



FIRE



Flagstaff International Relief Effort

*"Placing aid directly in
the hands of the people"*

www.fireprojects.org



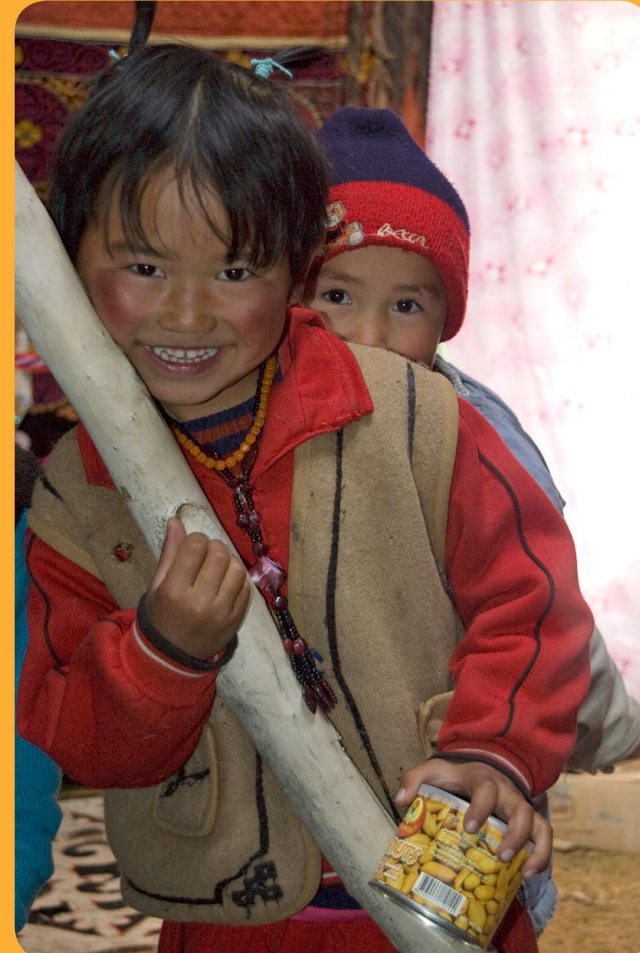
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About FIRE

FIRE - Flagstaff International Relief Effort is a non-profit and non-government organization (NGO). FIRE is a registered 501c.3 organization in the United States, headquartered in Flagstaff, Arizona, with a registered NGO branch office in Ulaanbaatar, Mongolia, and representatives in Langtang and Kathmandu, Nepal. After 16 years of work, FIRE continues to evolve, meeting the challenges of a rapidly changing world. Through sustainable and award winning programs, FIRE strives to empower communities and individuals.

FIRE's Mongolian programs are focused primarily on viral hepatitis and liver cancer prevention through research, training, supply distribution, awareness campaigns, testing, and vaccination targeted at the general population and health care facilities and workers. These life-changing programs are strategically and responsibly implemented through partnerships with the Mongolian Ministry of Health (MoH), the World Health Organization (WHO), the Asian Development Bank (ADB), the Canadian Society for International Health (CSIH), the Asian Liver Center at

Stanford University, Rotary International, Mongolian National University of Medical Sciences (MNUMS), the National Center for Public Health, the Mongolian National Center for Communicable Diseases, and the Mongolian National Cancer Center.

After the April 25, 2015 earthquake in Nepal, FIRE began to support the reconstruction needs of the village of Langtang at 13,000 feet, high in the Himalayas, through immediate relief and long-term strategic planning for resettlement, cultural preservation, and economic development.

Mission

FIRE - Flagstaff International Relief Effort is dedicated to providing resources and support to communities in need, reducing poverty, and improving the quality of life.

Vision

FIRE works with partners at all levels - local, national, and international - to implement Empowering Programs targeted at communities.

Values

Since its inception, FIRE has strived to maintain a core set of values. These values are applied to the way programs are designed, implemented, and evaluated; to relationships with partners; and the working relationships within FIRE itself. Encompassed in these values is the ultimate value of respect. This is respect for each other and our partners, for those marginalized by society, for the global community, for under served issues, and for stakeholders and local leadership.

Responsible – Reliably meeting deadlines on-time, honoring commitments and expectations

Efficient – Achieving maximum productivity without wasted effort or expense

Sustainability – Ensuring our programs have a replicable design and local ownership for long-term impact

Partnerships – Strategically building working relationships with national stakeholders and trustworthy organizations

Empowering – Helping to build capacity and leadership in local communities

Communication – Open, honest, timely, and culturally sensitive communication

Transparency – Openly, clearly, and accurately sharing all information related to our operations and finances



(Kindergartners during a distribution, 2005)





(Kazakh eagle hunter © David Edwards, 1999)

Background

The founder of FIRE is Flagstaff-based photojournalist David Edwards, who began extensively traveling and photographing in Mongolia in 1992. The collapse of the Soviet-supported economy in 1990 left Mongolia in economic ruin and one of its darkest periods ensued. In 1993 Edwards began hand-carrying duffel bags of winter clothing donated by the people of Flagstaff, and delivering them to orphanages in Mongolia. He focused on placing aid directly into the hands of the people who needed it most, without middlemen. By 1997, Edwards and a group of Flagstaff residents founded a grass-roots aid organization called the Mongolian Orphans Association. They shipped the first 40-foot container and conducted the first hand-to-hand aid distribution in 1999. The name of the organization was changed to FIRE - Flagstaff International Relief Effort - in 2000 to reflect the evolving scope of aid programs envisioned for the future.

In 2004, Meredith Potts, Edwards' photography business manager at the time, resumed the aid distribution trips after a brief hibernation period. Since 2004, Potts has remained at the helm of FIRE as executive director, staying true to FIRE's mission of delivering necessary assistance directly to underserved populations, hand-to-hand.



(Grateful kindergartners with donated hand-knitted hats and sweaters)

FIRE's aid distribution trips in Mongolia reached two thirds of Mongolia's provinces between 1999 and 2009. American volunteers went door-to-door guided by local social workers seeking out the most needy families directly on their doorsteps. These distribution trips gave FIRE a unique and comprehensive understanding of the logistical challenges and cultural barriers within Mongolia. This has created a well-developed and efficient outreach model specialized in rural Mongolia.



(US medical volunteer during a distribution, 2005)

In 2005, FIRE expanded its programs to include medical mission trips inclusive of training and medical supply distribution, in conjunction with the winter clothing distribution trips.

In 2009, from a desire to have a greater long-term, sustainable impact on Mongolia, FIRE stopped the aid distribution trips to focus on multi-year, year-round public health programs. That year, FIRE began partnerships with the National Institutes of Health (NIH) on a viral hepatitis research project and with Rotary International on a medical waste management training and supply distribution program. These programs paved the way for FIRE's current hepatitis and liver cancer prevention programs, staying in alignment with FIRE's core value of person-to-person outreach.

Over the last 16 years, through working relationships with diverse people and organizations including members of government, health sector authorities and facilities, donor organizations, social workers, and many more, FIRE has become a recognized entity throughout the country. All of FIRE's medical programs are coordinated in collaboration with and support of the Mongolian Ministry of Health and the World Health Organization (WHO) Representative Office's guidelines and action plans.

FIRE has worked in 17 of Mongolia's 21 provinces.

Between 1999 and 2009, FIRE:

- Shipped ten 40-foot containers filled with 76 tons of donated winter clothing, medical supplies, and educational materials

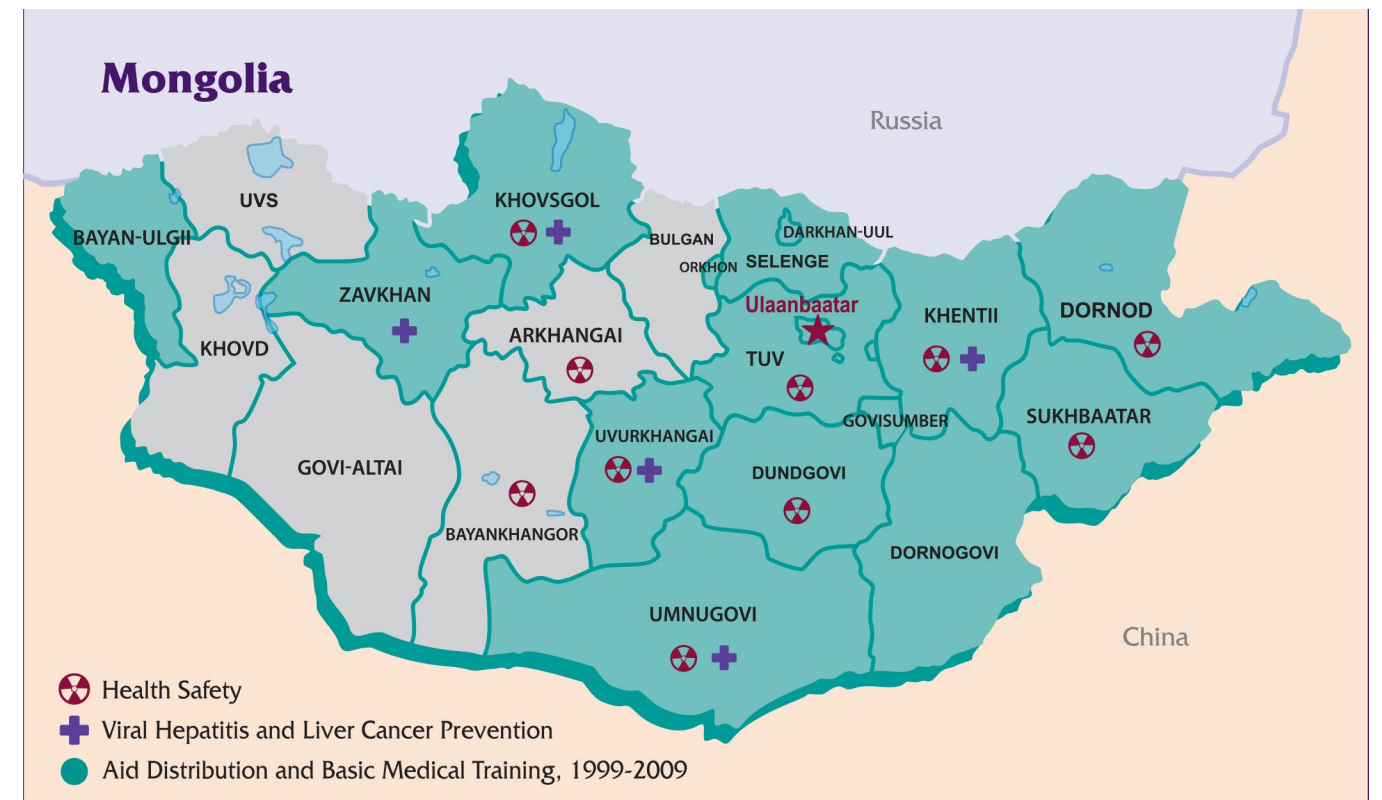
- Organized 46 American FIRE clothing volunteers to personally distribute winter clothing to over 65,000 individuals
- Hand delivered 46,500 hand-knitted winter clothing items
- Delivered 80 computers with English language training software and 6,000 English language library books to one dozen schools
- Organized 23 foreign FIRE medical volunteers to conduct more than 1,200 hours of training with 2,100 Mongolian medical professionals around the country
- Delivered \$720,000 worth of medical supplies

Since 2009, FIRE has:

- Distributed 152,000 sharps containers (biohazard boxes for sharp medical waste) to 305 clinics and hospitals countrywide
- Trained 1,614 health care workers on medical waste management and health safety
- Produced and distributed 2,000 copies of a training video for health care workers on medical waste management, health safety, and hepatitis prevention
- Intensive training and supply distribution for the comprehensive upgrade of the entire medical waste management system of 4 rural hospitals
- Advocated 31 policy makers to improve medical waste management
- Tested 2,500 rural people for hepatitis B, hepatitis C, and liver cancer
- Tested 1,000 rural health care workers for

hepatitis B, hepatitis C, and HIV

- Conducted community awareness activities among 2,200 people
- Vaccinated 135 health care workers against hepatitis B
- Trained 74 physicians on viral hepatitis and liver cancer early detection, prevention, and treatment
- Screened and counseled 2241 people for hepatitis and liver cancer
- Distributed over 13150 copies of awareness materials and 350 DVDs about viral hepatitis treatment and prevention across Mongolia
- Conducted awareness campaigns on World Hepatitis Day (July 28) with the World Health Organization and Ministry of Health in 2011, 2012, 2013, 2014, 2015 and 2016
- Examined 523 kindergartners' oral health
- Trained 231 parents and 68 teachers and 500 children about oral health for children
- Produced training tools including booklets, video and interactive aprons for kindergarten age children's oral health
- Organized 4 foreign FIRE medical volunteers to conduct more than 108 hours of training with 360 Mongolian medical professionals
- Distributed \$50,000 worth of medical supplies



(A map of Mongolia showing where FIRE has worked since 1999)

About Mongolia

The birthplace of Genghis “Chinggis” Khan, Mongolia often brings to mind the image of a horde of battle-hardened cavalry. Modern Mongolian culture is steeped in a past of nomadic tradition, warrior ancestry, and strong Tibetan Buddhist influence. With an intriguing past and complex present, Mongolia is a unique country where the landscape, history, and people intertwine to create a place unlike any other on earth.

Mongolia is a landlocked, upper middle-income country located in the heart of Central Asia, between Russia and China. With 3 million people it has the lowest population density in the world. The average population density in Mongolia is 1.5 square kilometers per person, making access to health care and other amenities very difficult. With livestock outnumbering people 17 to one, an estimated 30% of the population maintains a traditional pastoral nomadic lifestyle, spreading themselves over the 1.62 million square kilometers of land.

Approximately 1.5 million Mongolians live in the capital city of Ulaanbaatar, 58% of which are under the age of 30. Almost 27% of the population lives under the national poverty line, and 27% live on less than \$1.25 a day. The average life expectancy is 69 years old. Mongolia has a literacy rate of 97%. Mongolia's capital, Ulaanbaatar, is the coldest capital city in the world, and the most polluted city in the world according to a 2011 World Health Organization (WHO) study.



(A nomadic family moving at the start of winter)

During winter, temperatures can reach -40°F for days at a time. The sustained severe cold causes massive loss to livestock herds almost every year. The harsh winter conditions and loss of livestock often result in swells of citizens migrating to areas surrounding the city, living in gers or yurts (felt tents). These areas are called “ger districts”. It is estimated that 70% of the Ulaanbaatar population live in the ger districts. According to the municipal government, up to 40,000 rural people arrive in Ulaanbaatar every year.



(Typical Mongolian family outside their ger)

Starting in the late 20th century, mining became central to Mongolia's economy. Copper, gold and coal, are the primary mineral resources in Mongolia. Until 1990, one third of the country's gross domestic product (GDP) was dependent on the Soviet Union. That economic paradigm ended abruptly in 1990 with the imminent break-up of the Soviet Union.

Rapid development from foreign investment peaked in 2011 to 2013. In 2011 Mongolia was the fastest growing economy in the world. Since then, foreign investment has dropped by more than 75%, and the local currency has devalued against the dollar by 70%. Mongolia is currently in a deep recession.

Health Care System

Established by the Soviet Union, the health care system is a tertiary system. Every citizen is assigned to a primary care facility that are located in every administrative division, urban and rural, across Mongolia. There are a total of 508 primary care facilities across Mongolia.

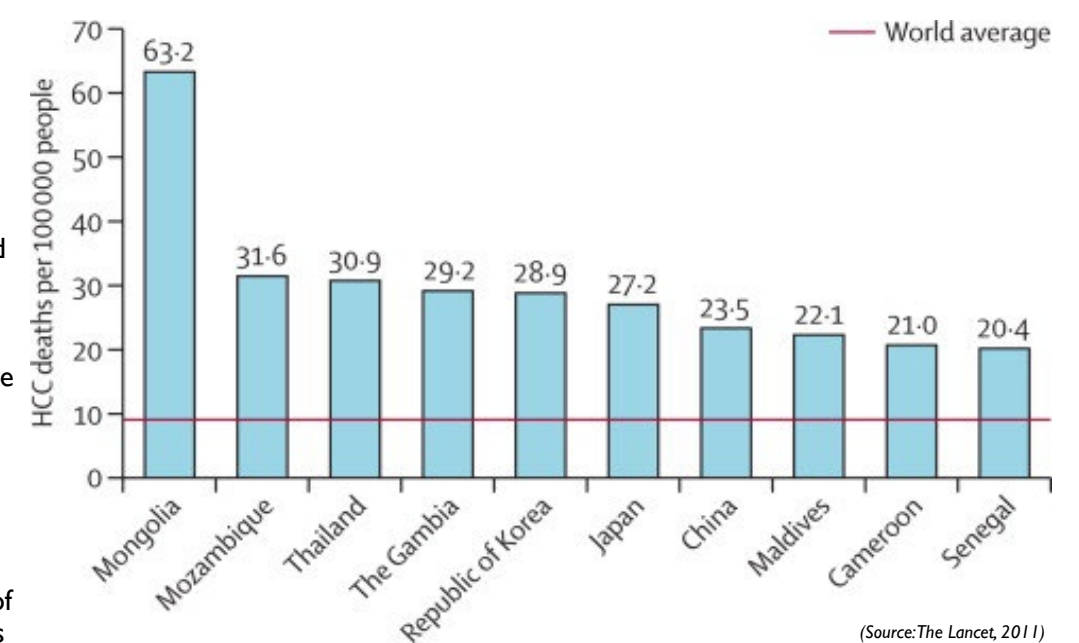
Secondary facilities are located in every provincial center and all nine districts of Ulaanbaatar. They provide a substantially greater level of care and diagnostics from the primary care facilities. There are 73 secondary facilities in Mongolia.

Tertiary hospitals are located in Ulaanbaatar. There are 27 specialized hospitals. These include the National Center for Communicable Diseases, the National Cancer Center, etc.

The health care system in Mongolia is overseen by the Ministry of Health nationally and locally supervised by provincial and district health departments. The infrastructure of the health care system is very well organized. However, it is also underfunded, under supplied and under educated.

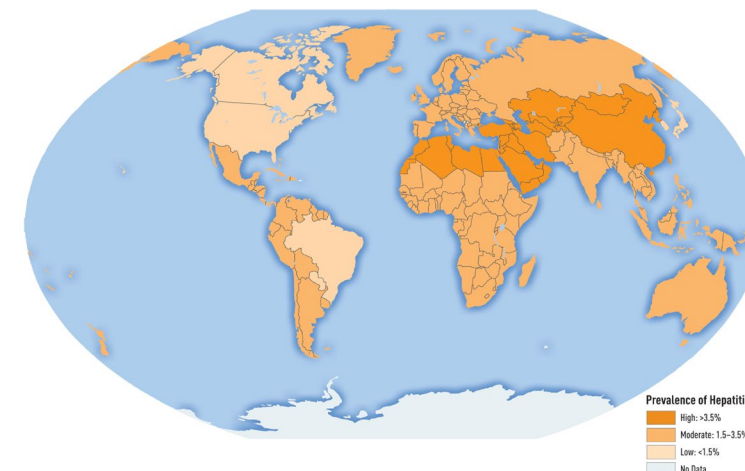
Hepatitis and Liver Cancer in Mongolia

Mongolia has one of the highest rates of viral hepatitis, the highest rate of liver cancer (six times the international average) and the highest rate of hepatitis super infection (hepatitis B and D co-infection), in the world. 67% of patients with hepatitis B (HBV) are reported to also have hepatitis D. More than 77% of Mongolians are estimated to have been infected with hepatitis B virus (HBV) at some time during their life. Between 10% and 22% of the general population is chronically infected with either hepatitis B or C.



93% of liver cancer patients in Mongolia are also infected with hepatitis. Chronic viral hepatitis infections are responsible for 57% of liver cirrhosis and 78% of primary liver cancer. One in 10 deaths in Mongolia is caused by liver cancer. 78% of liver cancer is not diagnosed until stage III or IV. 85% of liver cancer patients die within one year of receiving the diagnosis. The majority of treatment for liver cancer in Mongolia is currently palliative care.

The high rate of liver cancer in Mongolia is due largely to the late diagnosis of hepatitis. Viral hepatitis infections can be prevented through administering vaccines (hepatitis A, B, and E), improvement of hospital infection prevention and control procedures and education of the general population. Hepatitis B virus vaccine is the only vaccine known to prevent liver cancer. Mongolia was one of the first countries to introduce hepatitis B vaccine into routine immunization schedules for newborns and children under 1 year old in 1991. Despite Mongolia's large nomadic population, an estimated 99% of newborns receive the first dose of the vaccine within 24 hours of birth. The incidence of viral hepatitis B has decreased substantially since the vaccination was introduced. However, viral hepatitis B and C are still high among populations over 40 years old.



MAP 3-5. DISTRIBUTION OF HEPATITIS C VIRUS INFECTION¹
¹ Disease data source: Mohd Haniffah K, Greger J, Flaxman AD, Wiersma ST. "Global Epidemiology of Hepatitis C Virus Infection: New Estimates of Age-Specific Antibody to HCV and Seroprevalence." Hepatology 2013; 57:1333-1342.

Chronic viral hepatitis C can be cured with a 3-6 month drug treatment. There are also treatments, but not yet a cure, for hepatitis B. While Mongolia has the cure for hepatitis C at one of the lowest prices in the world, due to logistical and diagnostic issues, hepatitis C treatment is still inaccessible in rural Mongolia where half the population lives.

The combined factors of a small population (3 million people), 97% literacy rate, and excellent infrastructure of the health care system places Mongolia in a unique position to comprehensively combat viral hepatitis, setting an example for the world on how to eliminate a viral epidemic. The high literacy rate and small population makes awareness campaigns extremely effective. The small population also makes screening, testing, vaccination, and

intervention campaigns manageable. The well-designed health care system infrastructure ensures that policy changes and training can be well-disseminated throughout the national system.

What We Do

Viral Hepatitis and Liver Cancer Screening

Since 2009, FIRE has been supporting the Mongolian Ministry of Health (MoH) to prevent and diagnose viral hepatitis and liver cancer across Mongolia. FIRE's strategic, multi-layered programs are implemented with various stakeholders at every level. These programs are designed to be replicated not only across Mongolia, but hopefully anywhere, empowering individuals and health care systems to end this epidemic.

In 2011, FIRE began conducting viral hepatitis testing and liver cancer screening programs in rural Mongolia. In 2016, this project was one of five international programs recognized by the World Health Organization (WHO) and European Association for the Study of the Liver (EASL) for innovative hepatitis screening programs.

FIRE works closely with local primary care clinics to identify and invite the highest-risk people to testing and screening events. The FIRE team and specialists from Ulaanbaatar, including an ultrasound specialist, hepatologist (liver specialist), and oncologist conduct the activities.

Participants will proceed through the following steps:

Step 1: Participants will be given the risk assessment questionnaire. Those participants who answered yes to at least one of the risk factor questions will proceed to the following steps.

Step 2: Participants are tested for viral hepatitis B and C, using a rapid test, a simple, accelerated, method for diagnosis of hepatitis B and C infections. It can be used for viral hepatitis screening, especially in rural small hospitals, without the financial burden of expensive equipment.



(Participants reviewing screening results)

Step 3: Those who test negative for hepatitis B will be vaccinated against viral hepatitis B.

Step 4: Participants who test positive for hepatitis B or C are given an ultrasound exam.

Step 5: Participants found with a lesion on their liver during the ultrasound exam are then tested for AFP the protein indicator of liver cancer. During the ultrasound, the history of this project has shown that several other types of cancer are detected as well as other liver abnormalities. Considered at risk for cancer, these participants will also be further examined and counseled by an oncologist.



(Participants waiting in line for screening)



(Participant giving blood for screening)

Step 6: Participants with signs of cirrhosis during the ultrasound exam will be given a Fibro Scan to evaluate stages of cirrhosis. They will be further examined and counseled by a hepatologist.

Step 7: Participants who test positive for hepatitis B or C without an indication of current cancer risk are physically examined and counseled by a hepatologist.

Specialists counsel the participants on their medical conditions, future care and follow-up treatment. This includes discussing and sharing pamphlets regarding treatment options, physician referrals, proper nutrition, how to live a healthy lifestyle, how to prevent further transmission, and "how to love the liver." Doctors write examination results in the patient's record book.

Both the treatment for hepatitis B and the cure for hepatitis C are available at a 90% discount in Mongolia. This is one of the easiest and affordable access to hepatitis treatment. This screening project is the missing link between illness and life saving treatment.

Hepatitis B Vaccination

Since 2011, FIRE has been vaccinating health care workers in rural Mongolia. The hepatitis B vaccine not only prevents hepatitis but also liver cancer. FIRE continues to vaccinate health care workers who test negative for hepatitis B and have not previously been vaccinated. Vaccinations are also given to participants of FIRE's Viral Hepatitis and Liver Cancer Screening Project who test negative for hepatitis B.



(Participant receiving an ultrasound)



(A hepatologist counseling a patient)



(Participant receiving the hepatitis B vaccination)

Capacity Building for Health Care Workers

FIRE has been conducting training for health care workers since 2005. Capacity building for local health care providers is vital to the prevention and improved quality of managed care of viral hepatitis and liver cancer.

In support of the World Health Organization (WHO), and the Mongolian Ministry of Health’s (MoH) priorities and policies, FIRE conducts trainings for rural health care providers across Mongolia in their local facilities. These trainings are conducted by visiting specialist from Ulaanbaatar and include multi-day classroom lessons and half-day hands on “shadow training” sessions. Shadow training means that specialists from Ulaanbaatar work side by side with local doctors, teaching them techniques through a hands-on approach.

Our efforts have proved the most successful when done in conjunction with our Viral Hepatitis and Liver Cancer Screening Project while visiting rural communities. The classroom training sessions followed by the hands on shadow training allows health care workers to put the training into action under supervision and further guidance.

- FIRE’s two training objectives include:
- Care and Management of Viral Hepatitis and Liver Cancer**
This training teaches local health care providers to assist their patients in making healthy lifestyle choices. To supplement this training, FIRE has created several materials in conjunction with our program partners. These materials include toolkits complete with a hepatitis treatment manual created by the National Center for Communicable Disease, and the “Physician’s Guide for Hepatitis B” written by the Asian Liver Center at Stanford University.

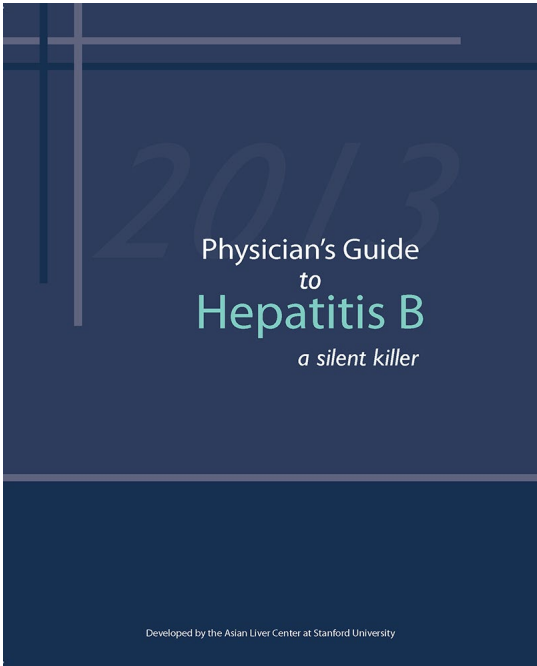
- Early Detection of Liver Cancer Training**
This training teaches health care providers to detect early stages of liver disease. It is taught by an ultrasound specialist, an oncologist, and a hepatologist (liver specialist) visiting the community from Ulaanbaatar.

Interactive Health Care Worker Training

As Mongolia has developed and modernized, the internet has also grown. Even the most remote areas can now access the internet. To further develop FIRE’s health care worker capacity building programs, we are working with partner organizations to create online training courses as well as interactive live trainings conducted via the internet by local specialists in Ulaanbaatar and international specialists. Additionally, we are establishing a physician’s mentor program to mentor Mongolian physicians in Ulaanbaatar with international physicians and Mongolian physicians in the countryside with physicians based in Ulaanbaatar. Sharing these new training models over internet will quickly and dramatically increase the knowledge and abilities of health care workers in Mongolia, improving the quality of care across Mongolia and the overall health of all Mongolians.



(Health care worker classroom training session)



(A training manual)



Community Awareness

The first step to ending the epidemic of hepatitis and liver cancer in Mongolia is to create awareness of the problem among the general population and provide education on actions that need to be taken.

FIRE works with local, state, and community-based organizations, health departments and health care facilities to conduct awareness campaigns through the media and community events. Mongolia’s high literacy rate and small rural communities make awareness campaigns very effective methods for instigating change. Because of the size of the communities, promotion of the events is easily accomplished and the events are usually well-attended. The high literacy rate means a large amount of information can be clearly and comprehensively communicated to the majority of people.

In addition to implementing these community awareness campaigns, FIRE trains local officials and community leaders on the logistics involved to carry out these activities and how to address the relevant health issues. This training ensures that local communities have the resources and knowledge to continue awareness campaigns independently. Awareness activities include: conducting media events, including TV and radio programs and press conferences; distributing information and communication materials; and organizing events in gathering centers of local communities.

- Awareness Campaigns are organized in support of:
- World Hepatitis Day** – Since 2010, FIRE has worked with the World Health Organization (WHO), the Mongolian Ministry of Health (MoH), and rural health care providers and departments to mark World Hepatitis Day on July 28 in Ulaanbaatar and rural areas of Mongolia
 - Screening Events** - Community Awareness Campaigns are also conducted in conjunction with our Viral Hepatitis and Liver Cancer Screening Project.

National Awareness Campaign

FIRE is working with national health organizations, media companies, and private companies to develop a national awareness campaign to prevent hepatitis and liver cancer. Together we created a logo and slogan. The logo ties into Stanford University’s Asian Liver Center’s Jade Ribbon campaign, a global liver awareness campaign. The slogan translates as, “Your Liver, Your Life.” Through a variety of creative and dynamic activities we will educate the general population of Mongolia about the seriousness of these epidemics and the steps individuals need to take in order to care for themselves and Mongolia as a whole.

Advocacy with Policy Makers and Community Leaders

Long-term, life-saving changes can only be achieved through sustainable, inter-sector cooperation, and support from a community’s government and business leaders. Through strategic advocacy meetings and targeted information sessions, FIRE informs community leaders and policy makers about the nation’s viral hepatitis and liver cancer epidemics. They are given solutions to bring both the logistics and financial influences of the community together to implement further solution-based programing.



(Community awareness poster)



(FIRE team member giving a talk during an awareness campaign)



(National Hepatitis Awareness Campaign logo and slogan)

Health Safety Programs
Fifth Health Sector Development Project (FiHSDP)

In July 2014, FIRE began working with the Canadian Society for International Health (CSIH) to provide consultants services to the Mongolian Ministry of Health (MoH) for the Asian Development Bank funded Fifth Health Sector Development Project (FiHSDP), to improve the health safety in hospitals across Mongolia. This project has significant environmental, health, and safety benefits, and will improve patient and health care worker safety.

This project will improve patient and health worker safety in the hospitals Mongolia by:

- Improving the safety of blood transfusions
- Strengthening medical waste management
- Improving infection prevention control in hospitals

FIRE and CSIH, with global expertise in areas of blood safety, health care waste management, and infection prevention and control, assist this project with technical support for policy development, facility planning, and capacity building. Health care workers will be trained, upgraded equipment will be provided to hospitals, and precise technical guidelines will be developed. The advancements established through this project will ensure that educational resources, medical equipment, and waste management procedures meet internationally accepted standards.

Medical Waste Management Supply Distribution and Capacity Building

To prevent the risk of disease transmission to health care workers, and eventually to the general public, FIRE has developed a systematic training program for health care workers. Since 2009, in accordance with the National Strategy for Improving Health Care Waste Management in Mongolia, FIRE has supported every state health care facility in 10 out of 21 provinces of Mongolia to improve their medical waste management and health safety practices. These improvements include training health care workers and providing on-site technical support and supply distribution. Training materials and supplies include instructional videos, posters, pamphlets, and necessary medical waste management supplies including biohazard waste bags, sharp boxes and medical waste containers.

Three months after completing the training and distributing supplies, FIRE conducts a monitoring and evaluation trip. FIRE visits each hospital and provides further training and technical support as needed. These supplies and training allow health care workers and administrators to upgrade their medical waste management practices, which will protect themselves and their patients from disease.



(FIRE designed medical waste management technical poster for health care facilities)



(Health care worker improperly transporting medical waste)



(Health care worker practicing proper health safety)



(Medical waste supplies and FIRE instructional poster)

Dental Infection Prevention and Control (IPC)

The health care environment is one of the leading forms of transmission of infections including blood borne viruses such as hepatitis. FIRE has been addressing this issue in Mongolia since 2009 through medical waste management education and supply development. FIRE's partnership with the Canadian Society of International Health (CSIH) and the Mongolian Ministry of Health (MoH) on the Asian Development Bank funded Fifth Health Sector Development Project is addressing infection prevention and control on a national level.

However, there is currently no one addressing the issue at dental clinics. According to the General Agency for Specialized Inspection, 63% of private dental clinics in Mongolia are at moderate to high risk of spreading infection. An estimated 95% of all dental clinics in Mongolia are private.

FIRE is working with local and international infection, prevention, and control experts to develop a comprehensive intervention program to make dental clinics safe for all of Mongolia.

Additional Programs
Healthy Smiles

According to the World Health Organization (WHO), proper oral health is essential to a person's overall health and the prevention of disease. The National Program on Oral Health in Mongolia states that 83.9% of children under age six are diagnosed with oral cavities, 90-92% of whom need immediate treatment.

In May 2015, FIRE, in conjunction with the Rotary Club of Ulaanbaatar, the School of Dentistry of Mongolian National University of Medical Science (MNUMS), and the National Center of Public Health, completed a pilot project to improve oral health among kindergarten-aged children.

This program currently targets impoverished kindergartners in Ulaanbaatar. Activities include an assessment of the children's oral health, teaching the students proper oral health practices, and distributing supplies such as educational videos and booklets, toothbrushes and calendars for tracking their teeth brushing routines. All children have their teeth treated and fixed.

It also includes creating a supportive environment for children to brush their teeth, through outreach and training of parents and teachers. A complete teaching toolkit is given to each school in the program so that they can continue to teach the children proper oral hygiene. Toolkits include: a Velcro teaching apron, cartoons, booklets, and many interactive teach aids.



(A dentist working on a patient)



(Student and dentist with Healthy Smiles apron teaching tool)

Nepal Relief

On April 25, 2015, a magnitude 7.8 earthquake rocked Nepal. It triggered an avalanche in the Langtang Valley, high in the Himalayas at 12,500 feet. Located on the Tibet border, Langtang is a bus ride and a two day trek from Kathmandu or a half hour helicopter ride. A favorite destination on Nepal's third most popular trekking route, Langtang National Park and the Langtang Valley offered an idyllic paradise of rock houses, grazing yaks, and traditional people seemingly bypassed by time, high in the snow-capped, majestic Himalayas.

The sky went black. The wind blew with deadly speed, knocking people unconscious, burring others. A landslide with half the force of the atomic bomb that hit Hiroshima, traveled 3,000 feet down a mountainside burying all 116 homes of the village of Langtang under 100 feet of snow, ice and rock. 175 Langtangpas were instantly killed, along with 110 foreign trekkers and 30 Nepali guides. 400 people survived.

Programming Outline

FIRE continues to asses the best and most responsible way to help. We remain flexible as things in Langtang are still rapidly changing and developing. Our current plans for the future are outlined below.

Immediate Needs

- Assisting the community's most vulnerable people
- Considering other community requests

Community Development

- Building green houses
- Bringing piped water to the village
- Facilitating international volunteers

Economic Development

- Assist with tourism capacity building
- Research income diversification opportunities

Cultural Preservation

- Partner with the Langtang Memory Project to document and archive the life and culture of Langtang
- Building a cultural center and museum with the people and for the people of Langtang.

Current Activities

Care for the Elders –We have prioritized thirteen elders without family or permanent shelter who are in the greatest need of support in Langtang. We are currently supporting them with food, shelter and supplies.

Volunteers – Facilitating volunteers to help the village where it is needed most. Right now the greatest need is reconstruction and physical work. Please contact us for more information.

Documentary and Archive Support – FIRE will work with local villagers, volunteer professionals and our own team to document the reconstruction of Langtang over the next several years. We will also work with local organizations to assist in the archiving process and lead workshops for villagers on craft and voice.



(The village of Langtang before the earthquake)



(The village of Langtang AFTER the earthquake)



(The village of Langtang AFTER the earthquake)

Why to Support and Work with FIRE

Fiscal Responsibility and Transparency

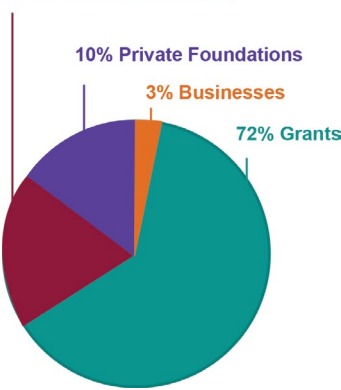
FIRE is committed to keeping administrative expenses as low as possible. In 2015, 88% of all income went directly to program expenses. FIRE's extensive accounting procedures in Mongolia and the United States ensure that every penny is accounted for and tracked. Despite complicated accounts in multiple countries and currencies, FIRE closely follows the United States Internal Revenue Service (IRS) requirements as well as responsible international audit procedures.

As a registered 501c.3 in the United States, FIRE is required to make its financial accounts available to anyone. FIRE's annual IRS 990 tax reporting form has been filed appropriately and on-time since its inception. All of FIRE's 990 forms and annual reports are available on its website. As a registered NGO branch office in Mongolia, FIRE has additional requirements it must follow for proper accounting and reporting according to Mongolian law.

All of these factors ensure that FIRE makes the most of every donated dollar, maximizing your support through efficient and responsible fiscal management.

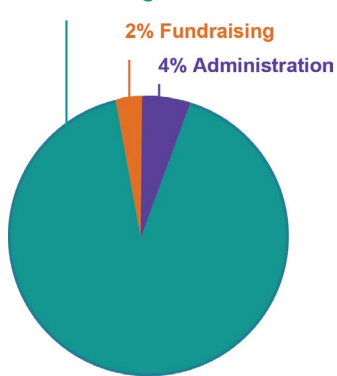
2015 Income

15% Individual Donations



2015 Expenses

94% Program



Excellent Reputation and Management

As a United States based non-profit, non-government organization working in Mongolia since 1999, FIRE has developed a reputation for reliability, efficiency and excellent communication. FIRE maintains a high standard of oversight, integrity and transparency, setting it apart from many other organizations.

At each stage of every program, FIRE communications with stakeholders, private companies and government organizations including the World Health Organization (WHO) and Mongolian Ministry of Health (MoH) to work together to ensure there is no contradiction between programs. All of FIRE's medical programs are in collaboration with MoH under a Memorandum of Understanding initially signed in 2009.

FIRE's dedicated staff and advisors bring decades of collective experience with health and non-profit, non-government programs to Mongolia, providing invaluable expertise for program development, implementation and evaluation, and creation of curricula and training materials.

Longevity

Since 1999, FIRE has developed many long-term relationships with people and agencies within private and non-profit sectors of government. These relationships provide resources and support at every level from rural clinics to members of parliament. FIRE's permanent office in Ulaanbaatar since 2009 has also given it a consistent presence in the health sector and the Ministry of Health.

This experience has allowed FIRE to develop an in-depth knowledge and understanding of Mongolian politics and culture. FIRE's exception understanding of logistics in both the urban and rural environments across Mongolia create optimal fiscal efficiency and time management, maximizing every invested dollar.

Focus on Empowerment

FIRE's focus to support the local infrastructure and administration of the public sector creates a long-term and sustainable impact. By focusing on state run facilities and employees, we are improving the quality of care for the greatest numbers of Mongolians. By teaching, we empower individuals and communities with the knowledge to continue the work after FIRE's project is completed.

“May good deeds spread.”

Сайн үйлс дэлгэрэх болтугай.

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