

# ANNUAL 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

## RUSSIAN FEDERATION

3 May 2006

### In Brief

Appeal No. 05AA073; Period covered: January - December 2005

Appeal target: CHF 4,299,391 (USD 3,276,975 or EUR 2,778,282); Appeal coverage: 117.4 % *(Please click here to go directly to the attached Financial Report).*

#### Related Emergency or Annual Appeals:

Russian Federation Annual Appeal 2005. For details, please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA073.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA073.pdf)

Russian Federation Annual Appeal 2005 – Programme Update no. 1. For details, please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA07301.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA07301.pdf)

Russian Federation Annual Appeal 2005 – Programme Update no. 2 (Special Focus on Participatory Action Research with Older People in Karelia). For details, please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA07302.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA07302.pdf)

Russian Federation Annual Appeal 2005 – Programme Update no. 3. For details, please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA07303.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA07303.pdf)

Russian Federation Annual Appeal 2005 – Programme Update no. 4 (Special Focus on Participatory Action Research with Migrants). For details, please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA07304.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA07304.pdf)

Annual Appeals 2005 for Europe and Central Asia region. For details please see the website at <http://www.ifrc.org/where/europe.asp>

Russian Federation Annual Appeal 2006-2007. For details please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual06/MAARU001.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAARU001.pdf)

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*The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 181 countries.*

*All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project. Please access the Federation's website at <http://www.ifrc.org>*

## Overall analysis of the programme

Throughout 2005, the International Federation of Red Cross and Red Crescent Societies (Federation) supported the Russian Red Cross (RRC) in accordance with the objectives set in the Annual Appeal 2005. The health and care and organizational development programmes remained the main focus. In health, the TB programme had its best results to date as the Federation and RRC continued to develop social support interventions to encourage treatment compliance. The results were positive enough to create a platform to address Multi-Drug Resistant TB beginning in 2006. Also in 2005, commitment on behalf of the RRC has significantly increased to make HIV programming an institutional priority. This increase in programming has allowed the RRC and Federation to scale up its work countering the spread of HIV/AIDS, particularly among high-risk groups.

In organizational development, the Federation and RRC have made significant efforts to understand structural vulnerability through the eyes of marginalized groups, and to come up with sustainable solutions aimed at improving the quality of their lives. Obtaining this understanding is a necessary first step towards achieving the strategic goal of promoting the social inclusion of these groups—including the elderly, migrants, and children—through improved access to services and information.

Outside the appeal, the Federation and RRC provided timely relief and support to victims of manmade and natural disasters, including victims of the Beslan hostage crisis, the Khabarovsk water crisis, avian flu, and severe weather. Over 8,000 victims of these crises have received humanitarian assistance from the Red Cross. In addition, the Moscow Delegation and the RRC continued to raise the profile of the Red Cross and promote the Movement's humanitarian values and Fundamental Principles.

The Appeal's main donors are the British government/DFID (Department for International Development), CBF (Capacity Building Fund), USAID, as well as the national Red Cross societies of the United States, Great Britain, Italy and Sweden. The USAID pledge for health and care is a two-year grant received in 2005 and will continue into 2007.

All programmes are directly implemented by the Red Cross through its countrywide network of branches and volunteers. The Federation provides technical support and monitors implementation.

## Health and care

**Programme Objective:** To provide high quality social care and support services in the health sphere to targeted vulnerable populations in Russia.

**Projects implemented to meet these objectives are:**

- HIV/AIDS prevention among intravenous drug users through harm reduction initiatives;
- HIV/AIDS prevention through peer to peer education;
- Support to the most vulnerable TB patients undergoing DOTS (Directly Observed Therapy Short course).

## HIV/AIDS Programme Overview

In 2005, the RRC significantly scaled up HIV intervention efforts through the replication of its harm reduction programme in Irkutsk, Siberia; the improvement and scale-up of peer education efforts across the country; and the introduction of new interventions in prisons. This appreciable increase in institutional commitment marks the move from HIV being the focus of a limited number of localized programmes into being an integral part of the RRC's federal strategy. This major shift reflects a broader cultural change in attitudes towards the threat of HIV in Russia—a threat that has been publicly recognized by Russian Federation President Vladimir Putin. The federal government's acknowledgement and financial support of HIV-prevention efforts has created an environment conducive to HIV programming and sent a signal to the country that HIV has become everyone's problem.

New achievements in the year include building on the platform of success for harm reduction efforts created by the programme in Irkutsk, Siberia (see "Beyond the Appeal"). This harm reduction programme has been replicated in Krasnodar through best-practice outreach work. Needle exchange activities began at the site at the end of 2005, as

the Federation and RRC reached an agreement with the interdepartmental commission of local government ministries. Peer Education activities were strengthened through an experience exchange and training meeting organized by the British Red Cross for the National Societies of five Eastern Europe and Central Asian countries. This meeting and efforts by the Federation have ensured that Peer Education programmes have improved in quality across the country. To ensure that no differences exist in programme implementation or understanding between territories, the Federation established that when trainings take place in one territory, representatives from other territories are also present. This guarantees that messages are delivered uniformly and expertise is balanced across territories. This was especially important in 2005, as the Federation, RRC, and Norwegian Red Cross entered a three-party agreement to continue peer education work in ten sites in the North West of the Russian Federation.

In 2005, the Federation took the first steps to introducing HIV interventions in prisons as part of the USAID-funded TB programme. While the RRC has run TB interventions such as counseling and infectious control in prisons since 2002, the challenge with HIV is to clearly identify the sites where intervention is necessary and then determine the required activities for the programme. The RRC and Federation representatives held site visits with USAID and the Ministry of Justice throughout 2005, leading to a landmark agreement guaranteeing that the RRC will have unrestricted access to prisoners within the limits set by the objectives of its HIV and TB programmes. The site visits and agreement were essential steps toward the launch of programme work in 2006.

Heading into 2006, there are a number of specific challenges facing the RRC's HIV efforts. The largest challenge will be to further replicate the harm reduction activities currently taking place in Irkutsk and Krasnodar, as the RRC must push this work further to meet the existing needs of vulnerable populations within the Russian Federation. There is also a need for increased psychological support for people living with HIV/AIDS. While branches, to differing extents, offer pre- and post-test counseling, a standard for psychological support for HIV must still be developed from which the RRC and Federation can provide specific training for Red Cross counselors in the future. Finally, while the RRC has seen improvements in awareness of HIV prevention and transmission methods, there is still much to be achieved in fighting stigma. It is important to note that stigma must be countered both in the general public and within the Red Cross movement in the country. As HIV has only recently become an institutional priority, different levels of comfort exist between regions; some branches are just beginning to address HIV, while others have sought to actively involve HIV+ individuals in programme implementation.

### **Harm Reduction project for intravenous drug users (IDUs), Krasnodarsky region.**

**Timeframe:** 1 March 2005 - Ongoing

**Donor:** Italian Red Cross<sup>1</sup>, Swedish Red Cross

**Background:** The HIV/AIDS epidemic in the Russian Federation is concentrated primarily among intravenous drug users. In early 2004, more than 80 per cent of all officially reported HIV cases identified injection drug use as the mode of transmission.<sup>2</sup> The RRC is responding to the spread of the epidemic in this vulnerable group through its Harm Reduction programme.

**Objective:** To use outreach work to intravenous drug users (IDUs) to reduce the risks of acquiring HIV infection related to the sharing of injecting equipment and sexual contact.

**Progress and Achievements:** The project liaises with drug users in their communities, providing them with information and the means to reduce the risk of acquiring HIV infection. The focus of outreach work is on encouraging safer behaviour with regard to high-risk activities such as drug use and sexual contact. The start of needle exchange at the end of the year means that Krasnodarsky has become the second region in the Russian Federation with an RRC Harm Reduction centre (Irkutsk was the first). The further expansion of sites for programme implementation is being considered.

### ***Selection and training of RC volunteers***

Selection of RC volunteers for outreach work was carried out. Ten from 20 applicants were chosen for a five-day training in outreach activities. Experienced coordinators from the RRC Irkutsk branch and the outreach

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<sup>1</sup> The Italian Red Cross funded the global project, which Russian Federation got a share to support the first round of Harm Reduction. The pilot sight for this project was Krasnodarsky

<sup>2</sup> Russian Federal AIDS Centre, 2004

coordinator from the local NGO 'NAN Foundation', led the training. Pre and post training test results indicate an increase in the knowledge of HIV/AIDS and related issues among the participants (an 87 per cent rating versus 100 per cent respectively).

#### ***Selection of the organizations and venues for outreach***

Red Cross team members selected venues for outreach work. The main criterion was the number of registered drug users within a particular area. A mobile team was used, operating within a radius of 160 km, charged with visiting one venue per week. Red Cross volunteers made 17 outreach visits in 2005 and 71 meetings and consultations with clients took place. The RC mobile team provided beneficiaries with information on their work.

There was a delay to the start of harm reduction activities, as local legislation prohibited the RRC from distributing syringes and needles for IDUs for the balance of the year. Official approval from the Ministry of Health's departments for drugs control and sanitary control was received in September and, following procurement, the harm reduction activities began by the end of the year.

#### **Peer Education in Novokuznetsk District, Kemerovsky region.**

**Timeframe:** 1 December 2004 - Ongoing.

**Donor:** British Red Cross

**Background:** Russia is facing one of the world's fastest growth rates in HIV/AIDS incidence. The rate of new HIV infections has doubled every 6-12 months since 1995. Over a quarter of a million people were registered as living with HIV/AIDS in Russia in 2003<sup>3</sup>, but unofficial estimates put the total number of people living with HIV/AIDS at over one million.

The RRC has a critical role to play in the response to this growing crisis by empowering communities to reduce their vulnerability to health problems. As an auxiliary to the local authorities, the National Society is in a unique position to fulfil this role. Its comparative advantage lies in its countrywide network of branches and volunteers.

The RRC is addressing HIV/AIDS through its "Youth and AIDS: Peer Education" programme. The project aims to educate young people (14-25 years old) on safer behaviour and HIV/AIDS preventive measures, and raise awareness of the risks of drug addiction and sexually transmitted infections (STIs).

**Objective:** To increase youth awareness on issues of HIV/AIDS prevention and drug addiction through "Peer Education".

**Progress and Achievements:** The project is a logical continuation of other RRC peer education programmes in the past. Consultants (experts in family psychotherapy, behaviour change and drug addiction) helped develop a monitoring system to measure behavioral change among the target group. This system requires further evaluation but there are early indications that the seminars held by Red Cross youth peer educators have increased youth awareness on HIV/AIDS prevention and the dangers of drug addiction and sexually transmitted infections (STIs). More detailed assessments will follow in future updates.

RRC work on HIV/AIDS prevention has attracted new young volunteers, increasing RRC capacity to continue such (inexpensive) work in the future. The total number of workshops carried out in 2005 in Novokuznetsk is 259. The number of participants at these workshops is 1247 persons. Some 25,060 copies of information materials on HIV/AIDS prevention and the concept of peer education were distributed.

Cooperation with local authorities and organizations working in this field has strengthened the RRC profile and led to further acknowledgement of the Red Cross' role in HIV/AIDS prevention. Local authorities in the Kemerovo districts (Kiselevsk) have agreed to co-finance the project. The initiative is based on experience gained during implementation in Novokuznetsk. The administration of Kiselevsk, a town in the Kemerovsky region, initiated a similar project. Trainers from Novokuznetsk coached six instructors from Kiselevsk to hold prevention workshops. The instructors have begun work. Good coordination with the Kemerovo AIDS centre has been developed and verbal agreement on exchange of information has been reached.

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<sup>3</sup> Federal Scientific and Methodological Centre for AIDS Prevention statistics

The project has increased public awareness of the humanitarian work of the RRC, through activities on the ground as well as media coverage. During the course of the programme, four information notes and five articles were published in mass media outlets. Seven television and two radio reports were released as well. Three public reports were presented at the following events: the city conference "Demographic situation in Novokuznetsk and in Russia", the regional conference "Interdepartmental cooperation in the sphere of HIV/AIDS prevention", and the medical forum "Health of young people. Socially significant diseases". The RRC also held public events for World Health Day, World Day of Youth Devotion, A Day of Memory for Victims of HIV/AIDS, and World AIDS Day. The four events attracted 1630 persons.

In December, the British Red Cross organized a regional round table meeting for five National Societies (Moldova, Kyrgyzstan, Turkmenistan, Central Asia and Russia) implementing peer education projects. The meeting objective was to assess the effectiveness of peer to peer interventions, and to discuss related problems and achievements of Red Cross work in these countries. The meeting participants agreed that a standardized approach to peer education should be developed.

*For further information on the British Red Cross funded programme - information activities, training of volunteers, site selection, identification of target population, including the coordination efforts - please contact the Moscow delegation at [Moscow@ifrc.org](mailto:Moscow@ifrc.org).*

### **Tuberculosis Programme Overview**

The RRC TB programme realized many important achievements throughout 2005, but two achievements stand out in particular. Firstly, the default rate of TB patients in the three original regions (Pskov, Belgorod, and Khakasia) has dropped from 28 per cent to less than 5 per cent of patients since the programme has begun. This success has been recognized through successful evaluation trips from the Centers for Disease Control (CDC) which confirmed that the programmes are run in accordance to DOTS (Directly Observed Treatment, Short-Course) best-practices, as well as by USAID's willingness to extend the programme deadline to 2007 and expand programme activities to new regions. The second major achievement is that local government has recognized the impact of the RRC's programme and has agreed to finance continuing work using social support as an incentive to TB treatment. This major dual achievement—demonstrated programme impact and the financial commitment of government—has allowed the Red Cross to prepare to enter a new phase of programme work in 2006 when it will officially begin to address Multi-Drug Resistant (MDR) TB through a DOTS+ platform in approved territories.



**A RRC visiting nurse observes a patient taking TB medication in Pskov**

Advocacy on behalf of beneficiaries has been an important component of the RRC and Federation TB programme since its inception in 2001, and has included repeated consultation with government on federal and local levels to ensure that patients received treatment in accordance with internationally recognized best-practices. These advocacy efforts played a large role in the passing of two policy orders in 2004 that set the stage for the full introduction of regulated DOTS-standard therapy and reporting in 2005. The Federation was also successful in urging that treatment was organized to take infectious control into account, ensuring that MDR patients have proper support separate from the rest of the TB patients. The Federation has not yet been successful in advocating that TB patients receive all the benefits entitled to them by law—for example, free transportation to TB clinics remains unavailable and the RRC has been covering these costs.

As the DOTS therapy became standard in 2005, the program delivery on the part of the RRC also improved significantly over 2004 in aspects including medical intervention, monitoring, social support, and advocacy. As the RRC TB programme has matured, the initial concentration on developing the systems and mechanisms that allowed the programme to work has been replaced by a commitment to measuring the quality of the intervention provided. The monitoring systems have developed and stabilized over the past few years and the RRC has been able to gain a realistic set of statistics for TB detection and adherence. These recent results have shown positive spillover effects in all regions where the RRC TB programme operates, as reduced default rates have been seen even among those patients who are not directly receiving RRC support. This result is attributed to better organization and case management in TB dispensaries in those regions where the RRC has implemented a programme, as well as to communications training provided by the RRC that benefited local doctors in addition to Red Cross care providers. This training, which took place in 2004, was an important step in the RRC's new patient-centred approach that also included the development of the definition of "social support" from a simple hygiene or food parcel to a broad spectrum of services including psychological support and counseling. This patient-centred approach—with social support as a vital component—is a key driver behind the success of the program, leading to lower default rates and reduced incidences of MDR-TB. The Federation has capitalized on this success and experience by developing a technical protocol manual that can be used to develop TB training models for the RRC and other National Societies implementing TB programmes.

In 2006, the main challenge will be taking on Multi-Drug Resistant TB, which requires longer treatment courses, specific testing and medical knowledge, and stringent infectious control measures. MDR-TB has a much higher mortality rate than standard TB and poses a serious threat to the Russian Federation as it accounts for 10 per cent of new (primary) infections.<sup>4</sup> To continue the success of the TB programme into the fight against MDR-TB, the Federation and RRC must be able to quickly gain experience in the treatment and infectious control measures for MDR-TB, to ensure the safety of both patients and care providers against exposure.

The responsibility of the Federation to provide technical support and advocacy continues to grow as the RRC becomes involved with an increasing number of TB intervention sites. A successful application for the 4<sup>th</sup> Round Global Fund grant has resulted in an agreement that will see the Federation and RRC working with the primary grant recipient, the Russian Health Care Foundation, in 20 new regions beginning in January 2006. These new sites—combined with the expansion of the USAID-funded programme to a fourth site and a three-party agreement between the Federation, RRC and Norwegian Red Cross to support TB programmes in Murmansk, Arkhangelsk, and Karelia (as of September 2005) — mean that the Federation must work hard to replicate its success in obtaining government commitment to these programmes in many new regions. It is essential that government

### What's in a name?

One of the ongoing challenges of the TB programme is encouraging patients to stick to a treatment regimen when they are facing problems ranging from social deprivation to stigmatization. Encouraging patients to stay with treatment is essential, as treatment failure can lead to dangerous MDR-TB or death. According to Zlatko Kovac, Health Programme Coordinator for the International Federation, "The most important thing we did last year was to really pay attention and advocate for a patient-centred approach. The highest rates of failure to follow treatment schedules tend to be among the homeless, alcoholics and ex-prisoners, so it's these groups that we target."

On a recent monitoring trip to a TB dispensary, Kovac witnessed one patient come in so drunk he could barely keep a straight line when approaching the dispensary desk. "He swallowed the tablets and received his social support parcel, but he was not very interested. I could see it was not the parcel motivating him. He turned to leave and then we stopped him." Reasoning that if someone was completely drunk they wouldn't remember to keep their appointment unless something was unconsciously motivating them, Kovac asked the man the reason he had come that day. The patient replied very simply, "It is the only place in town where someone is calling me by my father's name."

In Russian culture, calling someone by their father's name, the patronymic, is a sign of respect. Kovac marvels, "This gesture was more powerful than the parcel or anything else happening at the clinic. Treatment was not his motivation, and that is something, I think, that is very powerful."

<sup>4</sup> Russian Federation Country Profile. WHO. (2004)

[http://www.who.int/globalatlas/predefinedreports/tb/PDF\\_Files/RU\\_2004\\_Detailed.pdf](http://www.who.int/globalatlas/predefinedreports/tb/PDF_Files/RU_2004_Detailed.pdf)

health authorities realize they cannot fight TB alone but must work to form an integrated response with the RRC, other NGOs, and the communities themselves. In some regions this has already been recognized but in others more advocacy is needed. In 2006, the RRC and Federation will be challenged with better mobilizing the community in this response to TB, as volunteer participation in the TB programme has so far been limited to TB Day activities.

#### **USAID funded TB project in four regions of Russia<sup>5</sup>.**

**Timeframe:** October 2001 – Ongoing

**Donor:** USAID

**Background:** This programme fills a gap in national TB care by monitoring TB care using social and nutritional support as an incentive for the most vulnerable TB patients. Past results show that successful treatment outcomes are clearly linked to RRC intervention. At the same time, the programme is advocating international TB control guidelines. The initiative complements the Appeal objective, working in cooperation with regional services to provide TB programming support to the most vulnerable people.

The original grant supporting TB programmes in three territories over three years has been extended to the end of September 2007 as well as being expanded to a new territory, Khabarovsk, in the Far East of the Russian Federation. The TB programme aims to develop an effective, comprehensive, sustainable and replicable model of TB control in four regions (Pskov, Khakasia, Belgorod and Khabarovsk) in partnership with the regional authorities.

**Objective:** The objective of the USAID-funded TB project is to accomplish the following:

- Assist regional authorities to develop an effective TB control system;
- Assure access to care and follow-up for the most vulnerable TB patients, and increase adherence to treatment through social/nutritional support incentives;
- Facilitate improved links between prison and civilian TB services;
- Address the general population to promote healthy lifestyles and increase preventive awareness of TB, HIV/AIDS, and sexually transmitted infections;
- Strengthen the institutional capacity of the RRC and its Visiting Nurses Service.

**Progress and Achievements:** The main achievements are as follows:

#### ***Assist regional authorities to develop an effective TB control system***

- The Moscow Delegation organized two meetings related to the fourth round of Global Fund support for the Russian Federation.
  - The first meeting was with the coordinator of the Russian Health Care Foundation (RHCF), the primary recipient of fourth round Global Fund support. Coordination with the Green Light Committee, preparation of an application, and protocol complexities related to the administration of second line drugs were discussed during the meeting. The Delegation facilitated contacts between the RHCF and the Centers for Disease Control and Prevention (CDC). The RHCF will endorse the mechanisms of social support for TB patients (finance, monitoring and reporting) developed by Moscow Delegation and the RRC.
  - The second meeting was with a representative of the Research Institute of Phthisiopulmonology (RIPP) and the coordinator of the Federal TB Institutes. The objective of the meeting was to coordinate practicalities related to the implementation of the Global Fund supported programme between the RHCF and RIPP.

#### ***Assure access to care and follow-up for the most vulnerable TB patients, and increase adherence to treatment through social/nutritional support incentives***

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<sup>5</sup> The USAID money is a 2 years grant received in 2005. Therefore, the money will be spent over a longer period, according to the contractual agreements and budget. As the pledge amount is booked as actual income, the closing balance of the budget seems to be high.

- Social support of TB patients remained the most effective tool for improving treatment compliance. Assistance was provided in the form of daily nutrition (protein kits), distribution of food parcels and hygiene parcels. Statistics show that the number of default patients is significantly lower among those receiving social support from the RRC than those not receiving any form of social support. Promotion of these statistics is suffering from one or more of the following problems: denial, resistance and/or non-acceptance of the disease, emotional disturbance, difficult social adaptation, family problems and alcohol addiction.
- During the reporting period, the RRC provided regular counselling assistance to TB patients and TB dispensary staff. Two models have been developed: “Positive psychological and emotional behaviour is the guarantee for treatment adherence” and “Stress and emotional burn out”. Relevant sessions based on these models were held in Pskov and Khabarovsk regions.
- Special attention was paid to motivating TB patients who interrupted the treatment to restart it again.

#### ***Facilitate improved links between prison and civilian TB services***

- During the reporting period, RRC staff visited prisoners to distribute information materials on Red Cross TB prevention activities, along with addresses and telephone numbers of TB services available in the region. Together with prison personnel, the RRC provides psychological support and legal counselling to prisoners due to be released, and emphasises the necessity to continue treatment after a prisoner’s release.
- The Moscow Delegation and the RRC organized a meeting with the First Deputy Chief of the Medical Department of the Federal Executive Sentence Service. The objectives and activities of the USAID funded programme and HIV intervention in prisons were discussed during the meeting. The activities and sites for HIV interventions were also agreed upon. In addition, an agreement on first joint site visits (USAID, the Ministry of Justice, RRC and the Federation) was reached.

The selected sites for HIV intervention in prisons are as follows:

<b>Area</b>	<b>Penitentiary system body</b>
Republic of Chuvashiya	Correctional colony – 5 (for women)
	Treatment-correctional institution – 7 (for women)
	Correctional colony – 2 (for women)
Khabarovsk Krai	Correctional colony – 12 (for women)
Orlovskaya Oblast	Correctional colony – 6 (for women)
	Educational colony in Shakhovo village (for men)

#### ***Monitoring***

- A number of monitoring trips took place, including a visit of representatives from Centre for Diseases and Control (CDC), Atlanta, USA, to the republic of Khakasia. CDC provided the Russia Delegation with valuable recommendations to improve implementation. The findings of the monitoring trips to the Republic of Khakasia have shown that preconditions exist in this region for an application to the Green Light Committee. The Republic of Khakasia was the first site, among four programme implementation sites, where the outcome provided a basis for a move from DOTS towards DOTS-Plus strategy. Belgorod followed to become the second region to seek approval for working with MDR-TB.
- The monitoring trip to Khabarovsk Krai has acknowledged a good start up of the programme and effective mechanisms of coordination developed between the TB dispensary and the regional Red Cross branch. First patients have been provided with social support.

#### ***Strengthen the institutional capacity of the RRC and its Visiting Nurses Service***

- Through the TB programme, visiting nurses have been providing with training and basic equipment to perform their duties. Visiting nurses involved in the TB programme are able to provide care for non-TB patients through both home care services and on the premises of socio-medical rooms provided through the programme.

*For further information on the USAID funded programme - information activities, legal, psychological and social support and logistical operations, including distribution of social support in the form of food parcels and protein kits, and tender for laboratories equipment - please contact the Moscow delegation at [moscow@ifrc.org](mailto:moscow@ifrc.org).*

## Disaster Management

**Programme Objective:** To assist the integration of internally displaced people and involuntary migrants into society and reduce related stigma and discrimination towards these groups.

**Projects implemented to meet these objectives are:**

- Population Movement (Funded by Swedish Red Cross)

### Population Movement

**Timeframe:** May 2004 – Ongoing

**Donor:** Swedish Red Cross

**Background:** Migrant populations are particularly affected by the process of social insecurity and exclusion. Their vulnerability is the result of a number of social factors, notably very limited access to employment, healthcare and information about their legal rights. Other factors also affect these populations such as their illegal status or the existence of discriminatory and sometimes xenophobic practices in all areas of social life. All these have a negative impact on the state of the physical and, especially, the psychological well-being of these people. That is why the Russian Red Cross Population Movement programme is aiming to assist internal and external migrants through a comprehensive programme consisting of: provision of psychological and legal support and practical assistance on issues that directly affect migrants, tackling the problem of discrimination and stigmatisation in the local community, and increasing access of these vulnerable groups to social benefits. All these efforts undertaken by the Russian Red Cross will lead to an improved quality of life of migrants and facilitate their gradual integration into civil society.

Targeted beneficiaries of RRC efforts include forced migrants, refugees, people seeking asylum in Russian Federation, internally displaced persons, labour and economic migrants, ecological migrants, undocumented migrants, and the most vulnerable local residents. Migrants arrive from internal unstable zones (Chechnya), NIS and Central Asia, and other countries (Afghanistan, Iraq, Pakistan, China, Viet Nam etc.).

**Objective:** The objective of the Population Movement project is to accomplish the following:

1. Provide professional legal, psychological and social support to involuntary migrants and vulnerable groups of local residents on the regional level free of charge.
2. Take part in implementation of the Federal special programme 'Developing ways of increasing tolerance and reducing extremism in Russian society' by conducting tolerance sessions at schools.
3. Strengthen coordination between the RRC and governmental structures working in the migration sphere (Federal Migration Service, Ministry of Interior Passport-Visa Service, Ministry of Health etc.).
4. Attract attention of civil society to the problem of migration.
5. Strengthen organizational capacities of RRC regional branches and clearly show action of RRC mandate as a neutral and impartial organization.
6. Assist in social and psychological adaptation of the children of migrants.

### Progress and Achievements:

In 2005, the RRC, with support from the Federation and funding from Swedish Red Cross, continued to implement the following population movement projects:

1. Regional reception points for involuntary migrants in the following sites:
  - a. Moscow oblast (1 February 2005 – ongoing)
  - b. Orenburg oblast (5 May 2004 – ongoing)
  - c. Nizhniy Novgorod oblast (ended June 2005)
  - d. Kemerovo oblast (ended June 2005)
2. Emergency legal counselling points for involuntary migrants at the following points:
  - a. Novosibirsk railway station (1 June 2004 – ongoing)
  - b. Smolensk RRC regional branch (ended June 2005).

During the implementation of the “Regional Reception Points for Involuntary Migrants” project, assistance was provided directly at the RRC regional branches (for migrants and vulnerable residents of the regional centres) as well as during regular field actions together with representatives of territorial Migration Departments (for the remainder of people living in the region). During the reporting period, 4,510 people (including 2,986 migrants) visited RRC regional reception points and received legal, psychological and social consultations. In order to provide effective support to beneficiaries, RRC branches work in close cooperation with territorial Ministry of Interior Migration departments, and other organizations assisting migrants. RRC branches have established relations with the regional departments of the following state services: Social Welfare, Education, Health, and Labour. Furthermore, well-publicised work of Red Cross psychologists, legal advisers and social workers has led to increased recognition and the opportunity to develop working relations with non-governmental institutions dealing with social issues.

Within the “Emergency Legal Counselling Points for Involuntary Migrants at Railway Stations” project, free legal support was provided to needy people directly on the premises of the railway stations.

In 2005, the RRC and the Federation began to use Participatory Action Research (PAR) roundtable sessions with migrants to ensure that the migrant interventions designed by the Red Cross in the late 1990s were still relevant and provided adequate support. The research has shown that migrants have faced tremendous challenges over the past ten years, primarily arising out of the struggle to obtain citizenship, and that the RRC has provided invaluable assistance in this area. This has been in the form of providing free legal support to promote the achievement of citizenship, providing psychosocial support to help migrants through the stress of relocation and by raising awareness of the public to counter stigma.

However, in 2005 the Russian Federation government has recommitted itself to easing the integration of ethnic Russian migrants in the citizenship process. The PAR research has also shown that the vulnerability of migrants is becoming indistinguishable from the vulnerability of the wider population in rural areas. Bearing this in mind, and in line with the European migration strategy, the RRC and Federation are proposing that migrant services are orientated towards labour migrants and trafficked people. The Russian Federation has become the biggest target country for sexual and labour trafficking arriving from the Ukraine and Moldova, and it is becoming essential that the Red Cross societies of the former Soviet Union work together to recognize the channels where this migration is taking place. The challenge for 2006 will be to begin this collaboration and look at intelligently using the network of Red Cross and Red Crescent societies to prevent illegal trafficking and provide assistance at points of entry and departure.

<b>Project</b>	<b>Beneficiaries (2005)</b>
<p><b><i>Psychological support</i></b>            During the reporting period, RRC psychologists provided support to beneficiaries using the following methods:</p> <ul style="list-style-type: none"> <li>• Dissemination of information among forced migrants about possibility and expediency of psychological assistance;</li> <li>• Discussion on basic psychological problems of forced migrants;</li> <li>• Detection of typical and individual psychological problems of involuntary migrants living in a specific area;</li> <li>• Provision of direct psychological support to migrants using different methods (individual counselling; family counselling; group training with children and adults; and educational sessions).</li> </ul>	1171

<p><b><i>RRC Legal Network</i></b>          Within the Population Movement programme, RRC legal counsellors provided support to migrants in the following fields:</p> <ul style="list-style-type: none"> <li>• Procedure of application for Russian citizenship, permanent and temporary registration;</li> <li>• Status of forced migrants and refugees;</li> <li>• Job placement and labour contract (for foreign citizens as well);</li> <li>• Restoration of lost documents;</li> <li>• Pensions, social insurance etc.</li> </ul>	1628
<p><b><i>Social assistance to involuntary migrants</i></b>          Social assistance was provided in the following forms:</p> <ul style="list-style-type: none"> <li>• Social consultations on medical, social, educational, job placement and pensions;</li> <li>• Humanitarian aid (food and hygiene items, second hand clothes and shoes collected locally);</li> <li>• Assistance in accessing free of charge medical treatment.</li> </ul>	Humanitarian Aid: 6950 Social counseling: 1292

## Organizational Development

**Programme Objective:** To improve and strengthen the programmes and service delivery of Russian Red Cross headquarters and participating regional branches through better coordination, self-assessment, planning, and youth development.

**Projects implemented to meet these objectives are:**

- Participatory Action Research in 14 RRC regional branches;
- Organizational analysis, self-assessment and strategic planning at the regional branch level;
- Development of the Organizational Development Section of the RRC Website.

### Participatory Action Research (PAR) in 14 RRC regional branches

**Timeframe:** October 2003 – Ongoing (Participatory Action Research with the Elderly)  
November 2005 – Ongoing (Participatory Action Research with Migrants)

**Donor:** British Red Cross

**Background:** Working with the most vulnerable older people, children and migrants is one of the oldest and most accepted functions of the Russian Red Cross. The RRC's substantial experience in this field is widely recognised. The Participatory Action Research (PAR) project was initiated as part of a process to ensure that Russian Red Cross services to older people, children and migrants are responsive to their needs, supportive of rights, complementary to state services and—to differing extents depending on the particular target group—is guided by the beneficiaries themselves.

This research process is an element of a new qualitative phase of the RRC development programme, aimed at identifying problems and needs of the above target groups (older people, children and migrants) with their active involvement in the process. By involving target groups in the assessment process, the RRC will be able to achieve the following:

- Correlate RRC programs' activities with the real needs of the most vulnerable;
- Empower the most vulnerable within the programs;
- Fill up the gaps in local Health and Social welfare activities;
- Identifying methodologies and modalities of support to the most vulnerable taking into consideration their opinions and expectations.

**Objective:** The objective of the PAR project is to accomplish the following:

- Represent the interests of the socially excluded through a combination of advocacy, service delivery and awareness raising that is rooted in consultation with vulnerable groups;
- Give older people, migrants and children in 14 Russian regions the opportunity to articulate concerns and priorities to research teams made up of RRC, social welfare, NGOs and government representatives;
- Design 14 pilot projects in response to the PAR based on empowerment approaches and including qualitative impact monitoring systems;
- Increase RRC's ability to serve, articulate and defend the interests of older people, migrants and children as a result of PAR and impact monitoring.

### Progress and Achievements:

#### Tomsk: One Year Later

In early March 2006, the project Monitoring Committee reconvened 77 of the original participants of the Participatory Action Research sessions held in August 2004. The goal of this impact assessment focus group was to determine if there had been any changes since the local Red Cross branch launched the "Assistance" project the year before. This meeting followed a busy year for the Russian Red Cross in which—on a three-part platform of advocacy, service delivery, and awareness-raising—they had held a number of meetings with government officials, opened two additional Red Cross medico-social centres to fill a service gap, and worked with media to ensure both the research results and the social plight of the elderly received regular coverage. A round table meeting in August 2005 is particularly notable as it brought together local and regional government representatives responsible for Social Policy, Social Welfare, Health, Public Relations, Labour & Employment, Police Internal Affairs, and Social Support to discuss the findings of the research. At the meeting, Tomsk regional government representatives challenged health providers present to improve their services. Subsequent to the meeting, the Tomsk regional government addressed the State Duma (the legislative body of the Russian Federation), requesting a national program to assist the elderly.

At the impact assessment focus group, participants were still pessimistic and most claimed that there had been little noticeable change over the past year. However, they noted that access to health care had improved. With the opening of Red Cross medico-social centres—which treated or referred nearly 4,000 beneficiaries in 2005—and changes from local health providers to allow pre-registration and booked appointments, older people in Tomsk are no longer faced with the long queues that were a deterrent to seeking health care. Participants also noted that they felt empowered after they had united to protest against the monetization of state benefits. Prior to the PAR sessions they felt powerless in matters of policy, but the elderly in Tomsk now felt they could change things if they worked together. A final positive change was that participants who took advantage of new hobby and interest groups set up by the Red Cross said that their lives had been enriched by the groups.

The PAR process was designed to promote dialogue and alliances between the state, the Red Cross, third sector organizations and the beneficiaries, empowering the latter, reintegrating them into civil society, and breaking their social isolation. In 2005, PAR work with the elderly built upon the sessions in Tomsk in 2004 with new sessions in four regions: Karelia, Ingushetia, Samara and Chukotka. The RRC also held its first sessions with migrants in the Nizhniy Novgorod region and Orenburg oblast with the participation of over 200 migrants seeking Russian Federation citizenship. The RRC also brought together ten branches to discuss new approaches to child welfare. This was the first step toward a PAR project focused on the vulnerability of children to be launched in 2006 and administered bilaterally with the Norwegian Red Cross. In each case, these efforts represented a serious attempt on behalf of the RRC to understand the unique structural vulnerability of each marginalized group.

In the sessions with the elderly, the RRC heard again the negative effects of poverty—an unfortunate reality when living on minimum government pensions of less than \$1 USD per day. The experience of material poverty is exacerbated by the exclusory effect of negative attitudes towards older people. Older people feel excluded from access to quality health care, from access to the labour market on an equal footing with younger people, from opportunities to relax and socialize in public places, from being treated with dignity with a regard for age and experience, from being taken seriously by politicians and being allowed to participate in and influence policy debates. Older people described relations with welfare institutions, particularly health care services, as being the greatest cause of stress in their lives. These difficult relations are a source of humiliation and loss of dignity—something that participants referred to as being more painful than material need—detering older people from seeking to access health care. Therefore, an underlying conclusion of the research is that while older people show courage and resourcefulness when managing on small budgets, they suffer most from poor access to services and from the relationship between older people and welfare structures.

The sessions with migrants revealed that many of their vulnerabilities were common to rural areas across Russia, and not necessarily unique to migrants. These shared structural vulnerabilities include low wages, limited employment options, poor housing, very basic utilities, and weak public transport. However, stemming primarily from the lack of full citizenship, there remain some vulnerabilities that are heightened for migrants. These include the need to spend cash on registration fees; limited mobility; limited access to health care and pensions; limited employment options; some disadvantageous housing arrangements in cases when migrants were allotted houses in disrepair; and stigma, which impacts on migrants' senses of self-esteem. On top of this, there has been the psychological trauma of relocation and adapting to such a different quality of life. The atmosphere in the focus groups was quite different from that experienced during Russian Red Cross participatory action research with older people in urban areas. Even though salaries received by the migrants in this research were even lower than the minimum pensions received by older people in urban areas, the participants expressed less desperation about their situation. This appears to be for two main reasons. Firstly, relative poverty is less striking in the countryside than in the cities, and therefore vulnerability is a widely shared rather than isolating characteristic. Secondly, the countryside provides for more coping mechanisms such as land plots allowing for greater independence from cash.

The PAR sessions mobilized local RRC branches to take concrete steps to improve the lives of these vulnerable groups. As a result of the PAR sessions with the elderly, the four regions conducting research this year launched four new programmes, similar to the "Assistance" project launched in Tomsk following the PAR sessions there (see "Tomsk: One Year Later").

The final approved projects are as follows:

1. "Social, legal and psychological support to older people of Sunja district, Ingushetia Republic" (Ingushetia Red Cross)
2. "Volunteer initiatives focused on social assistance to older people in Chukotka region" (Chukotka Red Cross)
3. "Older people – Support, Protection and Advocacy" (Samara Red Cross)
4. "School for the elderly" (Karelia Red Cross)



**PAR sessions with the elderly continued throughout 2005, yielding valuable insights into structural vulnerability**

As a result of the migrant research, the research team set out to determine which vulnerabilities were unique to migrants and establish ways to address these vulnerabilities. Fundamentally, it was agreed that there needs to be simple and effective legislation to facilitate citizenship and this legislation needs to be communicated to migrants respectfully and clearly. It was agreed that more could be done to assist individual migrants, as the citizenship process is complicated and many migrants are uninformed about the required documentation, although this situation is improving. On a local level, it was felt more could be done to promote social inclusion through mass media, and events such as information days for migrants that have both a practical and celebratory function. However, the RRC and Federation ultimately decided they should readdress the RRC's migration strategy as greater vulnerabilities exist as a result of trafficking and illegal migration. A linked strategy to address these

issues with neighbouring National Societies would likely have more impact in the future than continuing with the current strategy.

This was a very important year of growth for the RRC as the PAR methodology continued to give insights into the broader aspects of vulnerability. The RRC gained a much improved understanding of the needs of the elderly and migrants from a perspective of advocacy, awareness raising, and service delivery. The lesson that was learned from both groups is that vulnerability is about a breakdown of influence of marginalized groups over decision

makers and service providers. Heading into 2006, the task of the RRC and the Federation is now to build a bridge between marginalized groups and those in power as well as making services more responsive. The challenge is that this will be an ongoing process requiring much feedback and participation from marginalized groups themselves. There are indications of good first steps towards resolving some issues, but the RRC must continue to identify new alternatives. As a result, the second challenge for 2006 will be to develop the impact indicators and monitoring systems that identify where RRC interventions are yielding benefits and where improvement is needed. There are indications that the efforts that have already been made to improve the quality of life of vulnerable people have had a positive impact, but improved data collection methods are necessary to learn what the RRC involvement has been and whether these successes are replicable.

### **Organizational analysis, self-assessment and strategic planning at the regional branch level**

**Timeframe:** Ongoing

**Donor:** Capacity Building Fund (CBF).

**Objective:** The objective of this branch-level project is to accomplish the following:

- Assist the leadership and staff of participating regional Red Cross branches to acquire essential knowledge and skills in organizational analysis, self-assessment and project planning;
- Introduce consistent and systematic organizational analysis, self-assessment and strategic planning into participating Russian Red Cross regional branches' practice;
- Enable participating regional branches to carry out ongoing programme activities with enhanced efficiency and effectiveness and in conformity with the Federation's methodologies and format.

### **Progress and Achievements:**

During Phase I of the Programme implementation, the RRC created two basic OD documents for RRC regional branches: Characteristics of Well-functioning RRC Regional Branches and Guidelines on how to plan and design project proposals. In February, Characteristics of Well-functioning RRC Regional Branches, a model containing the main attributes that the strongest and most efficient RRC regional branches should possess, was finalized and submitted for adoption to the RRC Presidium. During the months of February and March, copies of Guidelines on how to plan and design project proposals were disseminated amongst RRC regional branches.

In the period from January to March, the RRC refined and finalized a set of tools including Analytical Modules for Self-Assessment and the standard model Strategic Development Plan for RRC regional branches. These tools contained recommendations on general methodology, format, system, mechanisms and modalities to be used by the RRC regional branches in Phase I and II of the OD process. Therefore, at the beginning of Programme Phase II, participating RRC regional branches were provided with a comprehensive toolkit encompassing all the main components of OD activities intended to assist them in their organizational analysis, self-assessment, strategic planning, and project planning process.

During the month of February, the preparatory process began for the first training workshop (round table) on organizational analysis, self-assessment and strategic planning. This process included identifying participants and agreeing on timeframes.

Throughout the year, the RRC held three round table meetings on organizational analysis, self-assessment and strategic planning. The workshops were attended by a combined 40 participants, representing 20 different RRC regional branches. During the sessions, participants examined and discussed organizational analysis, self-assessment and strategic planning methodologies and tools. All the participating branches were provided with developed guidelines and standardized templates to be used in their assessment and planning activities, i.e.: Characteristics of Well-functioning RRC Regional Branches, RRC Regional Branch Humanitarian Passport, Analytical Modules for Self-Assessment and the standard model RRC regional branch Strategic Development Plan. All the above documents reflected the Federation and the RRC HQ's strategic priorities and recommendations.

The RRC also held two Assessment Planning Process Workshops for lagging regions during the year. These Workshops had the following objectives:

- To assist the participating RRC regional branches in organizing their systematic and consistent analysis, assessment (including self-assessment) and planning (strategic and programme planning) process;
- To inform the RRC regional branches about new approaches and methodologies towards organizing Red Cross activities, taking into consideration new donor and PNS requirements;
- To support the RRC regional branches in giving new impetus to their programme activities.

The two workshops, held in April and November, were attended by 25 participants representing 16 different RRC regional branches.

### ***Achievements***

Participating RRC regional branches have successfully introduced consistent and systematic organizational analysis, self-assessment and strategic planning into their practices. Within the reporting period, RRC regional branches completed their Regional Humanitarian Passports, providing key data on humanitarian contexts and RRC capacity to respond. Six regional branches carried out local vulnerability and capacity assessments within their regions using newly acquired knowledge and skills including PAR methodologies and the logical framework matrix. As a result, the planning process in the participating branches became more systematic and purposeful.

Trainings held within the reporting period covered over 37 per cent of all RRC regional branches and provided an opportunity for RRC staff to acquire knowledge and skills in PAR methodologies and approaches. The new knowledge, skills and expertise gained and their subsequent implementation into practice enables RRC regional branches to introduce better programs aimed at improving living standards of the most vulnerable populations in the Russian Federation. In parallel, to ensure that RRC programmes are more responsive to the needs of the most vulnerable, the involvement of programme beneficiaries into preliminary assessment, monitoring and impact assessment has become an integral part of newly designed projects.

### ***Constraints***

At the end of the reporting period, Characteristics of Well-functioning RRC Regional Branches had not been incorporated into the Agenda of RRC Presidium. This accounts for why they had not been as well adopted as directive guidelines for the RRC regional branches and are being presented to branches only as a Draft.

Though the organizational analysis and self-assessment process has already started in some participating regional branches, the strategic planning process in regional branches has been impeded for want of clear-cut and articulated general strategic directions as formulated by the RRC leadership and headquarters.

### **Development of the Organizational Development Section of the RRC Website**

During the reporting period, the RRC website has been created and the Organizational Development section was introduced.

## **International Representation and Advocacy**

**Objective:** To increase the position and profile of the Russian Red Cross by providing a forum for dialogue with the government, non-governmental organizations, international organizations, and the UN with respect to engagement in volunteer-based services to assist the most vulnerable. This will include efforts to enable the Russian Red Cross to become a reliable and independent interlocutor with its government on humanitarian issues.

### **Progress and Achievements:**

The International Federation Delegation has met with twelve Moscow-based embassies during the reporting period, as well as with World Bank, EC and UN country representatives. The meetings were used to promote Federation messages of social inclusion for marginalized groups, and countering the spread of TB and HIV. The opportunity was also taken to raise the profile of the RRC within the international community. The Federation has also made over 25 appearances on Russian television, again promoting key humanitarian messages and the role of the RRC.

The PAR and TB programmes both include extensive cooperation with government, and Federation representatives have met with Russian government officials in ten Russian regions. All meetings are used to promote programme objectives and the auxiliary role of the RRC.

## Beyond The Appeal

### HIV/AIDS Programmes in Irkutsk, Siberia

In response to the growing HIV/AIDS epidemic in Irkutsk region—an area with a number of HIV/AIDS cases second only to Moscow in the Russian Federation—the American Red Cross (ARC) and Russian Red Cross launched the bilateral ‘Care and Support to People Living with HIV/AIDS’ programme in 2003. The goal of the programme is to improve the quality of life of people living with HIV/AIDS, including HIV positive pregnant women and children born to HIV positive mothers. The ARC and RRC continue to meet the tremendous support needs of HIV positive people in Irkutsk through the “Steps” information and counseling centre, home based care, de-stigma efforts, and an HIV information ‘Hotline’. The scope of these efforts, complemented by a Swedish Red Cross-funded harm reduction programme, represents a platform of confidence and experience on which to build future RRC HIV/AIDS support efforts.

### Beslan Hostage Crisis

September 2005 marked the one-year anniversary of the three-day siege on Beslan School N 1 that killed 331 people including 318 hostages (186 children) and 13 officers, and left 783 injured, a tremendous loss for the small town of Beslan (North Ossetia) with a population of 32,000. The first year following the tragedy was a year of common grieving hardened by medical and legal problems, massive humanitarian distributions, traveling, and extensive psychological problems. As the one-year anniversary of the tragedy approached, the RRC visiting nurses were on daily duty providing counseling and support at the former school and the memorial site for victims of the tragedy.

Red Cross workers list grieving over the human losses, fear of another tragedy, unwillingness to accept reality, indifference of

### Beslan – A Slow Recovery

*In 2006, the challenge—especially for Red Cross visiting nurses and social workers—is to help rebuild the social bridges that were broken by the 1 September 2004 siege in Beslan. Many community members shut down completely in the first year of common grieving when all social activities in the town came to a halt. Even now, many refuse to participate in community events and lack outlets for social interaction as friends are reluctant to visit for fear of stirring old memories.*

Lena Smirnova and her mother Alexandra were no strangers to tragedy prior to the siege in Beslan. Lena lost her three-year-old son to pneumonia two years before her daughter Inna was born. Alexandra adopted her granddaughter Alla (Inna’s cousin) after the girl’s mother died in Grozny. Together, the four of them lived in Beslan, where Inna and Alla, being both cousins and inseparable friends, shared a bedroom. Lena and Alexandra worked together to supplement Lena’s income from the local sewing factory, making and selling women’s gowns to make both ends meet while raising the two lively girls.

The September tragedy in Beslan was a horrible strike on both women; they lost the most precious things in their lives—the two girls of 15 and 16 years of age who were the only light in their hard lives. After the tragedy, Lena stopped working. They locked their sewing machines at home. “What for?” Lena repeats in despair. Instead, she goes to the church every day. She spent several months in a psychiatric hospital and now she still feels guilty for the girls’ death and has sentenced herself to loneliness and idleness.

Russian Red Cross visiting nurse Galina Makeeva visits the family every week. She knows how important it is to let grieving people speak and she listens to Smirnova’s stories again and again. She has persuaded Lena to make a home gown for herself thus inspiring her to revive the business that she used to like so much. Now Galina, together with the local Red Cross Chairwoman, is developing a small project of making shirts for the local orphanage. They hope that Lena and Alexandra will take the order. “We must find a way to bring them back to life,” Galina says. “They will never forget their girls, but together we can learn how to live on with the good memory of them.”



**Lena Smirnova and her mother Alexandra in the room Alla and Inna used to share**

state bureaucrats, insufficient information from the criminal investigation, social vulnerability and disintegration of the community as factors hampering the restoration of the normality of life in Beslan. The past year has seen the number of humanitarian organizations present in the area decrease from over 40 to less than 10. In this context, the work performed by the Russian Red Cross out of the Red Cross Centre in Beslan is essential to the healing process of the community. The programme in Beslan is the first programme of its type in the history of the RRC, and the Centre presents a new model of a complex community centre for psychosocial support. Its complex approach to psychosocial rehabilitation (home visits, social activities, training and information) helps to solve psychological problems in Beslan on both the family and community level. With its equipment and trained staff, the Red Cross Centre has the potential for effective rehabilitation of the entire community for several years. The Centre can also help to further the humanitarian ideals of the Red Cross in the community and strengthen its position in the republic.

The second half of 2005 saw the visiting nurses become more confident, experienced and skilful in their therapeutic work with their patients. They clarified lines of monitoring and reporting on people's health and psychological situation in families. The visiting nurses were trained during 2005, and with experience they gained confidence that they carry to their patients today, thus removing the threat of their professional "burnout". Direct contact of Red Cross workers with former hostages and their relatives has become habitual: it does not cause stress, fear or tears on either side. However the challenges remain – to involve people into community life, restore and revive their social activity, and help former hostages get rid of feelings and attitudes of dependency. Social and community events organized by the RRC Centre in 2005 played an important role in restoring normal relations in the local society.

### **Disaster Relief Emergency Fund**

The Federation and RRC launched two emergency operations in 2005:

**“Prevention of Avian Flu”** – Following the discovery of the H5N1 strain of avian flu in Dovolensky district in July 2005 and the subsequent identification of infected poultry in ten regions of the Russian Federation, the Federation and RRC began a public awareness campaign to help stop the spread of avian flu. The campaign included translating and distributing 20,000 information pamphlets developed in Geneva as well as conducting hundreds of interviews with workers in poultry factories.

**“Toxic Spill in Khabarovsk Region”** - On 13 November, massive amounts of chemical benzene were released by an explosion at the petrochemical plant Jilin Petroleum in Jilin, China. As a result, about 100 tons of benzene, nitrobenzene and other toxins (potentially cancer-causing chemicals) were spewed into the Songhua river, which merges with the Amur river in Russia (known as Heilongjiang river in China) and forms a large part of the border between Russia and China. As many as 70 Russian towns (biggest of them are Khabarovsk and Komsomolsk-na-Amure) and villages were affected by the pollution. In response, The Red Cross distributed 9,000 5-litre bottles of drinking water, allowing the vulnerable population to have access to drinkable water during the days the toxic spill was passing through Khabarovsk.

### **Norwegian Red Cross**

In 2005, the RRC, Norwegian Red Cross and International Federation signed a tripartite agreement aimed at promoting child welfare and countering the spread of HIV and TB in the north west of Russia. Since 1998, the Norwegian Red Cross has supported a feeding programme for vulnerable children across the north west of Russia. Over recent years this bilateral programme has scaled up to include HIV prevention and TB patient support programmes. In 2005, it was agreed to integrate these activities into Federal programmes in order to benefit from shared learning and best practice. The RRC and International Federation committed to scaling up training in HIV and TB programming in the north west in 2006. Likewise, the International Federation and RRC, in partnership with the Norwegian Red Cross, have launched participatory action research with children in the north west in order to promote more holistic child welfare approaches. Based on this PAR, a vision for RRC promotion of child welfare will be produced in 2006.

*[The financial report is attached below. Please click here to return to the title page and contact information](#)*

International Federation of Red Cross and Red Crescent Societies

RUSSIAN FEDERATION

Selected Parameters	
Year/Period	2005/01-2005/9998
Appeal	M05AA073
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	3'044'450	401'107		576'754	277'080	4'299'391
B. Opening Balance	-122'192	43'138		103'304	39'207	63'456
<b>Income</b>						
Cash contributions						
British Red Cross	136'774	11'295		139'536	40'616	328'221
Capacity Building Fund				72'600		72'600
Finnish Red Cross				30'561		30'561
Icelandic Red Cross	49'000					49'000
Lars Amundsen Foundation	0					0
Latvia - Private Donors	110			2'604		2'714
Norwegian Red Cross				14'912		14'912
Swedish Red Cross	41'913	125'738		87'327		254'977
USAID	1'552'192					1'552'192
C1. Cash contributions	1'779'989	137'033		347'540	40'616	2'305'178
Outstanding pledges (Revalued)						
Caltrans Group Ltd				53		53
USAID	2'521'664					2'521'664
C2. Outstanding pledges (Revalued)	2'521'664			53		2'521'717
Reallocations (within appeal or from/to another appeal)						
British Red Cross					682	682
Caltrans Group Ltd	-347					-347
Finnish Red Cross				-0		-0
Icelandic Red Cross	-34'675					-34'675
ICRC					2'353	2'353
Norwegian Red Cross				0		0
Swedish Red Cross	12'000	12'000		-0		24'000
C3. Reallocations (within appeal)	-23'022	12'000		-0	3'035	-7'986
Inkind Personnel						
British Red Cross					100'867	100'867
C5. Inkind Personnel					100'867	100'867
Other Income						
Service Agreements					62'114	62'114
C6. Other Income					62'114	62'114
C. Total Income = SUM(C1..C6)	4'278'631	149'033		347'593	206'632	4'981'888
D. Total Funding = B + C	4'156'439	192'170		450'897	245'839	5'045'345

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	-122'192	43'138		103'304	39'207	63'456
C. Income	4'278'631	149'033		347'593	206'632	4'981'888
E. Expenditure	-1'337'689	-111'446		-241'038	-214'838	-1'905'011
F. Closing Balance = (B + C + E)	2'818'750	80'724		209'859	31'000	3'140'333

Selected Parameters	
Year/Period	2005/01-2005/9998
Appeal	M05AA073
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
<b>BUDGET (C)</b>		3'044'450	401'107		576'754	277'080	4'299'391	
<b>Supplies</b>								
Clothing & textiles	2'550		207				207	2'343
Food	441'714	103'393	79				103'472	338'242
Medical & First Aid	367'102	159'888	104			12	160'004	207'098
Teaching Materials	42'521	746					746	41'775
Utensils & Tools	3'900	1'090					1'090	2'810
Other Supplies & Services	76'760	5'185	3'690				8'875	67'885
<b>Total Supplies</b>	<b>934'547</b>	<b>270'302</b>	<b>4'080</b>			<b>12</b>	<b>274'393</b>	<b>660'154</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	34'000	38'073					38'073	-4'073
Computers & Telecom	46'500	17'933			24'931	1'180	44'044	2'456
Office/Household Furniture & Eq	6'600	3'346			2'127	1'903	7'376	-776
<b>Total Land, vehicles &amp; equipment</b>	<b>87'100</b>	<b>59'353</b>			<b>27'058</b>	<b>3'082</b>	<b>89'493</b>	<b>-2'393</b>
<b>Transport &amp; Storage</b>								
Storage	17'640	4'853				356	5'209	12'431
Distribution & Monitoring		356			24	-319	61	-61
Transport & Vehicle Costs	88'718	29'392	1'877		33	17'118	48'420	40'298
<b>Total Transport &amp; Storage</b>	<b>106'358</b>	<b>34'600</b>	<b>1'877</b>		<b>58</b>	<b>17'156</b>	<b>53'691</b>	<b>52'667</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	181'008	109'641					109'641	71'368
Delegate Benefits	156'000	50'995			264	153'347	204'606	-48'606
National Staff	1'381'818	189'216	9'355		63'541	55'123	317'235	1'064'583
National Society Staff		272'987	68'610		97'349		438'946	-438'946
Consultants	32'302	23'631	1'878		1'766	1'248	28'523	3'779
<b>Total Personnel Expenditures</b>	<b>1'751'128</b>	<b>646'470</b>	<b>79'843</b>		<b>162'920</b>	<b>209'718</b>	<b>1'098'951</b>	<b>652'177</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	263'475	71'711	7'906		67'579	1'987	149'183	114'292
<b>Total Workshops &amp; Training</b>	<b>263'475</b>	<b>71'711</b>	<b>7'906</b>		<b>67'579</b>	<b>1'987</b>	<b>149'183</b>	<b>114'292</b>
<b>General Expenditure</b>								
Travel	175'178	74'606	5'809		22'700	3'245	106'360	68'818
Information & Public Relation	126'606	18'525	3'487		960	513	23'484	103'122
Office Costs	270'372	35'001	11'985		26'682	84'063	157'731	112'640
Communications	88'681	13'676	3'659		8'638	25'268	51'241	37'440
Professional Fees	387	573			18	1'134	1'725	-1'338
Financial Charges	19'983	-5'600	-4'839		-14'962	-10'778	-36'179	56'162
Other General Expenses	196'116	44'861	3'611		961	-130'927	-81'495	277'611
<b>Total General Expenditure</b>	<b>877'323</b>	<b>181'642</b>	<b>23'712</b>		<b>44'997</b>	<b>-27'482</b>	<b>222'868</b>	<b>654'455</b>
<b>Program Support</b>								
Program Support	279'460	86'950	7'244		15'632	13'538	123'364	156'096
<b>Total Program Support</b>	<b>279'460</b>	<b>86'950</b>	<b>7'244</b>		<b>15'632</b>	<b>13'538</b>	<b>123'364</b>	<b>156'096</b>
<b>Operational Provisions</b>								
Operational Provisions		-13'338	-13'215		-77'205	-3'173	-106'932	106'932
<b>Total Operational Provisions</b>		<b>-13'338</b>	<b>-13'215</b>		<b>-77'205</b>	<b>-3'173</b>	<b>-106'932</b>	<b>106'932</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>4'299'391</b>	<b>1'337'689</b>	<b>111'446</b>		<b>241'038</b>	<b>214'838</b>	<b>1'905'011</b>	<b>2'394'380</b>
<b>VARIANCE (C - D)</b>		<b>1'706'761</b>	<b>289'661</b>		<b>335'716</b>	<b>62'242</b>	<b>2'394'380</b>	