

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

RUSSIAN FEDERATION

Appeal No. MAARU001
14 December 2006

The Federation's vision is to strive, through voluntary action, for a world of empowered communities, better able to address human suffering and crises with hope, respect for dignity and a concern for equity. Its 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 185 countries.

In Brief

Programme Update no. 2 (period covered: 1 June to 30 September, 2006) and Appeal Revision

Initial Appeal target for 2006-2007: CHF 6,177,716 (USD 5,163,455 or EUR 3,889,220)

Revised Appeal target for 2006-2007: CHF 5,879,477 (USD 4,914,450 or EUR 3,701,285) [Click here for the attached revised appeal budget](#)

Appeal budget for 2006: CHF 3,415,764 (USD 2,855,120 or EUR 2,150,310)

Appeal budget for 2007: CHF 2,463,713 (USD 2,059,835 or EUR 1,551,415)

Appeal coverage (January-September 2006): 104 % [Click here for the interim financial report to date](#)

Related Emergency or Annual Appeals:

Russian Federation Annual Appeal 2006/2007. For details, please go to the website at http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAARU001.pdf

Russian Federation Annual Appeal 2006/2007 – Programme Update no.1. For details, please go to the website at http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAARU00101.pdf

Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) Annual Appeal 2006/2007. For details, please go to the website at http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA67002.pdf

Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) Annual Appeal 2006/2007 – Programme Update no.1. For details, please go to the website at http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA6700201.pdf

Annual Appeals 2006/2007 for Europe/Central Asia region. For details please see the website at <http://www.ifrc.org/where/europe.asp>

The programmes herein are aligned with the Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission:

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.

Programme summary

In 2006, the Russian Red Cross (Russian RC), in partnership with the Federation, has continued to push for development and innovation in addressing the four core Global Agenda Goals. Particularly it has focused on four objectives:

- To assist regional authorities in developing an effective **TB control system** where care and support is provided to the most vulnerable patients thereby increasing adherence to treatment.
- To counter the spread of **HIV/AIDS** and promote care and support for people living with HIV/AIDS (PLWHA).
- To promote the **social inclusion** of marginalized groups through facilitating improved access to services and information.
- To provide timely **relief and support** to victims of man-made and natural **disasters**.

In meeting these objectives the Russian RC and the Delegation have supported a deeper understanding of contemporary vulnerability through research and needs assessments, they have disseminated best practice through workshops and trainings, and promoted effective service delivery through monitoring visits and technical assistance. Of particular note during the reporting period is the scale up of the TB School designed to disseminate best practice in treatment adherence within Russia and internationally. The school was attended by representatives from Belarus, Ukraine and Russian regions. At the same time the prevention work in prisons completed its first year with a seminar highlighting achievements to date and plans for 2007. Presentations revealed inspiring changes in attitudes among prison staff. Harm reduction capacity was increased through training and monitoring and evaluation and now four Russian regions are engaged in this work. A new model of prevention through peer education was designed and disseminated to 13 regions. The social development team continued to focus on promoting the participation of vulnerable groups in programme design and advocacy. It completed its work on participatory action research with children and proposed a new child welfare strategy based on the findings due to be implemented in 2007. Seven branches engaged in advocacy and empowerment work with older people received a second round of training during which action plans and indicators were designed for 2007. Three more branches were supported through the participatory action research process, with five projects supported.

The monitoring of impact is a priority for the Federation partnership with Russian RC. Trainings have been held on impact assessments and the use of case study tools. Special reporting formats have been designed. External consultants have been recruited to design questionnaires. In 2007 the data will begin to be collected marking a shift in the way humanitarian work is reported from Russia. Direct beneficiary numbers are around 8,000 but the figure is of limited value as the Russian RC/Federation partnership is about investing in a capacity to influence or investing in a capacity for replication. For example, although all social development projects with older people involve a service delivery element reaching over 1,000 people per month, the focus of the project is in fact to empower older people to influence social policy and service provision. When change is achieved, the numbers affected are far greater but impossible for the Red Cross to track at this stage. Likewise, investments in health work are start up capital that allow Russian RC to sell proven models to more sustainable donors. The best example is the TB programme, now replicated through the Global Fund in 20 new regions. A smaller example is harm reduction, now replicated through alternative donors in three new regions. The impact of investments is therefore greater than the number of immediate project beneficiaries.

The four objectives within the Global Agenda listed above will continue to guide the Russian RC/Federation partnership in 2007 and therefore the 2006/2007 Appeal holds with only minor alterations. The main donors of this partnership, the American and Norwegian Red Cross (coordinated bilateral), the Swedish and British Red Cross plus USAID (multilateral) remain committed to supporting the above objectives in 2007. What is of significant note is that these donors have all referred to the next two to three years as exit years after 15 years of investment. It is therefore all the more vital to plan intelligently for maximum sustainable impact over this time period and for integration into more sustainable support networks.

The Russian RC/Federation will produce a 2007 Plan of Action Document to be distributed to all partners early in 2007.

For further information specifically related to this operation please contact:

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All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering quality and accountable assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

Operational developments

Russia hosted the G8 in July 2006. Despite doubts raised prior to the G8 regarding the country's support of its third sector, the government did make efforts to ensure that there were forums for civil society contributions to the G8 prior and during the event. Partly as a result of these contributions, the G8 produced positive 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. On a less positive note, new legislation came into force demanding tougher registration requirements for foreign NGOs and has limited assistance operations particularly in North Caucasus. The legislation has not impacted on Red Cross work.

For the Russian RC the reporting period was a time of political transition. The Headquarters at least was dominated by preparations for a November Congress intended to elect a leadership and set an agenda for the next five years. In the end the Congress chose to nominate the acting chairperson, and former vice-president, Raisa Lukutsova to chair the society for the next five years. At the same time the Congress elected Dmitry Fedotov, former head of the Federation Social Development department, to be vice-chairperson. This new leadership will surely lead a restructuring process over the coming months.

The Delegation began its regional duties during the reporting period and organised training events in HIV, TB, advocacy and participatory approaches for representatives of the four national societies.

Organizational Development

The Social Development team continued to address the challenges of structural vulnerability through promoting effective advocacy, service delivery and awareness raising in the community. During the reporting period particular emphasis was placed on training in participatory methodologies and advocacy among NS branches involved in working with older people, and on leading participatory action research with children in the North West. In addition, training was provided on impact monitoring, in an attempt to ensure that branches are collecting both qualitative and quantitative information in line with the key change indicators designed during the 2005 Participatory Action Research (PAR) across Russia. Promoting social development approaches is an on-going challenge in an organization that traditionally has only focused on service delivery, but the potential of the Russian RC as an advocate for vulnerable groups is an exciting one and is already bringing forward results.

The Federation and Russian RC work closely with external partners in the course of the social development projects. Common partners to all projects include the Social Welfare Department and Ministry of Health. Within the programme to assist older people, the Russian RC branches collaborate closely with the Veteran's Committee, as the committee serves the same target group, representing all pensioners without regard to their veteran status. The Child Welfare programme additionally partners with the Ministry of Education and different child welfare institutions, including both public and state-run child residential care institutions and youth cultural centres. Partners contribute to the social development projects in several ways including providing premises, volunteers, and serving as research team members. For example, the Veteran's Committee provides premises for working and shares volunteers with the local Red Cross branches at a governance level. The Ministry of Health provides

premises for medical rooms, and the Social Welfare Department provides staff, including consultations from lawyers and psychologists which are offered free of charge at Russian RC socio-medical rooms.

Donors for work with older people during the reporting period included the British Red Cross, Swedish Red Cross, and Finnish Red Cross. The work with children is funded on a bilateral basis by the Norwegian Red Cross.

Overall Goal: To promote the social inclusion of marginalized groups through facilitating improved access to services and information.

Programme Objective: To empower marginalized groups through the promotion of participatory approaches and advocacy within Russian RC programmes.

Progress/Achievements (activities implemented within this objective)

Expected Result 1: The Russian RC is better able to serve, articulate, and defend the interests of older people, children, and migrants as a result of PAR and impact monitoring.

As primarily a service provision organization, Russian RC, through its work with older people, continues to provide services in the form of home care, hospice care and primary health care. These services focus on those older people who are unable to access, for a variety of reasons both physical and material, essential health services. They also focus on care and attention that can often be lacking in overworked and understaffed state institutions. Although some care and support functions are provided through this project, in Tomsk, Ingushetia, Samara, Karelia and Chukotka, the focus of the work is on advocacy and empowerment.

The programme, through the Participatory Action Research (PAR) process, encouraged Russian RC branches to look more holistically at older people's needs to use service delivery to address root causes of vulnerability. For example, in Karelia during the reporting period, the socio-medical rooms were used by older people to raise issues such as cost of utilities and access to benefits with representatives of local government. All participating branches are organizing talks and roundtables with older people and policy makers in order to increase the influence of older people. In Samara, a roundtable was run with local government on sustainable assistance to older people and the recommendations were presented at the local Duma.

In Tomsk the participatory methodologies learned during the PAR process were put to use for the first participatory monitoring and evaluation exercises. 500 older people were involved either in focus groups or questionnaires. Sadly, the first findings show a deteriorating situation in which most participants refer to their lives as having become worse in the reporting period. More work will be done on monitoring and evaluation to detect changes that may be a result of Red Cross interventions.

All branches are involved in social mobilization. The 2005 PAR all revealed loneliness as a key aspect of vulnerability among older people and hobby clubs and meetings have become part of Red Cross life in 2006.

During the reporting period three new regions, Astrakhan, Rostov-on-Don and Krasnodar were included into the PAR process. PAR was conducted in all three regions and over 600 older people were involved. All three branches are preparing project proposals based on the findings.

Expected Result 2: Fourteen pilot projects are designed in response to the PAR based on holistic empowerment approaches and including qualitative impact monitoring systems.

Five regional branches have currently launched projects in response to the outcomes of PAR research with older people; however, Tomsk region, which launched its project in late 2004, is the only region where the project work has been ongoing for a while. In the other regions (Karelia, Chukotka, Ingushetiya and Samara), project work aimed at improving the lives of older people began only in January 2006. In all projects, the chairpersons addressed issues of social vulnerability and access to socio-medical services comprehensively by providing assistance to older people and working with authorities and the public.

To increase access to services for older people, participating branches increased services in existing socio-medical rooms and opened new socio-medical rooms where needed. In all branches, consultations for older people with specialist doctors (gerontologists), psychiatrists, and lawyers - are organized on the basis of Russian RC socio-medical rooms. During the reporting period more than 1,500 older people received consultations. In Samara, two medical rooms for long-term stay were supported within the scope of the project. In all branches, work, hobby and interest groups (needlework, history, sports, gardening) were supported to enhance the quality of life and reduce social isolation of older people. In Chukotka, the regional Russian RC branch supported a telephone hotline for pensioners and distributed informational brochures on different issues affecting the quality of life of older people (housing problems, legal support, transport and other privileges for pensioners).

Expected Result 3: 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.

In 2006, the Russian RC, with the support of the Norwegian Red Cross (NRC), supported Participatory Action Research (PAR) with children with the aim to learn more about the problems of the children through their eyes in order to make its programmes more effective and child-oriented. PAR work with children—with the participation of over 500 children—was first launched in January and was based upon three successive Russian RC sessions in the following regions: Leningradskaya oblast, Novgorod Velikiy region and Pskov region. In reporting period the PAR was also conducted in Archangelsk.

During the PAR sessions, the Russian RC heard about the following problems facing children: a lack of opportunities for leisure and self-realization; poor access to higher and secondary education; a lack of contact with parents and teachers; stigma and indifference of society towards them; and intolerance of their peers. PAR sessions with children also revealed that many of their vulnerabilities were connected with social problems of the society they live in; children suffer from adults' alcoholism and drug addiction, parents' unemployment or low salaries, ecological and transport problems, poor medical services and high prices for utilities and housing services.

As a result of the three research sessions, the following four main vulnerabilities were identified as common to all the regions:

- Lack of opportunities for self-realization and personal development;
- Poor contact with adults;
- Indifference of society towards children;
- Lack of tolerance among children themselves.

As a result of these PAR – a new child welfare strategy has been produced by Russian RC and a work plan to support child welfare in the North West of Russia. The three key directions will be:

- promoting volunteerism and support groups for youth
- psychological support to children and families in crises
- promoting health lifestyles

2007 shall see the roll out of this strategy.

Impact

During the reporting period some evidence of impact can be detected. Much of this is very individual. For example, two female beneficiaries of Russian RC's new legal advice service in Karelia were able to access their inheritance in the form of property and as a result their vulnerability is considerably reduced. Other examples are institutional in the first instance although will inevitably benefit vulnerable people in the long run. Examples of this are the fact that as a result of roundtables with government in Samara emphasising the need for home care for the immobile elderly, the local administration increased budgetary support to the Samara branch of the Red Cross to provide that service. In Karelia, a local businessmen offered to open a new Red Cross centre to support older people.

Other evidence of impact will take more time to detect. In Chukotka, one of the burning issues faced by older people is the loss of their entitlements to travel out of Chukotka at least once a year. Chukotka, on the far eastern border of Russia on the border of Alaska, has a harsh climate. The winters are long with only the briefest spells of daylight and temperatures of -60. Settlers were always entitled to annual visits to warmer parts of Russia for health reasons. Older people particularly value this. Now these entitlement have been cut back. The Russian RC in Chukotka has campaigned hard for the government to support the entitlement of unemployed older people to have one subsidized trip away from Chukotka per year – this is often the only way they will ever see family. The vice-governor has been brought on board and the issue has been raised in the higher house of parliament in Moscow – but as of yet, approval has not been given.

In 2007 more evidence is anticipated of impact once impact monitoring methods are more widely used.

Health and care

The overall programme implementation during the reporting period has been in accordance to the planned activities as defined by agreements with the National Society. The major achievements of the Federation's interventions in the fight against HIV/AIDS and tuberculosis are as follows:

HIV/AIDS Programmes

The Delegation undertook a series of monitoring trips to the territories where the peer to peer programme is taking place. The objective of the trips was to measure achievements to date with regard to programme indicators, to analyze the indicators themselves, and to collect the elements needed to standardize the reporting system. The trips also provided the opportunity to determine the training needs for the Russian RC branches and explore possible future developments. The regions implementing the peer to peer educations programme with elements for behaviour change have undertaken the operational research: "Knowledge and Behavioural Risks Among Youth", with the goal of measuring the impact of the programme and to assist the National Society in identifying the direction for future programme development. Under the umbrella of peer education, new material has been developed and distributed to the regions; the material covers issues such as prophylaxis of drug abuse, tolerance for people living with HIV/AIDS, and prevention of sexually transmitted disease.

There are currently four regions where the Russian RC is implementing Harm Reduction projects: Irkutsk, Krasnodar, Novokuznyeck, and Komi. The Federation supports programme implementation in Irkutsk and Krasnodar regions via the Appeal process, while the other two regions are funded directly by the NGOs Population Services International (PSI) and Open Health Institute (OHI). The Delegation provides technical support to all four regions in ensure standardized approaches when it comes to project implementation, including common reporting systems and sets of indicators. During the reporting period, all efforts have been concentrated on assisting Krasnodar Russian RC regional branch to start programme implementation. Several monitoring trips have been carried out to Krasnodar region. The main obstacles for programme implementation originate in a lack of a basic understanding of the programme objectives on the part of the governmental bodies responsible for drug control, police carrying out constant actions against Injection Drug Users (IDUs), and a lack of trust from potential clients of the Red Cross program. Delegation support to the region consisted of meetings and advocacy work with various governmental bodies on the regional level, visits to the rehabilitation centre for IDUs and their involvements in the programme implementation. After all efforts, the project in Krasnodar has been implemented in accordance with the designed objectives. A monitoring trip to Irkutsk has shown that the project is being implemented as described in the project objectives.

During the reporting period, the Russian RC has continued to increase the involvement of beneficiaries as active participants in different programme areas; for example, active and former drug users as outreach volunteers in Harm Reduction programmes, HIV-positive persons as facilitators in trainings, HIV-positive persons and former inmates in direct programme implementation in prophylaxis work in prison.

Tuberculosis Programmes

The first assessment trip to the Republic of Adigea took place during the reporting period. The assessment team members were representatives from Russian RC Headquarters, United States Agency for International Development (USAID), the Ministry of Justice, and the Federation Delegation. The methodology used during the

assessment involved interviews carried out with representatives from the Adigea Ministry of Health, penitentiary system, and Red Cross Regional Branch. The result is that Adigea has been officially selected as the fifth region for program implementation under the USAID grant for TB intervention.

The Delegation has learned that there was a positive outcome from the visit of the Serbian RC to Russian Federation. The Serbian RC has been accepted by Serbian Ministry of Health as a provider of social support for TB patients to increase treatment adherence. The duration of the project is two years (2007-2008). It has been underlined that the working visit of the Serbian RC and Serbian Ministry of Health to Russian RC programme sites organized by the Delegation earlier this year was responsible for increasing the image of the Red Cross with the Serbian Ministry of Health and was a factor in the partnership with the Serbian Red Cross.

A monitoring trip took place in Khabarovsk Region. During the monitoring trip, the Delegation representative carried out advocacy work for Khabarovsk RC branch with the Deputy Governor of the region. The direct outcome from the visit was political support for the RC branch and official recognition of their intervention in the fields of TB and HIV.

Two Federation representatives were invited to be facilitators in an international training course in tuberculosis control in Tartu, Estonia held in August. During the duration of the course, the Red Cross model for social support as an incentive to treatment adherence as developed in Moscow Delegation was presented. The training was organized by the Finnish Lung Association and World Health Organisation (WHO) Europe. Participants in the course were doctors from neighbouring countries.

Coordination and Partnerships in HIV and TB Programmes

The Federation met with Joint United Nations Programme on HIV/AIDS (UNAIDS) representatives to discuss developments for different activities (ranging from country-level to project-level indicators). It was verbally agreed to exchange information more regularly in the future, especially with regard to Monitoring and Evaluation methodologies. The Federation and Russian RC were invited to be a member of the commission developing Federal indicators for monitoring and evaluation. The Federation also had a meeting with representatives of United Nations Office on Drugs and Crime (UNODC) to discuss potential cooperation in the programme for released prisoners and joint efforts in advocacy work with the Ministry of Justice. The Federation had meetings with WHO representatives in Russian Federation: a TB interagency meeting and a meeting with the HIV team discussing adherence to antiretroviral (ARV) treatment.

Related to the HIV intervention, the Federation met with two local NGOs (Harm Reduction Network, and People Living With HIV/AIDS) and one international NGO (AIDS Foundation East-West). The issues discussed included indicators for measurement of HIV programs; future involvement of regional NGOs in Red Cross programmes; new applications for the fourth round of the Global Fund and the possible involvement of Russian RC in these applications; and the joint development of the model for TB/HIV co-infection.

Related to TB intervention, the Federation met with the Russian Healthcare Foundation, the primary recipient of the Global Fund and World Bank Loan. The topics discussed were different problems related to programme implementation in the regions and the exchange of experience for overcoming them.

The Delegation also collaborated with the Ukrainian Red Cross by providing technical advice in drafting the application for the World Bank Loan, involving the potential role of the Ukrainian Red Cross in providing social support to increase treatment adherence among TB patients.

During the reporting period, the overall financial situation was stable. USD 42,000 was received as additional support to the existing USAID funded project.

Overall Goal: To reduce incidence rates of infectious diseases in the Russian Federation and improve access to care and support for those living with infectious diseases.

Programme Objective:

- 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).**
- 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.**

Progress/Achievements (activities implemented within this objective)**Expected Result 1:** Model for RC intervention in DOTS+ developed and tested in the field.

The training model for “TB School” has been finalized. The first course, organized for three territories (Archangelsk, Murmansk and Karelia) in the North of the Russian Federation, took place in Archangelsk. The programme is funded by the Norwegian Red Cross. Participants on the course were representatives of Russian RC branches from the respective territories and doctors from TB dispensaries from the same regions.

The Federation Delegation plans to carry out the “TB School” training for Adigea region in Belgorod, the region where the TB programme has already been successfully implemented. This will provide us with the opportunity for the training to have theoretical elements as well as practical work in the Russian RC Regional branch in Belgorod.

Expected Result 2: The continuation of DOTS in four regions with incentives results in default rate among assisted beneficiaries falling below five per cent.

The Russian RC and Delegation model for the provision of incentives and resulting decrease of defaulted patients has proven to be successful and its effectiveness has been officially recognized by the Russian government in a new order dated 13 June 2006 and signed by the Minister for Health and Social development. This order confirms that the Russian RC model for the provision of the social support to increase treatment adherence will be implemented in all 88 regions of Russian Federation.

Expected Result 3: Injecting drug users in four Russian regions have access to services influencing reduction of HIV and other infection risks due to Russian RC activities on information dissemination and syringes exchange.

The Russian RC has increased the number of regions implementing the Harm Reduction projects. Having grown from having a single region in 2005, there are now four regions implementing this type of projects. The Russian RC’s dedicated work has been recognized by partner NGOs, who have begun inviting the Russian RC to be their partner in project implementation.

In Irkutsk, the activities have been extended to include commercial sex workers. The Russian RC, with support of the Federation Delegation, has developed the system for support for sex workers working on the road side. The commercial sex workers did not have basic access to health care. The Federation and Russian RC have encouraged the formation of a pool of doctors’ volunteers ready to assist vulnerable girls and also financially assisted by reimbursing the transport cost for workers visiting the medical doctors. The Federation and Russian RC have also supported the idea of having a professional psychological supporter for outreach volunteers to prevent professional burn out.

Expected Result 4: Three sites are selected for Red Cross HIV/ AIDS intervention in prisons. The programme model is designed and implementation begins.

The programme is implemented in three regions of Russian Federation and a fourth region is under consideration. The basic model of the programme has been designed. Under the USAID-funded HIV intervention in prison, the second round of trainings took place for the three territories (Orely, Chuvasa and Khabarovsk). The objective of the training was to train penitentiary staff members (doctors and psychological supporters) in pre- and post-test counselling methodologies and to familiarize prison guards with different teaching methodologies when it comes

to HIV prevention work. Facilitators of the training were former inmates (HIV-positive persons), HIV-positive persons who have been receiving ARV treatment for a long period, and local NGOs who are involved in programs in prison. The design for the third cycle of the trainings has been developed. The new training will provide the participants with different techniques for formation of self supporting groups for HIV positive inmates and will explore the possibilities of peer to peer education (inmates to inmates) in the penitentiary system.

Expected Result 5: Reduced HIV prevalence rate and positive behavioural change among the target population within selected regions.

The Delegation carried out training on developing methodologies for improving programme implementation for Red Cross instructors and volunteers in Novokuznyeck and Kemerovo. Standardization of the tools used in the programme and new more measurable indicators were discussed for development.

Impact

As mentioned earlier, Russian RC branches are more and more interested in implementing the harm reduction projects. The good quality HIV programme implementation is gradually bringing the NS into the scene of recognised players in the country. NS is also paying attention to programme implementation cycle and understands the importance of monitoring and evaluation, as the development of project indicators suggests.

NS intervention in TB in prison involved the inmates a few months prior to their release, while HIV intervention in prison has been carried out continuously with inmates. In practical terms it means that NS is involved with such an intervention for the first time. The impact on the most vulnerable inmates (HIV positive persons) is huge as no one was assisting this group before RC staff members started its programme.

The TB programme has brought the NS on the scene of the key players among “non medical” actors. Development of the TB School provides the opportunity for the NS to share knowledge gained in programme implementation and to strengthen its own future institution and image in the country and in the region.

Constraints

The big risk for implementation of the TB programme in Khabarovsk is an obvious lack of understanding and lack of political commitment for Directly Observed Treatment (DOT) programme from Minister of Health and his deputy. Directly observed treatment has not been accepted to the full extent and the “old Russian school” prevails.

The biggest constraint in implementing the TB programme was the unsuccessful negotiation with local authorities in Pskov Region. The Delegation’s aim was to advocate for the commitment of local authorities in co-financing the TB project implemented by Russian RC Pskov branch. The commitment from previous governors guarantees that co-financing will take place, however it was not fulfilled and the continuation of the TB programme without external support is jeopardized. The negotiation took place at the regional level with Deputy Head of Local Authorities and Pskov Ministry of Health.

Coordination, cooperation and strategic partnerships

Below is a table reflecting the activities undertaken bilaterally by Red Cross Red Crescent partners in the Russian Federation.

RC Partners	Summary of activities
Norwegian Red Cross	In 2006, in line with tripartite agreement with the Norwegian RC, the delegation invested considerable energy into promoting improvements in HIV and child welfare programming in the North West. Two workshops were held on HIV peer education and information materials were designed and disseminated. Three PARs were held with children, all revealing the stark world of broken families, drug abuse, poverty and hopelessness that the most marginalized children endure. These findings will be used to design a development approach to child welfare that will be presented to the Norwegian Red Cross in November.

American Red Cross	The American RC and Russian RC continued the bilateral 'Care and Support to People Living with HIV/AIDS' programme launched in 2003. The goal of the programme is to improve the quality of life of people living with HIV/AIDS, including HIV positive pregnant women and children born to HIV positive mothers. The American RC and Russian RC continue to meet the tremendous support needs of HIV positive people in Irkutsk through the "Steps" information and counseling centre, home based care, de-stigma efforts, and an HIV information 'Hotline'.
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International representation and advocacy

The reporting period was not busy in terms of international representation. Nevertheless, meetings were held across Russia with Ministries of Health and Justice to advocate for harm reduction and HIV prevention work. Briefings were provided to the Swedish Ambassador. Roundtables were held with government in seven regions on social development issues.

Management of the delegation

The delegation continued to play a very significant role in all aspects of project management and technical assistance. Major workshops and seminars were held on average twice a month bringing together NS representatives from across the country and region. The structure of the delegation stayed the same during the reporting period despite this workload. This was also the first reporting period in which the Moscow delegation assumed regional responsibilities. So far this has mostly consisted of joint training events but in 2007 the structure will be reviewed to ensure closer cooperation.

[Interim financial report and revised budget attached below; click here to return to the title page and contact information.](#)

International Federation of Red Cross and Red Crescent Societies

MAARU001 - RUSSIAN FEDERATION

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/9
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
A. Budget	3'674'755	557'735	0	1'226'567	420'420	5'879'477
B. Opening Balance	2'853'771	80'724	0	209'859	31'000	3'175'355
Income						
Cash contributions						
British Red Cross	11'400			91'920	25'473	128'793
Caltrans Group Ltd				3'763		3'763
Capacity Building Fund				40'000		40'000
Sweden - Private Donors					908	908
Swedish Red Cross	84'336	127'058		101'646		313'040
USAID	905'702					905'702
C1. Cash contributions	1'001'438	127'058		237'329	26'380	1'392'205
Outstanding pledges (Revalued)						
Caltrans Group Ltd				-53		-53
DFID Partnership	30'000			75'000		105'000
USAID	1'269'222					1'269'222
C2. Outstanding pledges (Revalued)	1'299'222			74'947		1'374'170
Reallocations (within appeal or from/to another appeal)						
British Red Cross	0					0
DFID Partnership				70'032		70'032
Swedish Red Cross	-0					-0
C3. Reallocations (within appeal)	-0			70'032		70'032
Inkind Personnel						
British Red Cross					76'500	76'500
C5. Inkind Personnel					76'500	76'500
Other Income						
Service Agreements					50'656	50'656
C6. Other Income					50'656	50'656
C. Total Income = SUM(C1..C6)	2'300'660	127'058	0	382'308	153'536	2'963'562
D. Total Funding = B + C	5'154'431	207'782	0	592'167	184'536	6'138'917

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	2'853'771	80'724	0	209'859	31'000	3'175'355
C. Income	2'300'660	127'058	0	382'308	153'536	2'963'562
E. Expenditure	-1'238'671	-68'632		-341'989	-159'825	-1'809'117
F. Closing Balance = (B + C + E)	3'915'760	139'150	0	250'179	24'711	4'329'801

International Federation of Red Cross and Red Crescent Societies

MAARU001 - RUSSIAN FEDERATION

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/9
Budget Timeframe	2006/1-2007/12
Appeal	MAARU001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)		3'674'755	557'735	0	1'226'567	420'420	5'879'477	
Supplies								
Construction Materials	5'000				234		234	4'766
Clothing & textiles		4	388				393	-393
Food	147'400	38'863	1'046		173		40'083	107'317
Water & Sanitation		26					26	-26
Medical & First Aid	572'100	71'394			2'947	66	74'406	497'694
Teaching Materials	6'000	-35					-35	6'035
Utensils & Tools					19		19	-19
Other Supplies & Services	3'380	4'196	23		695		4'914	-1'534
Total Supplies	733'880	114'449	1'458		4'067	66	120'039	613'841
Land, vehicles & equipment								
Vehicles	6'000	11'187					11'187	-5'187
Computers & Telecom	51'694	18'739	591		2'876		22'206	29'488
Office/Household Furniture & Eq		5'763			3'922		9'686	-9'686
Total Land, vehicles & equipme	57'694	35'690	591		6'798		43'079	14'615
Transport & Storage								
Storage	1'200	2'366			169	540	3'075	-1'875
Distribution & Monitoring		197			15	-1'960	-1'748	1'748
Transport & Vehicle Costs	245'064	27'084	1'198		1'351	17'036	46'669	198'395
Total Transport & Storage	246'264	29'648	1'198		1'535	15'617	47'997	198'267
Personnel Expenditures								
Delegates Payroll	512'400	92'493					92'493	419'907
Delegate Benefits	192'000	41'857				119'641	161'498	30'502
National Staff	783'204	193'140	25'757		89'743	12'365	321'005	462'199
National Society Staff	827'822	240'560	33'228		53'221		327'010	500'812
Consultants	75'430	29'227	-1'272		12'604	435	40'994	34'436
Total Personnel Expenditures	2'390'856	597'277	57'713		155'568	132'442	943'000	1'447'855
Workshops & Training								
Workshops & Training	572'036	158'460			88'426	3'609	250'496	321'540
Total Workshops & Training	572'036	158'460			88'426	3'609	250'496	321'540
General Expenditure								
Travel	335'928	56'757	4'665		22'456	5'642	89'520	246'409
Information & Public Relation	115'020	12'433	99		1'836	2'044	16'412	98'608
Office Costs	142'023	31'849	6'216		14'913	52'081	105'059	36'965
Communications	139'820	17'990	2'019		3'553	25'857	49'418	90'402
Professional Fees		5'202				3'089	8'291	-8'291
Financial Charges	6'302	473	-589		-2'005	12'576	10'454	-4'152
Other General Expenses	757'488	40'001				-103'348	-63'347	820'835
Total General Expenditure	1'496'582	164'705	12'409		40'753	-2'060	215'807	1'280'775
Program Support								
Program Support	382'166	80'514	4'461		22'229	10'065	117'269	264'897
Total Program Support	382'166	80'514	4'461		22'229	10'065	117'269	264'897
Operational Provisions								
Operational Provisions		57'930	-9'197		22'611	86	71'430	-71'430
Total Operational Provisions		57'930	-9'197		22'611	86	71'430	-71'430
TOTAL EXPENDITURE (D)	5'879'477	1'238'671	68'632		341'989	159'825	1'809'117	4'070'361
VARIANCE (C - D)		2'436'084	489'103		884'578	260'595	4'070'361	

BUDGET 2006

PROGRAMME BUDGETS SUMMARY

Appeal no.: AARU001 - 2006

Name: RUSSIA - 2006

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	66,000	47,400	0	0	0	0	113,400
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & First Aid	309,000	8,400	0	0	0	0	317,400
Teaching Materials	6,000	0	0	0	0	0	6,000
Utensils & tools	0	0	0	0	0	0	0
Other Supplies & Services	3,380	0	0	0	0	0	3,380
SUPPLIES	389,380	55,800	0	0	0	0	445,180
Land & Buildings	0	0	0	0	0	0	0
Vehicles	6,000	0	0	0	0	0	6,000
Computers & Telecom	29,560	3,930	0	4,644	0	0	38,134
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
LAND, VEHICLES & EQUIPMEN	35,560	3,930	0	4,644	0	0	44,134
Storage	1,200	0	0	0	0	0	1,200
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	79,320	9,300	0	0	31,120	0	119,740
TRANSPORT & STORAGE	80,520	9,300	0	0	31,120	0	120,940
International Staff	150,000	0	0	0	174,000	0	324,000
Regionally Deployed Staff	0	0	0	0	0	0	0
National staff	240,960	16,550	0	43,817	-26,774	0	274,553
National Society Staff	298,676	143,160	0	37,710	0	0	479,545
Consultants	66,530	2,400	0	0	2,000	0	70,930
PERSONNEL	756,166	162,110	0	81,527	149,226	0	1,149,029
Workshops & Training	301,678	15,000	0	104,000	0	0	420,678
WORKSHOPS & TRAINING	301,678	15,000	0	104,000	0	0	420,678
Travel & related expenses	87,546	31,386	0	36,626	12,836	0	168,394
Information & Public Rela	39,058	10,000	0	7,830	0	0	56,888
Office Running Costs	40,360	28,280	0	1,360	-74,042	0	-4,041
Communication Costs	35,400	1,800	0	3,600	33,000	0	73,800
Professional Fees	0	0	0	0	0	0	0
Other General Expenses	146,103	63,641	0	505,274	3,720	0	718,738
GENERAL EXPENDITURE	348,467	135,107	0	554,690	-24,486	0	1,013,778
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	132,904	26,504	0	51,782	10,835	0	222,024
PROGRAMME SUPPORT	132,904	26,504	0	51,782	10,835	0	222,024
TOTAL BUDGET:	2,044,675	407,751	0	796,643	166,695	0	3,415,764

BUDGET 2007

PROGRAMME BUDGETS SUMMARY

Appeal no.: AARU001 - 2007

Name: RUSSIA - 2007

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	0	0	0	0	0	0	0
Clothing & Textiles	0	0	0	0	0	0	0
Food	34,000	0	0	0	0	0	34,000
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & First Aid	249,900	4,800	0	0	0	0	254,700
Teaching Materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other Supplies & Services	0	0	0	0	0	0	0
SUPPLIES	283,900	4,800	0	0	0	0	288,700
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & Telecom	13,560	0	0	0	0	0	13,560
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
LAND, VEHICLES & EQUIPMEN	13,560	0	0	0	0	0	13,560
Storage	0	0	0	0	0	0	0
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	75,832	2,400	0	0	47,092	0	125,324
TRANSPORT & STORAGE	75,832	2,400	0	0	47,092	0	125,324
International Staff	206,400	0	0	0	174,000	0	380,400
Regionally Deployed Staff	0	0	0	0	0	0	0
National staff	234,715	45,784	0	133,431	14,273	0	428,202
National Society Staff	229,576	62,916	0	136,232	0	0	428,724
Consultants	4,500	0	0	0	0	0	4,500
PERSONNEL	675,191	108,700	0	269,663	188,273	0	1,241,826
Workshops & Training	97,558	5,000	0	48,800	0	0	151,358
WORKSHOPS & TRAINING	97,558	5,000	0	48,800	0	0	151,358
Travel & related expenses	133,880	8,270	0	15,096	10,288	0	167,534
Information & Public Rela	51,632	2,000	0	4,500	0	0	58,132
Office Running Costs	20,760	4,265	0	60,320	60,720	0	146,065
Communication Costs	27,020	4,800	0	3,600	30,600	0	66,020
Professional Fees	0	0	0	0	0	0	0
Other General Expenses	144,792	0	0	0	-99,740	0	45,052
GENERAL EXPENDITURE	378,084	19,335	0	83,516	1,868	0	482,803
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	105,955	9,749	0	27,945	16,492	0	160,141
PROGRAMME SUPPORT	105,955	9,749	0	27,945	16,492	0	160,141
TOTAL BUDGET:	1,630,080	149,984	0	429,924	253,725	0	2,463,713