

RUSSIAN FEDERATION

CHF 9,455,000

Programme No. 01.32/2000

National Context

The decline in Russia's socio-economic situation has continued throughout the 1990s, accompanied by constant political turmoil, increased natural disasters, discoveries of new bio-industrial hazards and economic hardship. Diseases which had once been under control are now thriving, and the exponential growth of HIV/AIDS causes grave concern, although little action is being taken to prevent its spread. A surge in diseases such as tick-borne encephalitis, anaemia in nursing mothers and babies, anthrax and others have strained a health service which is severely under-resourced and responding slowly to much-needed reforms.

Regular shipments of essential supplies (food, medicine, fuel) which once allowed inhabitants of the permafrost regions of Siberia and the Far Northeast to survive the bitter winters have failed, leaving millions exposed to power cuts, food shortages, unpaid bills, soaring disease rates and ineffective or non-existent health services.



Most of the non-indigenous inhabitants have opted to leave for the bigger cities of European Russia while indigenous races are finding their traditional way of life the only viable coping mechanism. Even these methods are under threat due to increased livestock diseases, reduced or contaminated fish stocks, and the loss of cultural know-how.

The conflict in Chechnya, North Caucasus, continues, resulting in more than 200,000 Internally Displaced Persons (IDPs). In addition to conflict, Russia is prone to natural disasters such as earthquakes, floods, droughts, volcano eruptions, fires and severe storms. And as a result of technological disasters, vast regions of the country have been polluted. Radioactive fallout from nuclear accidents led to contamination in several parts of the country, with areas bordering Belarus and Ukraine severely affected by consequences of the Chernobyl accident.

Over 40 million Russians live below the UN-specified poverty benchmark of one dollar a day, a situation provoked by the collapse of the communist system and compounded by the economic crisis. Tuberculosis (TB), a poverty related disease, is endemic.

Country Assistance Strategy

To respond to the situation, the Federation and Russian Red Cross (RRC) have formulated a strategy of providing immediate humanitarian assistance to hundreds of thousands of the most vulnerable Russians across 21 republics. With up to one third of Russia's population living on less than one dollar a day, the need for increasingly well-targeted, effectively monitored emergency humanitarian aid is critical. The RRC will reinforce its readiness to respond to socio-economic conditions which will get worse before they get better, and to effectively cope with disasters caused by climatic change or other environmental situations. The Federation and RRC recognise the need to ensure that assistance is targeted to the most vulnerable groups. For this reason, programmes in the winter of 1999/2000, and into 2001 will seek to identify and include the elderly living alone, children (particularly those in orphanages and other institutions) imperilled indigenous communities and disabled persons. Considerable emphasis will be placed on health education, particularly in the RRC's fight to reverse the alarming increase in communicable diseases. The Federation and RRC have also already started to work on improved quality of assistance, by undertaking new monitoring and evaluation missions to impoverished areas.

Russian Red Cross participated in the "Almaty Conference" (Almaty, December 1996) and is a signatory to the "Almaty Declaration" establishing the Federation's focus on support to four key areas of activity: Institutional and Resource Development (IDRD) reform, Disaster Preparedness and Prevention (DPP), Population Movement (PM), and the Visiting Nurse Services while continuing emergency response action. Part of the support towards the reform process concentrates on legal advice. In respect to DPP, PM, and the Visiting Nurse Services, the RRC seeks official recognition by the government and local authorities aiming at "legal mandates".

Programme Objectives

Disaster Response

The RRC and Federation intend to continue support to vulnerable populations, particularly in isolated regions which suffer severe climatic conditions. The emphasis will be on the elderly, handicapped and children, particularly those living alone or in institutions. The Federation/RRC currently operates three large-scale relief programmes: The Winter Emergency Appeal, Yakutia Flood Relief, and the Far Northeast aid programme. Much relief assistance is envisaged under the social support element of the TB campaign. The Population Movement programme aims to upgrade traditional Red Cross relief efforts for refugees into more sustainable forms of support. This will be done in close co-operation with departments such as youth, first aid, visiting nurses, disaster preparedness, dissemination/tracing, relief and health. RRC through its disaster response actions has gained a humanitarian lead role in Russia.

The Population Movement programme will focus in 2000 on assistance to internally displaced by the conflict in Chechnya. The ICRC, the Federation and the RRC have achieved close co-operation and co-ordination, and the RRC has signed a co-operation agreement with Russian Federal Migration Services.

Disaster Preparedness

Under the reform plan, the Russian Red Cross has divided the country into eight regions. A four-stage process is planned: First, agreements with governmental and non-governmental organisations will be reached, followed by the preparation of lists of equipment needs. Second, training programmes will be organised, both centrally and regionally, and a closer working relationship between the Russian Red Cross and EMERCOM (Ministry for Emergency Situations) will be established. Third, a Disaster Situations department will be created at RRC headquarters, and an early warning system will be established, collating socio-economic data, government statistics, and liaising with international and non-governmental organisations. Fourth, a DPP plan will be developed, concentrating on identification and reduction of risks, and planning responses based on these threats. First aid training and the strengthening of rescue teams are a priority.

A full DPP training curriculum has yet to be developed, although this is envisaged in the national DPP plan, while an emergency stockpile of 24-hour deployable emergency shelter and medical supplies will also be created.

Health

The focus of the health assistance strategy is to ensure the continuation of the structures that exist, supporting their survival, and modifying them to fit into new initiatives in the health sector. Where possible, traditional activities will be reactivated. The following activities will be implemented: the Visiting Nurses Service (VNS): comprised of 2,000 nurses who operate medico-social centres which give easier access to basic care for vulnerable persons, as well as providing care for TB patients in their homes. In time, and as the TB initiatives progress, the VNS will become involved with health education, social support and supervision of treatment of pulmonary TB patients in ambulatory care, first aid: disease prevention/health promotion will be promoted. The HIV/AIDS/STDs issues are being addressed through prevention activities in Moscow and Kaliningrad, but a wider response is envisaged.

Humanitarian Values

The Federation and RRC will work in close co-operation with the ICRC in carrying out a nation wide IHL campaign implemented through public schools.

The International Federation will increase its support to the RRC in promoting Red Cross principles which is becoming part of all activities. Advocacy in the context of the TB/HIV/AIDS/STDs initiative is a priority as is protection as part of the Population Movement Programme.

Capacity Building

The Federation Delegation will continue to assist the RRC with resource generation. The main challenge faced is the competition between the central committee and the regions for scarce resources, and the lack of a system for allocating resources between the committees (in effect a microcosm of the political economic problems in the country at large). The Federation Delegation will support the RRC central committee and its regional committees in gaining resource generation skills and experience.

The RRC, with support from the Federation, has developed a three year reform strategy aiming at restructuring the Society. The plan (1999-2001) includes a division into eight regions, a changed management structure, training, youth activities, the establishment of a training centre, resource mobilisation and fund raising, as well as a membership drive and mobilisation of blood donors.