

# Programme Update



## Russia, Belarus, Ukraine and Moldova (Focus on the Russian Federation)

Appeal No. MAA67003

31 August 2008

This report covers the period 01/01/2008 to  
30/06/2008.



Inmates from the youth correction prison in Oryol take part in the peer education session on HIV prevention. **Photo: Russian Red Cross**

### In brief

**Programme(s) summary:** In the first half of 2008, the Russian Red Cross supported by the International Federation of Red Cross and Red Crescent Societies' regional representation continued to implement Tuberculosis (TB) and HIV prevention, psychosocial support and social inclusion programmes that are aligned with the Global Agenda Goals to reduce the number of deaths, illnesses and impact from diseases and public health emergencies and to increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

The Russian Red Cross has joined the Red Cross Red Crescent Global Alliance on HIV and its programme activities in this field are in line with the Global Alliance concept. The regional representation in Moscow, together with the American Red Cross, enables systematic linkage between the Russian Red Cross and the Global Alliance on HIV.

As a result of these programmes, a decrease in the rate of TB treatment interruption was reached and new regions were included in the TB intervention programme, social bureaus were opened to provide social support to people living with HIV (PLHIV) released from prisons, wards from orphanages were involved in peer education in HIV prevention and several Red Cross local programmes gained sustainability through full financial and administrative support by the government.

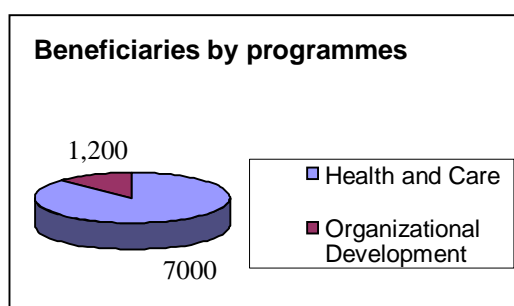
**Financial situation:** Total 2008 budget for Belarus, Moldova, Russia and Ukraine (MAA67003) was

initially 5,761,490 Swiss francs (USD 5,237,718 or EUR 3,567,486). The revised appeal budget is 5,907,466 Swiss francs (USD 5,370,424 or EUR 3,657,837), out of which 54 per cent covered. The revision is due to a slight increase in the 2008 budget for the programmes in Russia from 3,253,166 Swiss francs to 3,388,830 Swiss francs.

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

**No. of people we help:** In total, about 8,200 people directly benefited from the programmes supported by the International Federation. It is planned that 7,700 people will be beneficiaries of these programmes in the second half of 2008.

Programme	Target beneficiaries	No. of people we helped
Health and Care	TB patients	900
	medical staff	600
	inmates and staff of penitentiary institutes	2,084
	students of schools for children with behaviour problems or orphanages	316
	injecting drug users (IDUs)	2,000
	people affected by a Beslan crisis	960
	Russian Red Cross volunteers and employees	140
Organizational Development	elderly people	1,200
<b>Total</b>		<b>8,200</b>



**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 (NGOs), various governmental organizations at the federal and local levels, universities, medical research centres, educational institutions, mass media, international and local enterprises.

## Context

Increased crude oil and natural gas prices in the first six months of 2008 contributed to economic growth and stability. Past difficulties, nevertheless, have left many social problems in the Russian Federation unsolved. Certain categories of vulnerable people such as the elderly, children, people with

disabilities and people living with HIV (PLHIV) suffer from social exclusion, discrimination and poor access to services. The challenge for the Red Cross in this period was to meet the needs and promote the interests of these vulnerable people who do not have effective access to governmental economic and social programmes. The International Federation played a significant role in coordinating support for this work.

Public health problems put vulnerable groups at additional risk. Diseases such as multi-drug resistant TB and the expanding HIV epidemic contribute to increased vulnerability. Russia remains one of the 22 high-burden TB countries in the world and has one of the highest TB rates with nearly 83.2 cases per 100,000 people in 2007 according to the country's Ministry of Health and Social Development. Multi-drug resistant (MDR) TB and the expanding HIV epidemic further complicate the health situation. According to the statistics of the Federal AIDS Centre, 376,000 people in Russia now live with HIV.

Elderly people, roughly 26 per cent of the population, with low pensions tend to benefit least from the economic growth that has taken place. Many of them suffer from poor housing, difficult to access healthcare, and often experience social isolation. In a rapidly changing economic environment, they have limited coping strategies.

## Progress towards outcomes

### Disaster Management

#### Objectives:

- The skills and professionalism of the National Society disaster response staff and volunteers are improved.
- The Russian Red Cross strengthens its material resources for emergency relief in the most disaster-prone areas.

The disaster management programme per se has stalled in 2008 thus far. The disaster management coordinator leaving her post negatively affected the efforts to mobilize resources for this programme.

### Health and Care

#### Tuberculosis (TB) objectives:

- Reducing defaulter rates among TB patients thanks to effective implementation of the Directly Observed Treatment, Short Course (DOTS) strategy.
- Role of the Russian Red Cross in TB management control in two regions becomes sustainable through transfer of financial responsibility to local authorities.
- Three regional TB services and three Russian Red Cross branches have increased their capacity to manage the control for multi-drug resistant (MDR) TB patients

The regional representation in Moscow supported the Russian Red Cross and the regional health authorities in conducting training sessions on how to manage MDR-TB- management of second line drugs, DOTS+ activities- and in designing Red Cross intervention to support treatment adherence among MDR-TB patients. The three regions of Pskov Belgorod and the Republic of Khakasia have increased their capacities to respond to MDR-TB.

Among the 900 clients of the project for social support as an incentive to adhere to the treatment, only 54 clients, or 6 per cent, defaulted. Thus, the main outcome in the reporting period was that in the target regions the default rate among the total number of patients was kept under 10 per cent. This result allowed two target regions- Republic of Adigea and Khabarovsk Oblast- to submit applications for the Green Light Committee, a technical advisory body to the Stop TB Partnership and WHO. The committee is currently studying the applications. Another target region of the programme, Pskov Oblast, received official approval in February and has started the implementation of a MDR-TB project.

According to the standard system of MDR-TB treatment, the first results will be available no earlier than in one year from now.

In the reporting period, the model of TB prevention was expanded to three new regions, which is one more than was planned; two are in the Far East- the Jewish Autonomous Oblast and Khabarovsk, and one in the north Caucasus- Adigea.

In the other three regions (Pskov Belgorod and the Republic of Khakasia) the TB programme initiated by the Russian Red Cross with financial support from USAID became sustainable thanks to the full financial and administrative support from the regional authorities.

For International TB Day each regional Russian Red Cross branch organized a poster competition *I am stopping TB* for schoolchildren. The winner of the competition was awarded a prize during a press-conference that involved all Red Cross partners from several ministries of the Russian Federation.

#### **HIV:**

The Russian Red Cross has joined the Red Cross Red Crescent Global Alliance on HIV and is clearly on the path towards a greater engagement in matters related to HIV and AIDS. Programme activities of the National Society in Russia in this field are in line with the Global Alliance goals. The regional representation in Moscow, together with the American Red Cross, enables systematic linkage between the Russian Red Cross and the Global Alliance.

#### **Prison project objectives:**

- HIV positive inmates could take deliberate decisions to start the therapy and will be treated
- HIV positive inmates and their friends and family will receive support during the release preparation and upon release
- the Federal System for Sentence Execution will recommend the programme for the use in all the penitentiary system facilities of the Russian Federation

The regional branches in Orel, Chuvashia, Khabarovsk, Orenburg and St. Petersburg were conducting HIV prevention work in the penitentiary institutions. From January to June, 366 staff members and 613 inmates took part in the seminars. In addition, 142 staff and 201 inmates in Orel, Chuvashia, and Khabarovsk received knowledge on HIV and TB co-infection. These topics were addressed for the first time within the penitentiary system in Russia. Psychosocial support has been provided to 79 HIV positive inmates and 762 inmates were consulted on HIV testing.

As a result of the prison project, the system of HIV prevention became more sustainable because of its full acceptance by the prison authorities and thus could be managed with minimal participation from the Russian Red Cross. Coordination of different services of the penitentiary institutions was improved, an atmosphere of trust created and the community of PLHIV strengthened.

Following a Russian Red Cross initiative, a network of *social bureaus* was created in May on the basis of its regional branches to provide social support for released HIV positive inmates and street children. These bureaus ensure that PLHIV released from prisons come back to a normal life and continue their treatment. This includes help in restoring necessary documents and getting access to medical institutions. In Orel, Chuvashia and Khabarovsk the regional branches of the Red Cross supervise adult PLHIV during the first three days after release and branches in St. Petersburg and Orenburg that deal with PLHIV aged 15-26 provide this support during the first six months after release.

The Russian Red Cross together with the regional representation has started to prepare a manual on HIV prevention in the penitentiary institutions. It is expected that after the approval by the Federal System for Sentence Execution this manual will be used in all the penitentiary institutions in Russia.

#### **HIV: Harm reduction objectives:**

- Harm reduction of HIV positive injected drug users (IDUs) will be provided
- Staff of the Russian Red Cross regional branches will be able to provide palliative care to IDUs who have AIDS

In the reporting period, within the harm reduction programme multidisciplinary teams made up of a psychologist, a social worker, a doctor and a nurse were created on the basis of the Russian Red Cross regional branches in Kemerovo, Novokuznetsk, Krasnodar and Irkutsk. These teams were providing palliative care to 2,000 HIV positive injecting drug users (IDUs). According to the survey among the beneficiaries of the programme, due to the Red Cross efforts the level of stigmatization among medical workers towards HIV positive IDUs has decreased.

#### **HIV: Peer education objectives:**

- Youth accept safe HIV-related behavioral practices
- Staff of Russian Red Cross branches are able to attract resources (volunteers and finances) and effectively manage them
- Youth, including orphans, in 14 Russian regions are better informed on HIV
- the Russian Red Cross is better able to advocate on HIV issues, and attract and support volunteer peer to peer trainers

In the first half of 2008, 316 teenagers from five orphanages in Kemerovo and Novokuznetsk, 12 regions in the North-West of Russia were covered by the bilateral programme with the Norwegian Red Cross. They received reliable knowledge regarding HIV prevention. The Russian Red Cross was the first in Russia that started to approach this target group since the end of 2007 and up to the present moment successfully tested the model of HIV prevention in orphanages. The work was done through peer education when wards themselves acted as trainers for their peers. In total, 44 circles of seminars-five seminars each- were organized. Tests completed before and after the sessions showed that the level of knowledge regarding HIV has increased by 49 per cent.

During the HIV Memorial Day, the Kemerovo and Novokuznetsk regional Red Cross branches organized a fund-raising campaign that collected around 1,000 Swiss francs.

The Russian Red Cross and International Federation's regional representation together shared the results of the HIV programme during the *Role of civil society in the fight against HIV infection* conference in February, and the *Second HIV conference for Eastern Europe and Central Asia* in May.

#### **Constraints or Challenges:**

The biggest challenge in TB prevention that remains in the Russian Federation is that the country does not have a precise normative base and protocols directing the MDR-TB intervention. Although, the HIV prevention programme implemented in the target regions has proven to be very effective, there are certain obstacles within the National Society that limit the programme capacities. Very often the dissemination of information from the headquarters in Moscow to the staff in regional branches takes a lot of time. This problem was resolved by creating an electronic mailing list which allows immediate and direct sharing of information among programme staff.

The Russian Red Cross has experienced certain difficulties in fund-raising among the local authorities for its HIV prevention programme in the penitentiary system. Decision-makers in the local executive bodies tend to separate the penitentiary health system from the civil health system and therefore do not envisage any financial support for prison institutions.

#### **Psychosocial Support (PSS) objectives:**

- The most affected families in Beslan are supported in psychological healing and rehabilitation
- Community mobilization in Beslan results in increased confidence and strengthened coping mechanisms
- 120 children with disabilities in Beslan enjoy more opportunities for self-realization and inclusion
- Russian Red Cross branches working with elderly people and children improve the quality of their service delivery and empowerment work through adopting PSS approaches



Puppet theatre in the child welfare centre in Beslan, North Ossetia.  
Photo: Russian Red Cross

The three-year long emergency response operation *Beslan hostage crisis* was transformed in 2008 into the new project *Community reliance and risk reduction*. It aims to increase the life quality of people affected by the Beslan hostage crisis and to reduce the stress in the local community.

In this programme, 78 trained Red Cross staff and volunteers organized for 116 children, including 44 of the hostages and 23 children with disabilities from birth, four interest clubs. These are a computer club, children's theatre, an art club and a psychological club. In addition, 184 extra classes in dancing and fairy-therapy, hippo-therapy, relax exercises were given for 10 groups of children. These activities facilitate the opening of the inside capacity of children who suffer from the hostage crisis or disabilities at

birth for their further personal development. Moreover, Russian Red Cross speech-therapist provided 195 individuals courses for children with disabilities.

During the reporting period, 8 Red Cross social workers and psychologists paid around 100 home visits to support 26 families affected by the hostage crisis, and to encourage them to join various activities at the Red Cross centre. In 230 cases special support related to daily living was provided. As a result of the programme, 7 families from 26 stopped needing Red Cross support, as their psychological conditions had improved.

In addition to the main programme activities, the programme increased the capacity of the Red Cross staff and volunteers and local authorities in the north Caucasus to respond to disasters. Since the beginning of the year, 242 people have been trained in 21 workshops on how to provide psychosocial (PSS) support and first aid to the people affected by disasters. Moreover, the PSS component was expanded from exclusively being in the disaster management programme to other programmes, such as TB and HIV prevention and social inclusion. In June, 24 Russian Red Cross staff gathered for a four-day PSS workshop to develop training modules that will disseminate PSS skills among staff of the above-mentioned programmes in various regions. To support this, 500 copies of the PSS manual were translated and printed.



Elderly people in the Russian Red Cross centre in Novgorod. Photo: International Federation

## Organisational Development

### Social inclusion objectives:

- Through cooperation with policy-makers the interests and opinions of elderly people are taken into account in the design of policies and budgets in five regions
- Elderly people experience improved feelings of self-worth and self-respect with a greater knowledge and familiarity with their rights; social interaction with their peers and increased involvement in wider society in five regions
- A single Russian Red Cross policy towards active ageing is adopted and disseminated to 89 Red Cross branches

- The five pilot projects are able to generate resources locally in order to continue work in 2010 without external support

The elderly people project is being successfully implemented in Novgorod Velikiy and Tomsk regions through the network of Red Cross social and medical centres. Between February and March the project was expanded to three more territories; two in Tomsk region and one district in Novgorod region, involving up to 80 more beneficiaries. The new centres received full financial and administrative support from the local government.

During the reporting period, around 1,200 elderly people (85 per cent women and 15 per cent men) participated in the work of 25 Red Cross centres on a regular basis. More than 800 elderly people received medical advice and support. Around 1,000 information booklets for elderly people were printed and distributed. Up to 80 information workshops and lectures on human rights, first aid, law and psychological aspects and proactive life styles for more than 950 elderly people were held. Three new initiative groups of elderly people were formed and a new committee for coordinating the elderly people groups was elected in Tomsk and re-elected in Novgorod.

Due to effective cooperation with the local authorities the Russian Red Cross Novgorod branch successfully advocated elderly people's interests. In April, the regional parliament passed a bill that revised state subsidies for elderly people in Novgorod region and as a result pensions were increased.

### **Challenges or Constraints**

Despite successful implementation of the programme in the target regions, the capacity of the Russian Red Cross's dissemination to its branches is limited due to the lack of a single policy towards active ageing at the headquarters level. For the time being, this policy exists only at the programme level.

## Working in partnership

The Russian Red Cross and the International Federation's regional representation have strengthened partnership links that have had a positive impact on programme implementation. In the case of the TB prevention programme, local authorities and other partners such as TB research institutes helped to strengthen TB services, which in turn contributed to the improvement of patient adherence to treatment. At the regional level, local authorities in the three target regions decided to sustain Russian Red Cross programmes in TB prevention through direct governmental financing.

The Russian Red Cross together with the regional representation takes an active part in the work of the Multi-sector High Level Working Group on TB prevention that includes state authorities, federal TB institutes, WHO and the European Commission. It allows sharing of its programme experience and better advocacy.

Due to the cooperation established with the local authorities, Orenburg and St. Petersburg regional branches are able to provide effective social support to PLHIV released from prisons. Former inmates receive assistance in getting access to medical treatment.

## Contributing to longer-term impact

Peer-to-peer methodologies in transferring knowledge in DOTS and DOTS+ in TB intervention are proving to be more effective than any other method used in traditional training sessions. The International Federation will continue to develop these methodologies and best practices.

At present, the International Federation's representation and the Russian Red Cross are focused on developing a system that will support MDR-TB patients adhere to their treatment. Support to MDR-TB patients with adherence to treatment is different from the support to patients with regular TB, quantitatively and qualitatively.

Experience of the Beslan programme and the DREF operation in Kemerovo were used by the Russian Red Cross to develop a joint concept of psychosocial support that could be used in all traditional spheres of competence. A PSS component will become an integral part of the ongoing health and care and social inclusion programmes, and in future could be used for any other Red Cross activity.

Through the HIV prevention programme, Red Cross branches in the target regions have increased their capacities in terms of monitoring and evaluation that involve PEPFAR (US President's Emergency Plan for AIDS Relief), UNGASS (United Nations General Assembly Special Session) and Global Alliance indicators. New mechanisms were created to provide effective communication between the headquarters and the regional branches. The regional representation makes regular trips to evaluate programme management at the regional level.

## Looking ahead

Taking into account that the financial support for the HIV prevention programmes from the Norwegian, Swedish and British Red Cross Societies and also partly from USAID will finish at the end of 2008, the Russian Red Cross and the regional representation will focus on supporting the regional branches by developing the programme activities, so they can function without the international financial support of the International Federation.

The PSS component will become an integral part of TB, HIV and social inclusion programmes. It will allow the Russian Red Cross to define its niche in the country and improve the qualifications of its staff and volunteers.

The elderly people programme will concentrate on encouraging further creation of self-supporting and initiative groups of elderly people that could act without the Russian Red Cross support, looking for possibilities for branch development and community capacity building, namely in the field of disaster preparedness and man-made disaster prevention in the country-side and, finally, on promoting active ageing and creating a resource network (regional branches web-sites) to share best practices among different regional Red Cross branches and other interested parties.

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