

Annual report



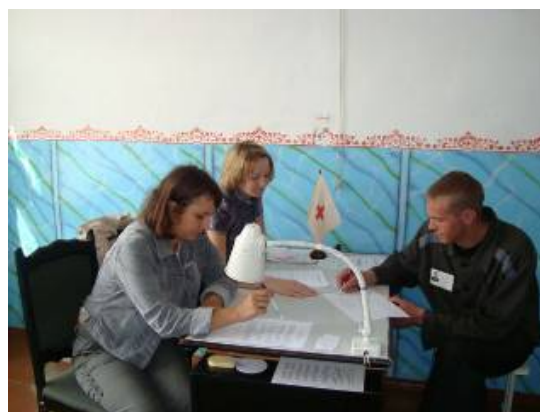
International Federation
of Red Cross and Red Crescent Societies

Russian Federation

MAARU002

20 May 2010

This report covers the period 1 January 2009 to 31 December 2009.



A teenage inmate gets consultation from Red Cross psychologists in Khakasia. **Photo: Russian Red Cross**

In brief

Programme purpose: The aim of the Russian Red Cross is to alleviate suffering among the most vulnerable people in line with *Strategy 2010* and the Istanbul Commitments made at the VII Red Cross Red Crescent European Conference. The support of the International Federation of Red Cross and Red Crescent Societies (IFRC) continued in the health and care area and also covered assistance to the the Russian Red Cross headquarters in reviewing its policy and legal foundation.

Programme(s) summary: In 2009, the Russian Red Cross supported by the Federation regional representation in Moscow continued to implement Tuberculosis (TB) and HIV prevention programmes in alignment with Global Agenda goal two.

Due to the lack of funding, it was not possible to start up comprehensive disaster management activities. Nevertheless some contributions of donors made it possible to continue small-scale support to the the people affected by the Beslan crisis and to launch disaster relief operations in response to the explosion at the Sayano-Shushenskaya hydropower station and to the fire in Perm.

A modification of the USAID grant for the TB programme was prepared to include new regions in programme implementation and to reflect the additional funding provided by USAID for the continuation of the programme. All remaining regions received approval of the Green Light Committee for supply of second-line drugs to treat multi-drug resistant TB (MDR-TB) patients. In April 2009 the programme was strengthened by integrating in it an infectious control component supported by KNCV¹.

Thanks to the youth peer education activity HIV awareness of young people in Novokuznetsk and

¹ Netherlands Tuberculosis Foundation

Kemerovo increased by 60 per cent.

Discussions took place between the IFRC, the Russian Red Cross and the Russian government on the role of the Russian Red Cross both nationally and internationally. The government has committed to support the Red Cross Society in modernizing its way of functioning and strengthening its role as a main actor in the humanitarian field both at national and international level. The process that was outlined will focus on the improvement of the legal position of the Russian Red Cross, including the development of a new Red Cross law, new statutes and a new strategy. The IFRC will provide technical expertise throughout the process and will facilitate the strengthening of relations with sister National Societies.

Financial situation: The initial budget for 2009 was CHF 2,845,129 which was revised to CHF 3,491,712 (USD 3,217,071 or EUR 2,290,068) due to two new projects, one related to the Beslan hostage crisis, and another one to strengthen TB infectious control. Out of the total budget, 78 per cent is covered. Expenditure overall was 81 per cent of received funding.

[Click here to go directly to the financial report.](#)

No. of people we have reached: In total 25,477 people directly benefited from the programmes supported by the International Federation.

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Programme	Target groups	People reached
Health and care	TB patients and their relatives, medical staff, inmates and staff of penitentiary institutes, people living with HIV (PLHIV) and their associates, PLHIV released from prisons, students of schools for children with behaviour problems from orphanages, high school and university students, Russian Red Cross volunteers and employees.	TB patients – 4,300 Orphanage children - 416 Prisoners – 308 Prison staff – 60 Street children - 280 Red Cross nurses – 52 HIV instructors - 61 General public – 20,000 ²
Total number of people reached		25,477

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

Context

The economic stability during the last eight years was replaced by a less certain period towards the end of 2008. Since the end of 2008, the first signs of the global economic crisis seriously hitting Russia have become increasingly visible. Drops in oil prices dramatically reduced the state's budget income. Even though the government assured that it would keep all social programmes untouched, the consequences of the crisis, such as a rise in food and drug prices and housing expenses are having a very negative effect on the most vulnerable groups of the population.

Russia has one of the highest Tuberculosis rates in Europe with nearly 82.6 cases per 100,000 population. In the republic of Tuva (183.2 cases per 100,000), Primorsky krai (145.3 cases per

² The general public was reached with information on TB as well as on HIV prevention.

100,000), and the republic of Buryatia (142.2 cases per 100,000)³ the rates are three or even four times higher than in the rest of the country. The multi-drug resistant form of the disease in 2007 accounted for about 10 per cent of the total number of cases, and in 2009 this figure was 21.2 per cent. According to the statistics of the Federal AIDS Centre, some 516,167 people in Russia were living with HIV as per October 2009⁴. Adult HIV prevalence (among people aged 15-49) is 1.1 and continues to increase. About 110 people get infected with HIV daily according to the Ministry of Health and Social Development statistics of August 2007. From June to October 2009 some 22,093 new HIV infected people were registered in Russia.

In May 2009, the Russian government committed itself to supporting the capacity building of the Russian Red Cross and strengthening its national and international role. Several relevant ministries such as the Ministry of Health and Social Development, EMERCOM⁵ and the Ministry of Foreign Affairs are currently preparing plans of action in the fields of traditional Red Cross activities, which might result also in government funding of some programmes implemented by the Russian Red Cross. The Federation regional representation is involved in the process by providing technical support. In October 2009, the IFRC's Secretary General, Bekele Geleta paid a visit to Moscow to discuss the present conditions of the Russian Red Cross with the Russian government and the National Society itself.

Progress towards outcomes

Disaster management

Programme component 1: Disaster management planning

Component outcome 1: A National Society contingency plan for human pandemic based on the National Society disaster management plan have been developed and recognized by the government.

Component outcome 2: Operational guidelines for psychosocial support in the National Society have been developed and introduced.

Component outcome 3: The psychosocial support component has been integrated in other programmes such as TB, HIV programmes and those addressing social exclusion.

Programme component 2: Organizational preparedness

Component outcome 1: Strengthened capacity of the National Society in disaster preparedness and response through increased skills and knowledge of Red Cross staff and volunteers on psychosocial support in five regions of the Russian Federation.

Component outcome 2: Strengthened capacity of the National Society in human pandemic preparedness and response through increased skills and knowledge of Red Cross staff and volunteers, effective mechanisms for response in six regions of the Russian Federation.

Component outcome 3: Strengthened financial and technical resources for human pandemic response.

Programme component 3: Community preparedness/ Disaster risk reduction

Component outcome 1: Strengthened capacities of communities in avian influenza outbreak-prone areas to respond to future disasters through community-based disaster preparedness.

³ Source: www.tbpolice.ru

⁴ Source: Rospotrebnadzor

⁵ Emergency Committee - Federal State Establishment "Agency for Support and Coordination of Russian Participation in International Humanitarian Operations" (EMERCOM Agency) of the Ministry of Civil Defence and Emergencies of the Russian Federation.

Due to the lack of funding, it was not possible to start up comprehensive disaster management activities. Nevertheless some contributions of donors made it possible to continue to provide psychosocial support to the the people affected by the Beslan crisis.

The Russian Red Cross responded to two disasters that occurred in the country in 2009 with support from the IFRC's Disaster Relief Emergency Fund (DREF). The operations responding to the explosion at the Sayano-Shushenskaya hydropower station and to the fire in Perm focused on psychosocial support to the affected families and also included capacity-building elements.

However the Red Cross Society would need longer-term support to establish appropriate disaster preparedness and response capacities.

Small initiatives in the field of humanitarian pandemic preparedness were funded from the balances of the avian flu activities of previous years but could not be continued due to lack of funding.

Health and care

Programme component 1: Tuberculosis

Component outcomes:

- The regional authorities and TB medical staff in seven target regions of the Russian Federation were assisted in developing an effective TB control system and internationally recognized approach to TB diagnosis and treatment (DOTS and DOTS+)¹.
- 1,300 clients received assistance out of the 2,600 clients totally registered by TB services, meaning that 50 per cent of totally registered clients will be supported by the Red Cross.
- Red Cross outreach volunteers increased the TB detection rate among risk groups of population in the seven target regions by 15 per cent.
- Default rate among firstly registered TB clients in the target regions is less than 10 per cent because of Red Cross intervention.
- The Red Cross has facilitated improved links between prison and civilian TB services and ensured uninterrupted treatment of released patients.

In 2009 the Federation regional representation in Moscow together with the Russian Red Cross continued the implementation of the USAID funded TB prevention programme in the six target regions of the Russian Federation (Khabarovsk krai, republic of Khakassia, Jewish Autonomous region, Belgorod region, Pskov region and republic of Adygeia). USAID approved the *Modification No. 11* to the grant agreement on TB control for an additional amount of 2,200,000 US dollars for the period until September 2010 that made it possible to continue the TB control programme and to expand it to one new territory with high TB rate – Buryatia.

Data on GLC⁶ approval for treatment of MDR-TB patients

Region	GLC approval, patients	Treatment started				Planned for treatment
		4 Q 2008	1 Q 2009	2 Q 2009	3 Q 2009	
Khakassia	324	61	45	39	77	102
Belgorod	250	122	45	36	41	6
Pskov	250	25	24	51	31	119
Khabarovsk	300	-	-	-	22	278
Jewish Autonomous	26	-	-	-	-	26

⁶ GLC (Green Light Committee) is a technical advisory body to the Stop TB Partnership and WHO that reviews applications from countries that wish to benefit from quality-assured, second-line anti-TB drugs at reduced price.

Adigea	50	-	-	-	25	25
Total	1,200	208	114	126	196	556

Out of the 1,200 patients under GLC approval treatment started for 664 patients. The success of the treatment for these patients can only be measured some 24-30 months after the start of the treatment.

In 2009 in six project sites 59 Russian Red Cross nurses and 7,701 volunteers conducted systematic social work with 4,300 TB patients. During the visits special attention was paid to the direct control of timely taking TB drugs and necessary home care. About 3,000 visits were made to the TB patients, with failures of regimen of treatment. The main purpose of these visits is the control of taking the daily dose of TB drugs, and attracting patients with failures of regimen to the controlled therapy.

As a result, low default rate among the TB patients covered by Russian Red Cross social support was achieved. During April-September 2009 the default rate among TB patients was 2.9 per cent and 9 per cent among MDR-TB patients.

About 1,500 TB patients received psychosocial support that included individual and group sessions with TB patients and their family members. In addition, long-term psychosocial support was provided to the TB patients to help them accept their TB diagnosis, and to set up internal motivation and adherence to treatment and recovery.



White Camomile action on World TB Day in Abakan. Photo: Russian Red Cross

Regional Red Cross branches printed and distributed about 20,000 copies of several booklets concerning TB infection and its treatment. More than 2,000 volunteers supported the TB project implementation. In order to improve their professional skills in MDR-TB treatment, local TB facilities staff from the civil and penitentiary system was involved in various national and international training sessions.

The regional Red Cross branches continued to carry out regular activities raising awareness of TB among the general population.

In April 2009 the programme was strengthened by integrating in it an infectious control component supported by KNCV⁷. The main objective of this project is to increase practical knowledge and skills of health staff of TB institutions on infection control including personal safety, engineering safety and organizational measures of infectious control according to international standards.

Constraints: The biggest challenge remaining in the Russian Federation is absence of precise national normative base and protocols directed to MDR-TB intervention. Taking into account, that TB morbidity rate in Khabarovsk is one of the highest (2.5-1.7 times more than in average in Russia), and considering the large number of defaulters and poor management in the regional TB facilities, serious technical support and advising should be carried out to improve the situation.

Programme component 2: HIV prison project

Component outcomes:

- The living conditions of inmates and released prisoners living with HIV have improved.

⁷ Netherlands Tuberculosis Foundation

- The information level of penitentiary institutions staff and inmates regarding HIV infection is increased, the stigma towards inmates living with HIV is decreased.
- The experience gained in the prison project in five regions has been disseminated to other regions of Russia.

Due to the lack of funding for the HIV prison project in the three regions of Orel, Chuvashia and Khabarovsk, the activities have been stopped in HIV prevention and support of inmates living with HIV. Nevertheless, HIV prevention activities among young people in the orphanages and prisons, as well as care and support to people living with HIV were prolonged until mid-2009 in the four regions of Kemerovo, Novokuznetsk, Orenburg and Saint-Petersburg.

In November 2009 a resource mobilization workshop specifically related to the Global Alliance on HIV was organized in Moscow for the National Societies of Armenia, Belarus, Ukraine and Russia. As a result of the workshop all National Society representatives developed resource mobilization plans to implement them in their daily activities.

HIV peer education:

Outcomes:

- To conduct trainings on HIV for youth by trained educators using the peer to peer principle
- To carry out mass actions

The HIV peer education programme supported by the British Red Cross was extended from January till May 2009. In this period 61 new peer instructors (41 in Novokuznetsk and 20 in Kemerovo) were trained during 21 methodical meetings. In total, 416 young people from five orphanages participated in HIV prevention training (222 in Kemerovo and 194 in Novokuznetsk). Pre- and post-training tests showed an increase of 60 per cent in participants' knowledge which creates good conditions to change their sexual behaviour to more safer. Some 600 people took part in mass actions on HIV prevention.

In November 2009 a training in peer education was organized for 22 Red Cross volunteers from 8 regions with Norwegian Red Cross support. Volunteers received knowledge and practical skills on HIV prevention and peer education.

Psycho-social support to street children and adolescents-prisoners (Sankt-Petersburg, Orenburg)

Outcomes:

- To strengthen Russian Red Cross capacity to prevent HIV in penitentiary institutions and to provide support to adolescents-prisoners and street children living with HIV.
- To ensure access to treatment for people living with HIV (PLHIV) by referring them to medical facilities.
- To improve the quality of life of prisoners and released inmates living with HIV.

In Saint-Petersburg and Orenburg the Russian Red Cross provided medical, nutritional, legal and psychosocial support to about 280 street children through *social bureaus* (networks of partner organizations for comprehensive support in prevention, medical examination and treatment, social, psychological and legal assistance). In addition Red Cross workers distributed second-hand clothing, hygiene parcels and arranged hairdressing service. Special focus was put on teenagers using drugs and on PLHIV. Among the former 44 people were referred to the AIDS centre for rehabilitation and examination.

HIV prevention programmes in the juvenile penitentiary institutions included pre- and post-HIV testing, consulting of young prisoners, training of prison staff and inmates and psychosocial support of released inmates. In 2009, some 1,670 consultations were held and 62 new cases of HIV were registered in the target institutions. About 200 PLHIV receive psychological support and information from Red Cross programme staff and volunteers. The target audience was involved in

training sessions, radio-lectures and received printing materials on different topics related to HIV and HIV/TB co-infection.

Social bureau was established in Sankt-Petersburg and Orenburg as a body of collaborative activity of the Russian Red Cross regional branches and other organizations working in HIV area. The social bureaus provided social support to prisoners and released ones of 15-26 years living with HIV during the first six months after release. This assisted them in returning to a normal life and continuing their treatment. Red Cross staff and volunteers also helped in restoring necessary documents and getting access to medical or other institutions.

Organizational development/Capacity building

Programme component 1: Organizational development

Component outcome 1: Improved headquarters capacity to manage the overall organization (human resources, reporting lines).

Component outcome 2: Enhanced ability of selected branches to undertake, manage and sustain programmes.

Component outcome 3: Replicable model for volunteer management at regional branch level developed, tested and introduced in selected branches.

Component outcome 4: All programmes and projects supported by the International Federation formulated to contribute to organizational adjustment, building branch capacity, improving volunteer management and increasing access to resources.

Programme component 2: HIV and AIDS

Component outcome 1: Russian Red Cross potential to independently provide sustainable development of HIV prevention activities has been strengthened.

Programme component 3: Fund-raising and access to resources

Component outcome 1: A replicable model for training in fund-raising techniques for Russian Red Cross headquarters and branches has been developed and tested.

Component outcome 2: Potential national sources of funding have been identified and assessed, conditions for access clarified and capacity to meet such conditions put in place at the Russian Red Cross headquarters.

Component outcome 3: Mechanisms for accessing similar funding at regional level have been identified and assessed, conditions for access clarified and capacity put in place in selected branches.

The objectives set above were based on the recognition of the need to improve the functioning of the Russian Red Cross Society, in particular at headquarters level. The society had not succeeded in adjusting to the changing environment and – with the absence of support from the government and the decrease of international aid – had shrunk instead of scaling up.

In the second part of 2009 discussions took place between the IFRC, the Russian Red Cross and the Russian government on the functioning of the Russian Red Cross both nationally and internationally. The government has committed to support the Red Cross Society in improving its performance. In December 2009, for the first time in years, the Ministry of Health allocated a substantial amount for the Russian Red Cross to implement an HIV programme. This followed a visit to Russia in October 2009 by the IFRC's Secretary General Bekele Geleta. During his meetings with government officials the Secretary General stressed the importance, for both the country and the Movement, of the need to strengthen the National Society's auxiliary role to the government by improving its legal position and to facilitate the capacity-building of the National Society. The Secretary General underlined the IFRC's readiness to give full support to the change process.

During discussions with the leadership of the Russian Red Cross it was agreed that the process will focus on the improvement of the legal position of the Russian Red Cross, including the development of a new Red Cross law, new statutes and a new strategy. The IFRC will provide technical expertise throughout the process and will facilitate the strengthening of relations with sister National Societies.

The above mentioned steps led to changes in the original planning and the Federation secretariat started providing technical support to the process.

An allocation from the IFRC's fund for urgent organizational development intervention (SOS) made it possible to look at internal communications within the National Society. The main objective of the SOS funded programme was to improve communications between the National Society headquarters and the regional branches working in the field of HIV prevention. A survey was conducted among 30 branches to identify communication challenges. The results and recommendations were discussed at a round-table meeting, and a plan of action was developed to overcome the existing challenges. Implementing this plan of action is expected to have positive impact on the working relations between the headquarters and the branches even beyond the field of HIV and AIDS; an effective model with common standards of communications has the potential to be replicated to other Russian Red Cross activities.

Principles and Values

Programme component 1: Migration

Component outcome 1: A migration programme has been elaborated.

In 2009 the National Society assisted by the Federation regional representation in Moscow and the Europe zone migration coordinator started developing its migration programme based on the experience of the Saint-Petersburg centre. Partnership links were established with UN agencies based in Moscow such as UNHCR, IOM and ILO. As a result, the programme was drafted together with a budget and was submitted to the EU for funding. The decision on the application is expected around mid-2010.

Working in partnership

The Russian Red Cross and the Federation regional representation in Moscow cooperate with the Russian health authorities, TB institutes, USAID, WHO and the Global Fund to fight AIDS, Tuberculosis and Malaria in the field of TB programmes. Global Fund social support to TB patients treated under the USAID project can be a good example of collaboration between different organizations with the same main goal – to treat and to provide care and support to TB patients in the Russian Federation. The Russian Red Cross together with the Federation regional representation continues to be an active member of the multi-sector High Level Working Group on TB. Over 2009 cooperation was strengthened with the Federal Service of Sentence Execution. Russian Red Cross and Federation staff provided monitoring and evaluation of penitentiary TB services and laboratory.

Several agencies contributed to the implementation of the HIV programme such as local authorities, youth affairs committees, the regional AIDS centre and health facilities, municipal inter-departmental commission on HIV infection prophylaxis, local penitentiary facilities, UNFPA, the Y-Peer network and UN Youth Council, as well as institutions for orphans, drug abuse clinic, local police and private firms.

Cooperation of the Orenburg and Saint-Petersburg regional Red Cross branches with the local authorities and related stakeholders resulted in the creation of an interagency network, called *Social Bureau* with the aim of providing effective social support to street children and HIV-positive adolescents released from prisons.

Contributing to longer-term impact

Participation in international meetings contributes to increasing the professional skills of Federation and National Society staff. They also contributed to gaining recognition for the methodology of the TB programme

During the fifth European Congress on Tuberculosis and Lung Diseases in Dubrovnik in May 2009, the IFRC together with Russian Red Cross TB coordinators and the head of the Pskov Red Cross branch presented its poster developed on “*Red Cross model for social support to TB patients in the Russian Federation*”.

At the TB working group meeting in Beijing in April 2009 the Russian Red Cross TB coordinator shared the National Society’s experience in public awareness-raising, and presented the findings of the evaluation of the TB project in Belgorod conducted by London scientific school specialists.

Russian Red Cross representatives also presented a poster on ‘*Adherence to treatment of released prisoners in the Republic of Khakasia*’ at the international conference “*Health in prisons*” that took place in Madrid in. Another poster on ‘*Adherence to treatment and support for patients in USAID funded TB project in Belgorod oblast*’ was presented at the 40th Union World Conference on Lung Health in Cancun, Mexico as a contribution to the discussions around the social determinants of TB control.

Furthermore, Russian Red Cross representatives presented the Red Cross TB training activities, challenges and sustainability issues during the 20th meeting of the TB Training and Education Collaborative for the WHO European Region in Copenhagen, Denmark.

The HIV programme results were presented during a partnership meeting, organized by UNFPA and UNAIDS and stimulated keen interest among the participants. UNFPA suggested that the Russian Red Cross should develop an “HIV prevention among vulnerable groups based on the peer to peer principle” manual, which can incorporate best practices of the National Society. The manual has been developed and handed over to UNFPA. After approval, it will be published and distributed among relevant organizations.

Eighteen representatives of the Russian Red Cross took part in the Third Eastern European and Central Asian AIDS Conference that took place in Moscow.

Looking ahead

The realisation by all parties, including the Russian government, the IFRC and sister National Societies, that a fundamental modernization process is needed for the Russian Red Cross to regain its strength and to become again a well-functioning National Society is the most challenging prospect for the future. The drafting of a new development strategy and outlining of a new structure (for the purpose of new statutes) has already started.

The real reform process can only take place after a process of consultation with the branches and a decision of the the National Congress to adopt the new statutes and new strategy. For the implementation phase the National Society will need expertise and peer-to-peer relations in specific technical areas. For this the IFRC is looking for interested sister National Societies, able to enter in a relationship built on a mutual interest in cooperation.

In the framework of the global partnership between IFRC and Eli Lilly, the Russian Red Cross submitted a project proposal on “*Enhancing social mobilization and community empowerment on MDR–TB prevention in the Russian Federation*”. The proposed project includes cycles of round

tables with representatives of local authorities on the development of political commitment to TB control and photo exhibitions in four territories of the Russian Federation with high TB and MDR-TB rates. This will allow for the stimulation of stronger governmental participation in TB control activities through increased financial support for TB services and will contribute to the sustainability of the TB control measures currently implemented by the Red Cross.

This will also be a step to change the direction of the TB programme. The experience gained over the last eight years has shown that only a holistic approach of the care for TB patients is effective. The projects in the seven regions have been extremely successful and the value of the Red Cross in reducing the prevalence of TB is beyond question. To contribute to the development of sustainable approaches on TB control, the establishment of a reference centre, to which the experience of IFRC can be transferred and which can disseminate the expertise on a wider scale, is being discussed with USAID and the Russian Red Cross.

How we work	
<p>The International Federation's activities are aligned with its 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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
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