

Logical Framework Matrix: Health and Care 2005

Overall Goal	Indicators	Sources of Verification	Assumptions/Risks
Improved health situation in Russian Federation	<p>Stabilised epidemiological situation in Russian Federation.</p> <p>The most vulnerable population has access to adequate health care.</p> <p>Changed attitude to health issues in the community.</p>	<p>Ministry of Health reports</p> <p>WHO reports</p> <p>State statistics</p>	<p>No outbreak of infectious diseases.</p> <p>Political and economic situation in the country remain stable.</p> <p>Adequate legislation is in place.</p>
Programme Objective	Indicators	Sources of Verification	Assumptions/Risks
Targeted vulnerable population of Russia benefit from high quality social care and support in health sphere through services provided by the strengthened Russian Red Cross (RRC).	<p>Number of vulnerable Russian people with access to services provided by the Russian Red Cross visiting nurses is increased by 20% .</p> <p>Newly-emerging needs are addressed by the Russian Red Cross services.</p> <p>2,100 TB patients are able to finalise their treatment.</p> <p>People in 36 regions are reached by HIV/AIDS, TB, sexually transmitted infections (STIs) prevention and health lifestyles campaigns.</p> <p>550 disabled young people in three target regions undergo psycho-social adaptation through vocational training.</p> <p>Injecting drug users in four target territories are less exposed to drug related risks through harm reduction interventions. Approximately 20-30 IDUs meet with Red Cross outreach workers during visits conducted 8 – 10 times/month.</p> <p>300 members of the targeted group – lonely elderly, disabled people, veterans - in Oryol region of Russian Fed-</p>	<p>Regular programme updates</p> <p>Monitoring reports</p> <p>Impact assessment</p>	<p>Staff composition remains consistent.</p> <p>Health remains a priority for the RRC.</p> <p>Financial and methodological support is ensured.</p>

Expected Results	Indicators	Sources of Verification	Assumptions/Risks
<p>1. TB related health problems are improved among the population in seven regions of Russian Federation (Belgorod, Pskov, Khakasia, Khabarovsk krai, Kemerovo, Buryatia, Oryol) by effectively utilising the Visiting Nurses Service and the institutional capacities of the Red Cross and complimenting efforts of State TB service.</p>	<p>1.1. Approximately 2,100 TB patients benefit from the programme over two years in seven regions of Russian Federation</p> <p>1.2. Public awareness of TB and HIV/AIDS has risen by 25-30% due to distribution of health information on TB, HIV/AIDS and healthy life style at the community level (to over 950,000 people).</p> <p>1.3. TB patients belonging to the most socially vulnerable layers of the population constitute 100% of the RRC target group.</p> <p>1.4. TB cure rate is 70% in targeted areas.</p> <p>1.5. Treatment compliance improved through providing directly observed treatment by the RRC Visiting nurses – drop out rate does not exceed 4%.</p> <p>1.6. Regional authorities support efforts of health services in fighting TB and follow international approaches in TB control management</p> <p>1.7. Strengthened Red Cross Visiting Nurses Service (83 nurses) provides qualified services to over 2,100 TB patients and health information to over 950,000 people.</p> <p>2.8. Stigmatization of TB patients in the regions of RRC programme implementation is reduced through raising awareness of Tb and advocacy measures.</p>	<p>Regional reports of the RRC branches, including reports compiled by legal advisers and psychological counselors</p> <p>Quarterly and annual RRC reports</p> <p>Results of annual public surveys</p> <p>Monitoring reports</p> <p>WHO regions reports</p> <p>Mass media articles</p>	<p>Stable political situation, sustained political commitment and financing</p> <p>Mass release of prisoners is well managed to enable follow up of TB treatment for ex-prisoners and prevent increased TB transmission.</p> <p>Uninterrupted supply of medicines guaranteed</p>
<p>2. Targeted vulnerable population (lonely elderly, disabled people, patients requiring home care, disaster victims, migrants, homeless people) receive necessary qualified health, psychological and social support provided by the RRC Visiting Nurses Service (VNS).</p>	<p>2.1. RRC logistics base is strengthened through three training centres (RRC regional branches in republic Tatarstan, Vologda and Chelyabinsk), and through four departments (rooms) of health and social prophylaxis methodology of Russian Red Cross Visiting Nurses (Voronezh, Kaluga, Murmansk, Samara RRC regional branches), expanding RRC capacity to support over 200,000 beneficiaries.</p>	<p>Regional reports of the Red Cross branches</p> <p>Quarterly and annual RRC reports</p> <p>Monitoring reports</p>	<p>Support from authorities/State health structures is ensured.</p> <p>New methods are available.</p> <p>Technical capacity allows intervention.</p>

	<p>2.2. Network of RRC VNS is expanded: 20 new nurses; 30 nurse-instructors are trained on “Basics of Home care” course; 32 nurses increase qualification levels; 40 young Red Cross volunteers are trained.</p> <p>2.3. Professional status of 25 visiting nurses rises due to the function of central and regional Red Cross VNS Councils.</p> <p>2.4. Information dissemination capacities are developed through production and distribution of updated information materials on healthy life style, prevention of infectious diseases etc. targeting over 200,000 people.</p> <p>2.5. VNS Council regulations 2010 are developed and approved at the RRC HQ Presidium.</p> <p>2.6. New methods and technologies are adopted for Russia and actively used by the Red Cross VNS.</p>	VNS Council reports	Coordination at the central level is ensured.
<p>3. Russian youth in six regions raise awareness on HIV/AIDS and drug abuse prevention and reduce stigmatisation of people living with HIV/AIDS through peer education.</p>	<p>3.1. A system of ongoing education on healthy lifestyle and sexual health for young people is established. Three qualified instructors are trained in peer education methodology in each of six regions in the Russian Federation. A total of 60 young volunteers are trained and actively involved in programme activities.</p> <p>3.2. A team of instructors effectively organises prevention seminars in six regions of Russian Federation: 864 training seminars on HIV and drug abuse prevention in two years for 15,552 teenagers.</p> <p>3.3. Twelve regional information events with distribution of 60,000 various information materials for more than 60,000 people.</p>	<p>Surveys results</p> <p>Regional reports of the RRC branches</p> <p>Quarterly and annual RRC reports</p> <p>Monitoring reports</p>	<p>Good cooperation with other institutions working in HIV/AIDS prevention.</p> <p>Active RRC youth groups are in place.</p>
<p>4. Intravenous drug users in four Russian regions have access to services influencing reduction of HIV and other infections due to RRC information dissemination</p>	<p>4.1. RRC activities on HIV, STIs and other infectious diseases prevention decrease the risk of infection and contribute to promotion of safer behaviour of 10% of intravenous drug users in each of the programme regions.</p>	<p>Surveys results</p> <p>Regional reports of the RRC branches</p>	<p>State authorities demonstrate positive attitude towards Harm Reduction programmes</p> <p>Community members practice</p>

<p>activities and syringe exchange.</p>	<p>4.2. Level of HIV/AIDS awareness among the target group increased by 20%.</p> <p>4.3. Number of syringes exchanged is approximately 100,000 in each programme region.</p> <p>4.4. At least 80% of outreach workers are former IDUs.</p> <p>4.5. One self-support group of people living with HIV/AIDS and/or relatives of drug users is established in each target region.</p>	<p>Quarterly and annual RRC reports</p> <p>Monitoring reports</p>	<p>tolerant attitude to beneficiaries</p>
<p>5. Improved psychological health and professional training of 45 young disabled persons of employment age, living in Abakan, Khakassia Republic, has increased their competitive capacity within the labour market. Problems experienced by disabled persons are brought to the attention of a wide circle of the population.</p>	<p>5.1. 45 young disabled persons received qualified psychological support which helps them to increase their self-esteem (70%), improves their communication skills (95%), and reduces level of personal and situational anxiety (80%).</p> <p>5.2. 20 disabled persons from the target group are trained how to use computers in a professional sphere.</p> <p>5.3. 16 disabled persons from the target group are trained how to use electric sewing machines in a professional sphere.</p> <p>5.4. 12 disabled persons from the group are trained as professional patch-work maker.</p> <p>5.5. The number of requests/ enquiries for assistance to disabled people from the general population and official bodies to the RRC regional branches of Republic Khakassia is increased by 15%.</p> <p>5.6. 10% of disabled people involved in the project find jobs (work or home based) within the sphere of their professional training</p>	<p>Surveys results</p> <p>Reports of the Abakan employment centre.</p> <p>Regional reports of the RRC branches</p> <p>Quarterly and annual RRC reports</p> <p>Monitoring reports</p>	<p>Stable political situation, sustained political commitment and financing.</p> <p>Availability of qualified personnel.</p> <p>Stable health state of targeted group allowing participation in training courses.</p>
<p>6. Targeted group (lonely elderly, disabled people, war and labour veterans, who suffer hardships and require daily support) has access to medical services (traditional services of RRC medical-social centres, psychotherapy, consulting, provided by medical</p>	<p>6.1. The number of beneficiaries applying for rehabilitation centre services for the second time is not less than 40% of the initial attendance figure.</p> <p>6.2. 60% of targeted group members have individual consultations with medical officers.</p> <p>6.3. 30% of project beneficiaries take part in psychological trainings, reducing their personal and situational anxiety levels.</p>	<p>Regional reports of the RRC branches</p> <p>Quarterly and annual RRC reports</p> <p>Monitoring reports</p>	<p>Staff composition remains consistent.</p> <p>Health remains a priority for the RRC.</p> <p>Financial and methodological support is ensured.</p>

<p>officers, occupational therapy etc.) at the rehabilitation centre at Oryol regional RRC branch.</p>	<p>6.4. Not less than 250 people are involved in cultural and leisure activities (parties, social events at the rehabilitation centre etc.)</p> <p>6.5. The number of Oryol RRC regional branch volunteers is increased by 15%.</p> <p>6.6. Network of VNS is expanded by 20 new nurses</p> <p>6.7. 20 nurses-instructors are trained on “Basics of Home care” course and receive certification.</p>	<p>VNS Council reports</p> <p>Public survey results</p>	<p>Stable health state of targeted group</p> <p>Transport facilities are available for beneficiaries to the rehabilitation centre.</p>
Activities	Resources	Sources	Preconditions
<p>1.1. Involvement of 83 RRC visiting nurses in home care and directly observed treatment of 2,100 TB patients from target groups at the ambulatory stage of treatment.</p> <p>1.2. Improving treatment compliance of TB patients through providing them with social support (food parcels, hygiene kits, hot meals) as incentives.</p> <p>1.3. Assisting TB services in tracing TB patients who have interrupted treatment.</p> <p>1.4. Providing legal and psychological counselling to TB patients and medical staff in dispensaries and to prison inmates with TB two months before release.</p> <p>1.5. Developing, printing and distributing various information materials on TB/HIV/AIDS prevention and TB treatment (booklets, leaflets, posters) for different target groups.</p> <p>1.6. Organising and conducting regional informational events/campaigns.</p> <p>1.7. Advocating of regional authorities to provide local support to the RRC VNS</p>	<p>Human resources:</p> <p>- at RRC HQ</p> <p>1 programme coordinator;</p> <p>1 TB coordinator;</p> <p>1 finance manager;</p> <p>1 social manager;</p> <p>VNS coordinator;</p> <p>HIV/AIDS coordinator;</p> <p>1 information officer;</p> <p>1 programme assistant</p> <p>- in regional branches</p> <p>7 programme coordinators;</p> <p>7 medical coordinators;</p> <p>7 social managers;</p> <p>7 finance managers;</p> <p>7 psychologists;</p> <p>7 legal advisers;</p> <p>83 visiting nurses;</p> <p>7 drivers</p> <p>Office equipment: two computers with printers; one telephone; one photocopying machine.</p> <p>Funding (to conduct seminars, to produce information materials, to conduct monitoring and cover administrative costs)</p>	<p>RRC staff and volunteers</p> <p>Government support</p> <p>Support from the International Federation and other partners</p> <p>RRC own resources and funds</p>	<p>Local Red Cross branches are able to run the programme.</p> <p>Good coordination at central level is in place.</p> <p>Local authorities support efforts of the RRC and other organisations contributing to TB control.</p>

<p>2.1 Adaptation of Russian version of a new training module for nurses “Infections and infectious diseases in Russia”; revision of “Basics of Home care” training module in accordance with new care methodologies and techniques.</p> <p>2.2 Development and production of various updated information materials (booklets, posters, leaflets) on healthy life style and prevention of infectious diseases (one type per topic).</p> <p>2.3 Promotion of materials at one seminar for nurses, one seminar for instructors and one for young volunteers.</p> <p>2.4 Establishment and equipping of specialised centres of medical and social support for the population, procurement of 200 nursing kits.</p> <p>2.5 Establishment of Federal and Regional Red Cross VNS Councils (co-ordination bodies aimed to ensure links and exchange information at the regional and federal level).</p> <p>2.6 Provision of qualified care and support to the vulnerable population at home or at specialised RRC centres.</p>	<p>Human resources: - at RRC headquarters (HQ) 1 VNS programme coordinator; 1 finance manager; 1 programme assistant; 2 consultants; 1 interpreter.</p> <p>- in regional RRC branches 7 programme coordinators; 7 methodologists-managers; 7 finance managers; 8 visiting nurses; volunteers</p> <p>Equipment and material for three training centres and four departments of medical and social support within VNS.</p> <p>Funding (to conduct seminars, meetings with members of RRC, to produce VNS information materials, to print methodical information-analytical materials about VNS activities, to conduct monitoring and to cover administrative costs).</p> <p>Capacity of VNS activity depends on assessment at the end of the year.</p>	<p>RRC staff, RRC regional branch specialists, consultants and volunteers</p> <p>Government support - local authorities support, support from state departments of education, health and social welfare.</p> <p>Support from the International Federation and other partners</p> <p>RRC own resources and funds</p>	<p>RRC staff possesses sufficient technical and professional skills.</p> <p>RRC branches are able to run the programme.</p> <p>Active VNS and structural subdivisions of RRC VNS are in place.</p> <p>Cooperation with federal and local authorities, health and social support departments is ensured.</p>
<p>3.1. Selecting candidates to be youth leaders among the young RRC volunteers in six regions.</p> <p>3.2. Conducting a five-day seminar</p>	<p>Human resources: - at RRC HQ – 1 programme coordinator, 1 programme assistant,</p>	<p>RRC staff and volunteers</p> <p>Government support</p>	<p>Local Red Cross branches are able to run the programme.</p> <p>Good coordination at central</p>

<p>for instructors on peer education.</p> <p>3.3. Conducting prevention seminars for teenagers at schools, in summer camps etc.</p> <p>3.4. Organisation of working meetings providing professional methodological support to instructors.</p> <p>3.5. Development, printing and distribution of various kinds of information materials on HIV/AIDS, reduction of drug related harm (leaflets, booklets, posters etc)</p> <p>3.6. Organisation of information campaigns, media campaigns and youth actions on HIV/AIDS prevention in targeted regions.</p> <p>3.7. Participation in meetings with health authorities, local administration, mass media and other local partners working in HIV/AIDS prevention.</p>	<p>1 finance manager, 1 interpreter</p> <p>- in regional branches – 6 programme coordinators, 6 financial managers, volunteers</p> <p>Funding (to conduct seminars, to produce information materials, to conduct monitoring and cover administrative costs)</p>	<p>Support from the International Federation and other partners</p> <p>RRC own resources and funds</p>	<p>level is in place.</p> <p>Local authorities support efforts of the Red Cross and other organisations in work on HIV/AIDS prevention.</p>
<p>4.1. Concluding agreements, outlining cooperation within the harm reduction programme with partners (AIDS centres etc.) in the targeted regions.</p> <p>4.2. Selection of personnel for the programme (attracting outreach workers).</p> <p>4.3. Monitoring of IDUs (injecting drug users) and the community.</p> <p>4.4. Establishment of a needle exchange point (if it is not mobile)</p> <p>4.5. Development, printing and distribution of information materials on HIV/AIDS prevention and reducing drug related harm.</p>	<p>Human resources: - at RRC HQ – 1 programme coordinator, 1 programme assistant/interpreter, 1 finance manager</p> <p>- in regional branches – 4 programme coordinators, 4 financial managers, 4 outreach managers, 4 outreach workers, volunteers</p> <p>Funding (to procure syringes, to produce information materials, to conduct monitoring and cover administrative costs)</p>	<p>RRC staff and volunteers</p> <p>Government support</p> <p>Support from the International Federation and other partners</p> <p>RRC own resources and funds</p>	<p>Local government and all involved institutions support harm reduction programme in targeted regions.</p> <p>It is possible to attract outreach workers (former IDUs) to programme activities.</p> <p>It is possible to reach the community of IDUs</p> <p>RRC in the regions has the capacity to run the programme.</p>

<p>4.6. Dissemination of information among the target group about the opening of the exchange point.</p> <p>4.7. Exchange of contaminated syringes and needles for clean ones (85,000 syringes/year/2,000 clients in each territory)</p> <p>4.8. Collection and destroying contaminated syringes</p> <p>4.9. Distribution of condoms and information education materials</p> <p>4.10. Organisation of information media events on HIV/AIDS, drug abuse, and overdose prevention.</p> <p>4.11. Conducting individual consultations for injecting drug users.</p> <p>4.12. Creating support group for people living with HIV/AIDS and/or relatives of injecting drug users in targeted regions.</p>	<p>Scope of intervention depends on assessment taking place in late 2004.</p>		
<p>5.1. Selecting project target group.</p> <p>5.2. Conducting two 4-months long courses for training disabled persons in sewing skills;</p> <p>5.3. Conducting three 3-month long courses for training disabled persons in patch-work.</p> <p>5.4. Conducting five 2-month long courses for training disabled persons in computer, internet, e-mail skills.</p> <p>5.5. Assessing psychological state of disabled persons participating in the project.</p> <p>5.6. Conducting personal and group psychological consultations.</p> <p>5.7. Informing mass media about the</p>	<p>Human resources:</p> <p>- at RRC HQ – 1 programme coordinator; 1 finance manager; 1 interpreter</p> <p>- in regional branches – 7 specialists – psychologists, sewing and patch-work teacher; computer instructor; sewing equipment technician; cleaning lady; finance manager; project coordinator</p> <p>Funding (to provide equipment for computer room, sewing workshop; to conduct monitoring and cover administrative costs)</p>	<p>RRC staff, professional personnel, students and volunteers</p> <p>Government support</p> <p>Support from the International Federation and other partners</p> <p>RRC own resources and funds</p>	<p>Regional Red Cross branch is able to run the programme.</p> <p>Local administration supports the programme.</p> <p>Cooperation with employment centre is arranged.</p> <p>Professional specialists are available in the regions.</p>

<p>project implementation.</p> <p>6.1. Rendering of qualified medical services to targeted group at the RRC rehabilitation centre (urgent medical service, collecting doctor's prescriptions, preventive examinations and clinical examination etc.) Determining most effective methods for ensuring best practice.</p> <p>6.2. 5 visiting nurses of Oryol RRC regional branch and 18 volunteers are involved in the project.</p> <p>6.3. Doctors/specialists provide individual consultations to vulnerable beneficiaries according to their needs (new method of working in 2005): signing of proper contracts with medical institutions.</p> <p>6.4. Organizing of visits to psychotherapist and individual consultations, meetings, conversations with old people to determine their psychological status; training of pensioners to have power over their own psychological state.</p> <p>6.5. Organizing sessions of individual medical massage on doctor's prescription.</p> <p>6.6. Provision of legal services target group – letters, requests, solicitations, writs, legalization of different documents on real estate issues, heritage, restoring of lost documents etc. by a RRC legal adviser on a twice monthly basis.</p> <p>6.7. Assembling and distribution of hygienic kits – once every 3</p>	<p>Human resources:</p> <p>- at RRC HQ – 1 programme coordinator, 1 finance manager, 1 programme assistant</p> <p>In regional branch – coordinator, finance manager, 5 visiting nurses, lawyer, driver-loader, technical worker, specialists-consultants, volunteers</p> <p>Office rent, public utilities, communication, post service, office expenses, bank services</p> <p>Office equipment: 2 computers with printer, 1 telephone, 1 photocopy unit, equipment for medical social room, rehabilitation equipment</p> <p>Funding (to conduct seminars, round tables):</p> <ul style="list-style-type: none"> • Training sets, visual aids for instructors, stationery • Preparing informational materials • Monitoring and covering of administrative costs <p>Resources for implementation and monitoring of activities</p>	<p>RRC staff, volunteers</p> <p>Government support</p> <p>Support from the International Federation and other partners</p> <p>RRC own resources and funds</p>	<p>RRC staff possesses sufficient technical and professional skills.</p> <p>Active VNS is in place</p> <p>Local social and health bodies support the programme</p> <p>Oryol regional RRC branch has the capacity to run the programme</p>
--	--	---	---

<p>months.</p> <p>6.8. Providing vulnerable veterans and disabled people with clothes and footwear, bedding articles, hiring rehabilitation equipment, arranging of transport services to the centre for the target group</p> <p>6.9. Purchase and distribution of first aids kits (new service in 2005) to all the beneficiaries of the rehabilitation centre. (once throughout programme implementation)</p> <p>6.10. Purchase and delivery of food parcels to beneficiaries on Victory Day.</p> <p>6.11. Design and conduct courses according to interests expressed by the beneficiaries (dress-making, knitting, origami, etc.) and to hold courses to times a month.</p> <p>6.12. Purchasing necessary equipment and materials for selected courses (sewing machine, tissues, threads, etc.)</p> <p>6.13. Select leaders from among the target group and volunteers active in the different hobby and train them in psychological support.</p> <p>6.14. Organizing of parties, joint birthday celebrations, excursions.</p> <p>6.15. Conducting a seminar “Basics of Home care” by VNS of Oryol RRC regional branch.</p>			
--	--	--	--