

Logical Framework Planning Matrix: Health and Care programme/Health promotion and education project.

	Indicators	Sources of verification	Assumption/risks
<p>Overall Goal Health and social vulnerability of people of Armenia has decreased.</p>	<ul style="list-style-type: none"> • Health indicators indicate that vulnerability among target populations has reduced. • Human development indicators have improved. • Mortality and morbidity has decreased. 	<ul style="list-style-type: none"> • UNDP human development report. • Government statistics. • WHO reports. 	<ul style="list-style-type: none"> • Political and socio-economic situation in the country is conducive to humanitarian work of the Red Cross. • Major natural disasters do not hinder organisational development efforts of the Red Cross.
<p>Programme objective Target vulnerable communities have improved their health and social conditions through better service delivery from the Red Cross.</p>	<ul style="list-style-type: none"> • Armenian Red Cross provides improved health care and education to vulnerable communities in consistency with national health programmes. • Number of health care and social welfare projects implemented by the Armenian Red Cross branches has increased. • Number of Red Cross volunteers promoting health and social welfare has increased. 	<ul style="list-style-type: none"> • Armenian Red Cross annual report. 	<ul style="list-style-type: none"> • Turn-over of trained staff.
<p>Project objective Vulnerability of target communities to sexually transmitted infections (STI), HIV/AIDS, TB and childhood illnesses has reduced through improved Red Cross voluntary community services, education, public awareness campaigns and delivery of STI test systems to specialised institutions.</p>	<ul style="list-style-type: none"> • 30,000 young people will have increased awareness of STI/HIV/AIDS. • 150 doctors/general practitioners and 2,500 school children received training on TB prevention. • 30,000 child caretakers have received training on prevention of childhood illnesses. • Armenian Red Cross has 130 peer educators on STI/HIV/AIDS, 13 to 18 regional branch staff trained on TB prevention and 1,200 trainers on childhood illness prevention. 	<p>Armenian Red Cross annual report. Project progress reports.</p>	

<p>Expected results</p> <p>Expected result 1. Vulnerability of 30,000 young people to STI/HIV/AIDS has reduced through peer education, public awareness campaigns, and support to STI centres.</p>	<ul style="list-style-type: none"> • Number of trainings conducted. • Number of educational materials printed. • TV spots on STI/HIV/AIDS produced and broadcast. • 10,000 people received STI tests. 	<ul style="list-style-type: none"> • Training reports; • Posters/brochures; • TV spots; • STI centre statistics. 	
<p>Expected result 2. Health education on TB has been provided to general medical practitioners and schoolchildren.</p>	<ul style="list-style-type: none"> • Number of trainings conducted. • Number of educational materials printed. 	<ul style="list-style-type: none"> • Training reports; • Posters/brochures. 	
<p>Expected result 3. Caretakers of children under five have increased awareness of main childhood illnesses.</p>	<ul style="list-style-type: none"> • Chronic malnutrition rates among children have reduced. • Number of trainings conducted. • Number of educational materials printed. • Number of TV spots on childhood illness prevention. 	<ul style="list-style-type: none"> • Training reports; • Posters/brochures; • TV spots. 	
Activities	Resources	Sources	Preconditions
<p>Expected result 1.</p> <p>1.1. Conduct survey among students and risk groups on their knowledge of STI/HIV/AIDS.</p> <p>1.2. Develop and print training materials for peer educators.</p> <p>1.3. Train 130 volunteer peer educators.</p> <p>1.4. Peer educators train 7,800 young people during a year.</p> <p>1.5. Train 60 Red Cross staff on STI/HIV/AIDS through two training sessions.</p> <p>1.6. Train 30 teachers from 30 schools of Yerevan on prevention of HIV/AIDS through one workshop.</p> <p>1.7. Print 30,000 leaflets on STI/HIV/AIDS and distribute to young people.</p> <p>1.8. Purchase and distribute 10,000 STI diagnostic test systems to an STI centre in Yerevan and other medical facilities.</p> <p>1.9. Organise awareness campaign by broadcasting a TV spot on prevention of STI/HIV/AIDS on</p>	<p>These resources apply to all activities:</p> <ul style="list-style-type: none"> • Training facilities/materials; • Transport/travel; • TV spots production; • Printing of promotional and educational materials; • STI tests; • External experts; • Red Cross staff and volunteers. 	<ul style="list-style-type: none"> • Federation appeal 2004/05; • HIV/AIDS centre; • ICRC. 	<ul style="list-style-type: none"> • National Society leadership remains committed to the change process. • The project receives adequate support through the Federation's network.

World AIDS Day.			
<p>Expected result 2.</p> <p>2.1. Print and distribute 5,000 leaflets – 2,500 for adults and 2,500 for children - developed in 2002.</p> <p>2.2. Train 13 to 18 Red Cross regional branch staff on TB prevention.</p> <p>2.3. Train 150 doctors/general practitioners in Yerevan on TB.</p> <p>2.4. Train 2,500 school children on TB.</p>	For details see budget attached.	See above.	See above.
<p>Expected result 3.</p> <p>3.1. Recruit and train 12 field officers.</p> <p>3.2. Train 1,200 trainers - 600 volunteers in 30 communities of Vardenis and another 600 volunteers in 30 communities of Tavush - on integrated management of childhood illness.</p> <p>3.3. 1,200 volunteers will then educate 30,000 caretakers on prevention of childhood illnesses.</p> <p>3.4. Produce TV spots on prevention of childhood illnesses.</p> <p>3.5. Print and distribute 12 sets of training manuals for field officers, 2,400 manuals for volunteer trainers, and 300,000 booklets and brochures for caretakers.</p>			

Armenian Red Cross Health Promotion and Education Project

1. Background

1.1. Context

The overall socio-economic situation in Armenia shows little improvement. Government institutions do not have capacities to provide even basic health and social care to marginalised people, who continue to depend on international humanitarian support. The most exposed to health threats and risks are people living in remote and rural regions. With full consideration to humanitarian needs in the country and declining external funding for direct relief, the Red Cross has a significant role to play to prevent and alleviate suffering of thousands of vulnerable people.

Health and care in community is one of the priorities of the Armenian Red Cross reflected in its strategy 2010. The Red Cross implements a number of health and care projects aimed at meeting the urgent needs of vulnerable people in this difficult transitional period for the country. It plays an auxiliary role to the government's health and social services. Prevention of sexually transmitted illnesses, HIV/AIDS, tuberculosis, health education and promotion, as well as social support to the most vulnerable groups are key activities of the national society. Its overall goal is to contribute to improving community health and well-being.

The Red Cross makes continuous efforts to reduce vulnerability of young people to sexually transmitted diseases and HIV/AIDS. It has trained 356 volunteers and staff on prevention of this killer disease. 70 volunteers were provided with educational materials to disseminate information among their communities. 7,100 copies of the explanatory dictionary on sexual health and 27,000 copies of a brochure on safe sex were published and distributed among Red Cross volunteers, students, school children and young people across the country. Additionally, 3,000 leaflets on HIV/AIDS, 2,500 copies of a book on sexual health and STI prevention, as well as 150 booklets on drug addiction were distributed to the public through Red Cross branches. Some medical facilities were provided with syphilis and HIV/AIDS diagnostic tests. Survey results showed a significant increase of the knowledge of HIV/AIDS. Efforts, however, should continue to reach larger communities. The national AIDS centre estimates there are 207 people infected by HIV and another 30 people live with AIDS. Statistically, since the AIDS epidemic began, 27 people died from this disease. Although the number is low, the high growth rate of HIV/AIDS in neighbouring countries combined with the socio-economic crisis, widespread poverty, unemployment and continuous migration can quickly worsen the situation unless more preventive measures are taken.

In 2003, the government of Armenia signed a two-year agreement of 3.2 million USD with the Global Fund to support a national programme to fight AIDS, tuberculosis and malaria. The Red Cross is a member of the Global Fund's Country Coordination Mechanism and coordinates its efforts with other members of this body. The Red Cross seeks funds from the Global Fund to support its projects. The sexually transmitted illnesses (STI), however, are not covered by this programme. The Federation will, therefore, continue to support the Red Cross to prevent the spread of STI as well as HIV/AIDS through providing STI tests to the STI Centre of Armenia, peer education on HIV/AIDS and public awareness campaign.

The 1990s witnessed an alarming increase in the number of tuberculosis (TB) cases from 590 in 1990 to 1,051 in 1997. In 2000, 5,450 new cases were registered bringing the total number of people ill with TB to 5,450¹. In 1995, with World Health Organisation support, the Government of Armenia introduced a directly observed treatment, short-course (DOTS). The programme, however, ceased in 2001 due to lack of funds. There was an acute shortage of anti-TB drugs. Considering the magnitude of the problem, the Red Cross, supported by partner national societies and the Federation, provided TB institutions with medicines to allow continuation of the treatment of this disease. Thanks to this intervention, more than 2,000 patients under the DOTS were provided with anti-TB drugs through these institutions. In addition, 5,320 leaflets on TB and its prevention for adults, school children and doctors/general practitioners were published and distributed through medical facilities, military forces, schools and other public institutions. A video-film on TB prevention was developed and broadcast too through national TV channels countrywide. In 2004, the drug supply is to be secured by the German Government, who committed to support the Armenian Government's three year national TB control programme. This programme includes formulation of a national policy on TB too. The Red Cross will, therefore, focus on preventive measures through raising public awareness.

Since 2002, the Red Cross has been actively involved in child health care. Its activities were primarily focused on Gegharkunik, the region with the highest malnutrition rate among children in the country. In this region every 30 of 1,000 children dies because of poor diet or other childhood illnesses. According to official statistics 31 per cent of children have stunting compared to 10 per cent in Yerevan. 20 per cent of children under five suffer from diarrhea and 46 per cent from Acute Respiratory Infections².

Over the last few years, the Red Cross has developed, printed and distributed 16,700 copies of education materials on integrated management of childhood illnesses. In addition, 387 volunteers were trained to educate 8,000 mothers of children under five. The work with vulnerable children and their caretakers remains a priority for the Red Cross. The Federation will assist it to continue to mobilise volunteers from local communities to raise awareness on integrated management of childhood illnesses.

The Red Cross coordinates its health activities with the Ministry of Health, WHO, UNDP, UNICEF, MSF, UMCOR, and interagency coordinating group on STI/HIV/AIDS and TB prevention. With a number of those agencies, the Red Cross has signed a cooperation agreement to maximize impact of health efforts on vulnerable communities.

In 2004 the Federation will continue to support the Red Cross to improve its health and care services by bringing them closer to the local communities it serves building on experience of last years. Coordination with international donors in Armenia will be strengthened too to maximise impact of Red Cross efforts.

1.2. Problem and needs

Main problem: Population is highly vulnerable to diseases.

¹ Source: Government of Armenia.

² Source: Ministry of Health of Armenia

Causes:

- Prolonged socio-economic crisis and widespread poverty.
- Poor housing and living standards, especially among refugees, lonely elderly, families with many children or with handicapped members and TB-patients.
- Poor health care system.
- Expensive medical service & medications.
- Extremely poor conditions of health facilities in rural areas.
- Low rate of population seeking professional medical service.
- Outflow of workforce.
- Lack of preventive measures.
- Unsafe sexual behaviour.
- Lack of special courses on healthy behaviour at schools and universities.
- Lack of knowledge on breastfeeding, nutrition and care of children under five.
- Poor water and sanitation system.
- Legislative vacuum on tobacco and alcohol advertisement.
- Equal liabilities in legislation for drug addicts and drug sellers.
- Poor community links.
- Increased rural-urban migration.

Effects

- High level of unsafe home delivery in rural regions.
- Increasing rate of maternal mortality.
- High level of unregistered newborns and malnutrition among children under five.
- Increased stunting among children.
- High level of the population relying on self-diagnosis & treatment.
- Increasing number of complicated and drug-resistant forms of diseases.
- Increasing number of unregistered patients.
- Rapid spread of HIV/AIDS.

1.3. Stakeholders

Stakeholders	Ministry of Health	Youth	Parents of children under five	Local communities	General medical practitioners
Problems	Poor health care services.	Poverty. Unemployment.	Poverty. Unemployment.	Poverty. Unemployment.	Lack of information on

	Lack of information. Destroyed health infrastructure. Limited capacity to provide free quality services to vulnerable groups.	Lack of information on healthy lifestyle: effects of tobacco, alcohol and drug abuse, safe sexual behaviour (STI/AIDS), healthy diet and personal hygiene. Poor access to medical services. Poor voluntary community service.	Lack of information on child care, STI/AIDS, reproductive health, communicable diseases and hygiene. Limited access to free medical services & medication. Poor access to potable water.	Lack of information on TB prevention. Limited access to free medical service & medication. Poor social conditions. Malnutrition. High prevalence of TB among soldiers & prisoners. Poor access to timely TB diagnostic services in rural areas.	main TB symptoms. Lack of medical equipment and medical supplies. Salary arrears from the Government.
Interests	Decrease health vulnerability of communities. Improve health care delivery to vulnerable people. Better trained medical staff.	Increase awareness of healthy lifestyle. Adopt & sustain appropriate healthy behaviour. Have respect of peers. Share experience at national & international levels.	Raise healthy children. Increase awareness of reproductive health, child care and healthy behaviour. Have access to free and quality medical services & medication.	Increase awareness of TB prevention. Have access to quality medical services & medication. Improve social conditions. Have proper food. Improve health of soldiers & prisoners ill with TB. Have access to timely TB diagnostic centres in rural areas.	Early detection of TB patients in general hospitals. Acquisition of appropriate equipment, medicines and medical supplies. Increase awareness of main TB symptoms.
Potential	Awareness of needs of medical institutions & population. Qualified staff. Access to health	Willingness to be involved in campaigns on healthy lifestyle and Red Cross volunteers network. Knowledge of youth	98,5 % literacy rate of population. Willingness to learn and improve knowledge on child care, reproductive	98,5% literacy rate of population. Willingness to acquire knowledge on TB and share information in the	Human resources. Experience. Enthusiasm and dedicating to their work.

	related statistical data. Access to WHO new health strategies.	problems.	health and STI/AIDS. Willingness to be involved in voluntary community services and share knowledge in the community.	community.	Willingness to learn and improve.
Interaction	Ministry of Health will be an active partner of the Red Cross in developing educational materials and training its beneficiaries.	Youth will have an important role to play to help the Red Cross reach larger communities.	Parents will be direct recipients of Red Cross services. They will also be Red Cross active partners in disseminating information on health prevention in their communities.	Local communities will be essential vehicle of Red Cross health messages.	General practitioners will receive training on TB and its prevention.

1.4. Internal analysis of the Armenian Red Cross

Internal	External
<p>Strengths</p> <ul style="list-style-type: none"> • Well trained staff. • Variety of skills and knowledge. • Young trainers on AIDS. • Community volunteers trained on childcare. • Good image and respect. • Well-organized branches in regions. • A well-equipped training centre. 	<p>Opportunities</p> <ul style="list-style-type: none"> • Good cooperation with the Ministry of Health and medical institutions. • Red Cross and Red Crescent Movement support. • Strong links with communities and local authorities • Partnership with the Global Fund. • Effective cooperation with an interagency coordination group on HIV/AIDS and TB. • Partnership with other NGOs and UN agencies – UNDP, UNICEF, UMCOR and IRD. • Contacts with mass media.
<p>Weaknesses</p> <ul style="list-style-type: none"> • Limited financial resources. • High dependency on external funding. • Lack of mechanisms to retain skilled people. 	<p>Threats</p> <ul style="list-style-type: none"> • Lack of longer-term commitment from donors/partners. • Unstable socio-economic and political situation.

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| <ul style="list-style-type: none">• Weak project management skills in regions. | |
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2. Overall Goal

Health and social vulnerability of people of Armenia has decreased.

Indicators of the overall goal:

- Health indicators indicate that vulnerability among target populations has reduced.
- Human development indicators have improved.
- Mortality and morbidity has decreased.

Sources of verification:

- UNDP human development report.
- Government statistics.
- WHO reports.

Assumptions/risks:

- Political and socio-economic situation in the country is conducive to humanitarian work of the Red Cross.
- Major natural disasters do not hinder organisational development efforts of the Red Cross.

3. Programme Objective

Target vulnerable communities have improved their health and social conditions through better service delivery from the Red Cross.

Indicator of programme objective:

- Armenian Red Cross provides improved health care and education to vulnerable communities in consistency with national health programmes.
- Number of health care and social welfare projects implemented by the Armenian Red Cross branches has increased.
- Number of Red Cross volunteers promoting health and social welfare has increased.

Sources of verification:

- Armenian Red Cross annual report.

Assumptions/risks:

- Turn-over of trained staff.

4. Project objective:

Vulnerability of target communities to sexually transmitted infections (STI), HIV/AIDS, TB and childhood illnesses has reduced through improved Red Cross voluntary community services, education, public awareness campaigns and delivery of STI test systems to specialised institutions.

Indicators:

- 30,000 young people will have increased awareness of STI/HIV/AIDS.
- 150 doctors/general practitioners and 2,500 school children will have received training on TB prevention.
- 30,000 child caretakers will have received training on prevention of childhood illnesses.
- Armenian Red Cross has 130 peer educators on STI/HIV/AIDS, 13 to 18 regional branch staff trained on TB prevention and 1,200 trainers on childhood illness prevention.

Sources of verification:

- Armenian Red Cross annual report.
- Project progress reports.

5. Expected results and indicators

5.1. Expected result 1: Vulnerability of 30,000 young people to STI/HIV/AIDS has reduced through peer education, public awareness campaigns, and support to STI centres.

Indicators:

- Number trainings conducted.
- Number educational materials printed.
- TV spots on STI/HIV/AIDS produced and broadcast.
- 10,000 people received STI tests.

Verification sources:

- Training reports;
- Posters/brochures;
- TV spots;
- STI centre statistics.

5.2. Expected result 2: Health education on TB has been provided to general medical practitioners and schoolchildren.

Indicators:

- Number of trainings conducted.

- Number of educational materials printed.

Verification sources:

- Training reports;
- Posters/brochures

5.3. Expected result 3: Caretakers of children under five have increased awareness of main childhood illnesses.

Indicators:

- Chronic malnutrition rates among children have reduced.
- Number of trainings conducted.
- Number of educational materials printed.
- Number of TV spots on childhood illness prevention.

Verification sources:

- Training reports;
- Posters/brochures;
- TV spots.

6. Project activities related to expected results.

6.1. Expected result 1:

- Conduct survey among students and risk groups on their knowledge of STI/HIV/AIDS.
- Develop and print training materials for peer educators.
- Train 130 volunteer peer educators.
- Peer educators train 7,800 young people during a year.
- Train 60 Red Cross staff on STI/HIV/AIDS through two training sessions.
- Train 30 teachers from 30 schools of Yerevan on prevention of HIV/AIDS through one workshop.
- Print 30,000 leaflets on STI/HIV/AIDS and distribute to young people.
- Purchase and distribute 10,000 diagnostic tests for STI systems to STI centre and other medical facilities.
- Organise awareness campaign by broadcasting a TV spot on prevention of STI/HIV/AIDS on World AIDS Day.

6.2. Expected result 2:

- Print and distribute 5,000 leaflets – 2,500 for adults and 2,500 for children - developed in 2002.

- Train 13 to 18 Red Cross regional branch staff on TB prevention.
- Train 150 doctors/general practitioners in Yerevan on TB.
- Train 2,500 school children on TB.

6.3. Expected result 3:

- Recruit and train 12 field officers.
- Train 1,200 trainers - 600 volunteers in 30 communities of Vardenis and another 600 volunteers in 30 communities of Tavush - on integrated management of childhood illness.
- 1,200 volunteers will then educate 30,000 caretakers on prevention childhood illnesses.
- Produce TV spots on prevention of childhood illnesses.
- Print and distribute 12 sets of training manuals for field officers, 2,400 manuals for volunteer trainers, and 300,000 booklets and brochures for caretakers.

7. Monitoring and Evaluation

Monitoring of the project will be carried out by the social and health department of the Armenian Red Cross in cooperation with the Federation delegation:

- Health statistics for the most common diseases will be provided by the Ministry of Health and local medical institutions.
- Special questionnaires, reporting and evaluation forms will be developed to monitor health activities in target communities.
- Reports from the Red Cross branches, project field officers and regional health facilities will be submitted to the Red Cross headquarters and the Federation Delegation for analysis.
- Monitoring of the health educational campaign in all marzes will be done by heads of Red Cross branches on a regular basis, and randomly by programme coordinator and assistant.
- The STI/HIV/AIDS initiative will be monitored by programme coordinator and an independent consultant invited by the Red Cross.
- Educational campaign on STI/HIV/AIDS prevention will be followed by project coordinator in close cooperation with national STI/HIV/AIDS experts.

Mid-term evaluation of the programme will be carried out at the end of 2003, and its results will form the basis for the continuation of the project in 2004. The final evaluation will be done through analysis of health status indicators and public survey results. In target regions included in the TB project, performance of medical personnel will also be assessed.

8. Implementation timetable

Activities	Jan '04	Feb 04	Mar 04	Apr 04	May 04	Jun 04	Jul 04	Aug 04	Sep 04	Oct 04	Nov 04	Dec 04
Expected result 1.												

1.1. Conduct survey among students and risk groups on their knowledge of STI/HIV/AIDS.	x											
1.2. Develop and print training materials for peer educators.	x	x										
1.3. Train 130 volunteer peer educators.			x	x								
1.4. Peer educators train 7,800 young people during a year.					x	x	x	x	x	x	x	x
1.5. Train 60 Red Cross staff on STI/HIV/AIDS through two training sessions.					x	x						
1.6. Train 30 teachers from 30 schools of Yerevan on prevention of HIV/AIDS through one workshop.				x								
1.7. Print 30,000 leaflets on STI/HIV/AIDS and distribute to young people.				x	x	x	x	x	x	x	x	x
1.8. Purchase and distribute 10,000 diagnostic tests for STI systems to STI centre and other medical facilities.			x	x								
1.9. Organise awareness campaign by broadcasting a TV spot on prevention of STI/HIV/AIDS on World AIDS Day.	x			x						x		
Monitoring						x	x	x	x	x	x	x
Final evaluation												x
Expected result 2.												
2.1. Print and distribute 5,000 leaflets – 2,500 for adults and 2,500 for children - developed in 2002.		x	x	x	x	x	x	x	x	x	x	x
2.2. Train 13 to 18 Red Cross regional branch staff on TB prevention.		x		x		x		x		x		

2.3. Train 150 doctors/general practitioners in Yerevan on TB.			x		x		x		x		x	
2.4. Train 2,500 school children on TB.		x	x	x	x	x	x	x	x	x	x	x
Monitoring						x						x
Evaluation												x
Expected result 3.												
3.1. Recruit and train 12 field officers.	x	x										
3.2. Train 1,200 trainers - 600 volunteers in 30 communities of Vardenis and another 600 volunteers in 30 communities of Tavush - on integrated management of childhood illness.			x	x								
3.3. 1,200 volunteers will then educate 30,000 caretakers on prevention childhood illnesses.					x	x	x	x	x	x	x	x
3.5. Produce TV spots on prevention of childhood illnesses.		x	x	x								
3.6. Print and distribute 12 sets of training manuals for field officers, 2,400 manuals for volunteer trainers, and 300,000 booklets and brochures for caretakers.	x	x										
Evaluation												x

9. Critical assumptions

9.1. Precondition

- National Society leadership remains committed to the change process.
- The project receives adequate support through the Federation's network.

9.2. Assumptions/risks

- The negotiation process with the Ministry of Education will not be delayed.
- Health education helps to decrease the incidence of diseases.
- It will remain difficult to change the traditional practice of treatment and care of childhood illness.

- The water supply and sewage system problems will not be improved within the framework of this programme.
- Interactive learning methodologies will be adopted with little resistance.

10. Sustainability

The Armenian Red Cross continues to largely depend on external funding. To ensure continuation of the project, however, after donor support ends, it will strengthen partnerships with the Government, partner national societies such as the American Red Cross and the Hellenic Red Cross, and local private sector. The Armenian Red Cross will also explore possibility of getting funding from the Global Fund on AIDS, tuberculosis and malaria through an inter-agency coordination group. At the same time, efforts will continue to promote volunteer services by intensifying work with local communities.