

# Appeal 2006-2007



International Federation  
of Red Cross and Red Crescent Societies

## Russian Federation

Appeal no. MAARU001

Appeal total: CHF 6,108,000 [<click here for budget summary>](#)

National society homepage: [<click here >](#)

National society partnership in profile: [<click here>](#)

Secretariat 2006-2007 support strategy: [<click here>](#)

For more on Europe region (other appeals, news articles etc ): [<click here>](#)

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries. For more information: <http://www.ifrc.org>*

Secretariat Programmes	2006 budget (CHF)	2007 budget (CHF)	2006-2007 Total (CHF)
Health and care	1,954,000	1,420,000	3,374,000
Disaster management	408,000	408,000	816,000
Organisational development	754,000	725,000	1,479,000
Coordination & cooperation	167,000	272,000	439,000
<b>Total</b>	<b>3,283,000</b>	<b>2,825,000</b>	<b>6,108,000</b>

### Focus in 2006 & 2007

The appeal seeks support for the Russian Red Cross (RRC) to address key humanitarian and social challenges that face vulnerable individuals and communities across the Russian Federation. The focus is on social inclusion: on promoting services and opportunities for marginalized groups that lead to sustained improvements in access to rights and an improved quality of life. Russian Red Cross is committed to:

- countering the spread of TB and ensuring that the most vulnerable patients have access to treatment
- countering the spread of HIV/AIDS and ensuring that those already living with HIV/AIDS enjoy access to care and support
- countering the social exclusion of marginalized groups and promoting opportunities for participation and rights fulfillment

Russia ended 2004 with its sixth straight year of growth, averaging 6.5 percent annually since the financial crisis of 1998. GDP<sup>1</sup> grew last year by 7.2 percent. The figure puts Russia's annual GDP on par with the Netherlands. This has impacted positively on the lives of many Russian citizens who now enjoy more employment stability and purchasing power<sup>2</sup>. It has also affected Russia's image abroad. Increasingly Russia is portrayed as having emerged from its economic crisis and having entered a period of growth and stability. Many international development and humanitarian donors therefore are turning their attention elsewhere.

Meanwhile, however, marginalized groups across Russia struggle to access health care and employment opportunities. The subsidies they receive in the form of pensions or benefits in many cases do not cover the subsistence minimum<sup>3</sup>. This results in poor diet, poor health and a deepening social exclusion in which vulnerable groups recede from the reach of service providers and policy makers and feel isolated from society at large. Older people without functioning family support networks, forced and economic migrants, people living with HIV/AIDS or TB, and vulnerable children, are the key socially excluded groups that the Russian Red Cross seeks to support.

From the perspective of these marginalized groups, the post-Soviet transition in Russia is not over. Policies and services designed for vulnerable groups are still subject to review, change and clarification; and the outcome of these transitions will determine the rights, opportunities, care and dignity available to marginalized groups across Russia. It is within these processes that Russian Red Cross must represent the interests of vulnerable people and promote their social inclusion.

Key concepts of this social inclusion are those of participation and influence. The Russian Red Cross believes that sustainable solutions to the vulnerability of marginalized groups depend on improved dialogue between service providers, policy makers and vulnerable groups. It is through participation in such dialogue that marginalized groups can increase their influence over the services needed to improve the quality of their lives.

To facilitate this dialogue the RRC needs to adopt a range of new assistance approaches – participatory methodologies, advocacy and impact monitoring – that form the basis of the **organizational development** programme in this appeal. At the same time, the Russian Red Cross will continue to provide a range of services aimed at improving the quality of life of older people, migrants, children and people living with HIV/AIDS and TB. These services in the form of care, consultation, training and counseling are described in the **health and care** and **disaster management** components of the appeal.

The International Federation remains present in Russia through its Moscow based Delegation. It supports the Russian Red Cross through technical assistance, fundraising, representation and advocacy. The Federation promotes mutual support within the Red Cross Movement in the interests of shared learning and commitment to **Humanitarian Values**. The International Federation and Russian Red Cross are committed to stand in solidarity with vulnerable people to promote their dignity and security.

<sup>1</sup> GDP (gross domestic product) is defined as the total value of all goods and services produced within the territory during a specified period.

<sup>2</sup> The value of money measured by the amount of goods and services it can buy.

<sup>3</sup> Also called *pov erty line*. The income level below which people are defined as poor. The definition is based on the income level people require to buy life's basic necessities —food, clothing, housing — and satisfy their most important sociocultural needs [www.worldbank.org](http://www.worldbank.org)

## Organizational Development

The organizational development programme has been designed to increase the capacity of Russian Red Cross to dialogue with vulnerable groups in a structured way, to understand root causes as well as symptoms of vulnerability, and to monitor changes in the lives of vulnerable people in order to ensure assistance remains relevant.

The principal tools being used to increase this capacity are Participatory Action Research (PAR) and Impact Monitoring. RRC began using PAR methodologies in 2004. It forms research teams from among social welfare workers, government representatives, the NGO community, the Red Cross and volunteer representatives of the target group. These research teams conduct PAR with the chosen socially excluded group, seeking to understand how their vulnerability is experienced, how they cope, how they seek to improve their own situation, and how government, the NGO community and the Red Cross can contribute most meaningfully to a sustainable improvement in quality of life.

The PAR process provides much more than a list of needs. Rather it reveals an insight into how vulnerability moves beyond material need to a breakdown in relationship with state, service providers and community. At a minimum PAR is an end in itself in that the process allows the Red Cross and its colleagues in government and non-government structures to reorient their services to accommodate the perspectives of vulnerable people. Yet it is also a platform for Russian Red Cross development in that from the process comes a more focused, three-fold strategy, in advocacy, service delivery and awareness raising that seeks holistically to engage in the macro, immediate and societal needs and rights of the vulnerable group.

The Russian Red Cross has selected three socially excluded groups with whom to conduct PAR in 2005 and 2006 – older people without functioning family support networks, migrants and vulnerable children. 14 RRC branches from across Russia will participate in 2006 - all of which will implement pilot projects based on the PAR findings. These will include three branches in the North Caucasus in cooperation with ICRC.

The PAR process is a reflection of a RRC commitment to encourage the participation and inclusion of vulnerable people in RRC services and strategies. An essential component of this is the introduction of impact monitoring. The Russian Red Cross, like humanitarian and development organizations across the world, has traditionally described the results of its work using quantitative data outlining the numbers of beneficiaries that have received assistance. A commitment for 2006 is to introduce procedures to collect qualitative data that seeks to track changes in the lives of vulnerable people from the perspectives of the vulnerable people themselves. The PAR process will generate qualitative base line information against which changes will be monitored. The impact monitoring methodologies involve active participation by older people, migrants and children, and the information collected will shape both Russian Red Cross's service delivery and advocacy strategies. Impact monitoring training will be provided for 14 RRC branches in 2006 and impact monitoring tools introduced in 14 projects.

In 2005, the RRC consulted with over a 1,200 older people within the PAR process from across Russia, including the Far East, Siberia, North West, central Russia and the North Caucasus. Despite regional specifics, a consistent picture emerged of older people without family support networks struggling to survive on pensions that barely cover utility bills and food. Participants described a life of constant economizing and of a diet with no fish, meat or fruits. 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.

Russian Red Cross has responded to these findings by proposing initiatives based on an existing network of RRC socio-medical rooms. The three fold approach involves an advocacy strategy consisting of inviting representatives of local government and other policy makers to Red Cross centres in order to engage with older people in policy discussion that affects older people; a service delivery strategy that consists of basic health advice and care that alleviates the need for older people to visit polyclinics and hospitals for minor complaints, together with social function facilities; thirdly, an awareness raising strategy designed to sensitize service providers and the public to the situation of older people through training and public relation campaigns with the media. The approach is

designed to promote social inclusion through increasing opportunities for participation and influence. Eight RRC branches will be supported by the Organizational Development programme to realign socio-medical centres to incorporate the above approaches.

**Objective:** RRC is able to 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.

**Expected results :**

- Older people, migrants and children in fourteen Russian regions are given the opportunity to articulate concerns and priorities to research teams made up of Red Cross, social welfare, NGO and government representatives.
- Fourteen pilot projects are designed in response to the PAR based on holistic empowerment approaches and including qualitative impact monitoring systems.
- RRC is better able to serve, articulate and defend the interests of older people, children and migrants as a result of PAR and impact monitoring.

**Health & Care** [<click here for programme logframe>](#)

Infectious diseases that are spreading predominately among vulnerable groups are a priority for RRC. RRC uses its vast experience of public health, its close cooperation with government ministries and health institutions, its network of visiting nurses and volunteers, to provide care and support for people living with HIV/AIDS and TB and to counter the spread of these diseases.

**Tuberculosis**

Russia has one of the highest incidence rates of TB worldwide, affecting an estimated 126 people per 100,000 population and killing over 30,000 yearly<sup>4</sup>. Rates are especially high in the overcrowded prisons where lack of funding for the correct treatment means that up to one in ten prisoners are infected. Although there has been progress in implementing the inexpensive, internationally-recommended DOTS<sup>5</sup> and increasing political commitment to anti-TB measures, Russia's fight against this curable disease is hampered by a lack of national consensus on an appropriate TB control strategy, inadequate laboratory services, lack of training and education about modern TB control methods; poor treatment outcomes as a result of MDR (multi-drug resistance) TB and insufficient funding.

Since September 1999, the Federation and the Russian Red Cross have implemented a TB/HIV/AIDS programme in 12 regions of the Russian Federation - Murmansk, Arkhangelsk, Pskov, Belgorod, Khakasia, Khabarovsk, Buryatia, Tomsk, Kemerovo, Oryol, Astrakhan and Ivanovo. The focus is on promoting the inclusion of the most vulnerable patients in treatment support services.

Compliance with treatment is a major challenge in TB control. The role of the Red Cross remains complimentary to State efforts in TB control and focuses on ensuring treatment compliance of the most vulnerable TB patients in civil society and the penitentiary system through provision of social support and legal and psychological counseling. Russian Red Cross recognizes the importance of effective legal and psychological counselling in the fight against TB/ HIV, which is less costly than social support and may be used as an incentive in the DOTS (Directly Observed Treatment strategy for TB treatment). Programme statistics indicate that the rate of treatment interruption among patients receiving Red Cross incentives is not more than 2 %, compared to a rate of around 15% among patients not receiving incentives. This is especially true for prison inmates awaiting release, who may be advised on social reintegration issues.

In addition, the current six-year programme funded by USAID has strengthened diagnostic capacities outside the Russian Red Cross by supporting State-employed trained staff, by training TB doctors and laboratory staff, and by increasing logistics capacity and providing new laboratory equipment and procedures. The Red Cross efforts in TB control and close cooperation with the State TB services have resulted in decreased rates of interrupted treatment

<sup>4</sup> WHO country profile: Russian Federation 2004 [www.who.org](http://www.who.org); official TB notification rate is 89 per 100,000 population

<sup>5</sup> Directly Observed Treatment, Short Course <http://www.who.int/gtb/dots/index.htm>

among patients, and increased the percentage completing treatment in the programme territories. The programme advocates internationally approved guidelines for TB management and has increased the federal commitment to TB control, especially concerning the availability of TB drug supplies in the regions. The programme has raised public awareness about TB and HIV through various educational and information activities and campaigns; improved links between prison and civilian TB services through the work of the Red Cross psychologists and legal advisers consulting inmates within two months before release; and through the provision of social support to motivate TB patients to continue their treatment in civil society. In 2006, the programme will be active in four regions - Belgorod, Pskov, Khakhazia and Khabarovsk-

Based on the experience gained, further development of TB Red Cross intervention programmes is expected in 2006. In addition to the continuing implementation of incentive schemes for treatment adherence, Russian Red Cross will be developing a training module to encourage better communication with patients and a greater say for patients in selecting treatment support options. Also, RRC will be testing a model of intervention with patients infected with multi drug resistance mycobacterium (MDR) in three regions.

### **HIV/AIDS**

Russia is currently facing one of the fastest growing rates of HIV/AIDS worldwide. The rate of newly infected people 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>6</sup>, but unofficial estimates put the total number of people living with HIV/AIDS at over one million.

Given the humanitarian challenge posed by the spread of HIV/AIDS Russian Red Cross is committed to scaling up its response in 2006 and to use its federal network of branches to provide a coordinated push to promote three strategic aims:

- To reduce the spread of HIV/AIDS in Russia through an increasing portfolio of targeted peer education and harm reduction programmes
- To facilitate supportive environments for people living with HIV/AIDS through the provision of counselling, social opportunities and the promotion of access to treatment and rights
- To counter stigma against people living with HIV/AIDS through awareness raising campaigns.

Russian Red Cross has identified key target groups based on vulnerability and exposure to risk. These are commercial sex workers, injecting drug users (IDUs), prisoners and ex-prisoners, vulnerable youth, and people living with HIV/AIDS.

In 2006, Russian Red Cross will use three interlinked approaches to achieve the above objectives. *Work with policy makers and medical staff* regarding prevention and treatment of HIV/AIDS particularly in penitentiary centres. *Peer education* among high risk groups focusing on the promotion and tracking of behaviour change. *Harm reduction* among injecting drug users through needle exchange and counseling. In each of the above approaches the Russian Red Cross will promote inclusion for people living with HIV/AIDS (PLWHA) within project activities but also through advocating for access to rights and campaigning against stigma.

RRC has been engaged in HIV programming since 1993 but its most successful initiative has been in Irkutsk oblast where a partnership between the American Red Cross and the Russian Red Cross has resulted in a multi-faceted assistance package based on peer education, counseling, mother and child care, home care and advocacy. Harm reduction work has since been included in the programme.

Learning from this and other experiences, in 2006 RRC seeks to demonstratively use its potential as a service provider, as an auxiliary to the state, as a network of branches, volunteers and nurses, to combat the spread of HIV and support those people living with HIV/AIDS. Ten branches will be supported to meet the above strategic aims.

### **Objectives:**

1. To develop the model for TB RC intervention which will integrate activities in DOTS (Directly Observed Treatment Short course), and DOTS+ (Directly Observed Treatment in multi drug resistance cases)

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<sup>6</sup> Federal Scientific and Methodological Centre for AIDS Prevention statistics

2. To improve treatment compliance of TB patients in four target regions through providing them with social support
3. To reduce the spread of HIV/AIDS in Russia through an increasing portfolio of targeted peer education and risk reduction programmes.

### **Expected results:**

- Model for RC intervention in DOT+ developed and tested in the field.
- The continuation of DOTS in four regions with incentives results in default rate among assisted beneficiaries falling below 5%.
- Injecting drug users in four Russian regions have access to services influencing reduction of HIV and other infection risks due to RRC activities on information dissemination and syringes exchange.
- Three sites are selected for Red Cross HIV/ AIDS intervention in prisons. The programme model is designed and implementation begins.
- Reduced HIV prevalence rate and positive behavioural change among the target population within selected regions.

## **Disaster Management**

Migrants continue to be among the most socially excluded groups in Russia, for legal as well as social reasons. Russia continues to be the main host country for migrants from the former Soviet Union. A steady flow of migrants, in particular labour migrants, continues as people move from unsustainable livelihoods in remote regions towards big cities and developed areas. Further internal displacement because of the Chechen conflict adds to the severe strain on existing infrastructure as well as the coping mechanisms of those moving and their hosts. The economic situation in the surrounding Commonwealth of Independent States (CIS) countries continues to push people to apply for Russian citizenship or seek employment there. Trafficking and similar forms of exploitation often exacerbate the problem.

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 wellbeing of these people.

Over the last eight years RRC has been assisting these vulnerable groups concentrating on their integration into civil society. In 2006 the Russian Red Cross 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. As in previous years, this support will be provided at emergency reception points at railway stations which target migrants arriving to new areas; at regional reception points, which operate from Red Cross branches in areas heavily populated by migrants; and at integrated support centres, designed to function as a social centre and meeting place for migrants as well as a place for receiving professional Red Cross assistance. Red Cross professionals will also participate in field trips to reach migrant communities living in remote areas, and conduct summer camps for migrant children.

**Objective:** To provide highly-qualified free of charge legal, psychological, medico-social and humanitarian support to involuntary migrants

### **Expected results**

- Migrants gain access to free of charge professional legal, psychological and social counselling as well as some humanitarian support at regional reception points
- Migrants gain access to free of charge professional legal counselling as well as some humanitarian support at emergency reception points at railway stations
- Migrants gain access to free professional legal and psychological counselling and social support at centres of integrated support

- Physical and psychological status of children from internally displaced families is improved through enrolment in summer camps and play rooms.

In 2002 and 2004 Russia endured dramatic hostage crises – one in Moscow and one in Beslan. Both were characterized by two days of tense mediation during which time anxious relatives gathered around the hostage site over days and nights. Both ended in bloody shoot outs resulting in considerable loss of life among hostages and hostage takers. In both cases RRC and ICRC were present to offer support. Given the sad likelihood of such man-made disasters being repeated, in 2006 the RRC with support from the International Federation and in cooperation with ICRC, will build a small response capacity in Moscow and the North Caucasus that will involve training and scenario planning for natural and man-made disasters. This activity is described and funded within the **Beslan Hostage Crisis Appeal**, which also outlines on-going work to support victims of the hostage crisis and the wider community in Beslan, North Ossetia.

**For further information please contact:**

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*This appeal seeks to fund programmes to be implemented in 2006 and 2007. These programmes are aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity":*

**Global Agenda Goals**

1. Reduce the numbers of deaths, injuries and impact from disasters.
2. Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
3. Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
4. Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

*The International Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 183 countries. Our aim is to build safer communities, able to prevent and respond to human suffering in times of crises and distress, and where people work together to promote hope, dignity and equity. We work to support vulnerable communities through neutral, impartial, independent humanitarian action, in accordance with our Fundamental Principles and in line with the Red Cross Red Crescent Code of Conduct, the Humanitarian Charter and Minimum Standards in Disaster Response, and the SPHERE Project.*

# PROGRAMME BUDGETS SUMMARY MAARU001

Beneficiary numbers: 17,500 plus 8,000 in coordinated partnership outside appeal

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter	0	0	0	0	0	0	0
Construction	5,000	0	0	0	0	0	5,000
Clothing & Textiles	0	0	0	0	0	0	0
Food	132,000	94,800	0	0	0	0	226,800
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & First Aid	412,500	16,800	0	0	0	0	429,300
Teaching Materials	12,000	0	0	0	0	0	12,000
Utensils & tools	0	0	0	0	0	0	0
Other Supplies & Services	3,380	0	0	0	0	0	3,380
<b>SUPPLIES</b>	<b>564,880</b>	<b>111,600</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>676,480</b>
Land & Buildings	0	0	0	0	0	0	0
Vehicles	6,000	0	0	0	0	0	6,000
Computers & Telecom	56,920	7,860	0	0	0	0	64,780
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
<b>LAND, VEHICLES &amp; EQUIPMEN</b>	<b>62,920</b>	<b>7,860</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70,780</b>
Storage	1,200	0	0	0	0	0	1,200
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	148,335	18,600	0	0	62,240	0	229,175
<b>TRANSPORT &amp; STORAGE</b>	<b>149,535</b>	<b>18,600</b>	<b>0</b>	<b>0</b>	<b>62,240</b>	<b>0</b>	<b>230,375</b>
International Staff	262,500	0	0	0	348,000	0	610,500
Regionally Deployed Staff	0	0	0	0	0	0	0
National staff	401,720	33,100	0	98,609	-61,186	0	472,243
National Society Staff	524,050	286,320	0	65,700	0	0	876,070
Consultants	68,060	4,800	0	0	4,000	0	76,860
<b>PERSONNEL</b>	<b>1,256,330</b>	<b>324,220</b>	<b>0</b>	<b>164,309</b>	<b>290,814</b>	<b>0</b>	<b>2,035,673</b>
Workshops & Training	453,908	30,000	0	185,000	0	0	668,908
<b>WORKSHOPS &amp; TRAINING</b>	<b>453,908</b>	<b>30,000</b>	<b>0</b>	<b>185,000</b>	<b>0</b>	<b>0</b>	<b>668,908</b>
Travel & related expenses	162,220	62,772	0	68,970	25,672	0	319,634
Information & Public Rela	72,584	20,000	0	18,450	0	0	111,034
Office Running Costs	88,900	56,560	0	1,800	-42,222	0	105,038
Communication Costs	72,120	3,600	0	9,600	66,000	0	151,320
Professional Fees	0	0	0	0	0	0	0
Other General Expenses	272,046	127,282	0	934,599	7,440	0	1,341,367
<b>GENERAL EXPENDITURE</b>	<b>667,870</b>	<b>270,214</b>	<b>0</b>	<b>1,033,419</b>	<b>56,890</b>	<b>0</b>	<b>2,028,393</b>
Asset Depreciation	0	0	0	0	0	0	0
<b>DEPRECIATION</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Contributions & Transfers	0	0	0	0	0	0	0
<b>CONTRIBUTIONS &amp; TRANSFERS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Programme Support	219,362	53,008	0	96,125	28,499	0	396,994
<b>PROGRAMME SUPPORT</b>	<b>219,362</b>	<b>53,008</b>	<b>0</b>	<b>96,125</b>	<b>28,499</b>	<b>0</b>	<b>396,994</b>
<b>TOTAL BUDGET:</b>	<b>3,374,805</b>	<b>815,502</b>	<b>0</b>	<b>1,478,853</b>	<b>438,443</b>	<b>0</b>	<b>6,107,604</b>