

# MONGOLIA

## Consolidated Emergency Report 2016



Prepared by:

UNICEF Mongolia  
March 2017

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## Abbreviations and Acronyms

CERF	UN Central Emergency Relief Fund (CERF)
INGO	International Non-governmental Organization
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NEMA	National Emergency Management Authority
NSO	National Statistics Office
NGO	Non-governmental Organization
PHI	Public Health Institute
SISS	Social Indicator Sample Survey
UNICEF	United Nations Children's Fund
WVIM	World Vision International Mongolia

## Glossary

Mongolia is divided administratively into 21 *aimags* (provinces) and each *aimag* is divided into *soums* (sub-provinces) and *baghs* (smallest unit). There are 330 *soums* and 1,592 *baghs*. The capital, Ulaanbaatar, is divided into 9 districts and 152 *khoroos* (sub-districts).<sup>1</sup>

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<sup>1</sup> NSO, *Yearbook 2014*.

## I. Executive Summary

The 2015-2016 harsh winter with temperatures dropping below - 40°C and -50°C in some areas and heavy snowfall covered up to 60 percent of the country affected 41 percent of Mongolia's herder population (225,800 people) whose livelihood was primarily dependent on livestock herding. *Dzud* is a slow-onset natural disaster unique to Mongolia where a summer drought combines with a harsh winter and vast numbers of livestock die from either starvation or cold. The National Emergency Management Authority (NEMA) reported in January 2016 that approximately 1.1 million of the 56 million livestock perished which resulted in loss of main livelihood source of 62,700 households in 211 districts (soums) in 21 provinces (aimags). The United Nations joint assessment conducted in February 2016, reported that the children, pregnant and lactating women and the elderly in herder households who were cut off from accessing health services were the most vulnerable in a *dzud* situation. The assessment identified urgent needs as food, warm clothes and boots, essential medicines, first aid kits, vitamins, hay and concentrated animal feed, therapeutic protein, vitamin and mineral rich supplements, and milk. Based on the assessments' findings, the humanitarian country team and the NEMA prioritized immediate actions to address the needs of the *dzud* affected herder households particularly those with less than 100 livestock considered as the most vulnerable.

UNICEF Mongolia played a leading role in the humanitarian response in charge of a comprehensive food and nutrition assistance programme. With funds from CERF, UNICEF Mongolia in partnership with World Vision International and NEMA provided food packages that benefited 5,299 most vulnerable herder households (19,076 people) in 67 *soums* across six provinces (Uvs, Zavkhan, Arkhangai, Bayankhongor, Dundgobi and Sukhbaatar). The multiple micronutrient supplements benefited 1,870 children (901 girls and 969 boys) 6-59 months old (96 per cent) and 943 pregnant and lactating women (92 per cent) in CERF target households in targeted herder households. Other non-CERF response efforts around life-saving nutrition services reached an additional 4,694 nutritionally vulnerable children aged 6-23 months old in herder households in the targeted *soums*. Of the 7,703 children age 6-59 months old, a total of 57 children were identified with moderate acute malnutrition.

Access constraints due to poor road condition in Uvs and Zavkhan and inadequate warehouse facilities were experienced. Despite the engagement of NGO partners in the assessment and development of a joint proposal for better coordination and to avoid duplication, some NGOs nonetheless applied the same criteria for the development of other proposals submitted to separate donors and subsequently dropped out of the delivery of food interventions in the implementation stage of the CERF. This resulted in additional work to re-identify other target households and increased the workload for the Food and Nutrition Cluster. In addition, poor pasture re-growth in parts of Bayankhongor and Dundgobi prompted herders to migrate in search of better pasture for their livestock. This required extra efforts from soum authorities and health workers in tracking and ensuring that needs of these children and women.

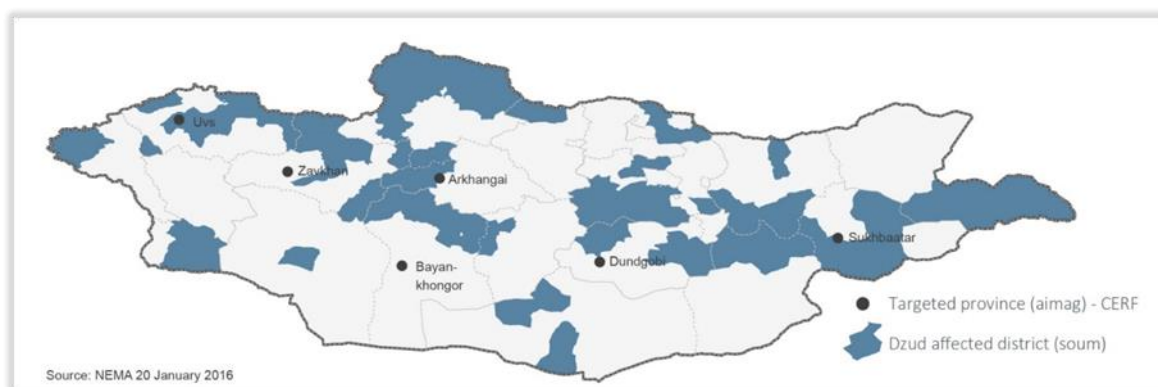
Meanwhile, as the winter of 2016-2017 has also grown harsh, the NEMA reported that severe winter conditions experienced in 110 districts (soums) of 15 provinces (aimags) and one district of Ulaanbaatar city affected an estimated 37,000 herder households (157,000 people). UNICEF Mongolia as the lead agency for the nutrition cluster continues to support the government in the 2016-2017 *dzud* humanitarian response and in finalizing the protocol on management of acute malnutrition and guidelines on nutrition services in emergencies.

## II. Humanitarian Context

The 2015-2016 *dzud* and preceding drought in 2015 had profound effect on food and nutrition security of the herders. Nutritional status of affected herder families has deteriorated significantly as a result of climate change and the summer drought, which had an immediate impact on wheat harvest decline by 50 per cent, and have directly contributed to the reduction of food intake (quality and quantity) due to limited food availability and diversification in local markets and difficult – financial and physical- accessibility.

The Government reported that around 60 per cent of the country, or 211 out of the total of 339 soums was in dzud or near dzud condition in December, 2015 (see figure 1 of dzud affected districts). Over 225,000 people (62,719 herder households or 41 per cent of the total herder population) including 28,290 children under age 5 and 3,340 expectant mothers in 211 soums were living in the areas impacted by extreme temperatures (NEMA, 15 Feb. 2015).

Figure 1: *Dzud-affected districts and targeted provinces*



As winter approached, herders rushed to sell their livestock. This caused the prices to drop from US\$75 to US\$25 for a sheep as the market became oversaturated. Livestock prices were 40-50 percent lower than they have been for the past five years. As a result, the majority of herder households were cash-strapped to afford their basic needs including food. Loss of wheat harvest resulted in increase of flour price in the market by 20-30 percent compared to last year average which also impacted the availability and affordability of flour, a main staple cereal for herders. They got flour and rice on loan from the local shops or through other loans schemes in a condition that debt will be paid when goat cashmere is produced in spring.

UNICEF Mongolia, jointly with the Government and the Ministry of Health, identified 4,390 herder families as the most vulnerable target population. Selection criteria of the target herder families included (1) owning less than 100 animals (poverty indicators were used as proxy to determine vulnerability); and (2) living in the 45 most-affected soums of six dzud-affected aimags (administrative units known as 'aimag') based on the highest fatality rate of livestock. Considering general poor nutritional status of children in rural areas with high chronic malnutrition rate and high rates of vitamin and mineral deficiencies, additional 4,694 nutritionally vulnerable children 6-23 months old in non-target households in the same 45 districts of 6 provinces were identified for life-saving nutrition services.

Prior to the *dzud* situation, children in herder households were suffering from chronic malnutrition including deficiencies of vitamins and minerals and stunting. Vitamin A and D deficiency, and anaemia affects respectively 32%, 22% and 28.5% of children under five in Mongolia. Prevalence of anaemia among pregnant women was 26.5%. The percentage of chronically malnourished children was twice higher in rural areas (14.5 per cent) than in urban areas (8.4 percent). Children in Western, Eastern and Khangai regions have been suffering more from chronic malnutrition. The prevalence of stunting among children under five years old was 19.5 percent in Western, 13.5 percent in Eastern, and 12.3 percent in Khangai regions (NSO,2013).

Due to the economic crisis and health budget deficit, the Government faced a shortage of both vitamin A and D and multiple micronutrients supply for children under five years old and pregnant and lactating women in stock.

The UN Humanitarian Country Team (UNHCT) in discussion with NEMA prioritised interventions in three areas based on current needs as well as previous effective *dzud* response arrangements. Each

of the intervention areas was organized under the leadership of a designated UN agency in close cooperation with respective government co-leads for the clusters. These areas of intervention were:

- (i) Early recovery sector under the leadership of UNDP;
- (ii) Agriculture sector under the leadership of FAO, and
- (iii) Multi-cluster survival group under the leadership of UNICEF.

The objective of the multi-cluster survival group interventions led by UNICEF Mongolia was to ensure the survival of the most vulnerable herder households during the current *dzud* emergency. Multi-cluster survival group interventions consisted of food security, nutrition, and protection (dignity) components. Mongolia CO, in collaboration with World Vision International, spearheaded the food security and nutrition interventions whereas UNFPA is primarily responsible for the protection interventions that focus on the provision of dignity kits to meet women's hygiene needs that help to maintain their self-esteem and increased mobility during the emergency.

To ensure suitable time-bound country- and risk-specific coordination arrangements, all three intervention areas had the same target groups in the 44 most at-risk rural districts in six affected provinces.

### III. Humanitarian Results

The UNICEF Mongolia-led life-saving food and nutrition interventions consisted of the following interventions.

- i) provision of a survival kit inclusive of a food package of 2-month food ration to 5,299 herder households (19,076 people) in 67 soums in six aimags<sup>2</sup> (Uvs, Zavkhan, Arkhangai, Bayankhongor, Dundgobi and Sukhbaatar). The comprehensive food and nutrition assistance package included the provision of two months' ration of essential food package per household (flour 50 kg, noodle 20 kg, rice 20 kg, soy bean oil 6l, sugar 4 kg, tea 2 blocks, and salt 1 kg)
- ii) supply and distribution of the multiple micronutrient supplements for 1,870 children aged 6-59 months old and 948 pregnant and lactating women in particular target soums and provinces affected by *dzud*;
- iii) nutrition screening for identification of cases of acute malnutrition for referral for lifesaving treatment; iii) adequate nutrition counselling to the *dzud* affected population, particularly for parents of children under two years old and pregnant and lactating women (focus on infant and child feeding and care practices).

The response was provided in partnership with World Vision International Mongolia (WVIM), National Emergency Management Authority (NEMA), Ministry of Health, Public Health Institute, local emergency management departments, local health departments, *district* governor office and district health centres and INGOs including ADRA, and Save the Children. The Health Minister's decree #A115 "Provision of nutrition services to the population in *dzud* affected provinces" was released in April 2016 enabled urgent delivery of lifesaving nutrition interventions to children and pregnant and lactating mothers.

#### **Specific results**

A total of 5,299 herder households (19,076 people) in 67 *soums* in six aimags (Uvs, Zavkhan, Arkhangai, Bayankhongor, Dundgobi and Sukhbaatar) received life-saving comprehensive food and nutrition assistance package. The table below provides the breakdown of direct beneficiaries of the food package.

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<sup>2</sup> The reason of discrepancy between planned and reached beneficiaries is that there were more affected herder households who needed food and nutrition assistance. It was earlier planned to purchase the food items at provincial level, however, due to limited availability of food commodities in the six targeted provincial locations, the procurement was done in the capital city. The allocated budget for the food commodities purchased more food due to lower food prices at the capital. This increased the number of households supported identified during the first distribution and ensured that herder households who are suffering livestock loss and shortage of cash receive support.



<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>	2,938	3,027	5,965	3,599	3,655	7,254
<i>Adults (≥ 18)</i>	5,024	4,815	9,839	6,130	5,692	11,822
<b>Total</b>	<b>7,962</b>	<b>7,842</b>	<b>15,804</b>	<b>9,729</b>	<b>9,347</b>	<b>19,076</b>

- The coverage of food intervention increased by 909 households than the initial target of 4,390 in view of the lower food commodity costs at the capital city. Earlier, the purchase of the food items was planned at provincial level, however, due to limited availability of food commodities in the six targeted provincial locations, the procurement was done in the capital city. The allocated budget for the food commodities purchased more food due to lower food prices at the capital. This increased number of households helped address the vulnerability needs identified during the first distribution and ensured that herder households who were suffering livestock loss and shortage of cash received support.
- 1,870 children under five years old and (901 girls and 969 boys) and 948 pregnant and lactating women in target herder households received nutrition services through primary health services in target areas. Distribution coverage of multiple micronutrient supplements for children 6-59 months old and pregnant and lactating women in target households is 96% and 92% respectively.
- 7,703 children aged 6-59 months old and pregnant and lactating women in target *soums* were screened for acute malnutrition, and a total of 57 children were identified with moderate acute malnutrition. Acute malnutrition rates reported among children of target herder households in 67 districts in six provinces varied from 0% to 0.7% with moderate acute malnutrition cases only and appropriate nutrition counselling and child feeding service provided at district health centers.
- Additional 4,694 nutritionally vulnerable children 6-23 months old in non-target herder households in target 67 districts in six provinces benefitted from life-saving nutrition services.
- UNICEF provided technical assistance for training and supportive supervision of 18 master trainers from six provinces on 'life-saving nutrition services in emergencies' who further trained 156 primary health workers from 45 primary health centers in six provinces. Three day trainings, conducted with technical assistance and coordination of Public Health Institute and Local Health Departments, focused on maternal nutrition and infant and young child feeding in emergency situation, nutrition assessment and management of acute malnutrition.

All 45 target district health centers were strengthened to provide quality nutrition services including nutrition counselling to parents of children under two years old and pregnant and lactating women, nutrition assessment and micronutrient supplementation. Every child in target household was monitored by health workers' bi-weekly home visits on usage of multiple micronutrient supplements and overall health and nutrition status. All primary health centers in target areas were provided financial assistance for fuel costs to ensure mobility for oversight of nutrition interventions.

3,000 leaflets containing key messages on appropriate infant and young child feeding practice (breastfeeding and complementary feeding), and appropriate usage of multiple micronutrient supplements with recording lists were distributed to target population to raise their awareness.

### **Results Table**

Results were achieved through contributions against UN CERF, as well as resources from UNICEF's regular programmes where necessary.

<b>Indicators</b>	<b>Cluster/sector 2016 Target</b>	<b>Cluster/sector total results</b>	<b>UNICEF 2016 Target</b>	<b>UNICEF Total results</b>
Number of households provided with food package for two months as per agreed	4,390	5,299	4,390	5,299

criteria (household with 100 or less livestock)				
Number of children (6-59 months) in target <i>dzud</i> affected areas provided with multiple micronutrient supplementation	6,564	6,564	6,564	6,564
Number of pregnant and lactating women in target <i>dzud</i> affected areas provided with multiple micronutrient supplementation	948	867	948	867
UNICEF, as nutrition cluster lead agency, was responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

As a nutrition cluster lead agency, UNICEF Mongolia provided key technical support to the Ministry of Health and nutrition sector partners in coordinating the nutrition assistance during *dzud*. It was the first time experience that UNICEF, INGOs and NEMA and Health sector partners worked in close collaboration from the inception until the end of the project implementation. With the overall coordination efforts among the food cluster and nutrition cluster helped in avoiding duplication and overlaps of humanitarian assistance in affected areas. Coordination has improved not only among the agencies at the national level, but also at local level.

To ensure the effectiveness and efficiency of the food and nutrition interventions, mass campaigns, outreach services and regular medical check-up activities were also organized. The delivery of the food and nutrition interventions was monitored on a monthly basis for four months to assess the coverage, quality, and effectiveness of the response.

Some of the lessons learned discussed with key partners include the following:

- Close collaboration with NEMA from the very beginning for the *dzud* emergency enabled the UNHCT to acquire up-to-date information and receive government expertise, advice, and suggestions that were crucial to the decisions made. In addition, Mongolia CO closely collaborated with NEMA for the transport of nutrition supplies to target areas and will continue to collaborate with NEMA in May and July 2016 for project monitoring and assessment.
- UNHCT made a decision to establish and activate a multi-cluster survival group for the first time in the context of Mongolia rather than activate individual clusters. This helped to improve the coordination of different sector interventions.
- Involvement of international NGOs such as World Vision International-Mongolia, Save the Children-Japan, Caritas Czech, People in Need and ADRA (PCAs and MOUs can be shared) enabled UN agencies to learn from these organizations and use their local branches for implementation of interventions once funds were released.
- A core advisory group consisting of heads of UNICEF, FAO and UNDP, and World Vision representing International NGOs and Mongolian Red Cross Society representing national NGOs enabled the UNHCT to make timely decisions and agreements, which were crucial for the development of the joint CERF proposal.
- Technical level discussions allowed the different agencies to work collaboratively towards efficiency and cost-effectiveness by joining the data collection work, dividing responsibilities for introductory and monitoring visits as well as agreeing on the same unit costs and rates for the preparation of the budget component of the proposal.
- The vulnerability criteria for selecting target households which was used for those with less than “100 livestock” was not enough. Moreover, there is a significant difference between sheep, cattle or horses in terms of asset quality and value.



- Other factors such as household size, household income and nutritional vulnerability of certain population groups (children under five years old, pregnant and lactating women should be considered in determining criteria in the future.

Access constraints due to poor road condition in Uvs and Zavkhan and inadequate warehouse facilities were experienced. Despite the engagement of NGO partners in the assessment and development of a joint proposal for better coordination and to avoid duplication, some NGOs nonetheless applied the same criteria for the development of other proposals submitted to separate donors and subsequently dropped out of the delivery of food interventions in the implementation stage of the CERF. This resulted in additional work to re-identify other target households and increased the workload for the Food and Nutrition Cluster. In addition, poor pasture re-growth in parts of Bayankhongor and Dundgobi prompted herders to migrate in search of better pasture for their livestock. This required extra efforts from soum authorities and health workers in tracking and ensuring that needs of these children and women.

#### IV. Monitoring and Evaluation

UNICEF, in cooperation with Ministry of Health and the Public Health Institute, closely monitored the nutrition situation in target areas to track malnutrition rates and monitored the implementation of the life-saving food and nutrition assistance.

Monthly excel based data on coverage of nutrition services and malnutrition rates are received from each target areas to centralized database in Public Health Institute. As of September 2016, four monthly reports were received from each target areas reflecting progress to the key performance indicators (coverage of multiple micronutrient supplementation among children 6-59 months old, coverage of multiple micronutrient supplementation pregnant and lactating women, coverage of nutrition counseling, coverage of MUAC assessment, and severe and moderate acute malnutrition rates in target areas). Monthly reports are widely shared with all relevant stakeholders.

UNICEF in partnership with WVIM, NEMA and PHI conducted the distribution and post distribution monitoring among the beneficiaries in all target areas. The purpose of the monitoring was to assess the progress and effectiveness of the food and nutrition assistance to the beneficiaries based on criteria: a) number of households received food and nutrition assistance versus the planned; b) awareness on humanitarian assistance; c) appropriateness or acceptability of the food and nutrition package distributed; d) utilization and beneficiary satisfaction on food and nutrition package provided; e) management and process food and nutrition package distribution. Systematic sampling of beneficiaries was applied for selection of beneficiaries for the monitoring. The sample size was 5% of the total beneficiaries (the twentieth names from the beneficiary list is selected). Almost all respondents reported high satisfaction on timeliness of the food and nutrition assistance and quantity and quality of food and nutrition assistance. Focus group discussions with the provincial and soum local governments revealed that the supplies were received on the right time and made important contributions to improving livelihoods of the target households in trying to recover from the harsh winter impacts.

#### V. Financial Analysis

**Table 1: Funding status against the appeal by sector**

Sector	Requirements	Funds Available Against Appeal as of 31 December 2016	% Funded
Nutrition	916,470.53	837,345.58	91%
<b>Total</b>	<b>916,470.53</b>	<b>837,345.58</b>	<b>91%</b>

Table 2: Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)		
Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
<b>I. Humanitarian funds received in 2016</b>		
<b>a) Thematic Humanitarian Funds</b> (Paste Programmable Amount from Table 3)		
<b>b) Non-Thematic Humanitarian Funds</b> (List individually all non-thematic emergency funding received in 2016 per donor in descending order)		
The United Kingdom	SM120158	40,000
Canada	SM160575	171,088
<b>Total Non-Thematic Humanitarian Funds</b>		<b>211,088</b>
<b>c) Pooled Funding</b>		
<b>(i) CERF Grants</b> (Put one figure representing total CERF contributions received in 2016 through OCHA and list the grants below)		
<b>(ii) Other Pooled funds</b> - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security etc. (Put the figure representing total contributions received in 2016 through these various pooled funding mechanisms.		
CERF	SM160154	<b>569,879</b>
<b>d) Other types of humanitarian funds</b>		
<b>Total humanitarian funds received in 2016 (a+b+c+d)</b>		<b>780,967</b>
<b>II. Carry-over of humanitarian funds available in 2016</b>		
<b>e) Carry over Thematic Humanitarian Funds</b>		
<b>f) Carry-over of non-thematic humanitarian funds</b> (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
<b>Total carry-over non-thematic humanitarian funds</b>		<b>0</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>0</b>
<b>III. Other sources</b> (Regular Resources set -aside, diversion of RR - if applicable)		
<b>Total other resources</b>		<b>0</b>
<b>Total Humanitarian Funding Available in 2016</b>		<b>780,967</b>

\* Funds available includes funds received against current appeal and carry-forward from previous year.

**Table 3: Thematic humanitarian contributions received in 2016 (NOT APPLICABLE)**

## VI. Future Work Plan

The winter of 2016-2017 has also grown harsh. The unfolding humanitarian crisis in the northern belt of Mongolia is the result of cumulative impacts of erratic and extreme weather events (drought, late rains, and early onset of extreme winter conditions), environmental degradation and climate change, as well as deep economic crisis and widespread rural poverty. In December, NEMA reported severe winter conditions in 110 districts (soums) of 15 provinces (aimags) and one district of Ulaanbaatar city. An estimated 37,000 herder households (157,000 people) are affected by harsh winter conditions.

In response to the quickly deteriorating winter conditions, UNICEF Mongolia in cooperation with the Ministry of Health and local governments, agreed on the geographic focus areas, targeting criteria, target population and lifesaving nutrition interventions. Of the total affected 157,000 people identified by the government, UNICEF and Ministry of Health estimated that 16,835 boys and girls under 5 years old, and 7,196 pregnant and lactating mothers are at high risks of undernutrition. Since the *dzud* is a slow onset disaster and the acute malnutrition rate is low (1.0%)<sup>3</sup> in the country, the priority need is to prevent vulnerable herder population, particularly the most vulnerable children and pregnant and lactating mothers, from micronutrient deficiencies and to mitigate the risks of deterioration of their nutritional status and the risk of developing other forms of malnutrition.

The main priority areas for nutrition are:

- Provision of Micronutrient supplements to prevent and control micronutrient deficiencies and other forms of malnutrition among children and women in affected herder households that will contribute further to reduce maternal and child morbidity and mortality in dzud affected areas.
- Protection and support on appropriate infant and young child feeding for the affected households
- Nutrition screening and referral of acute malnutrition among young children and pregnant and lactating mothers
- Updates of Nutrition Protocols. UNICEF Mongolia is technically supporting the Ministry of Health in the updating of the protocol on management of acute malnutrition and guidelines on nutrition services in emergencies.
- Nutrition cluster coordination, preparedness and disaster risk reduction. As the leading agency for the nutrition cluster, UNICEF Mongolia continues to work in building nutrition resilience in the country including nutrition emergency preparedness and disaster risk reduction.

## VII. Expression of Thanks

UNICEF Mongolia presents its sincere gratitude to The Canadian Government and to The United Kingdom for their generous contributions to humanitarian response in 2016. With this support, UNICEF Mongolia was able to protect vulnerable herder households from food insecure situation during dzud and prevent them, particularly vulnerable boys and girls, and pregnant and lactating women from malnutrition.

UNICEF Mongolia would also like to thank World Vision International Mongolia, National Emergency Management Authority, Ministry of Health, Public Health Institute, local emergency management departments, local health departments, *district* governor office and district health centres and INGOs including ADRA, and Save the Children for their cooperation and support to the humanitarian response.

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<sup>3</sup> Social Indicator Sample Survey, NSO, UNFPA and UNICEF, 2013

## Annexes to the CER

### Annex 1: Human Interest Story

#### **Emergency nutrition service gives children a new lease of life in dzud affected Mongolia**

“My daughter was underweight and kept getting sick during the winter” says Ms. Orlomsuren, a mother of three who lives in Zavkhan, one of the provinces affected worst by dzud—extreme, harsh winter. She added that she could still remember the long, cold winter nights when she was struggling to put nutritious food on the table for her children, especially her then 2-year-old daughter Tsetsgee. “We were very worried about our little girl and didn’t know what to do when the roads were blocked by snow,” added Ms. Orlomsuren.

In Mongolia, one in every 10 children is chronically malnourished. This number increases even higher during dzud. Lack of food supply and dietary diversity, coupled with road blockage due to heavy snowfall in rural area, exacerbate the already poor living conditions of herder households and their children alike.



*Local health workers weighing Tsetsgee (January, 2016)*  
©UNICEF Mongolia/2016/Ganchimeg

Luckily, UNICEF’s package arrived in time for her family that winter. This initiative focused on nutrition services coordinated through primary health services reaching children under five years of age as well as pregnant and lactating women in targeted herder households like Ms. Orlomsuren’s family. Living in one of the coldest places on Earth barricaded in by heavy snowfall, “We never expected to receive the relief packages. There essential items like flour, rice, noodle, oil, sugar, tea and salt, along with vitamins for my Tsetsgee” said Ms. Orlomsuren.

#### **Working with partners and local communities to curb malnutrition**

“Access to basic food and maintenance of an adequate nutritional status are critical determinants of people’s survival, particularly for children under five during dzud emergency” explains Ms. Munkhjargal L., UNICEF Mongolia’s nutrition officer. That’s why, UNICEF spearheaded the humanitarian response efforts—comprehensive food, nutrition, protection, agriculture and early recovery programmes—complementing the broader response carried out by the United Nations (UN) and local non-governmental organizations.

UNICEF played a leading role in this humanitarian response, in charge of a comprehensive food and nutrition assistance programme that benefited 5,299 most vulnerable herder households (19,076 people) in 67 soums across six provinces such as Uvs, Zavkhan, Arkhangai, Bayankhongor, Dundgobi and Sukhbaatar. UNICEF worked with targeted soum health centres to provide quality nutrition services and counselling to the parents of children under five years of age as well as pregnant and lactating women, along with nutrition assessments and micronutrient supplementation. Health

workers monitored every child in the target households during bi-weekly home visits to check on the use of multiple micronutrient supplements and their overall health and nutrition.

Sunbathing in the hands of her loving mother, it's hard to believe that this is the same child that a few months ago was undernourished and in need of urgent treatment.

Along with almost 20,000 individuals who received the dzud emergency package, the 3-year-old girl Tsetsgee is now well and healthy.

As the leading agency for the nutrition cluster, UNICEF Mongolia continues to work in building nutrition resilience in the country including nutrition emergency preparedness and disaster risk reduction.



*Local health workers*

©UNICEF Mongolia/2016/Uranchimeg Badambazar

In addition, nutrition is the backbone of child survival, health and development. Well-nourished children are better able to grow and learn, to participate in and contribute to their communities, and to be resilient in the face of disease, disasters, and other crises.

Each family reached and treated brings Mongolia one step closer to removing the harmful effects of malnutrition caused by dzud and creating a healthier future for every child.

## Annex 2: Donor Feedback Form

### Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form by email to:

Name: Judith Bruno, UNICEF Mongolia Deputy Representative

Email: [jbruno@unicef.org](mailto:jbruno@unicef.org)

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**SCORING:** 5 indicates “highest level of satisfaction” while  
0 indicates “complete dissatisfaction”

To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

1. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

3. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0



If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

4. Please provide us with your suggestions on how this report could be improved to meet your expectations.
5. Are there any other comments that you would like to share with us?

**Thank you for filling this form!**