1.	Good enough			
		2.	Simple average			
		3.	Needs improvement			
1.18.	Is there a need to improve the activities of the MRCS in the future?	1.	Yes			
		2.	No (jump to q2.20)			
		3.	I don't know			
1.19.	If so, what exactly do you think needs to be improved? Please elaborate.				
					
					
1.20.	What kind of activities directed at households do you want the MRCS to do in the future and what kind of assistance and support do you want them to provide? <i>(Write down 3 of the most important)</i>	1.			
		2.			
		3.			

Thank you for participating in the survey!

QUESTIONNAIRE FOR MRCS VOLUNTEERS

Introduction:

Hello. My name is [SURVEYOR NAME], and I am working with a team from IRIM. We are conducting a survey among volunteers who were trained and mobilized by the MRCS under their COVID-19 response within the period February 2020 to January 2022, and you were chosen to be interviewed.

The purpose of this survey is to assess the progress, results, and achievements of the overall response actions taken by the MRCS regarding COVID-19 and to develop recommendations for further action. We are seeking your consent because we would like to ask you some questions today as part of our survey.

Verification of confidentiality and voluntary participation:

Any information you give to us will be treated with confidentiality and respect. We will not tell anybody else about the answers you give to us. There will be no ramifications from this study, and nobody will be able to identify you from the data as all data will be anonymized.

Your participation in this study is completely voluntary. You are free to terminate the survey at any time or decline to participate in any or all components of the study. Such a decision will not have any consequences. If there are any questions you would rather not answer, please indicate them to me and I will move to the next question.

Would you like to continue? YES/NO

The survey will last about 15-20 minutes. We will ask you questions and be always ready to clarify, so don't hesitate to ask them for help.

INFORMATION ABOUT THE RESPONDENT

1	Participant's name and surname	
	Province / District	<ol style="list-style-type: none"> 1. Songinokhairkhan district 2. Bayanzurkh district 3. Khovd province 4. Selenge province 5. Darkhan-Uul province 6. Umnugovi province
2	Age	_____
3	Gender	<ol style="list-style-type: none"> 1. Male 2. Female
4	Employment Status	<ol style="list-style-type: none"> 1. Formal employment with a fixed income 2. Informal employment with a fixed income 3. Herder 4. Retired 5. Unemployed
5	Since when did you start working as a volunteer at MRCS?	
6	What key activities did you carry out under the COVID-19 response by MRCS? (<i>multiple choice</i>)	<ol style="list-style-type: none"> 1. Support to primary health units 2. COVID-19 exposure/contact tracing 3. Home care service for the vulnerable 4. Vaccination support 5. Preparation of food/medical parcels 6. Distribution of food/medical parcels 7. Mental health and psychosocial support services 8. Other (specify:.....)

7	Which site did you mainly carry out volunteer work at? (from Feb 2020 to Dec 2021)	<ol style="list-style-type: none"> 1. Songinokhairkhan district 2. Bayanzurkh district 3. Khovd province 4. Selenge province 5. Darkhan-Uul province 6. Umnugovi province
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1. Questions to assess the effectiveness of volunteer mobilization in COVID-19 response activities

1.1.	How many households/individuals did you reach out to or provide support for?	<ol style="list-style-type: none"> 1. Support to primary health units 2. COVID-19 exposure/contact tracing 3. Home care service for the vulnerable 4. Vaccination support 5. Preparation of food/medical parcels 6. Distribution of food/medical parcels 7. Mental health and psychosocial support services 8. Other (clarify:.....) 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 																																							
1.2.	Did households/individuals contact or reach out to you to seek support in isolating a household member with COVID-19 ?	<ol style="list-style-type: none"> 1. Yes 2. No 																																								
1.3.	How would you rate the effectiveness of response assistance/activities carried out by MRCS with the help of volunteers from 1 to 10 (1 being not effective at all, 10 being very effective)?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 75%;">Assistance</th> <th style="width: 20%;">Effectiveness rate</th> </tr> </thead> <tbody> <tr><td>1</td><td>One time food and in-kind assistance</td><td>.....</td></tr> <tr><td>2</td><td>Routine food and in-kind assistance</td><td>.....</td></tr> <tr><td>3</td><td>Cash and Voucher</td><td>.....</td></tr> <tr><td>4</td><td>Livelihood grants</td><td>.....</td></tr> <tr><td>5</td><td>Medical package</td><td>.....</td></tr> <tr><td>6</td><td>Psychological advice and assistance</td><td>.....</td></tr> <tr><td>7</td><td>Emergency communication support</td><td>.....</td></tr> <tr><td>8</td><td>Housing support</td><td>.....</td></tr> <tr><td>9</td><td>Attended training</td><td>.....</td></tr> <tr><td>10</td><td>Help to protect against coercion, pressure, and violence</td><td>.....</td></tr> <tr><td>11</td><td>Assistance in overcoming academic delays</td><td>.....</td></tr> <tr><td>12</td><td>Other..... (please write)</td><td>.....</td></tr> </tbody> </table>	#	Assistance	Effectiveness rate	1	One time food and in-kind assistance	2	Routine food and in-kind assistance	3	Cash and Voucher	4	Livelihood grants	5	Medical package	6	Psychological advice and assistance	7	Emergency communication support	8	Housing support	9	Attended training	10	Help to protect against coercion, pressure, and violence	11	Assistance in overcoming academic delays	12	Other..... (please write)	
#	Assistance	Effectiveness rate																																								
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10	Help to protect against coercion, pressure, and violence																																								
11	Assistance in overcoming academic delays																																								
12	Other..... (please write)																																								
1.4.	How would you rate the usefulness of training provided by the MRCS before starting your volunteer work on the COVID-19 response?	<ol style="list-style-type: none"> 1. Very useful 2. Useful 3. Moderate 4. Not useful 																																								
1.5.	What other additional trainings do you need to enhance your capacity to respond to COVID-19 or other similar disasters? (Name most needed 3 types of training)	<ol style="list-style-type: none"> 1..... 2..... 3..... 																																								
1.6.	Was the number of volunteers mobilized sufficient?	<ol style="list-style-type: none"> 1. Yes 2. No 																																								
1.7.	Did you receive any complaints or feedback from the people reached you've provided support for?	<ol style="list-style-type: none"> 1. Yes 2. No 																																								
1.8.	If yes, what were the main complaints/feedbacks were about?																																								
1.9.	How would you rate your capacity to respond to other similar disasters/emergencies in the future out of 1 to 10 (1 being the lowest and 10 being the highest)?																																								

1.10.	Evaluate the communication, attitudes, and ethics of MRCS staff.	1. Good enough 2. Simple average 3. Needs improvement	
1.11.	Is there a need to improve the activities of the MRCS in the future?	1. Yes 2. No 3. I don't know	
1.12.	If so, what exactly do you think needs to be improved? <i>(Elaborate please)</i>	
1.13.	What were the advantage and disadvantages of doing volunteer work under the MRCS? <i>(Write down 3 for each)</i>	Advantage 1. 2. 3.	Disadvantage 1. 2. 3.
1.14.	Are you willing to do more volunteer work in the future under MRCS?	1. Yes 2. No	
1.15.	If not, why not? Please elaborate.	
1.16.	Were there any cases when the assistance was provided to non-necessary people through the response?	1. No, only necessary people received an assistance 2. Yes, there was a case 3. Yes, there were several cases	

Thank you for participating in the survey!

Appendix 6— Qualitative research tools

KEY INFORMANT INTERVIEW QUESTIONS FOR GOVERNMENT BODIES/AUTHORITIES

Purpose of the interview

The Mongolian Red Cross Society (MRCS) is working with the Government of Mongolia (GoM), international donors, businesses, citizens, and medical organizations in cooperation with volunteers to mitigate the adverse effects of the COVID-19 pandemic on society and the economy by constantly directing activities toward medical organizations and citizens.

The purpose of this study is to assess the progress, results, and achievements of the overall response actions taken by the MRCS regarding COVID-19 within the period February 2020 to January 2022, and to develop recommendations for further action.

1	Name of respondent	
2	Gender	
3	Organization	
4	Position	

Relevance and Appropriateness

1. In what areas and how does your organization cooperate with the MRCS? Has your organization worked with the MRCS within the COVID-19 response? If yes, to what extent has your organization been involved in the response? /Involved in planning, designing, implementing, financing, benefiting, etc./
2. If your organization is involved in the planning and designing of the MRCS COVID-19 response, what role does it play? How was your organization's viewpoint reflected in the initial plan?
3. If your organization was involved in the MRCS COVID-19 response implementation, what role did it play?
4. How consistent were and are the activities related to the COVID-19 pandemic response with your organization's overall goals and activities?
5. Has your organization implemented external monitoring or evaluation of the implementation of the MRCS response? How did you share the report and information with the MRCS?
6. Evaluate your organization's contribution to the implementation and effectiveness of the COVID-19 response. How effective has the cooperation been?

Effectiveness

1. What percentage of the planned activities has been completed in your opinion? Why?
2. Since the implementation of the project what kind of positive changes have taken place in the long run and exactly what kind of positive experience/practice did you gain? What kind of action needs to be taken in the future to maintain these changes and positive experiences/practices? How and in what areas should project partners work together to address this? (lessons learned, positive experiences, case studies)
3. What do you think were the weaknesses and negative experiences of the project? What further action is needed to address these weaknesses? How and in what areas should project partners work together to address this? (lessons learned, positive experiences, case studies)
4. Has risk communication, and community engagement (RCCE) effectively contributed to interrupting COVID-19 disease transmission and informing citizens? What were the things to improve and change in the future?

5. Has the health system's capacity been strengthened with material and other support from MRCS? How? What were the things to improve and change in the future?
6. Did the WASH activities reach those most in need? How effective was it? What were the things to improve and change in the future?
7. Has mental health and psychosocial support services (MHPSS) been effective for communities? What were the things to improve and change in the future?
8. How significantly do you think COVID-19 has had an impact on citizens' food security and livelihoods?
9. How effectively do you think the MRCS's activities have contributed to the social and economic decline of households caused by COVID-19? If the MRCS did not take the COVID-19 response, what would be the short-, medium-, and long-term consequences for household food security, living standards, and society?
10. How would you assess the results of the MRCS and its impact on households and the following activities implemented by the MRCS to reduce the negative social and economic impact of COVID on households?

#		Good	Adequate	Needs improvement
1	One time food and in-kind assistance			
2	Short-term meal support			
3	Cash and voucher			
4	Livelihood grant			
5	Anti-violence news and information			
6	Content that went on TV during online classes			

11. Do you believe that the response activities addressing the household socio-economic situation have reached its target group and met its required needs?
12. Has the MRCS been able to implement its COVID-19 response promptly and responsibly?
13. What operations should the MRCS do for target groups after the COVID outbreak subsides?
14. What do you think the MRCS should focus on in the future in the event of a pandemic or disaster, such as COVID-19, and what activities need improvements?
15. To what extent the program information and learning were shared among people reached and stakeholders?

Efficiency

#	Questions to determine whether or not resources were used efficiently						
1	In what ways were the resources used in the COVID-19 response acquired? What were the advantages and disadvantages of acquiring them? What methods can be used to address and improve the disadvantages?						
	#	Forms of resources	Ways and forms of acquiring resources	Did you manage to acquire it on time?	Advantage	Disadvantage	Improvement Suggestions
	1	Create human resources from internal staff to respond to COVID-19		<ul style="list-style-type: none"> • Yes • No 			
	2	Volunteers:		<ul style="list-style-type: none"> • Yes • No 			
	3	Cash		<ul style="list-style-type: none"> • Yes • No 			
	4	Hygiene products		<ul style="list-style-type: none"> • Yes • No 			
	5	Meal kits		<ul style="list-style-type: none"> • Yes • No 			

	6	Accommodation		<ul style="list-style-type: none"> • Yes • No 			
	7	Vehicles		<ul style="list-style-type: none"> • Yes • No 			
	8	Information required for the activity (such as information used to select the target group, such as the group that lost revenue)		<ul style="list-style-type: none"> • Yes • No 			
	9	News, information, and mass media platforms		<ul style="list-style-type: none"> • Yes • No 			
	10	Other.....		<ul style="list-style-type: none"> • Yes • No 			
2	How does the MRCS plan to acquire its resources? Does the MRCS only plan to reach out to those in need after getting support or donation from sponsors, other organizations, and individuals, or does it plan to identify the people they need first and raise funds, materials, and resources to meet their needs?						
3	Are the resources available for response being used according to appropriate plans, objectives, budgets, and timelines? How do you deal with discrepancies?						
4	Are resources acquired for the response being used by appropriate plans, objectives, budgets, and timelines? How is it being monitored and evaluated? During the monitoring and evaluation period what findings concluded that things needed to be improved?						
5	How well did the MRCS response activities, such as cash and food package delivery, reach those in need without deviating from its intended purpose? What are the advantages and disadvantages of the resource allocation method? How can this be improved?						
6	How has the MRCS organized staff of all levels, volunteers, and regional staff to accordingly work to meet the needs of the disaster-stricken communities? What are the positive and negative effects of using branch staff and volunteers to work in the COVID-19 response? What things should MRCS pay attention to in the future?						
#	To determine if there is another way to respond						
1	Evaluate the overall COVID-19 response of the MRCS from February 2020 to January 2022						
	#	Indicator		Good	Adequate	Needs improvement	
	1	Timely and significant					
	2	Coherence and cooperation with other organizations					
	3	Efficient use of resources					
	4	Reaching out and working with disadvantaged and target groups					
	5	Achieved planned results					
	6	Impactful					
	7	The need for this type of activity in the future					
2	How costly (and low) and efficient is the MRCS compared to other countries similar to Mongolia? Do you have any suggestions for cost improvement?						
3	Is there a need to improve the performance of the MRCS in the COVID-19 response? What do you think the MRCS needs to focus on in the future in the event of such a pandemic or disaster?						
4	Do you know about good international COVID-19 response practices? What practices do you know from which countries? Please share your expertise. Is there an opportunity to introduce the best international practices to the MRCS?						
5	When the COVID-19 outbreak in Mongolia comes to an end, the need to recover the health and socio-economic situation of the population comes, how should the MRCS work and what activities should it focus on?						
6	What activities should the MRCS continue to do when the COVID-19 outbreak in Mongolia ends and the need to recover the health and socio-economic situation of the population comes? What activities need to be stopped and replaced with other activities?						
7	How should the scope and target group of the MRCS be changed when the outbreak in Mongolia is over and the need to recover the health and socio-economic situation of the population comes?						
8	Does the MRCS have sufficient human resources and structure to provide assistance and services to citizens in the event of a similar pandemic or disaster in the future? In terms of structure and human resources, what should the MRCS focus on and how should it be improved?						

Coverage

1. If your organization was involved in the selection of people reached, based on what criteria were they selected? Is there a clear classification? Are ethnic and social minorities, such as people with disabilities and sexual minorities, included?
2. How many people did you plan to reach out to under the response?
3. Was geographical coverage addressed in the response plan? How did you reach out to those in remote areas?
4. Has the MRCS planned its distribution and response based on the needs of people with different needs? (For example, based on gender, disability, having many children, and caring for PWDs)
5. Has there been any cases when the assistance was provided to non-necessary people (i.e people who don't need support) through the response? If so, why?
6. Is there a need to include any other target groups in the response in the future?

Sustainability

1. What can be done to maintain the long-term sustainability of the COVID-19 response?
2. Is your organization planning to collaborate with MRCS or IFRC in the future or post COVID-19 period? Please elaborate on how.

KEY INFORMANT INTERVIEW QUESTIONS FOR REPRESENTATIVES OF INTERNATIONAL INSTITUTIONS

Purpose of the interview

The Mongolian Red Cross Society (MRCS) is working with the Government of Mongolia (GoM), international donors, businesses, citizens, and medical organizations in cooperation with volunteers to mitigate the adverse effects of the COVID-19 pandemic on society and the economy by constantly directing activities toward medical organizations and citizens.

The purpose of this study is to assess the progress, results, and achievements of the overall response actions taken by the MRCS regarding COVID-19 within the period February 2020 to January 2022, and to develop recommendations for further action.

1	Name of respondent	
2	Gender	
3	Organization	
4	Position	

Relevance, Appropriateness

1. In what areas and how does your organization cooperate with the MRCS? Has your organization worked with the MRCS within the COVID-19 response? If yes, to what extent has it been involved in the response? /Involved in planning, designing, implementing, financing, benefiting, etc./
2. If your organization is involved in the planning and designing of the MRCS COVID-19 response, what role does it play? How was your organization's viewpoint reflected in the initial plan?
3. If your organization was involved in the MRCS COVID-19 response implementation, what role did it play?
4. How consistent were and are the activities related to the COVID-19 pandemic response with your organization's overall goals and activities?
5. Has your organization implemented external monitoring or evaluation of the implementation of the MRCS response? How did you share the report and information with the MRCS?
6. Evaluate your organization's contribution to the implementation and effectiveness of the COVID-19 response. How effective has the cooperation been?

Effectiveness

1. What percentage of the planned activities has been completed in your opinion? Why?
2. Since the implementation of the project what kind of positive changes have taken place in the long run and exactly what kind of positive experience/practice did you gain? What kind of action needs to be taken in the future to maintain these changes and positive experiences/practices? How and in what areas should project partners work together to address this? (lessons learned, positive experiences, case studies)
3. What do you think were the weaknesses and negative experiences of the project? What further action is needed to address these weaknesses? How and in what areas should project partners work together to address this? (lessons learned, positive experiences, case studies)
4. Has risk communication, and community engagement (RCCE) effectively contributed to interrupting COVID-19 disease transmission and informing citizens? What were the things to improve and change in the future?
5. Has the MRCS been able to implement its COVID-19 response promptly and responsibly?
6. What operations should the MRCS do for target groups after the COVID outbreak subsides?

7. What do you think the MRCS should focus on in the future in the event of a pandemic or disaster, such as COVID-19, and what activities need improvements?
8. To what extent the program information and learning were shared among people reached and stakeholders?

Efficiency

#	Questions to determine whether or not resources were used efficiently
1	Are the resources available for response being used according to appropriate plans, objectives, budgets, and timelines? How do you deal with discrepancies?
2	Are resources acquired for the response being used by appropriate plans, objectives, budgets, and timelines? How is it being monitored and evaluated? During the monitoring and evaluation period what findings concluded that things needed to be improved?
3	How well did the MRCS response activities, such as cash and food package delivery, reach those in need without deviating from its intended purpose? What are the advantages and disadvantages of the resource allocation method? How can this be improved?
4	How has the MRCS organized staff of all levels, volunteers, and regional staff to accordingly work to meet the needs of the disaster-stricken communities? What are the positive and negative effects of using branch staff and volunteers to work in the COVID-19 response? What things should MRCS pay attention to in the future?

#	To determine if there is another way to respond				
1	Evaluate the overall COVID-19 response of the MRCS from February 2021 to January 2022				
	#	Indicator	Good	Adequate	Needs improvement
	1	Timely and significant			
	2	Coherence and cooperation with other organizations			
	3	Efficient use of resources			
	4	Reaching out and working with disadvantaged and target groups			
	5	Achieved planned results			
	6	Impactful			
	7	The need for this type of activity in the future			
2	How costly (and low) and efficient is the MRCS compared to other countries similar to Mongolia? Do you have any suggestions for cost improvement?				
3	Is there a need to improve the performance of the MRCS in the COVID-19 response? What do you think the MRCS needs to focus on in the future in the event of such a pandemic or disaster?				
4	Do you know about good international COVID-19 response practices? What practices do you know from which countries? Please share your expertise. Is there an opportunity to introduce the best international practices to the MRCS?				
5	When the COVID-19 outbreak in Mongolia comes to an end, the need to recover the health and socio-economic situation of the population comes, how should the MRCS work and what activities should it focus on?				
6	What activities should the MRCS continue to do when the COVID-19 outbreak in Mongolia ends and the need to recover the health and socio-economic situation of the population comes? What activities need to be stopped and replaced with other activities?				
7	How should the scope and target group of the MRCS be changed when the outbreak in Mongolia is over and the need to recover the health and socio-economic situation of the population comes?				
8	Does the MRCS have sufficient human resources and structure to provide assistance and services to citizens in the event of a similar pandemic or disaster in the future? In terms of structure and human resources, what should the MRCS focus on and how should it be improved?				

Coverage

1. If your organization was involved in the selection of people reached, based on what criteria were they selected? Is there a clear classification? Are ethnic and social minorities, such as people with disabilities and sexual minorities, included?
2. How many people did you plan to reach out to under the response?
3. Was geographical coverage addressed in the response plan? How did you reach out to those in remote areas?
4. Has the MRCS planned its distribution and response based on the needs of people with different needs? (For example, based on gender, disability, having many children, and caring for PWDs)
5. Has there been any cases when the assistance was provided to non-necessary people (i.e people who don't need support) through the response? If so, why?
6. Is there a need to include any other target groups in the response in the future?

Sustainability

1. What can be done to maintain the long-term sustainability of the COVID-19 response?
2. Is your organization planning to collaborate with MRCS or IFRC in the future or post COVID-19 period? Please elaborate on how.

KEY INFORMANT INTERVIEW QUESTIONS FOR MRCS STAFF

Purpose of the interview

The Mongolian Red Cross Society (MRCS) is working with the Government of Mongolia (GoM), international donors, businesses, citizens, and medical organizations in cooperation with volunteers to mitigate the adverse effects of the COVID-19 pandemic on society and the economy by constantly directing activities toward medical organizations and citizens.

The purpose of this study is to assess the progress, results, and achievements of the overall response actions taken by the MRCS regarding COVID-19 within the period February 2020 to January 2022, and to develop recommendations for further action.

1	Name of respondent	
2	Gender	
3	Organization	
4	Position	

Relevance, Appropriateness

1. What is the purpose of the response implemented against the COVID-19 pandemic? What kinds of activities have been implemented? What is the current status of operations?
2. How consistent were and are the activities related to the COVID-19 pandemic response with the overall goals and activities of your organization?
3. To what extent did activities implemented by the MRCS as the COVID-19 response meet its initial plan, goals, and objectives?
4. Has the current capacity of the MRCS been sufficient to perform the COVID-19 response? In general, how much do you think the capacity of the organization was taken into account when planning and organizing the activities? (Human resources, internal organization, finance, knowledge and information, branches, partner organizations, etc.)
5. What stakeholders were involved in the COVID-19 response? (Joint planning, financial support, joint participation in implementation, execution, etc.)
6. What organizations were involved in the planning process? What role did they play? How were the ideas of these organizations reflected in the original plan? (International Donor organization, the Government of Mongolia and its affiliated government agencies, SEC, Capital City Emergency Commission, domestic organizations that carry out similar activities, etc.)
7. What organizations were involved in the implementation phase? What role did they play? (International Donor Organizations, Government of Mongolia and its affiliated government agencies, SEC, Capital City Emergency Commission, domestic organizations that carry out similar activities, etc.)
8. Has there been any external monitoring or evaluation of the implementation of the MRCS response implemented by partners and stakeholders?
9. Evaluate the contribution of partners and stakeholders to the implementation and effectiveness of the COVID-19 response. How effective has the cooperation been?

Effectiveness

1. What percentage of the planned activities has been completed in your opinion? Why?
2. Since the implementation of the project what kind of positive changes have taken place in the long run and exactly what kind of positive experience/practice did you gain? What kind of action needs to be taken in the future to maintain these changes and positive experiences/practices? How and in what areas

should project partners work together to address this? (lessons learned, positive experiences, case studies)

3. What do you think were the weaknesses and negative experiences of the project? What further action is needed to address these weaknesses? How and in what areas should project partners work together to address this? (lessons learned, positive experiences, case studies)
4. How effective were RCCE activities in reducing risk and disseminating information to the public? What were the things to improve and change in the future?
5. Did the WASH activities reach those most in need? How effective was it? What were the things to improve and change in the future?
6. How effective were activities to maintain access to essential health services?
7. Has mental health and psychosocial support services (MHPSS) been effective for communities? What were the things to improve and change in the future?
8. How effective was the MRCS response to immunization against COVID-19 ? What were the things to improve and change in the future?
9. How significantly do you think COVID-19 has had an impact on citizens' food security and livelihoods?
10. How effectively do you think the MRCS's activities have contributed to the social and economic decline of households caused by COVID-19 ? If the MRCS did not take the COVID-19 response, what would be the short-, medium-, and long-term consequences for household food security, living standards, and society?
11. How would you assess the results of the MRCS and its impact on households and the following activities implemented by the MRCS to reduce the negative social and economic impact of COVID on households?

#		Good	Adequate	Needs improvement
1	One time food and in-kind assistance			
2	Short-term meal support			
3	Cash and voucher			
4	Livelihood grant			
5	Anti-violence news and information			
6	Content that went on TV during online classes			

12. Do you believe that the response activities addressing the household socio-economic situation have reached its target group and met its required needs?
13. Has the MRCS been able to implement its COVID-19 response promptly and responsibly?
14. What operations should the MRCS do for target groups after the COVID outbreak subsides?
15. What do you think the MRCS should focus on in the future in the event of a pandemic or disaster, such as COVID-19 , and what activities need improvements?

Efficiency

#	Necessary information	At the level of top management or the headquarter	At the level of mid-level branches	At the level of primary branches
1	How prepared was the MRCS to act and work in the face of a social pandemic such as COVID-19 ? What percentage of the planned work was completed (is there a difference between 2020 and 2021)? Were there guidelines, instructions, and procedures to be used in response? How much did this situation improve in December 2021 compared to February 2020?			

2	What are the strengths and weaknesses of the MRCS structure regarding the COVID-19 response? How can the MRCS work to improve on their weaknesses?	Advantage: Disadvantage: Improvement suggestion:	Advantage: Disadvantage: Improvement suggestion:	Advantage: Disadvantage: Improvement suggestion:
3	Is there a system in place to review and evaluate how effective and well-organized the response is and to improve the next steps? What method is used here? What are the advantages and disadvantages of this method? How can it be improved? Is there a system in which staff and volunteers can get experience as they are working?			
4	What were the challenges, issues, obstacles, and restrictions that occurred during the response? Do you have any improvement suggestions?			
Challenge: Issue: Obstacles: Restrictions: Improvement suggestion: Issue: Obstacles: Restrictions: Improvement suggestion: Issue: Obstacles: Restrictions: Improvement suggestion:				
5	Was the response funding funded in a timely manner? If there was a delay, what was the cause of the delay?			
6	Was the information about the response funding open, transparent, and accurate to the stakeholders?			
7	Were the planned response actions done on time? What is the reason for the delay?			
8	Did the person in charge receive the information on how the response was organized, whether it was successful or not, if it was unsuccessful the outcome, the factors that contributed to the failure, and the challenges faced on time? If not, what is the reason?			

#	Questions to determine whether or not resources were used efficiently						
1	In what ways were the resources used in the COVID-19 response acquired? What were the advantages and disadvantages of acquiring them? What methods can be used to address and improve the disadvantages?						
#	Forms of resources	Ways and forms of	Did you manage to	Advantage	Disadvantage	Improvement Suggestions	

		acquiring resources	acquire it on time?			
1	Create human resources from internal staff to respond to COVID-19		<ul style="list-style-type: none"> • Yes • No 			
2	Volunteers:		<ul style="list-style-type: none"> • Yes • No 			
3	Cash		<ul style="list-style-type: none"> • Yes • No 			
4	Hygiene products		<ul style="list-style-type: none"> • Yes • No 			
5	Meal kits		<ul style="list-style-type: none"> • Yes • No 			
6	Accommodation		<ul style="list-style-type: none"> • Yes • No 			
7	Vehicles		<ul style="list-style-type: none"> • Yes • No 			
8	Information required for the activity (such as information used to select the target group, such as a group that lost revenue)		<ul style="list-style-type: none"> • Yes • No 			
9	News, information, and mass media platforms		<ul style="list-style-type: none"> • Yes • No 			
10	Other.....		<ul style="list-style-type: none"> • Yes • No 			
2	How does the MRCS plan to acquire its resources? Does the MRCS only plan to reach out to those in need after getting support or donation from sponsors, other organizations, and individuals, or does it plan to identify the people they need first and raise funds, materials, and resources to meet their needs?					
3	What is the composition of the resources, the general system, and methods of financing from the main partner organizations? Are there any differences between organizations? What are the advantages and disadvantages? How can the disadvantages be improved upon?					
4	What is the approximate percentage of the planned resources you have compiled? What are the challenges when it comes to compiling resources? Do you have any suggestions for improvement?					
5	What are the main sources of funding and resources? What are the key goals and key criteria for funding?					
6	Are the resources available for response being used according to appropriate plans, objectives, budgets, and timelines? How do you deal with discrepancies?					
7	Are resources acquired for the response being used by appropriate plans, objectives, budgets, and timelines? How is it being monitored and evaluated? During the monitoring and evaluation period what findings concluded that things needed to be improved?					
8	How well did the MRCS response activities, such as cash and food package delivery, reach those in need without deviating from its intended purpose? What are the advantages and disadvantages of the resource allocation method? How can this be improved?					
9	How has the MRCS organized staff of all levels, volunteers, and regional staff to accordingly work to meet the needs of the disaster-stricken communities? What are the positive and negative effects of using branch staff and volunteers to work in the COVID-19 response? What things should MRCS pay attention to in the future?					

#	To determine if there is another way to respond				
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	#	Indicator	Good	Adequate	Needs improvement

	1	Timely and significant			
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	4	Reaching out and working with disadvantaged and target groups			
	5	Achieved planned results			
	6	Impactful			
	7	The need for this type of activity in the future			
2	How costly (and low) and efficient is the MRCS compared to other countries similar to Mongolia? Do you have any suggestions for cost improvement?				
3	Is there a need to improve the performance of the MRCS in the COVID-19 response? What do you think the MRCS needs to focus on in the future in the event of such a pandemic or disaster?				
4	Do you know about good international COVID-19 response practices? What practices do you know from which countries? Please share your expertise. Is there an opportunity to introduce the best international practices to the MRCS?				
5	When the COVID-19 outbreak in Mongolia comes to an end, the need to recover the health and socio-economic situation of the population comes, how should the MRCS work and what activities should it focus on?				
6	What activities should the MRCS continue to do when the COVID-19 outbreak in Mongolia ends and the need to recover the health and socio-economic situation of the population comes? What activities need to be stopped and replaced with other activities?				
7	How should the scope and target group of the MRCS be changed when the outbreak in Mongolia is over and the need to recover the health and socio-economic situation of the population comes?				
8	Does the MRCS have sufficient human resources and structure to provide assistance and services to citizens in the event of a similar pandemic or disaster in the future? In terms of structure and human resources, what should the MRCS focus on and how should it be improved?				

Coverage

1. If your organization was involved in the selection of people reached, based on what criteria were they selected? Is there a clear classification? Are ethnic and social minorities, such as people with disabilities and sexual minorities, included?
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4. Has the MRCS planned its distribution and response based on the needs of people with different needs? (For example, based on gender, disability, having many children, and caring for PWDs)
5. Has there been any cases when the assistance was provided to non-necessary people (i.e people who don't need support) through the response? If so, why?
6. Is there a need to include any other target groups in the response in the future?

Sustainability

1. To what extent the program information and learning were shared among people reached and stakeholders?
2. What can be done to maintain the long-term sustainability of the intervention?
3. Who are potential partners for collaborations in the future? Does your organization have planned any collaborative activities to carry out in the future to address post-COVID-19 or COVID-19 resilience-related issues?
4. What changes and modifications need to be taken for the COVID-19 response to better be tailored for the future or post COVID-19 period? Please elaborate on how, what resources are needed, etc.