Russia

Appeal No. MAARU002
30/04/2011

This report covers the period 01/01/2010 to 31/12/2010.

In brief

Programme outcome: The programmes supported by the International Federation of Red Cross and Red Crescent Societies in the Russian Federation are in line with the Strategy 2020 strategic aims to save lives, protect livelihoods, and strengthen recovery from disaster and crises; to enable healthy and safe living; and to build strong National Red Cross and Red Crescent Societies.

Programme summary: Due to the end of TB control program in September 2010, new program “Strengthening Cross-Sectoral Collaboration for More Effective National Response to MDR TB Spread” was designed, submitted to USAID and approved by the donor, who granted a total amount of 9.8 millions of USD for the period of 2010-2015. The first amount of 1.9 million USD was allocated for the period September 2010-March 2012. Implementation of the program started in October 2010.

In 2010, the cooperation with Eli Lilly has been further strengthened. In the framework of the Global IFRC/Eli Lilly Partnership, Russian Red Cross with IFRC technical support developed a project proposal "Enhancement of community involvement and social mobilization on MDR-TB prevention" and received a grant of 50,000 USD.

In the reporting period 5 DREF operations were implemented in Russia with overall budget of CHF 391,010.

Financial situation: Total budget for 2010 is CHF 4,440,172 out of which CHF 3,469,311 (78 per cent) is covered. Overall expenditure during the reporting period was CHF 3,352,516 (96 per cent) of the funding.

Click here to go directly to the financial report.
No. of people we help: In total 93,102 people directly benefited from the programmes supported by the International Federation.

<table>
<thead>
<tr>
<th>Programme</th>
<th>Target beneficiaries</th>
<th>No. of people we helped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Care</td>
<td>TB patients and their relatives, medical staff, people affected by Beslan crisis and other disasters (through DREF operations)</td>
<td>TB patients – 4,025</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TB doctors and nurses 365</td>
</tr>
<tr>
<td></td>
<td></td>
<td>People affected by Beslan crisis and other disasters 13,680</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teachers – 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RC nurses – 28</td>
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<tr>
<td></td>
<td></td>
<td>General public – 75,000</td>
</tr>
</tbody>
</table>

Our partners: The Russian Red Cross cooperated with five partner National Societies, USAID, Eli Lilly, KNCV, the International Committee of the Red Cross (ICRC), UN agencies operating in Russia, the Global Fund to fight AIDS, Tuberculosis and Malaria, different non-governmental organizations (NGOs), various governmental organizations at the federal and local levels, universities, medical research centres, educational institutions, mass media, international and local enterprises.

Context

Even though Russian economy started to show signs of recovery from the global economic crisis in 2010, and the national government managed to keep all its social programmes, the country's capacities are not yet sufficient to address all the needs of the most vulnerable people.

Tuberculosis (TB) remains one of Russia’s major public health threats. Russia ranks thirteenth among 22 high TB burden countries worldwide. The estimated number of TB cases in Russia reaches 38.1% of all estimated TB cases in the European region. Growing rates of multidrug resistant (MDR) TB poses a transnational threat to the region and globally. The MDR TB ratio is increasing, reaching 15.5% among new smear-positive cases in 2009, of those 6-10% are extensively drug resistant (XDR), placing Russia third among 27 priority MDR countries worldwide. TB is the main cause of death among infectious diseases in Russia – about 83% of all deaths caused by infectious and parasitic diseases, about 25,000 per year. Despite the efforts by the Ministry of Health and Development of Russia (MHSD), which have brought to the stabilization of TB situation in some regions of the country, TB remains heavily stigmatized, leading to delayed diagnosis and unsatisfactory treatment compliance. TB incidence rate in Siberian and Far Eastern regions is significantly higher than in the rest of the country. Thus, if the average TB incidence rate in Russia is 82.6 cases per 100,000 people in 2009, in the same period in Buryatia – 168.3, in Khakassia – 117.8, in Khabarovsk Kray – 143.5, in Jewish Autonomous Oblast – 169.4.

As a result, Russia is a “priority country” for international donors and technical organizations in addressing TB. According to the statistics of the Federal AIDS Centre, today over 516,167 cases are officially registered with state institutions, while the UNAIDS 2006 report gives the figure of 940,000.

In 2009, Russian government has committed itself to strengthening capacities of the Russian Red Cross (RCC) at the national and international level. In December 2009 Russian Government subsidized the National Society by about 9 million USD for HIV prevention activities. In the frame work of this grant, Russian Red Cross successfully established schools of patients in 51 regions and provided different types of consultations: social, health and legal for more than 20,000 people living with HIV (PLHIV) during 2010 in close cooperation with local NGOs of PLHIV. The total number of consultations for

Source: Federal AIDS Center www.hivrussia.ru
people living with HIV reached 10,799 and for at risk population was 12,667. Russian Government plans to increase volume of financial support for the Russian Red Cross in 2011.

Regional IFRC Representation is involved in the process by providing technical support in developing new Strategy and statutes of the National Society.

Progress towards outcomes
Health and care

Programme purpose
Reduce the number of deaths, illnesses and impact from disasters and public health emergencies

Programme component 1: Tuberculosis.
Component outcomes
- Registered Tuberculosis patients in the following regions of Russia: Pskov, Belgorod, Khakassia, Jewish Autonomous Region, Arkhangelsk, Orel, Orenburg, Karelia, Adygei and Buryatia are covered by the Russian Red Cross social support
- Detection of new TB cases among “risk groups” improved as a result of Russian Red Cross staff and volunteers activities
- Tuberculosis treatment default rate reduced due to the Russian Red Cross activity
- Awareness of population on Tuberculosis prevention and their attention to stigma and discrimination issues towards Tuberculosis patients in 25 regions of Russia increased

In the framework of the tuberculosis programme, the total number of MDR-TB patients under Green Light Committee (GLC) approval was 1,595 that are about 50 per cent of the total number of registered MDR-TB cases.

Capacities of the state TB facilities to fight TB were increased in the project territories as a result of trainings for TB specialists in infection control, DOTS, DOTS plus, psychosocial support and modern lab techniques. TB facilities set up and put into daily practice the use of computer database of TB cases registration and reporting.

In 2010 Russian Red Cross jointly with IFRC selected four new territories: Nizjni Novgorod, Vologda, Kaluga and Kostroma. The main selection criteria were: TB incidence rate, capacities of TB health facilities: staff, lab service, readiness to cooperate with IFRC/Russian Red Cross on TB control programme and commitment of local authorities.

Russian Red Cross enhanced the effectiveness of social support to TB and MDR-TB patients in close cooperation with state TB services through the use of traditional and new approaches like psychosocial and legal support to patients, and facilitation of TB patients’ clubs activities (about 200 TB patients involved). In 2010 3,317 TB patients, including 708 with MDR TB were covered with social support by the Russian Red Cross, funded by different sources: USAID, Global Fund, regional state budgets (in Republic of Khakassia, Belgorod and Pskov) and own Russian Red Cross funds (Belgorod). In the reporting period, 28 Russian Red Cross nurses and volunteers provided 12,846 visits to patients in order to control daily TB drugs intake, and to attract patients with therapy default in the seven project sites. In addition 1,232 people (530 TB and 378 MDR-TB patients, 126 family members, 178 Russian Red Cross nurses and 20 staff members of TB service) received psychosocial support mainly related to diagnostics of TB related mental health problems, consultation, correction, education of TB patients, their relatives and family members.

Russian Red Cross put special emphasis on advocacy, community support and social mobilization: Russian Red Cross branches conducted about 30 meetings with the representatives of state authorities, more than 40 articles were published in different mass-media. During the public events on
TB awareness 13,000 people were covered, more than 50,000 people received information about TB through mass media, more than 51,000 volunteers were attracted to the Russian Red Cross activities on a temporary basis and about 600 volunteers among students and youth participated on a regular basis. On 18 March 2010, Russian Red Cross organized Russian poster competition “I help to overcome tuberculosis” among schoolchildren. More than 60 schoolchildren from 25 regions of the Russian Federation submitted posters devoted to TB spread and prevention. This event became very attractive and involved a wide range of schoolchildren from the different regions of Russia. The jury consisted of the representatives from the partner organizations: WHO, USAID, Ministry of Health and Social Development and TB research institutes.

In the framework of IFRC/Eli Lilly Global MDR TB Partnership, the National Society put special focus on strengthening cooperation with the authorities and media, familiarized them with methods and practices to build relationships in relation to a practical integrated advocacy work on TB control activities. Special trainings and workshops were organized to enhance professional skills of Russian Red Cross staff and volunteers in advocacy (selection of target audience, the advocacy process: levels, methods and tools). These training also attracted the attention of most of the international agencies working in the field of TB in Russia: WHO, “Partners in Health”, Family Health Institute etc. In perspective, IFRC and Russian Red Cross will develop special tool kit on Advocacy, Communication and Social Mobilization (ACSM) that can be useful not only for Russia but also for other Russian speaking National Societies of CIS.

Due to the establishment of a comprehensive and integrated approach between general and penitentiary TB services, the representatives of penal TB services participated in the trainings and exchange visits. An agreement was reached on cooperation with penalty services that those prisoners-with TB will be provided with complex social support including psychosocial intervention by the Russian Red Cross psychologists after their release from penal institution. The manual “Prevention of HIV and tuberculosis in penitentiary institutions” was developed and agreed with the Federal System of Sentence Execution. 500 copies of the manual were distributed to the staff of penitentiary institutions and Russian Red Cross staff and volunteers involved in the activities with current inmates and released prisoners.

Constraints or Challenges: The biggest challenge in the Russian Federation is the absence of precise national normative base and protocols directed to MDR TB intervention. Taking into account, that TB morbidity rate in Khabarovsk is one of the highest (2,5-1,7 times more than in average in Russia), also a large number of defaulters and poor management in the regional TB facilities, serious technical support and advising should be carried out to improve the situation. The process of DOTS and DOTS plus in some areas of Russia remains a challenge. To achieve sustainability TB control project, the staff facilitates the dissemination of DOTS and DOTS plus not only at regional but at rayon level as well in close cooperation with regional TB staff.

Many diagnostic facilities in Russia still require further improvements to meet international standards for laboratory design and safety.

As the proposal of the Russian Federation to Global Fund for Round 10 was not approved, in 2011 most of the regions will face the lack of drugs for MDR–TB treatment, because of the insufficient funding from the federal budget.

Ministry of Health and Social Development of the Russian Federation is planning to revise existing normative base on TB treatment. It is vitally important to consolidate efforts of the main technical agencies: WHO, IFRC, “Partners in Health”, MSF, etc., to participate in this process by promoting internationally recognised experience and practice.

Programme component 2: Strengthening Community resilience in Beslan

Component outcomes: Emergency and long term psychological needs of the affected population (as an auxiliary to existing interventions) are addressed through a community centre aimed to support rehabilitation of the affected population and through schools.
Based on the assessment, and in agreement with the Russian Red Cross, a psychosocial programme was launched by the North Ossetia regional branch. The overall aim was to provide psychosocial assistance to the affected population in Beslan to be able to cope with human losses and anxiety. Children were suffering from exclusion and Beslan Red Cross Centre was practically the only place where they could meet friends, socialise and feel welcome.

The main activities of the programme included home visits, counselling and group sessions, leisure club activities, parties and community events. The home-care element of the programme lost its importance as most families have more or less recovered from the crisis and the work was redirected towards Beslan Centre activities.

Children continued to attend the centre and participate in the activities in puppet theatre club, playing studio, computer club and speech therapist’s classes. The PSP workers’ main task was to gradually decrease their involvement in children’s lives.

<table>
<thead>
<tr>
<th>Creative studios</th>
<th>Children</th>
<th>Target group</th>
<th>Wider community (family, friends)</th>
<th>Waiting list</th>
<th>Classes total</th>
<th>Number of exhibit ones</th>
<th>Trainings</th>
<th>Number of public events</th>
<th>Number of Red Cross lessons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Handicraft studio</td>
<td>75</td>
<td>47</td>
<td>28</td>
<td>15</td>
<td>79</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>2 Computer room</td>
<td>40</td>
<td>40</td>
<td></td>
<td>15</td>
<td>81</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Theatre studio</td>
<td>50</td>
<td>40</td>
<td>10</td>
<td>10</td>
<td>88</td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>165</strong></td>
<td><strong>127</strong></td>
<td><strong>38 40</strong></td>
<td><strong>248 4</strong></td>
<td></td>
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</tr>
</tbody>
</table>

Moreover, trained PSP workers, as usual, provided support to the community in the local cemetery during the mourning days of 1-4 September.

**Constraints or challenges**
The main challenge the local Branch is facing now is lack of funding, difficulties with finding permanent premises for a Red Cross Child Centre and far too vaguely articulated state support of Red Cross work with disabled children, though the latter have been gradually improving over the last two years.

**Working in partnership**
The Russian Red Cross and IFRC Moscow Regional Representation cooperate with the Russian health authorities, TB institutes, USAID, Eli Lilly, WHO and GFATM. Providing GFATM social support to TB patients treated under USAID project can be an example of collaboration between different organizations with the same main goal – to treat and provide care and support to TB patients in Russian Federation. The National Society together with the Regional Representation continues to be an active member of Multi-sector High Level Working Group (HLWG) on TB. In the reporting period cooperation was strengthened with the Federal Service of Sentence Execution (FSSE). Russian Red Cross and IFRC staff provided monitoring and evaluation of penitentiary TB services and laboratory.
Contributing to longer-term impact

Participation in international meetings contributes to IFRC and National Society staff professional skills increasing:

Russian Red Cross TB Program Coordinator and Chairperson of Khakassian branch of Russian Red Cross participated in International Advocacy Training of Trainers (To T) for Eastern European and Central Asian Countries Organised by IFRC, Eli Lilly and «Advocacy Partnership» in Geneva in June 2010. The training was organised as part of the Global IFRC/Lilly MDR-TB Partnership programme. As a follow up of the Advocacy training, during September 2010 the Russian Red Cross organized cascade of trainings on ASCM issues with the technical support of IFRC.

Four IFRC/RRC representatives participated in the 41th Union World Conference of Lung Diseases in Berlin Germany, in November 2010. In addition, IFRC supported participation of 7 representatives of the regional TB dispensaries/hospitals in the framework of cooperation with TB institutions. The main purpose of IFRC/RRC/TB service representatives was to share experience of USAID-funded TB control program in Russia at the international level, oral and poster presentations of achievements of the program and enhancing capacity of the TB service on the modern innovative ways of TB diagnosis, prevention and treatment.

During the Conference IFRC/RRC presented two poster presentations “Red Cross experience on forming of adherence to treatment and social support for TB patient in Khabarovsk region of the Russian Federation” and “Social inclusion of TB patients to the TB treatment by establishment of TB patients clubs “White Camomile”.

Russian Red Cross TB Program Coordinator participated in the Annual Eli Lilly Partnership summit that took place in Berlin, Germany. In the framework of this summit round table on MDR-TB in Russia was organised where National Society TB program coordinator made a presentation and shared experience on TB control programs in Russia. Eli Lilly opened a photo exhibition on MDR-TB in the world “Faces of tuberculosis”, were RRC/Eli Lilly photo exhibition: “You health in your hands” was presented. One of the important events during Eli Lilly Partnership summit was the discussion with TB Ambassadors, on how to attract public attention to the MDR-TB problem. The Beslan Programme emphasised equity and worked towards empowerment of disabled children. Children attended Beslan Centre in mixed groups consisting of former hostages affected or disabled both mentally and physically, children who were disabled since early childhood (and nothing to do with the hostage crisis) and healthy children (brothers, sisters and friends of the beneficiaries).

Beslan Centre psychologists have established ties with and provided counselling to the parents and teachers of the children which is to have a long-term impact on the conditions these children will have to live in the future.

The Programme has created a strong and trustworthy image of the local Red Cross branch, Russian Red Cross and the concept of Red Cross work and movement in general. The Branch’s activities are visible and appreciated by the local communities, administration and are interesting for the local media.

Looking ahead

In the framework of Global Fund/Eli Lilly MDR-TB partnership IFRC and Russian Red Cross will continue the project implementation «Enhancing of social mobilization and community empowerment on MDR-TB prevention in Russian Federation». A series of round tables with representatives of the local authorities on development of political adherence to TB and photo exhibitions in the four territories of Russian Federation with high TB and MDR-TB rate will take place in 2011. This will facilitate governmental participation in the TB control activities in Russia by increasing financial support for TB services which in turn will lead to sustainability of TB control measures currently implemented by the Russian Red Cross.
How we work

All Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC’s vision is to:
Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Contact information

For further information specifically related to this plan, please contact:

- **In the Russian Red Cross Society**: Raisa Lukutsova, Chairperson; email: mail@redcross.ru, phone: +7 499 126 75 71; fax: +7 126 42 66
- **In the Regional Representation for Belarus, Moldova, Russia and Ukraine**: Davrom Mukhamadiev, Acting Regional Representative; Moscow, email: Davron.Mukhamadiev@ifrc.org; phone: +7 495 937 52 67; fax: + 7 495 937 52 63
- **In the Europe Zone Office**: Anitta Underlin, Director Europe Zone, phone: ++36 1 8884 501; fax: +36 1 336 1516; email: anitta.underlin@ifrc.org