

FINAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

BELARUS, MOLDOVA, RUSSIAN FEDERATION & UKRAINE: TB/HIV/AIDS/STDs

9 January, 2003

This Final Report is intended for reporting on emergency appeals

Appeal No. 08/99

Launched on: 12 March 1999 for 12 months for CHF 9,432,000.

The response to the appeal resulted in overfunding of the Belarus and Ukraine programmes, while the Moldova and Russia programmes were slightly under funded. Due to tight earmarking, funds could not be transferred between programmes, and budgets for Moldova and Russia were revised at the end of 1999. The Appeal was successfully covered (at 105.8%), however due to exchange rate differences between the CHF and EURO, the programme experienced a deficit of CHF 178,826.

The programme, in principle, closed on 11 June 2000, however ECHO contracts necessitated a programme extension to the end of the first quarter of 2001.

DREF Allocated: No DREF allocations were made towards the appeal.

Beneficiaries: 74,915

Operations Update No. 8 (Final); Period covered: 12 March 1999 - 30 April 2001

Operational Developments:

In the last ten years, the incidence of tuberculosis (TB) in the Russian Federation has dramatically increased over 2.5 times from 34.2 per 100,000 in 1990 to 85.2 in 1999. There is a genuine fear in the country that incidence and mortality rates could double before the end of the decade. There are already 30,000 TB-related deaths every year. According to the Ministry of Health, the TB rate in Ukraine has increased up to 83% from 1990 to 1999. There are 61.2 TB patients per 100,000 population in the country; the TB mortality rate rose 2.5 times during the last decade from 8.1 to 19.9 per 100,000 people. The Belarus Ministry of Health reports 49.0 TB patients per 100,000 population, which is twice as many as in early 1990s. Every day two people become disabled and two die of TB in Belarus. Moldova ranks second in the number of TB infected per 100,000 people in Europe. According to the Scientific Centre for Preventive Medicine, 142 TB cases, including three among children under 14 years old, were reported in the country in September 2000. In 1999, TB sickness rate came to 71 per 100,000 population, and each year some 3,000 newly registered cases were reported.

The disease is most prevalent among the poor and their families, including the homeless, alcoholics, ex-prisoners and malnourished. In prisons, incidence rates are dramatically higher than among the

general public. Poor TB control measures and inappropriate treatment schedules have led to a rise in resistance to standard TB drugs.

Parallel to the spread of TB is the dramatic rise in recent years in HIV/AIDS and Sexually Transmitted Diseases (STDs). The combination of poor TB control measures coupled with the rise in HIV/AIDS and STDs, is a lethal one. There is general recognition at government level in all four countries that a strategy must be developed to respond to the situation.

To complement the efforts of government, the Russia Delegation together with the Russian Red Cross Society (RRCS) and on behalf of the International Federation and the National Red Cross Societies in Belarus, Moldova and Ukraine, launched the appeal to combat TB, HIV/AIDS and STDs in the four countries.

As for the Russian Red Cross, during the first stage of the programme, the main goal was to develop the model for RRCS participation in the overall TB-framework of activities conducted by the state health service. During the second stage, every effort was made to develop and improve the relationship between the TB services and the Red Cross at central and regional levels. Attention was also paid to logistics, financial, personnel and legal aspects within the programme, as part of the process of strengthening the capacity of the visiting nurses service and the Russian Red Cross in general. Particular attention was made to improving practical implementation of the programme, and the legal basis under which the Red Cross carried out its work. Targeting was refined and the impact of social assistance within the programme was monitored more closely, while at the same time, cost reduction became a priority as the first concerted efforts were made to steer the programme towards sustainability.

Red Cross Red Crescent action w

During a research and preparatory phase from November 1997 to May 1998, all parameters for a Federation-backed emergency response were established, and a policy was formulated. During an assessment and planning phase from June to October 1998, plans were clarified and verified through field missions, ongoing action and discussions with involved parties. Major planning/co-ordination meetings with ONSs, PNSs, WHO, UNICEF, and other agencies were organised by the Federation Secretariat and conducted in Minsk in June 1998, in Moscow in September 1998, and in Geneva in September 1998.

The fact finding assessments were carried out by Federation health personnel from Geneva and Moscow in conjunction with health staff from the four National Societies. Meetings were held in each country with the relevant Ministries, TB institutes and dispensaries, both in the capital cities and in the regions. Meetings were also held with other agencies working in this field. The final assessment document was written jointly by the Federation and the four National Societies, and distributed during the launch of the appeal.

A media launch was held in Moscow with Secretary General George Weber in attendance. National RC Societies chairpeople and representatives from Moldova, Ukraine, Belarus, Finland, Sweden, Norway, Germany, Netherlands, Belgium and Switzerland, regional RRCS branch representatives, the Belarus Minister of Health, vice Ministers of Health from Ukraine and Buryatia, and different health institutions representatives also participated. The launch attracted great media attention with over 50 news organisations and donors present at the conference. The event was followed by a charity ballet in the Bolshoy Theatre. In conjunction with the launch, separate press-conferences were held in Belarus, Moldova and Ukraine with the participation of health authorities and good media presence.

Almost for half a year the programme has not received enough funds to start the implementation. In Autumn 1999, ECHO contracts were signed in the four countries for eight-nine months and further

extended. Also, the Swedish Red Cross donated CHF 150,810 earmarked for VNS support in the frames of the TB programme in Russia.

A decision was made to select a number of regions where there were favourable conditions in which the Red Cross could work. These circumstances include the local Red Cross branch having sufficient capacity to take on the work required; the local TB dispensary showing willingness to follow international guidelines on TB management; and the scale and spread of tuberculosis in the region justifying involvement over other regions. In Russia, the programme was conducted in seven regions of Astrakhan, Arkhangelsk, Murmansk, Pskov, Buryatia, Kemerovo and Tomsk. In Belarus, the pilot regions were Gomel, Mogilev and Minsk city. In Ukraine, the programme was implemented only in Kiev city. In Moldova, it focused on the northern part of the country - Edinet and Balti districts, while the focal point for VNS training was Chisinau.

The TB/HIV/AIDS and other STDs programme was launched as a long-term operation with an overall time frame of 15 years. The development objective with a 10-15 year perspective was to improve the health of the population in general and that of the most vulnerable in particular, by focusing on TB, HIV/AIDS and STDs control. Medium term objectives with a 5-10 year perspective were to reduce the incidence and prevalence of TB, HIV/AIDS and other STDs; and to enhance the institutional capacity of the VNS. The immediate objectives of the programme with a 2+3 year perspective were the following:

1. To increase the awareness of the population of TB, HIV/AIDS and other STDs control and prevention measures.
2. To promote human rights and dignity in order to prevent stigmatisation and discrimination against persons living with HIV/AIDS (PLWHA) and TB and their families.
3. To provide material and social support to the most vulnerable.
4. To enhance the capacity of the VNS.
5. To assist the ministries and local health authorities in improving TB diagnosis and treatment compliance.

Very little HIV/AIDS or STDs related activities were carried out under this appeal due to a lack of funds. A separate HIV/AIDS programme was implemented in Russia through the RRCS Youth department and with the funds of the Norwegian Red Cross. In Belarus, the HIV/AIDS component of the programme received further development. The Belarus Red Cross efforts to support persons living with HIV/AIDS were documented by the UNAIDS country office as the best practice case and shared electronically among members of the UN Theme Group. The National Society was indicated as a key partner in implementing "social & psychological support to PWLHA" of the new state programme on HIV prevention.

In addition to the TB programme, the National Societies with a great support from the Federation were running a Winter Emergency programme in the four countries, launched on 30 September 1998. The social support element of the TB campaign was similar in nature to the WEA programme, which had assisted some 1,500,000 beneficiaries across Belarus, Moldova, Russia and Ukraine, including multi-child families, orphans, pensioners, handicapped and homeless with food parcels, hot meals, winter shoes and clothes.

During the TB programme period, each National Society has separately run other relief programmes, providing social support to the vulnerable population in their countries.

Red Cross and Red Crescent Society w

The four National Societies of Belarus, Moldova, Russian Federation and Ukraine (which until 1991 were part of the Soviet Alliance of Red Cross and Red Crescent Societies) have a long history of active involvement in health programmes and social support to the vulnerable, including people with tuberculosis. Anti-TB sanitation teams which included former TB patients or members of their

families worked in close co-operation with TB institutions (7-10 volunteers per 1 phthisiatrist). The teams were based at a TB dispensary or an outpatient department of a TB hospital. National Societies were also involved in health education, preventive advocacy, production of information materials and supervision of home treatment. This involvement ended when TB seemed to be under control in 1980s. Another rise in tuberculosis was registered in the former Soviet republics in 1996, and in 1997 Red Cross reacted with the first research.

Within the context of 'internationally approved TB treatment' (or DOTS), the Red Cross visiting nurse service is now filling a gap in the ambulatory phase of the treatment process that was previously left vacant. By taking on this role, the Red Cross is not duplicating the work of others, and is gradually finding ways to ensure that those TB patients who are most likely to default, do not interrupt their treatment once they end the intensive phase in hospital.

With their network of regional committees, and at a local level, its visiting nurses, youth members and volunteers, some of whom are now former TB patients, the National Societies are in a strong position to communicate key TB messages to large sections of society.

During the second stage of the programme, the Russian Red Cross paid a lot attention to attracting volunteers to the programme; 5,912 volunteers were involved in the programme, although these can be divided into two groups - 755 were consistent volunteers, while 5,157 were only irregularly involved. This is now seen as the base on which to build in the future - all RRCS regional committees in their business plans identify this as a priority. Training for these volunteers took place, raising their awareness in TB and other Red Cross activities. Volunteers played a much increased role, especially during fundraising/profile raising events, but also on a day-to-day basis.

To give a better response to disasters and to improve assistance to the most vulnerable, the Russian Red Cross is currently implementing structural changes within the Society to strengthen the executive branch of power. The country has been divided into eight zones: North West, Central, North Caucasus, Volga, Ural, West Siberia, East Siberia and Far East. Local directors were elected to head each zonal department, and among other duties to ensure implementation of regional and federal programmes, assess and evaluate local committees' activities. Among other health programmes, the Russian Red Cross was involved in First Aid, Blood Donor Recruitment programme, HIV/AIDS-Youth Peer Education, VNS Development and Support.

Health w

Objective 1. To increase the awareness of the population of TB/HIV/AIDS and other STDs control and prevention measures.

In November 1999, a meeting took place in Minsk among the four countries participating in the TB programme. As a result, a basic information strategy was agreed and subsequently developed over the next two months. There was widespread recognition that the Russian Red Cross has been in a good position to publicise and promote health education and information at both national and regional levels and the strategy developed reflected that.

Russia

On 11-12 March during the programme launch in Moscow, a seminar on tuberculosis was held for all the participants with a special emphasis on the RRCS participation in TB elimination and prevention. The campaign attracted over 50 news agencies and donors. TB information booklets were distributed in the Bolshoi Theatre before the charity ballet, which followed the launch. Red Cross visiting nurses and volunteers in special uniforms were present in the halls of the theatre talking to visitors about the Red Cross, its programme and the diseases.

At local levels, regional committees were given guidelines to follow and were encouraged to undertake their own initiatives to publicise the TB programme and the wider issues surrounding

tuberculosis, that they did in a number of ways. The visiting nurses and local Red Cross staff have been active in going into the community and giving talks and lectures to schools, colleges, youth groups, families of TB patients, and other relevant groups. Youth groups have also been active in running TB events in Murmansk, Pskov and Astrakhan. All regions have raised their own money towards the TB programme, not just through lobbying local government, but through their own fundraising events, often tied in to either World TB day or World HIV/AIDS day. A play about TB called 'Blowing a Kiss' was produced in Buryatia and travelled throughout the republic. The Buryatia Red Cross committee continues to receive 50% of profits from the play which is all about the social problems of ex-prisoners, and includes references to the TB work of the Red Cross. Each performance was preceded by an entertaining mini-show on TB by Red Cross youth volunteers.

In every region, there were endless appearances on local radio and television informing on the potential symptoms of tuberculosis and encouraging possible patients to seek early diagnosis. Russian Red Cross representatives at the national level made several radio and television appearances to coincide with World TB days. In all three regions, the public information radio message advising people with possible TB symptoms to see a doctor, was broadcast. Through an agreement with the St. Petersburg-based, BCG magazine (which is produced for both TB professionals and the general public), articles about the Red Cross programme appeared in every issue in return for a subscription of one hundred copies. Those in turn were distributed to all Red Cross committees and to TB and health authorities in the seven pilot regions.

In Buryatia, Murmansk and Pskov, information leaflets were produced for prisoners with TB giving them information about available TB treatment after their release and about the possibility of receiving social assistance from the Red Cross. In Tomsk, a booklet and pocket book were produced with information about the RRCS TB programme activities and about the disease itself. In most of the targeted region, soup kitchens and distribution points utilised available information, developing TB information notice boards and more effective ways of conveying information about TB through home-made posters and information sheets. The children's painting competition was one very imaginative way of doing this.

At a national level, the twin aims were to produce materials for use in the seven regions and to use national and international media and other resources to convey key messages. Twelve types of information leaflets and posters were developed, produced and distributed during the reporting period. WHO and other agencies were involved in the drafting of appropriate texts. General information booklets and leaflets on TB were produced for the wider population, while specific literature was developed for TB patients on how to effectively manage the disease, as well as for the families of TB patients and for those who suspect they might have the disease. Small leaflets were produced on how to collect sputum samples, and several eye-catching posters were developed. Furthermore, to emphasise the link between HIV/AIDS and TB, a poster and booklet were produced.

All the regional committees were active in organising activities to coincide with World HIV/AIDS day on 1 December 2000. Numerous lectures and meetings aimed at young audiences took place, relevant information was distributed. Drawing competitions were conducted, as were street collections to raise money towards the Red Cross TB programme.

In March-April of this year, the 'White Camomile' action took place, primarily in Tomsk and Buryatia, to tie in with World TB Day. In total, 3,500 people took part in the actions in these two regions around 24 March and activities continued into April. Over RUR 75,000 (USD 2,580) were also collected towards TB-related activities. Visiting Nurses, throughout the reporting period, have been the mainstay of the lecturing circuit, working with volunteers and Red Cross staff to raise their awareness, but more importantly, going out to their communities to speak with schoolchildren, and to meet with TB-affected families.

Two films on the programme have been produced. One, made by the Federation, is intended for a donor audience, the second, made by RRCS, is intended for the domestic audience and has a larger health information component.

Visits to regions by Federation/RRCS monitoring teams were very productive in securing good media coverage, usually because a camera crew were present at some stage, and the inevitable interviews allow the Red Cross to convey standard health messages to a wide local audience, as well as to clarify the role of the Red Cross and to advocate change in approaches to TB from the local health authorities.

Belarus

- 70,000 leaflets for the general population, 20,000 leaflets for TB-patients and their family members published and distributed through Red Cross branches, medico-social rooms and state health institutions, as well as displayed in public places and transport;
- 7,000 calendars printed for the launch of the World's AIDS campaign with young people;
- 6,000 badges made to symbolise Red Cross involvement in the TB programme;
- 300 copies of the Red Cross informational theme bulletin published;
- three Red Cross information bulletins highlighted the TB campaign prepared;
- numerous briefings, press conferences and round table discussions on the Red Cross anti-TB programme organised for representatives of the republican newspapers and news agencies;
- three TB video-clips aired on central television and 13 sets of video-clips produced for local TV stations;
- hundreds of topical materials published in newspapers and aired on radio and TV all over the country;
- a competition held on production of the best bulletin on TB, HIV/AIDS prevention involving Red Cross primary organisations at schools and health care institutions.

The number of people reached is estimated at approximately 2,000,000 people countrywide.

Ukraine

- 294,000 leaflets, 132,000 bookmarks, 40,000 booklets, 35,000 posters and 20,000 brochures on TB, HIV/AIDS epidemic and its prevention published and distributed to different target groups including general public and youth, TB-patients and their families, HIV-infected and AIDS-patients;
- Topical programmes (among them three video films and a video clip) on combating TB broadcast on the central and local TV and radio channels national-wide;
- Hundreds published of articles in central and regional newspapers;
- National exhibition "Mercy-2000" presenting Red Cross activities against TB and AIDS organised;
- Two press conferences on the Red Cross anti- TB programme held for journalists of central mass-media;
- Two round table discussions on TB and HIV prevention organised for representatives of governmental bodies, scientific circles and public organisations concerned.

The Ukrainian Red Cross covered nearly 23,5 million people national-wide by its information and education campaign.

Moldova

The following material were printed in Romanian and Russian languages within the TB, HIV/AIDS information campaign. Distributions were conducted to the programme beneficiaries, their family members and general public:

- 47,200 TB booklets;
- 60,000 TB warning pamphlets;

- 31,062 booklets on HIV/AIDS epidemic and its prevention;
- 20,000 HIV/AIDS warning pamphlets;
- 26,358 topical calendars, postcards and bookmarks.

Information about the objectives and achievements of the Red Cross TB programme, and about social support to TB patients in Balti and Edinet judets was broadcast on national TV and radio channels. Ten topical articles were published in eight local newspapers; a video on TB related issues was aired on central television 11 times.

Objective 2. To promote human rights and dignity in order to prevent stigmatisation and discrimination against persons living with HIV/AIDS (PLWHA) and TB, and their families.

Russia

This objective was a key consideration in the development of information and education materials. (Please, see above). A nation-wide radio campaign that accompanied world TB days sought to demystify TB and to encourage patients with symptoms to seek early diagnosis. The Red Cross has sought to actively promote the interests and rights of TB patients, and the booklets and leaflets produced for the programme carried these messages.

In Pskov, four visiting nurses received training from a professional psychologist in how to communicate and work more effectively with TB patients. The use of an independent consultant to provide advice in this area was deferred until phase III of the programme when it is likely that the American Red Cross and the Centre for Communicable Diseases will provide input in the area of more effective targeting of and communication with marginalised social groups. The Red Cross has already established a long-standing dialogue with WHO on these matters, and has investigated possible collaboration with the International Organisation of Migration on the issue of TB and migrant populations, with particular reference to Astrakhan.

Belarus, Moldova, Ukraine

The information campaigns complemented by the advocacy work played an important role contributing significantly to the promotion of human rights and dignity of those living with TB, HIV/AIDS. Less cases of stigmatisation and more sympathy towards TB-patients, in particular those following doctor's instructions, have been reported by the National Red Cross Societies in all three countries.

Objective 3. To enhance the capacity of the Visiting Nurses Service.

Russia

During the programme, 102 visiting nurses worked on the programme, of whom 70 were covered by the ECHO programme, 27 were financed by local administrations (26 in Kemerovo and 1 in Buryatia), and five nurses in Tomsk and Archangelsk were covered by money raised by local RC committees. All RC visiting nurses received training in the basics of home care and also in care for tuberculosis patients. Training curriculum's for the nurses were based on the traditional home care course of ten days, plus a further three days covering tuberculosis. The latter component was developed with the help of WHO, and further revised in the light of experiences during the first round of the programme. VNS trainers took part in a three day course in Moscow .

Training manuals for the nurses were developed. A draft version of the nurses manual covering TB was used during the first phase and then revised according to the experiences gained. Also, a manual on infectious diseases was developed with the WHO and introduced to the programme during the second phase.

During the seminars for VNS instructors, the selected trainers from each region, who were already trained as basic home care trainers, were introduced to tuberculosis management and DOTS in particular, at both theoretical and practical levels. One day covered theory, two days covered practical

training skills in care and treatment of TB patients that were then passed on to visiting nurses at their workshops.

During the workshops for visiting nurses, the participants were acquainted with the main principles of DOTS strategy, as well as acquiring skills required to take care of TB patients. They were also trained to collect sputum correctly and to 'directly observe' the treatment of TB patients in the ambulatory stage. The nurses learnt about appropriate sanitary measures to be taken to curb the spread of the TB infection, and they were also taught first aid.

The seminars and workshops were conducted as follows:

Region	Dates	Participants	Subject
Moscow	16-18 November 1999	23 visiting nurse instructors	Home care for TB patients
Buryatia	26-28 November 1999	10 RRCS visiting nurses	Basic home care training
Astrakhan	10-17 December 1999	10 RRCS visiting nurses	Basic home care training and Home care for TB patients
Buryatia	20-27 December 1999	10 RRCS visiting nurses	Home care for TB patients
Pskov	11-27 January 2000	15 RRCS visiting nurses from Pskov, Murmansk, and Archangelsk	Basic home care training and Home care for TB patients
Kemerovo	17-31 January 2000	25 visiting nurses and programme staff from Tomsk and Kemerovo	Basic home care training and Home care for TB patients
Pskov	14-26 February 2000	15 RRCS visiting nurses from Pskov, Murmansk and Archangelsk	Basic home care training and Home care for TB patients
Kemerovo	28-31 March 2000	15 RRCS visiting nurses	Basic home care training and Home care for TB patients
Archangelsk	28 April 2000	10 RRCS visiting nurses	One day follow up course on Home Care for TB patients

Visiting nurse kits were distributed (15 per each region) during June 2000, containing medical and hygiene items for the care of TB patients. The provision of the kits assisted the nurses in providing improved care for TB patients.

During the reporting period, nine rooms of medical and social assistance were established (2 in Archangelsk, 2 in Astrakhan, 1 in Murmansk, 1 in Pskov, 1 in Tomsk RC, 1 in Kemerovo, and 1 in Buryatia), and equipped with medical examination table, medicine cupboard, mobile operation light, bedside table, carriage for instruments and dressing materials, scale, crutches, reciprocal walking aid, wheelchair, sphygmomanometer, stethoscope, hot air steriliser, etc. The equipment provided for medical social rooms assisted greatly in both improving the quality of care provided and in making the MSR more appealing places for existing and potential TB patients to visit. In Tomsk city, for example, released prisoners were invited to visit the main MSR in Tomsk where they were offered second hand clothing, and given information about tuberculosis.

As the MSR and visiting nurse kits have been used, it became apparent that some of the items have not been as relevant to the Red Cross' work as others. In particular, the intravenous catheters and to a lesser extent, the syringes, have proved to be of little value in the pilot regions and will not be included in any similar assistance in the future. Use of the kits has been careful and conservative, not least because the regional committees do not know when they will next receive such resources. For that reason, it is likely that most supplies should last well into 2002, at which point it is hoped the RRCS health strategy will be in place and the future resource needs of VNS can be clearly identified, and resourced either through international support, or more ideally, from Russian Red Cross's own funds.

Under the Swedish RC funded project 'Support to VNS in the frames of the TB programme' three training workshops on home care were held in Belgorod from 10 to 22 October 1999, in Kaluga from 6 to 16 December 1999, and in Ryazan from 28 March to 11 April 2000 for 46 visiting nurses and 16 instructors. Tables, chairs, TV-set, video recorder, medical items, stationery and other necessary equipment was purchased for the seminars. Two VNS training centres in Belgorod and Ryazan were established and equipped. Fifty five nursing kits were procured and distributed in five local RRCS committees of Belgorod, Kaluga, Ryazan, Nizhni Novgorod and Rostov. Salaries were paid to five visiting nurses in each region of the TB programme over four months.

Visiting nurses participated within all activities in the programme, and are its most important component. They provided social assistance at soup kitchens and distribution points, in conjunction with their treatment supervision role. During phase II of the programme, more attention was paid to widening service provision to include home care to traditional non-TB groups such as the lonely elderly, invalids and very sick. Every month, 54 RC visiting nurses utilised transport support to enable them to reach TB patients, distribution or hot meal centres in outlying parts of cities and the countryside.

Belarus

From March 1999 through December 2000, an average of 156 Red Cross visiting nurses (198 in 1999, and 115 in 2000) were involved in TB work in the three pilot areas. The number of visiting nurses varied due to different numbers of TB patients and programme beneficiaries.

To increase the capacity of VNS, the following was done with the help of ECHO funds:

- 271 bicycles procured locally and distributed to VNs in all regions of the country;
- 18 sets of MSR equipment procured internationally and distributed to the Red Cross branches in the target regions;
- Repair works done at 40 MSRs: 20 in Gomel Oblast, 18 in Mogilev Oblast, 1 in Vitebsk and 1 in Molodechno (Minsk Oblast);
- MSR's involved in TB work were re-equipped with 92,920 disposable plastic cups, 30 electric kettles, 25 bactericidal air recirculators and 245 dishes for disinfecting;
- MSR's in all regions of the country were provided with 2,800 litres of disinfectants and 1,200 kg of detergents;
- VNS was provided with 2,000 logbooks for the Visiting Nurses, 1,850 registration books for the MSR's, 20,000 registration cards for beneficiaries assisted by the VN's and 24,000 timetables for the VN's;
- 2,910 bus tickets were supplied to visiting nurses to ensure communication with TB dispensaries and TB patients served by home visits;
- Most of the 117 medico-social centres in the country were supplied with medical kits (syringes and dressing materials).
- 21 drug distribution points established in Red Cross MSCs;
- 6 workshops held to train 198 visiting nurses in special skills to work in the new capacity related to TB-patients;

- 7 workshops conducted to train 120 visiting nurses in basic home care in all six regions of Belarus;
- 20 nurses selected to be further trained as VN instructors;
- 45 nurses trained in Gomel and Mogilev regions, and Minsk city were on methods of psychological support to TB and HIV/AIDS patients.

Additional support to the VNS was provided by the Swiss Red Cross as follows:

- in May 1999, 118 visiting nurses provided with bus tickets;
- in May 1999, salaries were paid to 163 the Red Cross visiting nurses;
- repair works have been accomplished at 15 Red Cross MSRs;
- one Red Cross training centre set up in Minsk and provided with basic furniture and educational literature.

The arrival of MSR's equipment sets also made it possible for the National Society to negotiate with the authorities on the assignment of better premises at the disposal of the VNS. Thus four new MSR's were opened in Gomel, Krichev, Rogachev and Molodechno with the total area of 400 square metres, all meeting sanitary standards for the work with TB and AIDS patients.

The Red Cross participation in the TB, HIV/AIDS programme has increased significantly its visibility in society, a process that has also facilitated local fundraising to a large extent.

Ukraine

During 1999-2000 the following activities were carried out to meet the objective:

- 28 equipment sets and 1,830 VN kits procured and distributed for the medico-social centres across the country;
- 1,300 bicycles distributed to visiting nurses in remote areas;
- 16 training seminars prepared and conducted for 502 visiting nurses, VNs' Heads and instructors, 502 persons improved their knowledge on TB prevention, sanitary-educative activities and valeology, social and psychological aspects of work with socially disadvantaged groups of population and TB patients;
- 44 visiting nurses trained on the basics of home care during two seminars held in Kiev and Poltava with the support of the Russian Red Cross facilitators. Eight visiting nurses trained as VN instructors;
- 3,500 VN notebook-guides and 3,500 informational leaflet-guides on DOTS prepared and edited;
- manuals on home care for visiting nurses and VN instructors were prepared.

Nursing kits were distributed with a considerable delay caused by late procurement and custom difficulties which demanded additional analysis and identification of ways for future better implementation undertaken by the Ukrainian Red Cross and the Federation.

Moldova

During the operation, the capacities of the Moldovan Visiting Nurses Service have been gradually enhanced through upgrading visiting nurses' professional education, and strengthening the VNS material base, which enabled the National Society to work more adequately on health promotion and better respond towards prevention of TB, HIV/AIDS and STDs.

Fifty two visiting nurses and nine VN co-ordinators were employed for the programme implementation; the number of medico-social centres increased to 14; 52 nursing kits and 20 bicycles were provided to visiting nurses; nine training workshops for visiting nurses were organised to increase the level of knowledge on TB/HIV/AIDS prevention.

Through the programme implementation, the Moldova Red Cross Society got a unique opportunity to restructure, strengthen and expand their traditional visiting nurses service, and to upgrade their professional level.

Relief distributions w

Objective 1. To provide social and material support to TB patients.

Russia

In the early stages of the programme, Red Cross coverage within the targeted regions was limited by a number of factors, in particular, such as a limited number of nurses on the programme; the spread of the patients in rural areas; and the failure to properly reach ex-prisoners and alcoholics. Further on, the Red Cross input became significant, and the assistance to patients and their families has provided motivation to continue treatment and particularly through the personal contact of the nurse, the Red Cross was able to provide positive psychological support to TB patients.

Early estimates of the dropout rate within the programme ranged between 2% and 7%, compared to 15% to 20% figures recorded in target areas before the Red Cross became involved. In Kemerovo (in the Novokuznetsk pilot district), a comparative trial was performed: two groups of pulmonary TB patients of categories 1 and 2 (40 persons in each group) were enrolled in the ambulatory stage of treatment with only one of the groups receiving Red Cross support. Taking into consideration that some patients were still completing treatment, within the Red Cross group, completion rate was 85% and only 5% interrupted. In the other group, completion rate was only 40%, with interruptions running at 25%. Obviously, that was a partial study, which did not fully reflect the selection or social vulnerability of patients, but it confirmed a basic assumption that Red Cross involvement in the ambulatory phase of treatment could make a difference.

As of the end of the programme, the Red Cross provided Directly Observed Treatment (DOT) in average to 71.6% of all category 1 and 2 patients, on DOT in the ambulatory stage and who were resident in the pilot regions where the Red Cross was active.

FFPs and Hygiene kits: family food parcels (FFPs) and hygiene kits were distributed together in several rounds in each region during the duration of the programme. Such assistance was provided on a more targeted basis than originally planned by RRCS, as part of their efforts to improve the 'incentive' value of the assistance, and also to reduce costs. The first priority was to distribute food and hygiene kits to those on controlled ambulatory treatment, but not receiving daily social assistance. Secondary priority was given to particular groups within the main programme patient group, in particular, invalids and parents of multi-child families. Each FFP contained 4 kg of wheat flour, 2 kg of sugar, 2 kg of macaroni, 1 litre of vegetable oil, 4 tins of stewed beef, 2 tins of condensed milk, 0.5 kg of tea, and 0.044 kg of yeast. Hygienic kits included 2 bars of household soap, 2 bars of toilet soap, and 2 tubes of tooth paste.

Distributions were conducted as follows:

Region	Food kits	Hygienic kits	Food kits	Hygienic kits
	<i>Phase I</i>		<i>Phase II</i>	
Archangelsk	3'500	3'500	400	400
Astrakhan	3'500	3'500	400	400
Pskov	3'000	3'000	800	800
Murmansk	2'000	2'000	300	300
Buryatia	2'000	2'000	900	900
Kemerovo	2'000	2'000	1'500	1'500
Tomsk	2'000	2'000	536	364

Totally, 12,095 beneficiaries across the seven targeted regions received this form of assistance in the first and second phases of the programme.

Hot meals and Albumen kits: the rationale of the social assistance provided, and in particular the hot meals and albumen kits remained twofold. To encourage patients to continue treatment during the ambulatory (outpatient) stage and to improve the nutritional status of the patient while on treatment, to build up immunity/resistance which also helps to lessen the potential side-effects of the drugs.

Hot meals and albumen kits were only given to the patient once he/she has received and taken the daily drugs dosage prescribed. In some cases, the patient received the treatment at home. The daily menu was monitored to ensure that the adult patients received at least 4,000 calories per day, and the children no less than 2,000 calories.

In districts where hot meal provision was difficult or impossible, either due to lack of available facilities or, as was the case in Pskov, opposition from the local sanitation authorities, the provision of albumen kits became the only approach available. The contents of these kits tended to be high in protein, for example dairy products, tinned meat and fish, and were regularly changed.

Soup kitchens were operating in each of the targeted regions, providing hot meals to TB patients during 19 months. The exact number of beneficiaries per month varied, because some TB patients have finished their treatment and were later replaced by others. The following tables show average figures of soup kitchen beneficiaries per month and total numbers of hot meals distributed during phase I and phase II of the programme.

Phase I

Region	Adults	Children	RRCS/VNS/DOT S soup kitchens No of adults	TB dispensary soup kitchens No of adults	Total number of portions
Archangelsk	78	122	78	n/a	35'926
Astrakhan	123	178	105	40	56'045
Pskov	92	163	133	37	59'325
Murmansk	44	96	44	n/a	13'643
Buryatia	170	79	72	151	68'179
Kemerovo	109	100	161	28	65'285
Tomsk	53	93	53	n/a	30'038

Phase II

Region	Adults	Children	RRCS/VNS/DOT S soup kitchens No of adults	TB dispensary soup kitchens No of adults	Total number of portions
Archangelsk	94	41	135	n/a	20'524
Astrakhan	69	73	142	n/a	26'211
Pskov	n/a	n/a	n/a	n/a	n/a
Murmansk	21	11	33	n/a	5'293
Buryatia	200	61	184	70	37'205
Kemerovo	412	244	422	233	121'953
Tomsk	85	n/a	85	n/a	13'851

A total of 553,478 hot meals were provided to 2,811 beneficiaries over the programme period.

Albumen kits were distributed as follows:

Region	<i>Phase I</i>		<i>Phase II</i>	
	Average number	Total number of	Average number	Total number of

	beneficiaries per month	albumen kits distributed	beneficiaries per month	albumen kits distributed
Arkhangelsk	n/a	n/a	n/a	n/a
Astrakhan	63	4'895	88	19'068
Pskov	104	12'378	146	30'413
Murmansk	40	2'673	47	9'841
Kemerovo	n/a	n/a	32	4'670
Tomsk	188	38'682	159	25'164
Buryatia	17	1'844	148	11'483

A total of 161,111 albumen kits were procured and distributed to 1,032 beneficiaries in average during the programme.

To improve the quality and appropriateness of social assistance, a sample group of 79 patients across the European regions were asked a number of questions. The Red Cross questionnaires were possibly not as incisive as they could be, but generally the results were encouraging and the Red Cross is looking at ways to make the social assistance provided more flexible and relevant to patients needs. For example, in the family food parcels, the need for yeast, tea and porridge was questioned by many respondents who requested more cereals instead, particularly buckwheat, as well as more sugar and butter. In the hygiene parcels, the washing powder and soap were identified as the most important items for recipients. In Pskov, recipients noted the value of the sample meal, or daily food kit, on show at the soup kitchen or distribution point, as a means of ensuring that they get the right meal. In Astrakhan there will, in future, be much less focus on family food parcels.

In line with efforts to reduce costs and to concentrate on the core group, children will no longer receive social assistance through the Red Cross TB programme after May 1st 2001, unless local Red Cross Committees can secure extra funding for this purpose without harming the sustainability prospects of the programme as a whole.

Some 470 TB patients received assistance with fare reimbursement, including those whose fares were covered by local administration funds.

Belarus

Over 6,000 TB-patients, including lone and disabled elderly were attended by the Belarus Red Cross visiting nurses. Nutritional support was an essential component of the continued directly observed therapy, and included the following:

- 35,200 food parcels procured locally and distributed in the three target regions: 14,166 in Gomel Oblast; 12,866 in Mogilev Oblast and 8,168 in Minsk City;
- Some 1,400 hot meals distributed through four soup kitchens set up for the service of 50 TB-patients in Gomel, Mogilev, Minsk and Bobruisk;
- 19,150 hygiene kits procured locally: 7,790 in Gomel Oblast, 7,120 in Mogilev Oblast and 4,240 in Minsk City;
- 48,745 kg of second-hand clothing and footwear distributed to TB-sufferers: 13,475 kg in Gomel Oblast, 13.675 kg in Mogilev Oblast and 21.595 kg in Minsk City;
- 2,786 bus tickets distributed on monthly base to some 400 TB-patients receiving ambulatory treatment to facilitate their attendance to the Medico-social centres and TB dispensaries.

In January 2000, 2,430 hygiene items were destroyed by the fire in the Gomel warehouse, and were then additionally procured and insured against all risks.

Preliminary analysis of medical cards of ambulatory treatment, which is supervised by VNs, proved the effectiveness of Red Cross participation in TB work. All 104 TB-patients under the selective

analysis received ambulatory treatment in conformity with WHO recommendations and none of them interrupted the treatment. Only one patient (0,97%) developed exacerbation of TB process, and 103 patients had positive treatment response. Closure of lung cavities was registered in 12 patients (63,2 %) out of 19 with residual destruction.

Certain difficulties have arisen with patients because of asocial behaviour, some patients interrupted their treatment for different reasons though nurses have been taking pains to ensure that treatment would be prolonged. Measures have been taken to involve relatives in the process of control.

Ukraine

Some 45,000 beneficiaries (TB, HIV/AIDS and other STDs patients, including the ones from big families with low income, orphans and lone elderly) were assisted with the following relief items:

- 101,800 food parcels procured locally and distributed to the pilot regions: 28,860 in Zhytomir, 21,810 in Chercassy, 21,510 in Chernigiv Oblasts and 30,620 in Kiev City;
- 31,800 hygiene kits distributed as follows: 8,890 in Zhytomir, 6,500 in Chercassy, 6,170 in Chernigiv Oblasts and 10,640 in Kiev;
- 9,426 bottles of vitamins distributed to children (1 per child) living with TB-relatives: 1,793 in Zhytomir, 2,043 in Chercassy, 1,938 in Chernigiv Oblasts and 2,652 in Kiev;
- 1,230 TB-patients under DOTS therapy received hot meals in Kiev City;
- 343 wheelchairs, 789 rehabilitation items (walkers) for the patients with locomotive system disabilities were procured and transported according to the plan of distribution.

Over 70 tons of food, and 150,000 clothing items gained within local fund-raising campaigns were distributed to the vulnerable beneficiaries in seven regions.

Moldova

Within the Red Cross programme, material and social support was provided to some 11,670 individuals (TB and AIDS patients, HIV/STDs infected people and a limited number of lone elderly of Kolorazhskiy, Hincheshty and Chisinau districts) in the form of 41,760 family food parcels; 20,000 hygiene parcels; and 7,054 bed linen sets.

Additional support was rendered by distribution of 2,451 units of multivitamins; 45 wheelchairs; 90 crutches; and 90 walking frames.

The selection of the most vulnerable beneficiaries was a challenge. With the Moldova Red Cross governance, a plan of action has been established to reach the maximum number of people in need.

Objective 2. To assist the ministries and local health authorities in improving TB diagnosis and treatment compliance.

Russia

Within the seven pilot regions the programme promoted the DOTS approach so that only those patients completing the in-patient stage on all the basic TB drugs could be included in the programme. Such an approach stimulated, once the terms on which the Red Cross would participate were understood, a more standardised treatment approach, which in turn has meant that overall periods of treatment have become shortened and the patient has been rehabilitated much sooner than before. The experience in Kemerovo, where there has been some misunderstanding over the exact tenets of DOTS, has only confirmed how difficult the change process is and how it needs to be managed carefully by all involved. Local Red Cross committees also have taken some time to grasp the fundamentals of DOTS, but this was to be expected and training and monitoring of the medical co-ordinator and the nurses sought to ensure that the programme remained on course in the pilot regions.

In terms of material assistance to TB dispensaries, WHO-approved MicMed II microscopes and stains kits were procured in Moscow in December 1999 and January 2000 and despatched to each region in turn. The presence of the Finnish and Norwegian Lung Health Associations in both Murmansk and Archangelsk, and Merlin and NY research institute in Tomsk meant that some laboratory needs were already covered.

In addition, and to utilise savings, after consultations with the relevant authorities and with the programme consultants, centrifuges (OC-6M) and autoclaves (BK-72) were procured and distributed in the targeted regions. Distributions were conducted as follows:

Region	Microscopes	Stains materials	Centrifuges	Autoclaves
Kemerovo	28	28 kits	1	2
Buryatia	28	28 kits	2	1
Tomsk	n/a	n/a	1	n/a
Astrakhan	28	26 kits	4	4
Archangelsk	n/a	47 kits	4	4
Pskov	12	10 kits	3	3
Murmansk	23	19 kits	2	n/a

To maximise the value and use of its assistance, the laboratory assistants were acquainted with internationally-accepted methods of TB bacterioscopy diagnosis. They acquired practical skills in working on sputum bacterioscopy using the Zeihl-Neelsen method. There was also guidelines on safety procedures. To complement this, TB doctors were also provided with basic training and introduction to the main practices involved in the DOTS strategy, in particular its links with microscopy. Laboratory training courses were held in Kemerovo in February 2000 and in Buryatia in March 2000 for a total of 30 laboratory assistants; in Moscow in March 2000 and April 2000, and in Archangelsk in May 2000, for a total of 57 laboratory assistants. Training in Tomsk was already provided by Merlin. DOTS awareness workshops for 30 TB doctors in Astrakhan and Pskov took place in the two regions in May 2000 to further reinforce developments made in the region.

RRCS continued to monitor the use of laboratory equipment, and in one instance, in Buryatia, publicly requested the relocation of one of the microscopes because it was not being used. Because of the strong public profile of the Red Cross in Buryatia, this incident actually helped to strengthen those within the TB service who are trying to promote change.

Belarus

Collaboration with the health care system has been strengthened over the programme period, with the clear division of roles between the Red Cross and the state TB sector.

DOT ensured through the Red Cross community-based infrastructure became increasingly efficient and effective. Compliance monitoring was ensured by visiting nurses providing TB-services at drug distribution points and home visits. The VN role is recognised by the government as well suited for providing a health effective contribution to the concerted TB efforts in the country. A long-term agreement on co-operation in combating the spread of TB, HIV/AIDS, and STDs was signed between the MoH and the Belarus Red Cross Society. Under this agreement, the ministry commits itself to providing TB drugs, free training for RC nurses, and promoting outpatient treatment services.

The development of Red Cross outpatient treatment services to complement existing intensive-phase hospital treatment promoted a decentralisation of the state TB sector; 83 drug distribution points, including 21 in Red Cross MSRs and 62 in hospitals were established.

Red Cross activities in the field of TB prevention and treatment have contributed to state health care

reforms in the TB sector by adapting relevant international experiences. WHO confirms that the Belarus TB system has already initiated the shift from the Soviet TB model to the WHO DOTS approach. Five pilot DOTS programmes have been launched throughout the country.

Regarding support to health institutions with diagnostic facilities, essential for disease control, 10 binocular microscopes and 10 sets of stains were procured in Russia and distributed to TB institutions in Belarus.

Ukraine

The availability of efficient staff, a well developed VNS network, experience and abilities to carry out a wide range of relief programs, as well as the unique role which the Ukrainian Red Cross TB programme plays in the country, are seen by the government as comparative advantages. The validity of Red Cross TB work has been proven through the implementation of the operation. The Kiev Central TB Dispensary has officially recognised high effectiveness of treatment of ambulatory patients, which was carried out in compliance with the WHO recommendations and observed by the Red Cross VNs.

Moldova

The experience and capacity of the Moldova Red Cross Society in the field of DOTS-therapy implementation to reduce TB morbidity rate was widely acknowledged and well appreciated by the authorities at all levels. The Ministry of Health considers the National Society its primary partner in providing medico-social help to the most vulnerable groups of population.

Logistics w

Russia

Family food parcels, hygiene kits, albumen kits, and hot meals were procured locally in each region of the appeal. The contents of MSR kits and nursing kits was procured through Geneva from Missionpharma trading company in Denmark. Microscopes, centrifuges and autoclaves were procured in Moscow, and transported to the regions by rail road. All distributions were carried out by local RC committees.

During the second stage of the programme the Federation employed a consultant with a Red Cross and ECHO background, to work for six weeks on strengthening RRCS capacity in local and central procurement. His work and subsequent report was circulated to the Moscow ECHO office and confirmed that, inevitably, in a programme of this nature, there had been some start-up problems and areas of confusion (primarily in requirements for tendering for hot meals and albumen kits), but that procedures had been put in place, or had now been identified, to overcome these difficulties. Follow up actions were taken in accordance with the recommendations laid out by the logistics consultant. This was mainly relevant for Astrakhan as the quality of work in Pskov was already quite good, and the issues arising were not so relevant to Archangelsk and Murmansk due to the low volume of purchasing taking place.

Belarus

Poor local food market, inflation, unstable EURO and lack of logistics expertise at regional level made the in-country procurements at times troublesome. This difficulty has been tackled through training and re-enforcement of the Belarus Red Cross regional teams by the experienced headquarters staff.

Moldova

Due to a programme delay and late arrival of the expatriate delegate to the region, tendering for local procurement had to be partly redone, resulting in loss of valuable time. Also, time-consuming procedures at all levels to place orders for locally procured items caused additional loss of time.

National Society Capacity Building w

As a result of the programme implementation, the National Societies' capacities were increased significantly by organising nurses training seminars, procurement of medical and office equipment, repairs of premises, development of working relationships with relevant state authorities and partner organisations.

Russia

To improve the level of training of staff within the regional Red Cross committees, in addition to the training of visiting nurses, seminars were held for financial managers, medical and social co-ordinators. A three day review of the programme took place in Moscow in June 2000, that provided an opportunity for the regional programme management teams to meet with the Moscow team to go through the first phase of the programme in considerable detail. There was good, open discussion about both the positive and negative aspects of programme implementation, and an opportunity for both the Federation and RRCS to promote the concept of programme sustainability. Furthermore, monitoring trips by headquarters staff, also included a large follow-up training component to ensure consistency in medical and social approaches throughout the seven regions.

On 20-21 December 1999, 7 financial managers were introduced to the TB programme and financial management requirements. On 8-9 February 2000, 14 medical and social managers were trained in all medical and social aspects of the programme. On 15 February 2000, 29 Pskov RRCS representatives were trained in reporting and report writing. On 19-22 June 2000, 20 regional chairpersons, medical and social managers participated in the review of the first phase of the programme.

On financial management workshops, International Federation, ECHO and RRCS financial requirements were covered in great detail and much time was spent on managing a budget effectively. A system of financial reporting within the programme was also agreed.

The main outcome of workshops for social and medical managers was agreement on which categories of TB patients should be given support, and how this support should be monitored and reported on. The medical managers were able to discuss many of the problems encountered to date, to share experiences, and to agree with the programme managers in Moscow, more standardised future approaches. The social managers worked in similar manner, and also learnt more about correct tendering processes and how to use the reporting forms correctly.

Coordination

Russia

In all seven regions of the appeal, the local Red Cross has developed strong links with local TB dispensaries, and this is especially the case in Buryatia, Tomsk, and Murmansk. As mentioned earlier, Buryatia RRCS intervened when microscopes used within the programme were not used appropriately. In Buryatia, the local RRCS have been very active in explaining the rules of use under which laboratory support was provided. Monitoring has suggested they were doing a very good job in this respect and have the full support of the local TB authorities. In Tomsk, the advocacy process has been much more low-key because the local Red Cross does not enjoy as strong a public profile as in the other two regions, but it is making good progress, and makes good use of field visits by Federation/RRCS Central Committee staff to help push forward TB advocacy issues. A visit by the TB programme consultant to Kemerovo in November 2000 highlighted problems in DOT understanding within the local TB service, but overall progress has been good there in the last year, and with forthcoming support from DFID and MSF in the civilian sector, the situation should continue to improve.

With this development of the working relationship, so the process of identifying and transferring the right patients to the Red Cross programme has improved. The problem of released prisoners falling through the treatment 'net' remains, but some progress is being made at a local level to address this.

Building on the pilot work carried out in Astrakhan and Pskov in the first stage, co-operation with RRIP has been ongoing to develop an integrated software that will allow the TB Dispensary and Russian Red Cross regional committee to use the same records system. The software, developed and implemented in Astrakhan in the first stage, is now in place and operating in both TB dispensary and the Red Cross. Representatives of the Red Cross in Buryatia, Kemerovo, and Tomsk participate in the local interdepartmental TB control, the Red Cross programme is recognised politically and legal to different degrees.

Legal agreements, supporting the role of the Red Cross, are now in place in all seven regions, and also at local rayon levels as well in many places. At a national level, the text of an additional protocol of co-operation between the Ministry of Health and the Russian Red Cross was agreed during the first stage of the programme.

Due to programme expansion, available Red Cross resources, especially nurses, were sometimes unavailable to meet needs. In such instances, Red Cross staff negotiated with regional TB authorities and were given permission to train local feldshers (semi-trained doctors) in DOT provision, this enabled the Red Cross to assist in building up region-wide networks, working to internationally-recognised standards.

A co-ordination meeting was held on 19 March 1999 in the RRCS on the Federation's initiative to improve implementation of the programme with MSF, Merlin and NY Public Health Research Institute (PHRI). A meeting with DFID representatives was conducted on 26 September 2000 to discuss possible co-operation in Kemerovo and Samara within the DFID/TB project. On 28 September 2000, a meeting with the IOM health adviser was held to discuss future collaboration.

Russia Delegation and RRCS health department representatives participated in regular interagency meeting called by WHO with the participation of international health agencies working Russia, as well as in individual meetings with the named agencies in Moscow and in the field.

Joint press-conferences of public organisations combating TB in Russia - WHO, MERLIN, MSF, the Public Health Research Institute, the Russian Red Cross and the Federation - was held on 23 March 2001 and 24 March 1999 with the participation of the representatives from the Russian Health Ministry, Justice Ministry, Central TB Research Institute and a Federation medical advisor.

WHO/CDC applied to the Health department to provide comments on the newly revised WHO/CDC Training Modules on TB Control at the district level. On 4 December 2000, the health team participated at a meeting organised by WHO to sum up the results of their work with several agencies. The results were incorporated in the joint document that was sent by WHO on behalf of the Federation, Merlin, MSF, PHRI to CDC (Atlanta) and WHO (Geneva).

Belarus, Moldova, Ukraine

While the National Red Cross Societies of Belarus, Ukraine and Moldova are the main players in reducing the incidence and prevalence of TB, HIV/AIDS and other STDs, there are several other important providers in the field of public health care in the three countries. In this regards, efficient co-operation has been established with: TACIS, UNDP, UNAIDS, NICEF, World Bank, WHO. Additionally, local branches of the Catholic Churches Association, Caritas, "Pharmaciens sans Frontieres", "Medecins sans Frontieres" and the Visiting Nurses Association have also supported TB-patients in Moldova.

*For further details please contact: Miro Modrusan, Desk Officer, Phone : 41 22 730 43 24;
Fax: 41 22 733 03 95; email: miro.modrusan@ifrc.org*

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

This operation sought to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or long-term capacity building will require additional support, and these programmes are outlined on the Federation's web site.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

John Horekens
Director
External Relations Division

Lynette Lowndes
Head
Europe Department

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	
Final report	X

Appeal No: 08/1999

Period: 1999, 2000, 2001, up to 31/10/2002

Project(s): P67508, PBY509, PMD508, PMD509, PRU508, PRU509, PRU515, PRU532, PRU533, PUA509

Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions		Goods/Services	Personnel	
Appeal budget	9,432,000				
less					
Cash brought forward	9,320				
TOTAL ASSISTANCE SOUGHT	9,422,680				
<u>Contributions from Donors</u>					
British Red Cross (DNGB)	36,228				36,228
British Red Cross (DNGB)	97,580				97,580
Canadian Red Cross (DNCA)	89				89
Danish Red Cross (DNDK)	19,864				19,864
Danish Red Cross (DNDK)	4,681				4,681
Donor - Disaster Relief Emergency Fund (DREF)	150,000				150,000
Donor - Unidentified (D000)	291,925				291,925
ECHO - TB BELARUS/DKRC/02022 (DE2022)	447,596				447,596
ECHO - TB BELARUS/DKRC/02022 (DE2022)	584,628				584,628
ECHO - TB BELARUS/DKRC/02022 (DE2022)	14,334				14,334
ECHO - TB/HIV/AIDS/STDs & VNS (DERU03)	493,625				493,625
ECHO - TB/HIV/AIDS/STDs & VNS (DERU03)	783,683				783,683
ECHO - VNS and SS for TB Patients (DERU01)	393,692				393,692
ECHO - VNS and SS for TB Patients (DERU01)	339,341				339,341
ECHO - VNS and SS for TB Patients (DERU01)	288,967				288,967
Icelandic Red Cross (DNIS)	60,692				60,692
Irish Red Cross (DNIE)	4,837				4,837
MD-ECHO/TPS/215/1999/0203 (DE2023)	853,035				853,035
MD-ECHO/TPS/215/1999/0203 (DE2023)	174,801				174,801
Norwegian Govt.via Norwegian Red Cro (DGNNC)	139,100				139,100
Norwegian Govt.via Norwegian Red Cro (DGNNC)	44,400				44,400
Norwegian Govt.via Norwegian Red Cro (DGNNC)	-44,000				-44,000
Norwegian Red Cross (DNNO)	29,300				29,300
Norwegian Red Cross (DNNO)	27,554				27,554
Russia - Private Donors (DPRU)	8,112				8,112
RUSSIA TB - BRC/ECHO PHASE 2 (DERU05)	360,840				360,840
RUSSIA TB - BRC/ECHO PHASE 2 (DERU05)	357,714				357,714
RUSSIA TB - DRC/ECHO PHASE 2 (DERU06)	307,822				307,822
RUSSIA TB - DRC/ECHO PHASE 2 (DERU06)	358,971				358,971
Swedish Govt.via Swedish Red Cross (DGNSE)	25,725				25,725
Swedish Red Cross (DNSE)	122,760				122,760
Swedish Red Cross (DNSE)	30,690				30,690
UA- Echo TB-TPS/215/1999/02028 (DE2028)	393,326				393,326
DANISH - RC			244,820		244,820
DANISH - RC/GOVT				127,482	127,482
Belgium				14,949	14,949
Denmark				48,131	48,131
Great Britain				10,513	10,513
Belgium				19,877	19,877
Denmark				26,776	26,776
Great Britain				35,154	35,154
<u>Outstanding pledges</u>					
German RC - EUR 1,515,923		2,243,566			2,243,566
TOTAL	7,201,911	2,243,566	244,820	282,882	9,973,179
Coverage	76.4%	23.8%	2.6%	3.0%	105.8%

II - Balance of funds

Opening balance	9,320
CASH INCOME Rcv'd	7,201,911
CASH EXPENDITURE	-9,636,883

CASH BALANCE	-2,425,652
OUTST. PLEDGES	2,243,566

Appeal No: 08/1999

Period: 1999, 2000, 2001, up to 31/10/2002

Project(s): P67508, PB509, PMD508, PMD509, PRU508, PRU509, PRU515, PRU532, PRU533, PUA509

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
SUPPLIES						
Shelter & Construction						
Clothing & Textiles	247,000	72,799	244,820		317,619	-70,619
Food/Seeds	2,497,000	4,538,082			4,538,082	-2,041,082
Water		422			422	-422
Medical & First Aid	1,653,000	344,171			344,171	1,308,829
Teaching materials	93,000	48			48	92,952
Utensils & Tools		252			252	-252
Other relief supplies	290,000	490,419			490,419	-200,419
Sub-Total	4,780,000	5,446,194	244,820		5,691,014	-911,014
CAPITAL EXPENSES						
Land & Buildings						
Vehicles	110,000	215,422			215,422	-105,422
Computers & Telecom equip.		65,652			65,652	-65,652
Medical equipment	171,000	35,765			35,765	135,235
Other capital expenditures	161,000	84,877			84,877	76,123
Sub-Total	442,000	401,717			401,717	40,283
TRANSPORT & STORAGE	173,000	340,311			340,311	-167,311
Sub-Total	173,000	340,311			340,311	-167,311
PERSONNEL						
Personnel (delegates)	740,000	725,773		282,882	1,008,655	-268,655
Personnel (local staff)	1,878,000	1,347,640			1,347,640	530,360
Training						
Sub-Total	2,618,000	2,073,413		282,882	2,356,295	261,705
GENERAL & ADMINISTRATION						
Assessment/Monitoring/experts		27,576			27,576	-27,576
Travel & related expenses		209,635			209,635	-209,635
Information expenses		544,952			544,952	-544,952
Administrative expenses	280,000	263,836			263,836	16,164
External workshops & Seminars	749,000					749,000
Sub-Total	1,029,000	1,045,999			1,045,999	-16,999
PROGRAMME SUPPORT						
Programme management		201,804			201,804	-201,804
Technical services		60,421			60,421	-60,421
Professional services	390,000	67,025			67,025	322,975
Sub-Total	390,000	329,250			329,250	60,750
Operational provisions						
Transfers to National Societies						
TOTAL BUDGET	9,432,000	9,636,883	244,820	282,882	10,164,585	-732,585