

# Report 2006-2007



## Russian Federation

Appeal No. MAARU001

This report covers the period of 01/01/2006 to 31/12/2006 of a two-year planning and appeal process.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



An older person participates in an advocacy focus group in Astrakhan, Russian Federation. International Federation/O. Pavlova.

### In brief

#### Programme Summary:

In 2006, the Russian Red Cross (RRC) continued to push for development and innovation in addressing the four core Global Agenda Goals. In meeting these goals the RRC and the Delegation supported a deeper understanding of contemporary vulnerability through research and needs assessments, disseminated best practices through workshops and training sessions, and promoted effective service delivery through technical assistance and monitoring visits.

As of 31 December, 2006, the appeal budget for 2006-2007 of CHF 5,774,640 was covered by 102%. While the Disaster Management and Organizational Development programmes were under-funded, the Health & Care programme was fully covered, thanks to USAID, which signed two grant modifications in May and September 2006, providing additional funds and enhancing the scope of the TB/HIV programmes. In addition to the appeal, in 2006 the disaster relief emergency fund (DREF) allocated funds to the RRC disaster management department.

**Goal:** In 2006, the RRC, in partnership with the Federation, focused on:

- Countering the spread of **HIV** and promoting care and support for people living with HIV (PLWH).
- Assisting regional authorities in developing an effective **TB control system** where care and support are provided to the most vulnerable patients, thereby increasing adherence to treatment.
- Promoting the **social inclusion** of marginalized groups by facilitating improved access to services and information.
- Providing timely **relief and support** to victims of man-made and natural disasters.

**Needs:** CHF 5,774,640 (USD 4,742,910 or EUR 3,512,690) (out of which 102 % covered). [Click here to go directly to the attached financial report.](#)<sup>1</sup>

**No. of people we help:** In 2006, the Federation supported RRC programmes which directly benefited 295,000 people in the Russian Federation.

Programme	Number of Beneficiaries
Health & Care	140,000
Organizational Development	94,000
Disaster Management	61,000

It is expected that 300,000 people will benefit from the activities planned for 2007.

**Our Partners:** In 2006, our partners included the American Red Cross, the British Red Cross, the Norwegian Red Cross, the Swedish Red Cross, the United States Agency for International Development (USAID), the Global Fund, other non-governmental organizations (NGOs) and various government-based partners.

## Current context

In May 2006, the Russian Federation hosted the first Eastern European and Central Asian AIDS Conference. Coming in the wake of increased government commitments to funding the fight against the spread of HIV, Federal AIDS Centre director Vadim Pokrovsky acknowledged problems with current government policies. Subsequently at the G8 summit hosted by Russia in July, partly as a result of civil society contributions, the G8 produced declarations of its intentions to counter the spread of infectious diseases – particularly HIV. Time will tell whether or not these declarations materialise into policy and practice, but the stated intent is positive.

It was a year of relative political stability in the Russian Federation with economic growth continuing to be driven by high oil prices. This growth has allowed the Russian government to invest in National Projects aimed at improving the quality of life for citizens of Russia and to halt the population decline that has beset the country for over a decade. The fall in Russia's population is now running at around 700,000 a year – a demographic decline unique in the industrialised world when not due to famine or war. In the nineties the shock of transition resulted in increased alcoholism, drug abuse and suicide. Today, despite relative stability and prosperity, one fifth of Russians are still living on less than USD 40 a month. Their vulnerability is now framed by social isolation and exclusion.

The ongoing challenge for the Red Cross is to serve and represent the interests of vulnerable people who are not benefiting from the improved economic climate in Russia. The International Federation is still playing a significant role in coordinating support for Russian Red Cross work, although increasingly locally mobilised support is expected to grow in significance over the coming years.

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<sup>1</sup> As can be seen from the attached financial report, the current 2006-2007 budget for this appeal is CHF 5,774,640. There is a CHF 104,838 decrease from the previous two year budget, which was CHF 5,879,477. This difference derives from a budget revision in the Organizational Development Programme.

# Progress towards objectives

## Health and Care

### Objective:

- To counter the spread of **HIV** and promote care and support for people living with HIV (PLWH).
- To assist regional authorities in developing an effective **TB control system** where care and support are provided to the most vulnerable patients, thereby increasing adherence to treatment.

**HIV:** In 2006, the HIV team consolidated its rapid scale-up of HIV programming and focused on supporting four main programme directions – peer education among youth, harm reduction needle exchange programmes among injecting drug users, care and support for people living with HIV and promoting HIV prevention within prisons.

In the reporting period a model for a programme of HIV intervention in prisons was designed, primarily targeting women and teenagers in three regions (Orel, Chuvashia, Khabarovsk). The model is based on a threefold approach:

- Increasing the potential of RC staff and prison staff to respond to the HIV epidemic and support HIV-positive prisoners and affected loved ones,
- Raising the awareness of prison staff and prisoners about HIV and supporting them and affected loved ones, and
- Improving the quality of life for people living with HIV (PLWH) in prison and easing the process of adapting to civilian life while ensuring adherence to treatment after release.

NGO representatives and PLWH (including former prisoners) facilitated interactive training sessions for 385 prison staff members (psychologists, medics, guards, social workers) which covered participatory teaching methodologies, pre- and post-testing counseling methodologies, and anti-stigma and anti-discrimination activities. Subsequently, prison staff began to take an active and creative part in programme activities – giving an early indication that an enduring impact of the program will be improved capacities and attitudes of prison staff towards interned people living with HIV. A total of 1,662 prisoners attended lectures and training sessions on HIV prevention, and 3,079 prisoners received counseling. It is intended that this model of HIV programming in prisons will be replicated across the country over time.

From a single region in 2005, Harm Reduction projects grew to include four regions (Irkutsk, Krasnodar, Novokuznetsk, Komi) by the end of 2006, of which Irkutsk and Krasnodar received Federation funding in 2006. Programme activities were expanded from information dissemination and a syringe exchange to include testing for HIV and other sexually transmitted diseases, providing access to medical attention from trusted doctors and directing drug users to rehabilitation programmes. In 2006, within the Federation-funded regions, 3,084 medical consultations were conducted and 177 injecting drug users visited AIDS centres for testing upon the recommendation of RC consultants. The outreach workers who conduct programme activities are increasingly members of the targeted groups, including former or current injecting drug users, sex workers and PLWH. By the end of the reporting period, the Harm Reduction programme had received competitive funding from the Global Fund, the Russian government and other organisations. The Harm Reduction program is an example of how the International Federation is attempting to use its funds to link the Russian Red Cross with more long term funding sources. The International Federation has advocated for harm reduction, trained branches, provided start up capital and increasingly the Russian Red Cross is now accessing funds locally and independently.

In 2006 the Peer Education programme shifted its focus from promoting public awareness to creating behavioral change. Methodologies were standardized across regions in both unilateral and bilateral projects, and both the delegation and the regional branches have been closely monitoring peer-to-peer activities in order to measure the behavioral impact to date, improve and standardize the reporting

system, and identify the direction of future development. As part of the programme, new informational materials have been developed and distributed to regional branches covering the prevention of drug abuse, tolerance towards PLWH and the prevention of sexually transmitted diseases. Across 13 territories, over 30,000 young people attended seminars on HIV prevention and over 60,000 took part in various events, including celebrations of World AIDS Day and Volunteer Day.

The last two years have seen a turn around in RRC HIV programming – in both quality and quantity. This in part reflects the change in political commitment at a government level, but in part a cultural change within RRC itself regarding HIV interventions. Yet the RRC is still not accessing at a significant level the main sources of international (Global Fund) and domestic funding (National Projects) for HIV activities, and this must be its aspiration for the coming years.

**TB:** After four years of financial and technical support, the RRC TB programmes in Belgorod and Khakassia received full funding from the respective local governments, making the TB programmes there entirely sustainable. The exemplary quality of the RRC TB programme was confirmed when an expert commission from the Green Light Committee<sup>2</sup> approved Belgorod and Khakassia for the DOTS+ programme (Directly Observed Treatment in multi-drug-resistant cases). Pskov is currently being evaluated by the Green Light Committee, but failed in a bid to receive local government support. With the traditional TB programme now sustainable, supported also by the Global Fund and being replicated in 20 territories, the International Federation is now concentrating its support on assisting the RRC to play a role in DOTS+.

The RRC TB programme is designed to ensure adherence to treatment among TB patients and employs a holistic, incentives-based approach. Over the course of the programme, the default rate has dropped from 16% in 2002 to 6% among over 1,400 patients last year. In 2006 the TB Protocol Handbook was developed in an effort to standardize and coordinate TB-related activities between regions. Based on the handbook, the training model for “TB School” was finalized. Four training sessions have been held for representatives of RRC branches and doctors from TB dispensaries, and the planning was completed for another training session in preparation for the expansion of the TB programme to a fifth territory, Adigea. The National Societies of Serbia, Macedonia, Ukraine and Belarus also visited Russia in 2006 to study and discuss the RRC TB model.

## Organizational Development

**Objective:** To promote the **social inclusion** of marginalized groups by facilitating improved access to services and information.

**Older People:** In 2006, the focus of the programme shifted from service delivery to advocacy and empowerment, encouraging RRC branches to look more holistically at older people’s needs in order to address the root causes of vulnerability. To this end, the regional branches have adopted Participatory Action Research (PAR) methods, involving 750 older people in the needs assessment process and subsequently in the organization of programme activities.

An important component of the advocacy campaign was the organization of meetings between older people (450 took part) and representatives of local administrations, regional dumas and legislative bodies, as well as medical and social institutions. These meetings have already resulted in approximately 60 legislative proposals of various forms of social support for older people, to which power structures and government institutions have reacted positively. For example, in the reporting period, 8,673 older people in Karelia received financial benefits in the form of reduced fares for public transportation and reduced utility fees.

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<sup>2</sup> The members of the Green Light Committee are World Health Organisation (WHO), the Medical Research Council (South Africa), Partners in Health (USA), the International Union Against Tuberculosis and Lung Disease, Centres for Disease Control and Prevention (USA), and the National Tuberculosis Programs of Estonia and Latvia.

Six RC socio-medical centers provided consultations for over 4,000 older people with trained legal and medical specialists as well as basic socio-medical services, both at the centers and at home for 800 disabled persons. The centers also offered training seminars on first aid, caring for the sick and self-help, lectures and chats on various topics, and served as the meeting place for various clubs organized by older people themselves which were attended by about 1,000 older people.

In the implementation of the programme, regional RC branches became more visible, created partnerships with various government institutions and health and legal organizations, and empowered older people to advocate their interests. Local newspaper articles and radio broadcasts covered the participation of older people in the program. In Karelia, Samara and Tomsk, regional branches, partner organizations and older people themselves raised outside funding to continue and expand programme activities.

**Capacity Building:** In the reporting period four workshops were held, exposing regional branches to effective and efficient organisational strategies and employing a participatory approach involving staff, volunteers and beneficiaries. Discussions at the workshops covered a wide range of topics, from general concepts such as the role of the “third sector” in global humanitarian activities to the specifics of analysis, assessment and planning processes in the RRC. Subsequently, 32 regional branches began drafting projects based on the methodologies and formats suggested at the workshops. Thanks to their new organizational and planning skills, in 2007 only four projects will be supported by Russian RC funds, while 15 regions have already received external financing.

Planning processes in the participating branches became more systematic and purposeful, and all new programs and projects drafted by the participating regional branches are now in conformity with the Federation’s format and methodologies aimed at a positive impact on the lives of the most vulnerable. An important accomplishment of the workshops was the completion of a draft of the RRC Development Strategy, a set of basic guidelines which will enable the RRC to meet the humanitarian challenges of the next four years by defining core principles in organizational development and future programming activities.

## Disaster Management

**Objective:** To provide timely **relief and support** to victims of man-made and natural disasters.

In the reporting period, the DM department created two mobile disaster response teams in the central and southern federal districts of the Russian Federation. Nine training seminars were held at both regional and local levels, training a total of 80 participants in the fundamentals of disaster response (standard Regional Disaster Response Team training). The teams were supplied with equipment including two vehicles adapted for aid operations. Disaster response procedures were developed and standardized across regions and agreements about collaboration in emergencies were signed with local branches of the Ministry of Emergencies. In addition, 18,000 posters were released explaining disaster preparedness for the public.

In 2006, the RRC carried out four disaster response operations with DREF funds:

- Toxic spill in the Khabarovsk region (December–January) – Clean water was distributed to 2,950 beneficiaries, including lonely older people, the disabled, multi-child and low-income families, TB patients, orphans and homeless children.
- Avian flu (December–February) – Roundtable discussions were held and 20,000 informational leaflets were distributed in six regions affected by avian flu outbreaks, reaching an estimated 100,000 people.
- Severe winter weather (January-March) – Hot meals, warm clothing, and soap were distributed in five regions (which experienced particularly harsh winter conditions) to 8,406 beneficiaries, including homeless children and adults, lonely older people, the disabled, and multi-child and one-parent families.

- Earthquake in Koryakia (April-August) – Meals, blankets, warm clothing, heaters and family hygiene parcels were distributed to 4,126 beneficiaries, including lonely older people, the disabled, orphans, homeless children, and multi-child and low-income families.

**Beslan:** In 2006 the community-based programme of psychosocial rehabilitation in Beslan was aimed at strengthening community resilience by re-establishing the social involvement of the affected population. RRC visiting nurses trained in psychosocial support (PSS) continued to provide at-home individual assistance for 243 affected people and began to involve them in community activities and events. At the RRC community centre established in May 2005, some 2,200 people attended classes in digital photography, computer basics, English, folk dancing and aerobics. Over 2,000 people participated in community events organised by the beneficiaries themselves, including Red Cross Day celebrations, a renovation project at the local park and two summer camps for children.

Three workshops were conducted for 20 visiting nurses, six teachers and three psychologists, improving their knowledge and skills in PSS. Two workshops were organized for 30 visiting nurses from other districts of North Ossetia and for school teachers conducting a RRC programme of additional education for children with disabilities. 16 volunteer instructors were trained in PSS and provided eight workshops (Stress and Supportive Communication) for 150 people in November-December. Programme revision conducted in May 2006 with the support of the Danish Red Cross concluded that programme activities helped to re-establish social networks, promoting emotional and social support within the community. The concept of the program could be an example for future emergency relief.

*[For more details on each Russian Red Cross programme, please go to programme updates no.1 and no.2](#)*

## Working in partnership

The RRC and the Federation collaborated with several other National Societies from within the Movement on programmes in the Russian Federation:

**Children's Welfare:** In January 2006, the Russian and Norwegian Red Cross Societies initiated PAR studies with over 500 children from the northwest of Russia as part of the Children's Welfare programme. Through PAR sessions, the RRC identified four main problems facing children, namely a lack of opportunities for self-realisation and personal development, a lack of contact with adults, the indifference of society towards children, and intolerance among the children's peers. Many of the children's vulnerabilities are connected with the problems of the society they live in, including adult alcoholism and drug addiction, parental unemployment and low salaries, environmental and transport problems, poor medical services and high prices for utilities and housing. As a result of the PAR findings, a new child welfare strategy and a plan of action have been produced to support child welfare in the northwest of Russia. The three key objectives are:

- Promotion of healthy lifestyles
- Promotion of volunteerism and support groups for youth
- Psycho-social support for children and families in crisis

**Support for Vulnerable Russian Children (VRC):** Since 2003, the RRC, in collaboration with the American Red Cross, has been improving the life of vulnerable children in underserved regions in Russia through the Support for Vulnerable Russian Children (VRC) project, which incorporates a variety of interventions including training, informational and educational campaigns, mentoring, counseling and therapy, childcare alternatives, advocacy for street children, children at risk for abandonment and children living in institutions. In 2005, in an effort to address the root cause of health problems that plague children into adulthood, the VRC project proposed new community-based approaches aimed at reducing maternal and child morbidity and promoting health lifestyles and behaviors among at-risk families. Specifically, the fourth year of the VRC project, which began on 1 June, 2006, called for interventions aimed at improving infant and child care-giving practices. Over the past year, VRC has

also sought to improve collaboration with the Federation delegation in Moscow and other partner societies, including the Norwegian RC, to share lessons learned and extend the reach of the VRC interventions in ongoing Norwegian RC-supported children's welfare projects in the northwest of Russia. Through a closer programmatic partnership with the Norwegian RC, best practices and lessons learned from over four years of VRC programming will be used to expand children's welfare programming throughout the RRC's vast network of branches and volunteer networks.

***Care & Support Project for People Living with HIV (PLWH):*** With continued support from the American RC and a U.S.-based private foundation, the RRC Irkutsk branch continues to provide home-based care, psychological, legal, informational, and social assistance to more than 18,000 people. More and more people are benefiting from program services including informational, psychological, and legal support from program specialists at the project's unique Information and Counseling Center (ICC, sometimes referred to as Steps). Currently, Steps is still the only place where HIV-positive people and their family members can receive a range of services to improve their physical and mental health. In 2006, the ICC observed an increase in the number of new clients with 430 first-time clients compared with 329 in 2005. The number of calls to the ICC's HIV hotline continues to increase. In 2006, the hotline received more than 2,800 calls. The percentage of young female callers between 22 to 29 years of age has increased dramatically in the last 3 years. Visiting nurses visit more than 50 HIV+ families (average of 70 to 90 visits a month). During home visits, nurses conduct health screenings for mothers and monitor child development. All visits continue to be coordinated with the AIDS center. As such, the ministry of health's pediatric services and the AIDS center monitor the health of all children born to HIV-positive mothers in the Irkutsk region.

Additionally, more than 1,000 people have taken part in HIV/AIDS prevention trainings, anti-stigma and anti-discrimination seminars. The program expects to continue activities aimed at reducing the level of stigma and discrimination facing PLWH in their communities. Specialists from the ministry of health, community-based organizations, and beneficiaries have recognized the design and contents of information materials published during the past three years. Russian RC activities are unique and necessary in the absence of government services for HIV-positive people.

## Contributing to longer-term impact

The improving economic climate is persuading international donors that humanitarian support is no longer required in the Russian Federation and therefore gradual downsizing of international programme support over the coming three years can be expected. Yet unequal distribution of wealth and poor access to essential services are still keeping large sections of the population vulnerable. There is an important role for the RRC in terms of advocacy and service delivery. The International Federation is contributing to impact through increasing the influence of vulnerable groups (older people, children and people living with HIV), by seeking to increase awareness and capacity of state structures to serve the interests of vulnerable groups and through supporting the capacity of the RRC to serve vulnerable groups. Each of the projects outlined in this report aims at these three levels of impact and the emphasis and success varies from region to region. It is seen that policies are influenced, attitudes are changed and confidence among vulnerable people and RRC branches to speak out and advocate is increased, yet success is dotted across the country along with the programmes and is not led federally. For example, the emphasis on representing the voice of older people within social policy debate at a regional level has in targeted regions influenced access to entitlements and health services for thousands of people. In three regions there is evidence of improved conditions for people living with HIV within prisons. Yet in 2006 such impacts were programme led rather than institutionally led. The International Federation's principle is that the most sustainable contribution to reduced vulnerability will be to contribute towards increased influence of vulnerable people over service providers and policy makers.

## Looking Ahead

The humanitarian work supported in the programmes outlined above draws in a variety of key stakeholders – vulnerable people, RRC branches, RRC headquarters, partner NGOs, social welfare services, local and Federal government and donors. In 2006 these stakeholders were involved in trainings, roundtables with government, monitoring and evaluation, participatory research and service delivery. Each of these stakeholders is engaged and thereby influenced by the interventions outlined in this report. The impact of these programs therefore should be appreciated beyond the immediate benefits of assistance and beyond the benefits to the primary partner, the RRC. Rather changes in attitudes and approaches among stakeholders, changes in levels of confidence and frequency of engagement, changes in levels of influence and exposure to ideas and facts – these are intended as the durable impact of these investments, although tracking them and attributing them with confidence is an on-going challenge: one that should be continued to be sought to address over the coming years.

In 2007, work will continue to focus on the four strategic goals. In addition, the following five innovations will be supported:

- designing a Red Cross role in supporting DOTS+ patients
- designing a Red Cross role in HIV prevention within pre-detention centers
- improving participatory impact monitoring among vulnerable older people and children
- increasing capacity of Russian Red Cross (psycho-social support)
- fundraising

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International Federation of Red Cross and Red Crescent Societies

MAARU001 - RUSSIAN FEDERATION

Annual Report 2006

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAARU001
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
<b>A. Budget</b>	<b>3,674,755</b>	<b>557,735</b>	<b>0</b>	<b>1,121,729</b>	<b>420,420</b>	<b>5,774,640</b>
<b>B. Opening Balance</b>	<b>2,853,771</b>	<b>80,724</b>	<b>0</b>	<b>209,859</b>	<b>31,000</b>	<b>3,175,355</b>
<b>Income</b>						
<u>Cash contributions</u>						
<i>British Red Cross</i>	11,400			91,920	29,340	132,660
<i>Caltrans Group Ltd</i>				3,763		3,763
<i>Capacity Building Fund</i>				40,000		40,000
<i>DFID Partnership</i>	30,522			76,304		106,826
<i>Sweden - Private Donors</i>					908	908
<i>Swedish Red Cross</i>	84,336	127,058		101,646		313,040
<i>USAID</i>	1,129,578					1,129,578
<b>C1. Cash contributions</b>	<b>1,255,836</b>	<b>127,058</b>		<b>313,633</b>	<b>30,248</b>	<b>1,726,775</b>
<u>Outstanding pledges (Revalued)</u>						
<i>British Red Cross</i>	32,906					32,906
<i>Caltrans Group Ltd</i>				-53		-53
<i>USAID</i>	639,959					639,959
<b>C2. Outstanding pledges (Revalued)</b>	<b>672,865</b>			<b>-53</b>		<b>672,813</b>
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>British Red Cross</i>	0					0
<i>DFID Partnership</i>				70,032		70,032
<i>Swedish Red Cross</i>	12,700	-12,700				-0
<b>C3. Reallocations (within appeal or</b>	<b>12,700</b>	<b>-12,700</b>		<b>70,032</b>		<b>70,032</b>
<u>Inkind Personnel</u>						
<i>British Red Cross</i>					102,000	102,000
<b>C5. Inkind Personnel</b>					<b>102,000</b>	<b>102,000</b>
<u>Other Income</u>						
<i>Service Agreements</i>					153,662	153,662
<b>C6. Other Income</b>					<b>153,662</b>	<b>153,662</b>
<b>C. Total Income = SUM(C1..C6)</b>	<b>1,941,402</b>	<b>114,358</b>	<b>0</b>	<b>383,612</b>	<b>285,910</b>	<b>2,725,281</b>
<b>D. Total Funding = B + C</b>	<b>4,795,173</b>	<b>195,082</b>	<b>0</b>	<b>593,471</b>	<b>316,910</b>	<b>5,900,636</b>

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>B. Opening Balance</b>	<b>2,853,771</b>	<b>80,724</b>	<b>0</b>	<b>209,859</b>	<b>31,000</b>	<b>3,175,355</b>
<b>C. Income</b>	<b>1,941,402</b>	<b>114,358</b>	<b>0</b>	<b>383,612</b>	<b>285,910</b>	<b>2,725,281</b>
<b>E. Expenditure</b>	<b>-1,702,896</b>	<b>-111,269</b>		<b>-506,711</b>	<b>-205,317</b>	<b>-2,526,192</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>3,092,278</b>	<b>83,813</b>	<b>0</b>	<b>86,760</b>	<b>111,593</b>	<b>3,374,444</b>

International Federation of Red Cross and Red Crescent Societies

MAARU001 - RUSSIAN FEDERATION

Annual Report 2006

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### 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>		<b>3,674,755</b>	<b>557,735</b>	<b>0</b>	<b>1,121,729</b>	<b>420,420</b>	<b>5,774,640</b>	
<b>Supplies</b>								
Construction Materials	5,000	343			234		577	4,423
Clothing & textiles		4	388				393	-393
Food	147,400	43,126	1,046		4,110		48,282	99,118
Water & Sanitation		54			184		238	-238
Medical & First Aid	572,100	79,815	3,788		3,642	75	87,320	484,780
Teaching Materials	6,000	-35	3,768				3,733	2,267
Utensils & Tools					50		50	-50
Other Supplies & Services	3,380	6,902	2,193		695		9,790	-6,410
<b>Total Supplies</b>	<b>733,880</b>	<b>130,210</b>	<b>11,184</b>		<b>8,915</b>	<b>75</b>	<b>150,383</b>	<b>583,497</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	6,000	35,900					35,900	-29,900
Computers & Telecom	72,754	20,085	591		6,627		27,302	45,452
Office/Household Furniture & Equipm.		11,969			3,922	208	16,099	-16,099
<b>Total Land, vehicles &amp; equipment</b>	<b>78,754</b>	<b>67,953</b>	<b>591</b>		<b>10,549</b>	<b>208</b>	<b>79,300</b>	<b>-546</b>
<b>Transport &amp; Storage</b>								
Storage	1,200	3,334			732	540	4,606	-3,406
Distribution & Monitoring		4,909			15	-2,437	2,487	-2,487
Transport & Vehicle Costs	257,064	41,722	2,216		2,126	24,279	70,343	186,721
<b>Total Transport &amp; Storage</b>	<b>258,264</b>	<b>49,965</b>	<b>2,216</b>		<b>2,873</b>	<b>22,383</b>	<b>77,437</b>	<b>180,827</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	512,400	113,476				102,000	215,476	296,924
Delegate Benefits	192,000	56,934			4,943	52,509	114,386	77,614
National Staff	719,568	256,921	40,748		125,766	8,088	431,523	288,045
National Society Staff	802,285	316,697	34,095		78,206		428,997	373,287
Consultants	75,430	41,869	-1,272		12,604	435	53,636	21,794
<b>Total Personnel Expenditures</b>	<b>2,301,682</b>	<b>785,897</b>	<b>73,570</b>		<b>221,519</b>	<b>163,032</b>	<b>1,244,018</b>	<b>1,057,664</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	564,951	282,017	4,645		128,762	4,217	419,640	145,311
<b>Total Workshops &amp; Training</b>	<b>564,951</b>	<b>282,017</b>	<b>4,645</b>		<b>128,762</b>	<b>4,217</b>	<b>419,640</b>	<b>145,311</b>
<b>General Expenditure</b>								
Travel	347,632	76,687	5,337		30,442	6,564	119,031	228,602
Information & Public Relation	117,660	37,131	522		4,763	2,150	44,565	73,095
Office Costs	90,418	45,701	6,590		16,972	65,810	135,074	-44,655
Communications	142,256	28,281	2,430		5,032	33,934	69,677	72,579
Professional Fees		10,726				3,342	14,067	-14,067
Financial Charges	6,302	941	-1,071		-1,459	13,329	11,740	-5,438
Other General Expenses	757,488	50,022			7	-122,409	-72,380	829,868
<b>Total General Expenditure</b>	<b>1,461,757</b>	<b>249,490</b>	<b>13,808</b>		<b>55,757</b>	<b>2,719</b>	<b>321,774</b>	<b>1,139,983</b>
<b>Program Support</b>								
Program Support	375,352	110,688	7,232		32,936	12,915	163,772	211,580
<b>Total Program Support</b>	<b>375,352</b>	<b>110,688</b>	<b>7,232</b>		<b>32,936</b>	<b>12,915</b>	<b>163,772</b>	<b>211,580</b>
<b>Operational Provisions</b>								
Operational Provisions		26,676	-1,978		45,399	-230	69,867	-69,867
<b>Total Operational Provisions</b>		<b>26,676</b>	<b>-1,978</b>		<b>45,399</b>	<b>-230</b>	<b>69,867</b>	<b>-69,867</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>5,774,640</b>	<b>1,702,896</b>	<b>111,269</b>		<b>506,711</b>	<b>205,317</b>	<b>2,526,192</b>	<b>3,248,448</b>
<b>VARIANCE (C - D)</b>		<b>1,971,860</b>	<b>446,466</b>		<b>615,019</b>	<b>215,103</b>	<b>3,248,448</b>	