

# Revised Plan 2011



## Russian Federation

### Executive summary



The Russian Federation occupies most of Eastern Europe and northern Asia, or about one-eighth of the earth's surface. Although rich in mineral and energy resources, Russia has a large proportion of its population struggling with poverty. Division between the rich and the poor is very deep. Certain groups of vulnerable people such as the elderly, children, people with disabilities and people living with HIV suffer from social exclusion, discrimination and poor access to services.

The incidence rates of Tuberculosis (TB) and HIV represent a major health problem. Russia occupies the second place in Europe with regard to the spread of HIV. Rates are particularly high among injecting drug users (IDUs), who are

mainly young people, and inmates of penitentiary institutions. People living with HIV (PLHIV) are still subject of stigma and discrimination. With regard to the spread of TB, it is the highest in Europe, with 82,6 new cases and 16,5 deaths per 100,000 people.

Poor socio-economic conditions aggravate the consequences of any disaster. The number of different natural disasters such as earthquakes, fires, floods or wind storms has increased by 12.6 per cent in Russia during the last two years. Even more striking is the incident rates of man-made disasters such as mine blasts and road accidents.

Russia is second in the world among countries hosting the largest number of international migrants. Annually the number of labour migrants amounts to about 14.5 million.

The challenge for the Red Cross is to meet the needs and promote the interests of vulnerable people who do not have effective access to governmental economic and social services. At its General Assembly in 2009, the International Federation adopted *Strategy 2020* to guide its work and that of National Societies both domestically and globally. Focussing on "saving lives and changing minds", *S2020* and calls on national societies, as effective auxiliaries to the public authorities in the humanitarian field, to provide high quality services within the core mandates of the Red Cross and Red Crescent, to influence behaviours, promote changes in attitudes and mindsets, and for the Red Cross and Red Crescent to play a lead role in advocating for meeting the humanitarian needs of vulnerable people and communities. This plan outlines the work of the Russian Red Cross and International Federation in reducing contemporary vulnerability in Russia in line with the International Federation of Red Cross and Red Crescent Society's *Strategy 2020* goal of "saving lives and changing minds". It comes at a time of increasing economic prosperity in Russia, but frequently this prosperity does not reach the most vulnerable, and so there is an urgent need for a strong Red Cross in a vibrant civil society to serve and represent the interests of the vulnerable. It also comes at a time when there are growing opportunities for local resource mobilization. Many of the programmes narrated in this plan should be seen as investments into the Russian Red Cross

Society to enable it to implement its advocacy role and to facilitate access to longer-term funding. The programmes will:

- provide direct assistance to TB clients (1,300 people registered by TB services), approach key populations at higher risk (60,000) and the general public on the issues related to TB prevention
- strengthen the Russian Red Cross potential to independently provide sustainable development of HIV prevention activities
- increase National Society capacities in providing psychosocial support through expanding this component from disaster management to other programme areas such as health and care (HIV and TB intervention) and social inclusion
- reduce vulnerability of local communities through increasing public awareness on safety concerning road accidents, human pandemic and mitigation of the psychological consequences of disasters
- assist the Russian Red Cross in the development and implementation of the migration programme
- advise and support the National Society on the improvement of its legal foundation (Red Cross Law and RRC Statutes) and strategic planning based on the Strategy 2020, increase the potential of the National Society by providing technical support to develop a new strategy for the National Society

Beneficiaries of the Russian Red Cross programmes in 2011 will include TB clients and their family members, elderly people living alone, migrants, multi-child families, homeless people, medical staff, inmates and staff of penitentiary institutions, former inmates of penitentiary institutions, PLHIV released from penitentiary institutions, friends and family of PLHIV, IDUs, Russian Red Cross volunteers and employees, commercial sex workers, injecting drug users living with HIV, students of schools for children with behaviour problems or orphanages, secondary school and university students, specialists involved in disaster management, community members, their parents and teachers.

The total 2011 budget is CHF 2.5 million.

[Click here to go directly to the attached summary budget of the plan.](#)

## Country context

Russia is a federation, composed of 83 administrative units with various authorities and degrees of competence. The country is vast and occupies 40 per cent of Eastern Europe and northern Asia, or about one-eighth of the earth's surface, spanning 11 time zones and incorporating a great range of environments and landforms. Russia has the world's largest mineral and energy resources, and is considered an energy superpower. According to its constitution, there is a presidential system with a two-chamber parliament. After the dissolution of the Soviet Union in 1991, the country started making efforts to build a new political system and a market economy, replacing the social, political, and economic controls of the communist period.

Since the financial crisis in 1998, real wages have increased by more than 150 per cent and the levels of poverty have fallen sharply. However, **income inequality** in Russia is considerably higher than it was at the time of the break-up of the Soviet Union. The top 20 per cent of the population accounted for 47 per cent of the total income in the first half of 2007, compared to 38 per cent of the total income in 1992. The bottom 20 per cent accounted for only just over 5 per cent, which was slightly less than in 1992.<sup>1</sup> There is a concentration of capital in big cities which distracts attention from the bleaker situation in small towns and villages.

After global economic crisis uncertainties, Russia is experiencing a fast recovery which will benefit the social sphere. According to the World Bank, the scale-up of pensions and other benefits in

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<sup>1</sup> Source: Economist Intelligence Unit [www.eiu.com](http://www.eiu.com)

2010, in particular, will likely have additional positive impacts on poverty, which is projected to fall further to 11.4 percent in 2010 and to 10.2 percent in 2011.<sup>2</sup>

However, Insufficient and often inadequate social services, especially healthcare, combined with meagre salaries and pensions are still a sad reality, and **elderly people** found themselves among those who have suffered materially and psychologically most from the collapse of the Soviet Union. Low incomes are not sufficient to pay for the rapidly increasing housing expenses and food. There are over 38 million people of pension age in Russia (60 for a male and 55 for a female). The low birth rate during the last years has resulted in a rapid increase of the proportion of older people in the population from 8.6 to 20.6 per cent<sup>3</sup>.

Development Indicators		RUSSIA	
<i>Population, geography and environment</i>		<i>Economy and labour</i>	
Total population (millions)	140.7	GDP per capita (PPP in USD)	10,845
Surface area (square km)	17,075,200	GDP real growth (%)	8.1
Carbon dioxide emissions per capita (metric tons)	10.6 (2004)	Unemployment total (% of labour force)	5.9 (2007 est.)
Population growth	-0.474	Inflation %	9
<i>Social indicators</i>		<i>Health indicators</i>	
Adult literacy rate (% aged 15 and older)	99.4	Infant mortality rate (per 100,000)	14
Gender-related development index rate (GDI)	58 (2005)	Life expectancy at birth (female/ male)	73.2/ 60.4
Human development index value (HDI)	0.802 (2005)	HIV prevalence (% aged 15-49)	1.1 (2005 est.)
Human development index rate (HDI)	67(2005)	People living with HIV aged 0-49	469,000 - 1,400,000 (est.)
Population below national poverty line (%)	30.9	Prevalence of Tuberculosis (per 100,000)	83,2 (2007)

Sources: World Health Organization; World Bank; Economic Intelligence Unit

**Table 1:** Selected development indicators for Russia

Along with older people **children** remain a highly vulnerable group in Russia and suffer not only from problems typical for their age, but also from the effects of adult alcohol and drug addiction, unemployment and the low wages of their parents, ecological and transport problems, inadequate health services and social isolation. According to the United Nations Children’s Fund (UNICEF), there are up to 200,000 street children in Russia.

Russia is facing a **demographic crisis** causing a steady decline in its population. Since the dissolution of the Soviet Union, Russia has lost some 4 million people, with the population contracting by an annual average of 0.5 per cent in 2002-06.

The Russian Federation is affected by international **migration** as a country of destination, a country of transit and a country of origin. This is the case with a wide range of migration phenomena, ranging from trafficking and smuggling, via asylum seekers and refugees to labour migration – documented and undocumented. Official estimates about the number of irregular migrants currently residing in the Russian Federation range from 3 to 5 million. According to the International Organization for Migration, Russia occupies the second place in the world among countries hosting the largest number of international migrants, amounting to about 14.5 million. Among them there are only 4,5 million legal migrants, while, the majority of foreigners work illegally.<sup>4</sup> As for emigration flows from Russia, approximately 500,000 Russian citizens are currently working beyond the borders of Russia (other expert estimates provide a figure of 1.5 million). These estimates include both regular and

<sup>2</sup>Source: World Bank, Russia Country Brief

<sup>3</sup> Source: Russian Federal Statistics Service, <http://www.gks.ru>

<sup>4</sup> Ibid.

irregular migration flows, although the majority of Russian employees abroad are believed to have an irregular status.

**Public health** problems put vulnerable groups at additional risk. Diseases such as multi-drug resistant TB (MDR-TB) and the expanding HIV epidemic contribute to increased vulnerability. Russia has the largest **HIV** epidemic in Europe, and accounts for around two-thirds of the cases in the eastern European and central Asian region. Today over 516 167 cases are officially registered with state institutions.<sup>5</sup> but the UNAIDS 2006 report gives the figure of 940,000. Although 62 per cent of new infections are found among injecting drug users (IDUs) who share needles, the rate of infection by sexual transmission has grown from 6 per cent in 2008 till 36,2 per cent in 2009. Poor public awareness, traditionally low demand for condoms and inadequate healthcare exacerbate the threat.

Tuberculosis (TB) remains one of Russia's major public health threats. Russia ranks thirteenth among 22 high TB burden countries worldwide. The estimated number of TB cases in Russia forms 38.1% of all estimated TB cases in the European region. Growing rates of multidrug resistant (MDR) TB poses a transnational threat to the region and globally. The MDR TB ratio is increasing, reaching 15.5% among new smear-positive cases in 2009, of those 6-10% are extensively drug resistant (XDR), placing Russia third among 27 priority MDR countries worldwide. TB is the largest killer among infectious diseases in Russia – about 83% of all deaths caused by infectious and parasitic diseases, about 25,000 per year. As a result, Russia is a “priority country” for international donors and technical organizations in addressing TB.

Various factors, such as size of the country, differences in social and economic status of the regions, very high level of TB infection in general population, absence of the national TB control program established in accordance with the international standards, poor management of TB treatment, inadequate infection control, high default rate and unstable situation with drug procurement contribute to the growing rates of MDR/XDR TB and overall TB epidemics in Russia.

Country disasters		RUSSIA	
Type of Disaster	Date	Affected people	
Drought	2003	1,000,000	
Flood	September 1994	775,429	
Extreme temperature	January 1999	725,000	
Flood	June 2002	330,613	
Flood	July 2001	300,000	
Flood	July 1996	220,000	
Epidemic	June 1995	150,000	
Wildfire	July 1998	100,683	
Flood	February 1998	88,000	
Flood	May 1998	78,600	

Source: EM-DAT: The OFDA/CRED International Disaster Database

**Table 2:** Major natural disasters in Russia since 1990 including dates and number of people affected

The huge country territory and the special features of Russia's environment make it prone to many natural and technological **disasters** including wide-scale floods, major earthquakes, fires and storms, 200 to 300 cases annually. On an annual basis, the Russian Federal Ministry of Emergency registers 2,500 technological disasters. Direct losses from disasters exceed 2.5 billion Russian roubles (RUR) or 105 million US dollars annually. The number of injured has been estimated in the range of six to eight hundred thousand and the number of dead over five thousand. According to the International Federation's World Disasters Report 2009, the number of people affected by natural and technological disasters in the country between 1998 and 2008 was 2,712,273 and the number of killed 4,422.

Across the country, one of the most prominent and devastating hazards are road accidents. According to the Ministry of Internal Affairs, the number of people killed on the roads of Russia during the past ten years exceeds 315,000 and the number of people disabled as a result of accidents more than 2 million. In 2009 about 26,000 people died and 260,000 were injured in 203,603 road

<sup>5</sup> Source: Federal AIDS Center [www.hivrussia.ru](http://www.hivrussia.ru)

accidents<sup>6</sup>. The death rate in **road accidents** in Russia is 20 per 100,000 people which is much higher than in many other countries with the same number of cars per citizen.

## National Society priorities and current work with partners

National Society Figures		Russian Red Cross
Human resources	Number of people	
Members	around 1,000,000	
Staff and volunteers	254,300	
Headquarters staff	50	

The Russian Red Cross is the oldest public organization in Russia, founded in 1887. The National Society is represented in each administrative region of the country and has 89 regional and 2,210 local branches.

**Table 3:** Human resources for the Russian Red Cross figure

The Russian Red Cross Society wishes to continue the programmes that have been implemented with support from the International Federation in 2008-2009, but also to develop new approaches, and add elements that have been less prominent in the past. The society defines 11 priority areas for international support:

- preventative activities related to HIV and TB
- assistance to children
- social inclusion of elderly people
- disaster management
- road safety
- migration
- first aid
- human pandemic preparedness
- organizational development
- volunteer management
- youth management

The National Society involvement in **disaster management** will continue. The International Federation will assist the Russian Red Cross in its efforts to extend and upgrade its capacities in this area. Three projects will be included in the disaster management programme. These are disaster management planning, organizational preparedness, disaster preparedness with a special focus on pandemic preparedness. Thirty local disaster management committees will be set up in 10 regions of the Russian Federation to strengthen capacity of local communities in responding and mitigating possible disasters..

In consequence of the large number of victims on roads, the Russian Red Cross has decided to prioritize **road safety** activities. Initial activities will focus on establishing effective partnership with the government and taking part into national programme on road safety with regard of educational activities at school.

**Health and care** is integral to the future direction of the Russian Red Cross. Since September 1999, supported by the International Federation, it has implemented a TB/ HIV and AIDS programme with support of various donors such as ECHO, the UK's Department for International Development (DFID), USAID, the British Red Cross, the American Red Cross, the Norwegian Red Cross and Norwegian government, the Danish Red Cross, and the Singapore Red Cross in 11 regions of the Russian Federation: Murmansk, Arkhangelsk, Pskov, Belgorod, Khakasia, Khabarovsk, Buryatia,

<sup>6</sup> Source: Department of Road Safety, Interior Ministry of Russia, [www.gibdd.ru](http://www.gibdd.ru)

Tomsk, Kemerovo, Oryol, Astrakhan and Ivanovo. The strategy to respond to HIV adapted by the Russian Red Cross will be used as a basis to develop a single health and care strategy to be used for all programmes in this field.

The role of the Russian Red Cross remains well-established and complementary to state efforts in **TB** control and focuses on ensuring treatment compliance of TB patients through the provision of social support and legal and psychological counselling. The Russian Red Cross recognizes the importance of effective psychosocial counselling in its response to TB, which is less costly than social support and may be used as an incentive in the DOTS (directly observed treatment, short course) for TB treatment. This is especially true for inmates of penitentiary institutions awaiting release, who may be advised on social reintegration issues.

In addition, the multi-year programme funded by USAID (2001-2010) has strengthened diagnostic capacities outside the Russian Red Cross by supporting state-employed trained staff, by training TB doctors and laboratory staff, and by increasing logistics capacity and providing new laboratory equipment and procedures. The USAID grant will come to an end in 2010; however an application for a follow up program is envisaged to be implemented, building on the experience of the first Grant. To ensure sustainability of TB control actions, IFRC in cooperation with RRC will promote the deeper community involvement in anti-TB activities countrywide and strengthen public awareness on TB. In interaction with TB services, such involvement may amplify national and international efforts to combat TB in Russia and increase effectiveness of all national programs focussed on TB and other infectious disease control.

The Ministry of Health recognizes the Red Cross role in TB care throughout the Russian Federation. The National Society contributed to the preparation of a federal programme proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) which means that the Russian Red Cross, supported by the International Federation, is a member of the Country Coordination Mechanism for GFATM. As the proposal of the Russian Federation submitted to Global Fund for Round 9 was not accepted, after May 2010 most of the regions will face with limitations of drugs for MDR-TB treatment, due to lack of possibility to provide necessary funds from federal budgets.

Prevention of TB and HIV is key to the International Federation's global health and care strategy for 2006-2010, and a health priority agreed at the European Red Cross and Red Crescent Regional Conference in Berlin in 2002.

Thanks to the successful implementation of **HIV** prevention programmes in 2006-2008 in cooperation with the International Federation, the British, the Italian and the Swedish Red Cross Societies and USAID, the Russian Red Cross has accumulated the potential and experience necessary to further develop these programmes targeted at vulnerable groups of the population. Potential of the National Society was further strengthened by joining the Federation's Global Alliance on HIV in 2008.

In December 2009 Russian Government subsidized Russian Red Cross and provided about 9 million USD for HIV prevention activities. In the framework of this grant, Russian Red Cross has to establish "patients' schools" in 47 regions, in close cooperation with local NGOs of PLHIV, during 2010. In case of successful implementation of this program, the Russian Government is considering to increase the volume of subsidizing for the RRC in 2011.

The National Society will continue its cooperation with its two main bilateral partners, the Norwegian Red Cross and the American Red Cross. The Norwegian Red Cross has, for nearly twelve years, supported a child welfare programme in the north-western parts of the Russian Federation. This programme was reviewed during the first half of 2008, and the recommendations from the Review Mission form the basis for discussions between the Russian Red Cross, the Norwegian Red Cross and the International Federation about the reformulation and redirection of the programme. According to the Memorandum of Understanding, signed between the Norwegian Red Cross, Russian Red Cross and the International Federation, the cooperation shall therefore continue until at least the end of 2011. A new review of the cooperation is expected to be conducted in early 2011.

The American Red Cross has, also for a number of years, supported the Russian Red Cross in HIV related activities in the Irkutsk region. The Russian Red Cross, the American Red Cross and the International Federation agree that this cooperation should continue and, insofar as possible, be extended.

While the direct involvement of the International Federation in these two, essentially bilateral, programmes is limited, the regional representation in Moscow wishes to explore a model of operational alliance that includes pooling of staff resources, technical expertise and knowledge, in close consultation with the Russian Red Cross.

With regard to **organizational development**, the Russian Red Cross Society recognizes the need to upgrade its organizational structures, methods and approaches through updating its Strategy and Statutes. For this purpose National Society has established a working group that should review these documents and line them with the Federation Strategy 2020. Further discussion with the branches will finalize the text to be adopted at the Congress in the last quarter of 2011. Peer support is looked for to provide quality technical support and advice in the general area of organizational development, with special attention to the strengthening of the legal base, governance, transparency, accountability, branch capacity, volunteer management and development of youth policy.

In the framework of **principles and values**, the Russian Red Cross is interested in developing its capacity to address the issue of **migration**. In the first instance, National Society will provide necessary social, psychological and legal support to migrants annually by creating social support centres established in the five regions. In addition, it will deal with stigma and discrimination of migrants at community level through increasing awareness of local communities on migration issues.

## Secretariat supported programmes in 2011

### Disaster Management

#### a) The purpose and components of the programme

<b>Programme purpose</b>
<b>Reduce the number of deaths, injuries and impact from disasters</b>

The disaster management programme budget is CHF 199,794

Based on its experience in the field of psychosocial support the responsibilities of the Russian Red Cross in disaster response and disaster relief will be strengthened and its role further elaborated in cooperation with the ministries concerned.

<b>Programme component 1: Development of risk reduction activities</b>
<b>Component outcome 1:</b> disaster risk reduction and disaster response strategy is developed and regularly updated
<b>Component outcome 2:</b> Effective cooperation with EMERCOM and international organizations is established

Russian Red Cross with the technical support from Federation will develop and regularly update National and regional Disaster Management plans with a special focus on psycho-social support (PSS). These plans will be auxiliary to Government plans and define mechanisms of cooperation with EMERCOM and relevant international organizations. In the framework of disaster risk reduction activities, training manual on PSS will be developed.

#### b) Profile of target beneficiaries

Russian Red Cross staff and volunteers will directly benefit from the programme activities.

#### c) Potential risks and challenges

Lack of funding represents a major obstacle to longer-term programmes in disaster management. The National Society dramatically depends on external support for the programme but funding for disaster management is provided by a limited number of donors and usually on a year by year basis.

The National Society, facing the need to respond to more disasters, also faces the challenge to train and retain staff and volunteers capable of providing professional disaster response services as PSS.

## Health and Care

### a) The purpose and components of the programme

<b>Programme purpose:</b>
<b>Reduce the number of deaths, illnesses and impact from disasters and public health emergencies</b>

The health and care programme budget is CHF 1,703,063

Taking into account on the one hand serious decrease in international funding for HIV programmes in Russia and on the other hand almost 9 million USD Russian Government HIV programme for the Russian Red Cross, Federation supported programmes will mainly concentrate on TB prevention issues and bilateral programmes together with American and Norwegian Red Cross Societies.

<b>Programme component 1: Tuberculosis</b>
<b>Component outcome 1:</b> DOTS plus program successfully implemented in the following program sites: Adygeya and Khakassia republics, Khabarovsk kray, Belgorod, Jewish Autonomous, Pskov oblasts, Buryatia plus four sites that will be selected in 2010, are enrolled in the program for replication of developed models;
<b>Component outcome 2:</b> Detection of new TB cases among “risk groups” improved as a result of RRC staff and volunteers activities: 100% of TB cases are registered in the program sites;
<b>Component outcome 3:</b> TB treatment default rate reduced due to the RRC activity: Default rate (treatment interruptions) in all program sites does not exceed 8% (less than 10% everywhere) in average
<b>Component outcome 4:</b> Awareness of population on TB prevention and their attention to stigma and discrimination issue towards TB patients in 25 regions of Russia increased
<b>Component outcome 5:</b> Systems of collaboration and ensuring of treatment continuity and adequacy between civil and penitentiary sectors, TB and HIV services are established and legalised in all program sites.
<b>Component outcome 5:</b> Strengthening the institutional capacity of the Russian Red Cross (RRC) and its visiting nurses service (VNS).

The Regional Representation has built up a technical support structure which focuses on improving assistance to multi-drug resistant (MDR) TB patients provided by the seven regional Red Cross branches and local TB dispensaries. In 2010-11 four additional regions will be included. The Russian Red Cross activity in TB prevention will be aimed at increasing MDR-TB cases detection and decreasing number of TB treatment defaults. For the purpose the National Society plans:

- to organize advocacy, social and community mobilization and information campaigns for different groups of population to increase public awareness, change risky behaviour and decrease stigma and discrimination towards TB and MDR-TB patients
- to reduce vulnerability to TB and MDR-TB of population groups difficult of access, with the help of their peers and Russian Red Cross volunteers
- to train former and current TB patients and people around them on TB main issue for further dissemination of the information among their peers
- to organize social and psychological support for TB patients with the help of Red Cross visiting nurses

This is a unique and comprehensive approach of the problems faced with TB and considered a pilot for tackling a serious public health problem in Russia. The program is implemented in close cooperation with the Ministry of Health and the national research institutions for TB. The International Federation is member of the “High level Commission for TB in Russia” and employees three highly qualified experts in the field of TB for this purpose. The experts work in with the Regional authorities and Governmental health institutions.

The implementation of the work is the responsibility of the Russian Red Cross. Initiatives are underway to develop a centre for training in community care for TB patients and to establish a referral centre for the Red Cross in the field of TB. Setting up the network of the Centres of Best Practice (Information and Coordination centres) on various TB topics as horizontal educational platform for local TB facilities and RRC branches to provide opportunities for sharing best practices and experience between TB professionals from different regions of the Russian Federation with the leading coordinating role of the Centre of Best Practice at RRC headquarters. A number of these regions will reach to 25 by the end of the program.

<b>Programme component 2: Tuberculosis Infection Control Program (until March 2011)</b>
<b>Component outcome 1:</b> Scaling up TB Infection Control measures at country level
<b>Component outcome 2:</b> Scaling up TB Infection Control measures at seven territories, covered by TB control project
<b>Component outcome 3:</b> Dissemination and review of TB IC knowledge and experience

In 2009 the program: “Strengthening programmatic approach to TB-IC in selected territories of the Russian Federation” was supported by USAID jointly with KNCV Tuberculosis Foundation as integral part of the TB control program, funded by USAID in seven territories of Russia. The main aim of the program is to improve infectious control measures in TB facilities. The program will end in March 2011.

<b>Programme component 3:</b> Extension of support and service to people affected by HIV /AIDS (Bilateral programme with the American Red Cross)
<b>Component outcome 1:</b> Skills on the disease management formed among PLHIV, the program clients in Irkutsk, Tula, Orenburg, Sochi, Belorechensk and Leningrad regions.
<b>Component outcome 2:</b> Stigma and discrimination of PLHIV from their close environment (health staff, family members, friends, program staff) reduced.
<b>Component outcome 3:</b> Risk of HIV transmission from mother to child reduced
<b>Component outcome 4:</b> Mental and physical development of children born by HIV positive mothers improved to normal.
<b>Component outcome 5:</b> Access to palliative treatment and care for PLHIV in advanced stages of the disease enhanced.
<b>Component outcome 6:</b> Dissemination of successful experience and best practices among RRC Regional branches improved

Successful experience and best practice of the “Extension of support and service to people affected by HIV /AIDS” programme will be disseminated through training sessions conducting by the Russian Red Cross headquarters and Irkutsk branch’s HIV programs’ members for Russian Red Cross regional branches and some CIS countries (Ukraine, Kazakhstan) National Societies staff.

Main activities of the programme will be aimed at decreasing stigma and discrimination and promoting adherence to treatment, early detection of tuberculosis among PLHIV, providing palliative care to PLHIV at the late stage of the infection and ensuring social support to PLHIV and their close-ones.

<b>Programme component 3:</b> Child Welfare programme (Bilateral programme with the Norwegian Red Cross)
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Component outcome: Child and youth vulnerability in six North-Western regions of Russia: (Arkhangelsk, Karelia, Murmansk, Novgorod, Pskov, Saint-Petersburg) is reduced through the provision of social-psychological support by the RRC.

Component outcome 2: Local community, civil society and RRC capacity for efficient and sustainable service delivery is increased through promotion of volunteering, enhanced interaction between state and non-state actors, advocacy and community empowerment.

Children from socially vulnerable families will be supported by extra nutrition from soup kitchens, regular psychological assistance together with their parents in the form of individual counseling and group sessions, and also by hobby classes and vocational training

In addition, regional branches will improve their volunteer management.

### **b) Profile of target beneficiaries**

TB patients, elderly people living alone, ex-prisoners, migrants, members of multi-child families, homeless people, medical staff, ministry staff, people affected by TB, inmates and staff of penitentiary institutes, released PLHIV, friends and family of PLHIV, Russian Red Cross volunteers and employees, sex workers, injecting drug users (IDUs) living with HIV, students of schools for children with behaviour problems or orphanages, high school and university students will be the beneficiaries of the health and care programme. In particular:

#### **TB programme:**

- At least 1000 TB and MDR-TB patients from officially registered 100,330 TB patients in the target regions covered by social support of RRC.
- 300, 000 people or 5 per cent of general population in the target regions (Pskov, Belgorod, Republic of Khakasia, Khabarovsk, Jewish Autonomous Region, Republic of Adigea, Republic of Buryatia) are covered by information awareness campaigns on TB prevention and anti-stigma discrimination, conducted by RRC.

#### **Extension of support and service to people affected by HIV /AIDS**

- 750 HIV positive pregnant woman and 1,000 children born from HIV positive mothers will receive support,
- 1,500 PLHIV and their parents will receive support and consultation
- 80 staff members of Regional branches of RRC received trainings on HIV topics and project planning, monitoring and evaluation of HIV/AIDS programs.

#### **Child Welfare programme:**

- 5,448 most vulnerable children will be provided with supplementary daily caloric, balanced and nutrition hot meals in 207 soup kitchens to the target group of children five days a week.
- 650 children and 350 parents from socially disadvantaged families will receive regular psychological assistance in the form of individual counselling and group sessions.
- 3,800 children from socially vulnerable families will have access to additional out –of –school activities (hobby classes).
- 400 adolescents will participate in vocational training courses.

### **c) Potential risks and challenges**

The principal challenge remaining in the TB programme is the lack of a precise normative base and protocols directing the multi-drug resistant Tuberculosis (MDR-TB) intervention in the Russian Federation. So far the Russian Red Cross does not have a system for MDR-TB intervention in place and for the time being will focus on developing a system that will support MDR-TB patients in adhering to their treatment. Such support to MDR-TB patients is different from patients with regular TB, both quantitatively and qualitatively while the treatment period is 24 months..

The second challenge will be the lack of political commitment for DOTS+ intervention (for MDR-TB treatment) which means a lack of laboratory quality control and understanding of the importance of infectious control measures.

In responding to HIV the challenges for the National Society include:

-difficulty to raise funds for a such national-wide organization as Red Cross at the federal level because priority of Russian grant authorities is given to low-scale regional projects. At the same time financial support from USAID is coming to an end, Therefore strong support from the Federation is needed to mobilizing resource at the Russian and international levels.

## Organizational Development/Capacity Building

### a) The purpose and components of the programme

#### Programme purpose

**Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.**

The organizational development/ capacity building programme budget is CHF 44,901

Over the last decade the Russian Federation has gone through a transformation period and succeeded to regain after the collapse of the communist system a prominent position in the world of sports, art, finance, science and politics. The National Society wants to keep the same pace, but efforts need to be stepped up, with the support of the government for the Russian Red Cross to become a well-functioning National Society and improve its image, both nationally and internationally. This requires a serious investment in the organizational development of the National Society. Although Russian Government led by the Ministry of Health has committed itself to support the modernization of the National Society, this process will require technical advices from the Federation and sister National Societies with a profound experience in the certain fields.

**Programme component 1:** Support Russian Red Cross to create a modern and sustainable well functioning National Society able to provide effective service to the vulnerable nationwide.

**Component outcome 1:** Russian Red Cross received technical support with regard of development of a new Strategy and Statutes

In the framework of OD programme Federation Secretariat together ICRC will provide technical support to the Russian Red Cross in the strengthening of its legal position developing and updating of

Red Cross law will be adopted and Russian Red Cross made necessary revisions of its Statute in compliance with Federation guidelines of National Society statutes and discuss it in its Congress in 2011.

Federation will cooperate with the National Society to create conditions to change the administrative relations between the National Society and International Federation and move from the “working advance” to the “cash transfer” system. Annual financial audits of the Head quarters and branches will be promoted in order to increase the transparency and accountability of the Russian Red Cross, both nationally and internationally and is a legal requirement in the near future.

#### Programme component 2: Road Safety

**Component outcome 1:** Effective cooperation between the Russian Red Cross, Russian government bodies, Global Road Safety and other National Societies in the field road safety established

National Society will establish close relationship with the various national and international partners in order to develop Red Cross road safety activities in Russia.

## b) Profile of target beneficiaries

Russian Red Cross staff and volunteers will directly benefit from OD programme.

## c) Potential risks and challenges

The primary challenge is to obtain sufficient resources to carry out the proposed activities. There will be a certain need for advocacy within the National Society to facilitate necessary developments in the organization.

# Principles and Values

## a) The purpose and components of the programme

<b>Programme purpose</b>
<b>Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion</b>

The principles and values programme budget is CHF 214,972

<b>Programme component 1: Migration</b>
<b>Component outcome 1:</b> Vulnerability of the targeted groups of migrants in Russia reduced through RRC legal, psycho-social support.
<b>Component outcome 2:</b> Stigma and discrimination of migrants at community level reduced through increasing awareness of local communities on migration issues.

Experience of the Russian Red Cross in working with migrants in St-Petersburg will be disseminated to other four regions: Moscow, Sochi, Rostov na Donu, Primorski krai where centres for social support will be created. In addition, awareness of the local communities in the targeted regions on stigma and discrimination issues will be increased through cycle of public information and advocacy campaigns organized by Russian Red Cross.

Russian Red Cross will systematically access needs of migrants and advocate its interests in coordination with different humanitarian actors: IOM, UNHCR, Federal Migration Service of Russian Federation, national diasporas and migrant communities.

## b) Profile of target beneficiaries

10,000 migrants will annually receive social, psychological and legal support through 5 social support centers for migrants established in Moscow, St-Petersburg, Sochi, Rostov na Donu, Primorski krai.

## c) Potential risks and challenges

The primary challenge is that of obtaining the resources required to carry out the proposed activities. In addition, there might be a reputational risk to the National Society insofar as Russian citizens may – as in many other countries – question the prioritization of non-citizens. Thus, there will be certain a need for advocacy within the National Society to facilitate the programme implementation.

It should also be noted that a successful programme, once it comes to implementation, in a sensitive field like migration presupposes that there has been sufficient consultation and agreement with the relevant authorities of the Russian Federation.

## Role of the secretariat

The secretariat's budget for its support role is CHF 291,249 for one year.

The Federation has maintained over the last two decades a delegation in Moscow with varying roles, the last five years as Regional Representation overseeing IFRC activities in Belarus, Russia, Moldova and Ukraine. An external review team, which assessed the role of the Regional Representation in Moscow and in Central Asia and the support required for the National Societies in recommended adjustments to make the Federation more effective. For Moscow it recommended a dual role: a) to act as a centre for Humanitarian Diplomacy in the CIS countries, to support the translation of all main documents into the Russian language and to support the cooperation among the Societies using Russian as their first or second language (see further European Zone Plan 2011-2012), b) to render membership services and support to the Russian Red Cross for its programs and capacity building activities as described above and c) to render supplementary services, specifically to the American Red Cross and Norwegian Red Cross. The Regional Representation will facilitate these National Societies to implement their programs in the Northern and Central Regions.

In the modernization of the Russian Red Cross the Federation Representation will assist the National Society in the development of its strategic plan in line with the Strategy 2020 and also coordinate and stimulate the cooperation between the Russian Red Cross and the other Movement partners, including ICRC, in support of the change process, The Representation office will maintain in close contact with the Intern-Departmental Commission involved in the process and maintain contacts with the Ministries concerned ensuring that Government guarantees auxiliary role for the National Society in the humanitarian field and supports its efforts to provide high quality services within the core mandates.

The Representation will maintain external relations with International Organizations, in particular WHO, EU, UNICEF, IOM, USAID, Global Fund, etc. for resource mobilization and joint programming. Administrative service or cooperation agreements are under discussions with GRSP and GTZ. The service agreement with KNCV is likely to end in 2011.

The specific role of the Regional Representation beyond Russia in the field of Humanitarian Diplomacy and in the field of strengthening the cooperation among the CIS countries is further elaborated in the Plan of the Europe Zone.

## Promoting gender equity and diversity

Women traditionally play a leading role in the Russian Red Cross and social welfare structures and this mitigates many of the risks associated with gender discrimination. For the majority of activities outlined in this plan the criteria for participation in a project is needs based not gender based. In some cases this means the majority of participants are male- in TB programmes because most TB patients are male- or in some cases female- in older people programmes as females live longer. The only programme that specifically targets women promotes HIV prevention in female penitentiary centres. It is designed to empower women to be better able to protect themselves, and for those living with HIV, to be better able to cope with their status and access medical care. The International Federation and the Russian Red Cross are being strongly encouraged to expand this programme to include male penitentiary centres.

## Quality, accountability and learning

Three approaches have been used to date to ensure quality and accountability:

- i) the promotion of internationally recognized quality standards in TB (DOTS) and HIV work
- ii) technical support and trainings from the International Federation

- iii) the promotion of participatory methodologies that ensure project clients are given a voice in programme direction and implementation. This latter includes participatory monitoring and evaluations using focus groups and questionnaires. All programmes include the publication and dissemination of materials that are available to programme partners and clients.

In 2011 a web-site will be created to ensure sustainable capacity building in the Russian Red Cross. It will be useful for:

- existing staff and volunteers to up-grade their qualifications
- new staff and volunteers to receive essential training and orientation
- managers to oversee the development of staff
- branches currently unable to access training or project opportunities

How we work	
<p>The IFRC's vision is to:</p> <p>Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p>	<p>The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"> <li>1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.</li> <li>2. Enable healthy and safe living.</li> <li>3. Promote social inclusion and a culture of non-violence and peace.</li> </ol>
Contact information	
<p>For further information specifically related to this plan, please contact:</p> <ul style="list-style-type: none"> <li>• <b>In the Russian Red Cross Society:</b> Raisa Lukutsova, Chair person; email: <a href="mailto:mail@redcross.ru">mail@redcross.ru</a>, phone: +7 499 126 75 71; fax: +7 126 42 66</li> <li>• <b>In the Regional Representation for Belarus, Moldova, Russia and Ukraine:</b> Jaap Timmer, Regional Representative; Moscow, email: <a href="mailto:Jaap.Timmer@ifrc.org">Jaap.Timmer@ifrc.org</a>; phone: +7 495 937 52 67; fax: + 7 495 937 52 63</li> <li>• <b>In the Europe Zone Office:</b> Anitta Underlin, Head of Zone, Budapest, phone: ++36 1 8884 501; fax: +36 1 336 1516; email: <a href="mailto:anitta.underlin@ifrc.org">anitta.underlin@ifrc.org</a></li> </ul>	