



Croce Rossa Italiana
COMITATO CENTRALE

ORDINANZA PRESIDENZIALE

08 66 - 13 del 26 MAR. 2013

IL PRESIDENTE NAZIONALE

VISTO il Decreto del Presidente del Consiglio dei Ministri n. 97 del 6 maggio 2005 concernente l'approvazione dello Statuto della Croce Rossa Italiana;

VISTO il Decreto Legislativo 28 settembre 2012, n. 178 di riorganizzazione dell'Associazione italiana della Croce Rossa a norma dell'articolo 2 della legge 4 novembre 2010, n. 183;

VISTO l'art. 3, comma 1, lettera c del D.Lgs 28 settembre 2012, n. 178 di riorganizzazione dell'Associazione italiana della Croce Rossa;

PRESO atto del Verbale dell'Ufficio Elettorale Centrale dell'8/2/2013 di proclamazione del Presidente Nazionale della Croce Rossa Italiana e delle Vice Presidenti Nazionali della Croce Rossa Italiana;

VISTA l'O.C. n. 78 dell'8 febbraio 2013 relativa all'insediamento del Presidente Nazionale della Croce Rossa Italiana e delle Vice Presidenti Nazionali della Croce Rossa Italiana;

VISTA la O.C. n. 556 del 21 novembre 2011 di autorizzazione al sostegno finanziario e tecnico alla Federazione Internazionale di Croce Rossa e Mezza Luna Rossa per svolgere una azione di concerto con la CR Bielorussa tesa a facilitare l'accesso delle donne tossicodipendenti ai servizi per la prevenzione della diffusione dell'HIV e per la riduzione del danno;

VISTO il nuovo progetto "Facilitare l'accesso delle donne tossicodipendenti ai servizi di prevenzione HIV e di riduzione del danno", presentato dalla Federazione Internazionale per dare continuità alle azioni svolte in Bielorussia con il supporto della CRI;

CONSIDERATO la Croce Rossa Italiana vanta una specifica expertise sulle attività in oggetto, e che queste rientrano tra le priorità del Movimento Internazionale di Croce Rossa e Mezzaluna Rossa;

VISTO l'MoU di partenariato nel campo della prevenzione HIV e di riduzione del danno della durata di cinque anni, sottoscritto fra la Croce Rossa Bielorussa e la Croce Rossa Italiana in data 20 Novembre 2009;

VISTO il Promemoria del Direttore del Dipartimento Socio-Sanitario e delle Operazioni di Emergenza del 27 Febbraio 2013, parte integrante della presente,

DISPONE

per quanto espresso in premessa

- di autorizzare il sostegno finanziario e tecnico della Croce Rossa Italiana alla Federazione Internazionale della Croce Rossa e Mezza Luna Rossa per la continuità del progetto "Facilitare l'accesso delle donne tossicodipendenti ai servizi di prevenzione HIV e di riduzione del danno", nella regione di Grodno e di concerto con la Croce Rossa Bielorussa, per la durata di un anno, dal 1 Marzo 2013 al 28 Febbraio 2014;
- di dare mandato al Dirigente del Servizio Operazioni Internazionali e Attività Sociali e Sanitarie affinché assuma tutti i provvedimenti gestionali necessari

IL PRESIDENTE NAZIONALE
(Avv. Francesco Rocca)

*L'atto amministrativo è conforme al DPR 97 del 27/02/03.
Il presente provvedimento non comporta oneri.*

Visto: si prende atto
Il Dirigente del Servizio Economico e Finanziario

ROCCA - F.

Memorandum of Understanding
between
the Belarus Red Cross
and
the Italian Red Cross

1. Introduction

The Belarus Red Cross (BRC) and Italian Red Cross (IRC) hereafter referred to as "the partners", agree to the following:

- 1.1 This MoU records the agreement between the BRC and IRC to co-operate in supporting the development of the Belarusian Red Cross and strengthening its capacity to effectively deliver quality programmes and services.
- 1.2 The partners recall that the Fundamental Principles and Statutes of the International Red Cross and Red Crescent Movement, the decisions of the General Assembly of the Federation and resolutions of the International Conference will be applicable in all circumstances.

2. Background

Based on a common concern for ensuring adequate capacities of National Societies to manage and deliver quality services, and in the spirit of solidarity within the Movement, the partners have agreed that a coherent and well coordinated approach to development assistance is required.

The BRC and IRC will cooperate through experience exchange, sensitization and training in the following areas:

- Harm reduction and drug abuse prevention;
- First Aid training;
- Youth movement development.

Acknowledging the fact that setting up this partnership and bringing targeted activities into action requires both financial and time resources, the above mentioned National Societies can agree to join all efforts to develop the programme document and apply for financial support.

3. Roles and Responsibilities

The National Societies are equal partners in this agreement. The National Societies hold ownership of the programmes and commit all necessary efforts for its success.

The BRC and the IRC are the implementing partners in any possible application. The BRC and the IRC will designate working groups in each National Society (persons to be defined) and make all efforts to provide the requested data and information in time.

4. General Provisions

This MoU shall come into force with signature of the partners and shall be valid for the period of 5 years.

In case of any difficulties or any important developments relevant to the project, the parties of this agreement shall inform each other immediately.

Any dispute arisen on the implementation of any clause of this MoU shall be settled amicably.



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This MoU shall be valid in the English version. The MoU is signed in three copies, one of them is to be sent to the IFRC Secretariat.

20 NOV. 2009

On behalf of the Italian Red Cross:

..... 

On behalf of the Belarus Red
Cross:

Mr. Viktor Kolbanov
Secretary General


.....

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26 MAR. 2013

DISPONE

per quanto espresso in premessa:

di autorizzare il sostegno finanziario e tecnico della Croce Rossa Italiana alla Federazione Internazionale della Croce Rossa e Mezza Luna Rossa per la continuità del progetto "Facilitare l'accesso delle donne tossicodipendenti ai servizi di prevenzione HIV e di riduzione del danno", nella regione di Grodno e di concerto con la Croce Rossa Bielorusa, per la durata di un anno, dal 1 Gennaio al 31 Dicembre 2012;

di dare mandato al Capo Dipartimento Attività Socio-Sanitarie e delle Operazioni in Emergenza affinché provveda, con successivi atti gestionali, nell'ambito delle risorse previste in bilancio, a dare attuazione a quanto disposto nella presente Ordinanza.

IL COMMISSARIO STRAORDINARIO
(Avv. Francesco ROCCA)



L'Ordinanza è conforme al DPR 97 del 27.02.2003?

Si

No

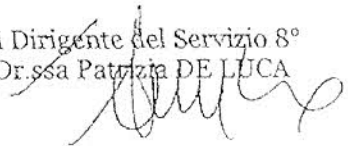
L'atto amministrativo comporta oneri?

Si

No

Sede,

Il Dirigente del Servizio 8°
Dr.ssa Patrizia DE LUCA



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CROCE ROSSA ITALIANA
COMITATO CENTRALE

Prot n CR/CC/0072216/2011

07/11/2011

DIPARTIMENTO DELLE ATTIVITA' SOCIO SANITARIE E DELLE
OPERAZIONI IN EMERGENZA E VOLONTARIATO
SERVIZIO OPERAZIONI INTERNAZIONALI E ATTIVITA' SOCIALI E SANITARIE

PROMEMORIA PER IL SIG. COMMISSARIO STRAORDINARIO

Oggetto:

Contributo alla Federazione per sostenere il programma "Potenziare l'accesso di donne tossicodipendenti ai servizi di prevenzione HIV e di riduzione del danno" da svolgersi con la Croce Rossa Bielorussa

La Croce Rossa Italiana, come è noto, il 20 Novembre del 2009 ha siglato un Memorandum of Understanding della validità di cinque anni con la CR Bielorussa, indicando la riduzione del danno quale uno dei temi di cooperazione da sviluppare nell'ambito dello spirito di solidarietà del Movimento (Allegato 1);

La diffusione dell'epidemia HIV/AIDS ha raggiunto in Bielorussia livelli allarmanti, ed i comportamenti a rischio adottati dalle persone che usano droghe per via iniettiva sono fra i maggiori veicoli dell'infezione, tanto che questo gruppo di popolazione rappresenta da solo più del 50 % dei casi stimati. In Bielorussia, all'interno di questo gruppo di popolazione, le donne rappresentano la fascia più vulnerabile.

In data 13 Dicembre 2010 il Commissario Straordinario della Croce Rossa Italiana ha emanato la Ordinanza 0625-10 dando mandato al Capo Dipartimento Attività Socio-Sanitarie e delle Operazioni in Emergenza di dare sostegno al progetto presentato dalla Federazione Internazionale di Croce Rossa e Mezza Luna Rossa denominato "Potenziare l'accesso di donne tossicodipendenti ai servizi di prevenzione HIV e di riduzione del danno" da svolgersi in collaborazione con la Croce Rossa Bielorussa. (Allegato 2).

I dati emersi dal lavoro sinora svolto (Progress Report periodo gennaio giugno 2011 - Allegato 3) e dallo studio osservazionale sul campo svolto nel periodo Giugno - Agosto 2011 (Allegato 4) testimoniano la qualità del lavoro svolto sinora e la necessità epidemiologica della prosecuzione dell'impegno.

La Delegazione della FICR che presenta il Progetto, concordemente con la Società Nazionale CR, continuerebbe ad assicurare il follow up e la qualità dello svolgimento delle azioni tramite un continuo dialogo, monitoraggio e rapporto regolato da apposito atto con l'Ente esecutore, la CR Bielorussa.

La Federazione ha trasmesso a questo Dipartimento la proposta di progetto per il 2012 (Allegato 5) con budget allegato - Appeal Number MAABY002, Project and donor code: PBY025 - (Allegato 6);

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Qualora la S.V. concordi, si allega Ordinanza Commissariale di approvazione per la erogazione di un contributo di € 50.000 alla Federazione Internazionale per garantire la prosecuzione del progetto "Facilitare l'accesso delle donne tossicodipendenti ai servizi di prevenzione HIV e di riduzione del danno" nella regione di Grodno per la durata di un anno, dal 1 Gennaio al 31 Dicembre 2012.

VISTO SI APPROVA
Il Commissario Straordinario
(Avv. Francesco Rocca)

Il Capo Dipartimento
Attività Socio-Sanitarie e delle
Operazioni in Emergenza
(Dr. Leonardo ~~Carmenati~~)

Roma, 7 Ottobre 2011

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Oggetto: Relazione visita effettuata il 4/5/2012 da Patruno Fabio al progetto "Facilitare l'accesso di donne tossicodipendenti a servizi per l'HIV e di riduzione del danno" in Grodno, Bielorussia.

Il progetto "Facilitare l'accesso di donne tossicodipendenti a servizi per l'HIV e di riduzione del danno" nasce nell'ambito dell'MoU in vigore fra CRI e CRB siglato il 20/11/2009, ed è sostenuto finanziariamente dalla CRI, per la prima annualità con la OC 625 del 13/12/2010. Il progetto ha ricevuto un primo contributo per il 2011 e, successivamente un secondo per il 2012, è coordinato dalla Federazione ed è messo in atto dalla CR Bielorussia nella città di Grodno, nella regione ovest del Paese, vicino al confine con la Polonia.

Il report finale della prima annualità del progetto, trasmesso dalla Federazione alla chiusura del primo anno di attività e allegato al presente rapporto, descrive nel dettaglio le azioni ed i risultati raggiunti sinora dal centro diurno di Grodno. Questo servizio integra e si inserisce in maniera coordinata all'interno delle altre attività generali di riduzione del danno gestite dalla Croce Rossa locale in due altri centri, denominati "Centro di consultazione anonima" e "Centro di supporto sociale", attività sostenute dal Global Fund, ove si inizia a costruire il contatto ed il rapporto con le persone tossicodipendenti partendo dallo scambio di siringhe, distribuzione di condom all'interno di una educazione ad una sessualità sicura, avvio a servizi per trattamenti con metadone, screening HIV e altre malattie, etc...

Il servizio sostenuto dal progetto offre uno spazio diurno per la presa in carico globale delle donne tossicodipendenti e dei loro bambini, esso vuole essere un momento di riposo dalle consuete dinamiche di chi vive il problema della dipendenza.

Durante la visita, svoltasi il 4 maggio u.s., ho avuto l'opportunità di parlare sia con gli organizzatori che con gli operatori ed i beneficiari e vedere come l'idea di fornire un servizio riservato a questo gruppo di popolazione abbia reso possibile percorsi di cambiamento in positivo altrimenti impossibili da realizzare in tempi brevi.

E' un fatto accertato sia in Italia che in molti altri paesi del mondo, Bielorussia compresa, che le persone gravemente tossicodipendenti, quando di sesso femminile, presentano maggiori difficoltà di inserimento in percorsi di accoglienza e trattamento. Molte di queste persone presentano personalità seriamente disturbate, con tratti di personalità oppositiva e, quando inserite in contesti di gruppo di genere misto, lasciano emergere modelli di comportamento improntati sulla aggressività, radicati come abitudini in anni di devianza sociale, con conseguente abbandono del percorso terapeutico.

La necessità e l'urgenza di prestare una particolare attenzione a questo gruppo di popolazione è anche confermata dal fatto che in Bielorussia la prevalenza HIV nelle donne tossicodipendenti è il doppio di quella rilevata negli uomini tossicodipendenti.

Da uno studio effettuato nella prima fase del progetto, cui hanno aderito rispondendo a questionari mirati e partecipando a focus group 83 donne TD, è emerso come sussistano diversi fattori che rendono maggiormente difficoltoso l'accesso di donne tossicodipendenti ai servizi. Questi fattori sono così sintetizzabili: una dipendenza più grave dalle sostanze; "sudditanza" dal partner; necessità di coprire le responsabilità verso la casa che, nel 40% dei casi, include anche dei bambini; coprire le necessità date dall'HIV, qualora sieropositive; portare un doppio stigma, sia come tossicodipendenti che come donna, e in alcuni casi anche come sexual worker; mancanza di informazioni sui possibili servizi fruibili.

Sempre lo stesso studio preliminare ha evidenziato come le donne tossicodipendenti, nel campo della salute, abbiano bisogno di servizi di screening HIV, visite mediche specialistiche, informazioni sul trattamento e riabilitazione inerenti la droga, una terapia che garantisca una vera riservatezza. Un punto ulteriore emerso dallo studio è che, perché un'offerta di trattamento sia realmente sostenibile, occorre tenere in considerazione: a) la presa in carico dei figli nei periodi in cui la madre deve assentarsi da casa; b) la presa in carico terapeutica del partner qualora sia anch'egli tossicodipendente, c) la protezione contro la violenza e quindi l'attivazione anche di centri crisi, d) un aiuto nella ricerca di occupazione e realizzazione di sé, elemento vitale per consentire un recupero della fiducia in se stesse.

Durante il primo anno di attività il Centro Diurno del progetto si è preso cura di 112 persone (donne TD, figli e partner) le quali si rivolgono regolarmente alla struttura che li assiste permettendo loro di avere visite specialistiche, cure sanitarie, inserimento in corsi professionali, assistenza umanitaria di base (cibo, articoli per la salute, condom e test di gravidanza). Nel centro vengono anche periodicamente organizzati incontri di gruppo con particolari specialisti (ostetrica, infettivologo,...), ed è fornita una consulenza legale e di supporto psicologico individuale e di gruppo. Una parte del centro diurno è stata attrezzata per una sosta temporanea delle donne e dei loro bambini, con possibilità di farsi una doccia, lavarsi i panni, avere un pasto, accedere a internet e ricevere informazioni. In contemporanea all'apertura di questo centro diurno il Comitato Locale di Grodno, con il sostegno del Global Fund, ha aperto uno spazio, presso la propria sede, denominato "Creative Workshop" dove è possibile, per i figli delle donne in carico al Centro Diurno, partecipare a gruppi di animazione mentre le loro madri partecipano ad attività di formazione di "taglio e cucito", e/o sono impegnate in consultazioni medico-specialistiche.

Sulla base dei risultati raggiunti e dei bisogni rilevati sinora, il Centro Diurno di Grodno, nel suo sviluppo nell'immediato futuro, oltre al mantenimento e al miglioramento della qualità di quanto sinora offerto, intende dare di più nei seguenti servizi: consulenza familiare, riabilitazione, attività di svago per i bambini, nutrizione, e formazione professionale di parrucchieri e di cosmetologi.

Gli ottimi risultati sinora raggiunti stanno orientando la CR Bielorusca a replicare il modello sviluppato in Lida e Pinsk, due altri centri del paese.

Da notare che, nell'arco della giornata della visita, ho anche avuto l'opportunità di visitare gli altri centri organizzati dalla CR di Grodno a favore delle donne TD, ogni volta incontrando operatori, clienti e responsabili CR, e sempre avendo confermata l'impressione positiva ottenuta al Centro Diurno.

A conclusione si può senz'altro affermare che l'esperienza di Grodno appare estremamente significativa e altamente professionale. Il team è riuscito non solo ad entrare in contatto ed accogliere persone che abitualmente vivono nella oscurità dei servizi, ma anche ad intercettare una richiesta di aiuto inespressa. A questo riguardo appare ottimo il metodo di lavoro seguito sin dall'inizio, antepoendo una Survey alla attivazione di nuovi servizi e riuscendo così a cogliere i bisogni pressanti del gruppo target. La costruzione di uno spazio riservato alle donne ha reso possibile creare un sereno clima di partecipazione e scambio, dove i beneficiari possono prendersi una pausa di riposo e riflessione, e utilizzare gli stimoli costruttivi loro proposti dallo staff operativo in risposta ai bisogni evidenziati e sopra descritti. A partire da loro, dalle donne, la attenzione del progetto si è ampliata ai loro partner ed ai loro bambini, nell'intenzione di creare le condizioni ottimali per rendere possibile un percorso di cambiamento in positivo. Il 96% delle donne in trattamento avevano già tentato in precedenza il distacco dalle sostanze, ma senza successo, spingendo le stesse ad una separazione ancora maggiore dai servizi. Un altro risultato importante è dato dalla inclusione di ex-beneficiari nello staff anche con assunzione di responsabilità verso la collettività, come per un caso di un educatore pari inserito quale rappresentante CR nel gruppo di contatto del Global Fund.

Alla luce di quanto sopra si può senz'altro affermare che il Centro diurno di Grodno è parte significativa di una rete terapeutica che rende più fattibile l'accesso delle donne tossicodipendenti ai servizi loro necessari rendendo maggiormente sostenibile la loro adesione ad un percorso terapeutico di cambiamento.

Fabio Patruno



2013

Project Plan

Project title:

Enhanced access for female IDUs to HIV prevention and harm reduction services

Background

Since 2011 Belarus Red Cross has worked to introduce gender oriented approaches in HIV prevention and harm reduction programming, to improve access to comprehensive harm reduction services for female injecting drug users (IDUs), as well as to strengthen capacity of local organizations providing services to IDUs. This work is supported by IFRC and Italian Red Cross through the project *Enhanced access for female IDUs to HIV prevention and harm reduction services* currently piloted in Grodno region in close cooperation with key HIV service organizations. The project Phase 2 is being successfully implemented (please refer to informal progress report provided to the Italian Red Cross on 25.10.12).

This plan represents an extension of the project supported by Italian Red Cross. Whereas project Phase 1 (2011) provided for the introduction and testing of new gender-based approaches in Grodno and Phase 2 (2012) scaled up those and prepared the ground for replicating the acknowledged model to other areas, Phase 3 (2013) ensures consolidation of the achieved outcomes and replication of some project components to the town of Lida, Grodno region. Therefore, the activities under the present project plan fit smoothly in with those implemented during 2011-2012, also focusing on Grodno region and, in addition, replicating the successful model to Lida.

Problem description

Sexual transmission of HIV in Eastern Europe is increasing. IDUs and their sexual partners are at risk of acquiring HIV both through sharing injecting equipment and unprotected sex. IDUs' sexual partners include primary and casual partners, commercial and non-commercial partners. Sexual partners of IDUs may be a link for generalized epidemic in Eastern Europe. In Belarus, 87 percent of injectors are sexually active and 40 percent have multiple partners (National AIDS Centre). Few female IDUs visit harm reduction services, however, they are highly concerned about these risks and are willing to protect themselves and their partners from infection with HIV. Comprehensive approaches to harm reduction must take into account the specific issues relating to women IDUs and women partners of IDUs, including stigma and discrimination which prevent their access to prevention and care services.

HIV prevalence in Belarus continues to rise, with 100 Belarusians infected every month. As of December 1, 2012 the number of persons registered as HIV-positive in Belarus reached 14,088. The most severely affected age group is 15–29 years old (59.2 percent of all HIV-infected persons). Sexual way of HIV transmission has been the most common in Belarus for several years. However, injection drug use is still responsible for a large percentage of HIV infections. Drug users are therefore also among the most HIV affected groups in the population of Belarus. Although Belarus has made progress in slowing vertical transmission of HIV, the transmission rate remains at a high 10 percent. Of 1980 infants born to HIV-positive mothers in 2011, 198 became infected.

HIV stigma and discrimination remain rife in Belarus. The country's *Stigma Index Survey* determined that 40.5 percent of HIV-positive people experienced a confidentiality breach by medical personnel and 15.5 percent were refused medical care. People often lose jobs after being diagnosed with HIV.

In 2012 the Belarusian Ministry of Health in partnership with UNDP launched an anti-stigma educational campaign called "Life With HIV Is Life" – to show that people can continue to live a full exciting life even after being diagnosed with HIV. The campaign is an important step forward. However, the Belarusian campaign against stereotypes and myths does not do enough. In particular, the approach is lacking in gender-sensitive strategies. Women and girls face the

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greatest challenges as they are biologically more vulnerable to HIV and as the Belarusian society is still guided by double standards regarding the sexuality of men and women.

Women make up a growing proportion of the HIV-positive population in Belarus, and the overall new infection rate continues to climb. The share of women in the total number of HIV-infected has reached 39.7 percent (5,594 persons, according to official data as of December 1, 2012). Among the new cases registered in the eleven months of 2012 the share of women was 45.8 percent (519 persons). Women in Belarus are particularly vulnerable to sexual transmission of HIV because of duress and violence regarding the use of contraception and reproductive health. According to sociological studies, 4 out of 5 Belarusian women experience psychological or physical violence. According to Positive Movement, HIV-infected women face particularly acute prejudice and humiliation due to the absence of gender-sensitive approach in treatment of HIV-infective patients. In the programmes on reproductive and sexual health, no special treatment is reserved for female drug users, which is probably why women drug users are less likely than men to resort to programmes of HIV-prevention. Women drug-users who have children are also affected by the implementation of Decree No. 18 "*On the additional measures of state protection of children in problem families*". The decree imposes nearly impossible conditions on the women who hope to retain custody of their children and at the same time provides no help in fulfilling these conditions.

On this background, there is a need for the Red Cross Movement to be further involved and work closely together with the authorities and with other CSOs to introduce gender-sensitive approaches to injection drug users and HIV-infected women.

Partners' competence and qualifications in relation to the project

International Federation of Red Cross and Red Crescent Societies (IFRC) has a wide experience in planning and management of international projects and has developed systems for quality assurance of projects and management of grants. IFRC has supported a great number of multilateral projects in Belarus since its engagement in the region in 1991. IFRC is supporting BRC to strengthen its capacities in assisting vulnerable people, fighting stigma and discrimination suffered by marginalized people and advocating for their rights. As project partner IFRC ensures strong support to BRC providing technical advice, tools and standards, facilitating organizational development and knowledge-sharing, monitoring and reporting. Technical support is provided to BRC through the IFRC Zonal Office in Budapest and Country Representation in Minsk. IFRC has Russian-speaking staff with extensive experience from the post-Soviet context. This is applied to support the management of the project.

BRC is a national organization affiliated to IFRC. Both IFRC and BRC have international and local experience in planning and implementing HIV programmes. The most important asset on part of BRC is its network of volunteers and relationship with target groups and their challenges.

Division of responsibilities and description of the added value in the project by IFRC and BRC

IFRC ensures overall follow-up of the progress and quality of the project through ongoing monitoring and dialogue with BRC relevant staff, and through regular field visits.

IFRC and BRC have an operational contract signed to regulate cooperation and ensure implementation of all components of the project through timely, efficient and economical actions. BRC staff have the overall responsibility for the management of the project, coordination of regional inputs and volunteer management. IFRC staff in Minsk support BRC in day-to-day management of the project and liaise with IFRC technical departments, sharing information on needs, achievements and plans of BRC with relevant technical officers and mobilize technical assistance when needed from the IFRC zonal structure.

BRC, its staff and volunteers countrywide, are responsible for the project implementation and proper reporting.

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Overall goal and objectives:

Goal: to increase access for female IDUs to HIV prevention and harm reduction services through introducing gender-oriented approaches in corresponding programmes.

Objectives:

1. To expand range and improve quality of services provided to female IDUs as one of the most HIV-related vulnerable groups.
2. To strengthen capacity of organizations providing services to IDUs to effectively implement gender-oriented programmes on HIV prevention and harm reduction among IDUs.
3. To scale up use of gender-oriented approaches in HIV prevention and harm reduction programmes through promoting best practices of BRC Grodno regional branch (replication of some components in Lida town, Grodno region).

Outlook for 2013

In 2013 Belarus Red Cross, Italian Red Cross and IFRC will continue their joint efforts aimed at consolidation of the achieved outcomes and improvement of the established HIV prevention and harm reduction services. Furthermore, the project will enable Belarus Red Cross to *replicate* the already tested gender-sensitive approaches in HIV programming to other regions of the country (town of Lida, Grodno region).

Based on partnership network established in Grodno, a mobile team of specialists (infectious diseases specialist, gynecologist, psychologist or legal consultant) will visit on a quarterly basis the Red Cross district branch in Lida to facilitate meetings of female IDUs and their immediate environment. During the implementation period the project will seek to set up and train the support team based in Lida. It is also intended to expand the existing partnership network with authorities and communities of Lida town due to replicating project activities to that area.

In addition, target beneficiaries in Lida will be provided with humanitarian assistance package (food parcels, hygiene kits, vitamins, etc.) designed according to their individual needs.

The activities in 2013 will be expanded also to provide a new service offered by a crisis consultant. The person will stay in the Red Cross temporary shelter until late evening and will receive clients who might be at risk of domestic violence. The crisis consultant will also provide information and counselling support by answering phone calls.

Planned activities and expected results

Expected results	Milestones	Activities	Indicators
<p><u>Result 1:</u> Expanded range and improved quality of services provided to female IDUs</p>	<ul style="list-style-type: none"> • Improving quality of existing services • Integrating new services for female IDUs into the existing system of services • Ensuring individual support services for IDUs • Advocacy and stakeholders' involvement, expanding partnership network 	<p>1.1 Application of an individual approach in:</p> <ul style="list-style-type: none"> - Counseling services provided by specialists; - Peer counseling (including outreach work); - Providing means of protection, vitamins, hygiene and food parcels (standard and individual parcels). <p>1.2 Operating of:</p> <ul style="list-style-type: none"> - a room for temporary stay of female IDUs and their children (5 days a week from 12.00 to 16.00 P.M.) - a crisis room (consultations) in the frames of the temporary shelter (5 days a week from 16.00 to 20.00 P.M.) 	<ul style="list-style-type: none"> • Number of individual-oriented services increased by 10% (compare to 2012) • At least 70% of interviewed female IDUs responded positively on the quality of services • At least 20 female IDUs (10 in Grodno and 10 in Lida) are provided with personal hygiene and food parcels (containing, if necessary, baby food, vitamins, hygiene means for children, etc.) <ul style="list-style-type: none"> • Nursery services for children are ensured for at least 10 female IDUs • At least 50 female IDUs used services of the room for temporary stay • At least 10 female IDUs and their family members assisted by the crisis consultant

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<p>1.3 Expanding a range of services targeting female IDUs and their children:</p> <ul style="list-style-type: none"> - family counseling; - counseling by child psychologist and social consultant; - legal counseling (primarily, regarding parental rights and duties, decree №18 (on state support to children in disadvantaged families)); - information materials for beneficiaries; - provision of contraceptives and pregnancy tests; - provision of vitamins, hematogen bars, etc.; - consultations and services by various specialists (cosmetologist, hairdresser, gynecologist, infectious diseases specialist, etc.) in Grodno and Lida; - organization of children's leisure and health rehabilitation; - services of a crisis consultant available until 20 p.m. 	<ul style="list-style-type: none"> • At least 10 family consultations are provided • The target group has access to services of a child psychologist and a social consultant and used these services at least 12 times • A legal counselor provided at least 24 consultations • 100 copies of informational materials aimed at beneficiaries are published and distributed within the target group • 100% of the project clients are provided with contraceptives and pregnancy tests (as needed) • 50 female IDUs are provided with vitamins and hematogen bars • At least 15 group counselling sessions for IDUs are conducted by invited specialists (10 in Grodno and 5 in Lida) • At least 5 families of female IDUs are assisted in organization of children leisure and health rehabilitation • At least 10 vulnerable individuals are assisted by a crisis consultant
<p>1.4 A round table meeting with current and potential BRC partners and organizations implementing HIV prevention and harm reduction programmes among IDUs</p>	<ul style="list-style-type: none"> • New partners are involved into the partnership network of the BRC Grodno regional branch (department of education, custody, employment center, etc.)

<p>Result 2: The capacity of organizations providing services to IDUs is strengthened in order to effectively implement gender-oriented programmes on HIV prevention and harm reduction among IDUs</p>	<ul style="list-style-type: none"> • Training training of staff of organizations in the field of gender-oriented approaches to prevention activities (trainings), work of experts and consultants, information materials • Human resources: increase in number of staff and volunteers (in order to provide new services and differentiated and individual approaches to work with clients); motivating activities for staff and volunteers (in order to attract and keep qualified staff) • Material resources: participation in calls for grant applications, technical equipment (rent of premises, equipment, transport, etc.) 	<p>2.1 A working meeting with specialists on providing services to female IDUs, and with staff and volunteers of organizations working with the target group</p> <p>2.2 Recruiting / training of specialists and establishing of the system of individual-oriented services targeting female IDUs</p> <p>2.3 Training on various aspects of implementing gender-oriented programmes focusing on IDUs</p> <p>2.4 International experience exchange visit for the project staff</p>	<ul style="list-style-type: none"> • A common plan of action on implementing the project is developed • New services are integrated into the existing system of services for IDUs • Specialists are recruited and trained, the system is created and effectively operates • At least 15 staff improved knowledge and acquired skills to apply gender-oriented approaches in prevention work • At least 3 staff members participated in an experience exchange field trip and enriched their knowledge in harm reduction
		<p>2.5 Elaboration and printing of best practices</p> <p>2.6 Motivation activities</p>	<ul style="list-style-type: none"> • At least 50 copies of best practices are developed and distributed • Staff and volunteers of BRC Grodno regional and Lida district branch remain highly motivated to continue their involvement in harm reduction work

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<p>• The territory and premises of the BRC Grodno regional and city branches provide opportunities to implement the planned range of services and correspond to security requirements</p>	<p>2.7 Supply with necessary equipment and materials (netbook, telephone, fax, etc.) and security arrangements (alarm button maintenance)</p>	<p>• The territory and premises of the BRC Grodno regional and city branches provide opportunities to implement the planned range of services and correspond to security requirements</p>	<p>• At least 5 meetings for IDUs are conducted in Lida town</p> <ul style="list-style-type: none"> • The work experience of the BRC Grodno regional branch is replicated in at least one BRC district branch • At least 30 food parcels and 50 hygiene kits are provided to beneficiaries in Lida town <p>• Cooperation and coordination of activities of the staff and volunteers involved into project implementation in organizations and their partners are improved</p>
<p>3.1 At least 5 meetings for IDUs in Lida facilitated by the mobile team of invited specialists from Grodno city)</p>	<p>3.2 Humanitarian aid package (food and hygiene parcels) for the most vulnerable beneficiaries secured in Lida</p>	<p>3.3 Coordination meetings with staff and volunteers involved in project implementation in organizations and their partners</p>	<p>• At least 5 meetings for IDUs in Lida facilitated by the mobile team of invited specialists from Grodno city)</p>
<p>3.3 Coordination meetings with staff and volunteers involved in project implementation in organizations and their partners</p>	<p>3.3 Coordination meetings with staff and volunteers involved in project implementation in organizations and their partners</p>	<p>3.3 Coordination meetings with staff and volunteers involved in project implementation in organizations and their partners</p>	<p>3.3 Coordination meetings with staff and volunteers involved in project implementation in organizations and their partners</p>
<p>Result 3: Use of gender-oriented approaches in HIV prevention and harm reduction programmes is scaled up (some project components are implemented in Lida town)</p>	<p>Replication of best practices of BRC Grodno regional and city branches to Lida town</p> <ul style="list-style-type: none"> • Improvement of cooperation among state and non-governmental organizations providing services for IDUs (volunteer groups, self-help groups, local authorities, healthcare and education institutions, bodies of internal affairs) 	<p>Replication of best practices of BRC Grodno regional and city branches to Lida town</p> <ul style="list-style-type: none"> • Improvement of cooperation among state and non-governmental organizations providing services for IDUs (volunteer groups, self-help groups, local authorities, healthcare and education institutions, bodies of internal affairs) 	<p>Replication of best practices of BRC Grodno regional and city branches to Lida town</p> <ul style="list-style-type: none"> • Improvement of cooperation among state and non-governmental organizations providing services for IDUs (volunteer groups, self-help groups, local authorities, healthcare and education institutions, bodies of internal affairs)

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Target groups and final beneficiaries

To ensure sustainable project outcomes and replicate the tested model to other areas, project Phase 3 will keep the focus on Grodno city and at the same time will reach out to Lida town (Grodno region)

Grodno region is one of the most vulnerable to the drug abuse issue and, in addition, it has a developed infrastructure of services for drug users. An epidemiological study by Grodno State Medical University shows prevalence of co-morbidity among drug users, when drug addiction is compounded by HIV-infection. Despite some positive tendencies in general context, like a slight decrease in drug addiction among women and adolescents, the problem is still highly challenging. It is caused by a wide range of drugs, increase in psychological and behavioral disorders due to psychoactive substances drug use, as well as increase in the so-called latent drug users who amounts to numbers many times higher than the official data. In general, there are unfavorable changes in the structure of drug addiction which was aggravated by HIV-infection compounded; especially it occurs in Grodno region.

BRC Grodno regional branch provides services to IDUs through its social support and anonymous consultative centers. The branch has accumulated a great body of experience related to HIV prevention among IDUs, is trusted by the target group, and has sufficient human resources to implement the present project. It is essential that this Red Cross branch also has a developed network of partnerships and a positive image among decision-makers at local level. Management and staff of BRC Grodno regional and city organizations are committed to further develop the project. It should be also noted that during project implementation in 2011-2012, many representatives of the target group expressed their willingness to volunteer for project activities which creates prerequisites for establishment of the initiative group of female IDUs. During Phase 2 a group of regular clients was formed who were open to communicate and to represent a positive example for other female IDUs. Although this target group is characterized as unstable, therefore it is hard to retain them in active group. Still 2012 showed that women are ready to ask for assistance.

The project activities in 2013 will be aimed primarily at the IDUs community and NGOs providing necessary services in Grodno and Lida. The final beneficiaries are approximately 50 female IDUs and some 200 people from IDUs community and their immediate environment in Grodno city and Lida town (Grodno region).

Sustainability of the action

The present project does not create new structures, but is based on existing programmes on harm reduction and HIV prevention among IDUs and is aimed at expanding and improving quality of services for IDUs. Advocacy and stakeholder involvement, training and qualification improvement for the staff members of organizations providing services to IDUs, replicating experience and presenting it at the national level play the key role in ensuring sustainability of the project results.

Main preconditions and assumptions during the implementation phase

- Local authorities, partner organizations acknowledge the necessity and express readiness to implement the project and to make amendments in the existing programmes on HIV prevention and harm reduction taking into account gender relations and stereotypes, needs of male- and female IDUs in services.
- Staff members and volunteers of organizations involved into the project implementation and representatives of the target groups trust BRC and are willing to share their concerns and opinions related to the project.
- UNDP, Narcological Centre of the Ministry of Health of Belarus, hospitals, local authorities, state and non-governmental organizations are ready to share with BRC all the information required for assessment of gender-oriented approaches in projects on harm reduction among IDUs.

Budget: Euro 49,999 (see Annex 2)

26.11.2013
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Name of the Project: Belarus - Harm Reduction
 Appeal Number: MAABY002
 Project and donor code: PBY025
 Operating Time-frame: 1 March 2013 - 28 February 2014

Code	Description	Quantity	Unit	Unit price	Total Euro
	SUPPLIES/Subtotal				3.380
5210	Food parcels	60,00	UNIT	30,00	1.800
5499	Contraceptives, pregnancy tests, vitamins, hematogen bars	380,00	UNIT	1,00	380
5500	Additional materials for children's room (didactic materials/games, etc.)	1,00	UNIT	200,00	200
5703	Hygiene kits	100,00	UNIT	10,00	1.000
	TRANSPORT & STORAGE/Subtotal				1.500
5930	Fuel NS	15,00	UNIT	100,00	1.500
	PERSONNEL/Subtotal				21.981
6602	Project manager, HQ (12 months, 50%)	1,00	MAN	330,00	3.960
6602	Accountant, HQ (12 months, 50%)	1,00	MAN	235,00	2.820
6602	Regional accountant (12 months, 25%)	1,00	MAN	60,00	720
6602	Assistant/translator, HQ (12 months, 50%)	1,00	MAN	235,00	2.820
6602	Driver, HQ (6 months, 25%)	1,00	MAN	70,00	420
6602	Regional manager (12 months, 50%)	1,00	MAN	140,00	1.680
6602	Regional driver (6 months, 25%)	1,00	MAN	70,00	420
6602	Regional social worker (12 months, 25%),	1,00	MAN	90,00	1.080
6602	Regional crisis consultant (12 months, 25%)	1,00	MAN	90,00	1.080
6602	Social charges & taxes (34.54%)	8,00	MAN		5.181
6602	NS personnel services (lump sum)	1,00	UNIT	1.200,00	1.200
6617	Hotel accommodation	12,00	NIGHT	30,00	360
6618	Per diem	60,00	DAY	4,00	240
	WORKSHOPS & SEMINARS/Subtotal				4.590
6801	Training for staff and volunteers on gender-oriented approaches	1,00	UNIT	600,00	600
6801	Coordination meetings for project staff/volunteers	2,00	UNIT	70,00	140
6801	Meetings with local partners	2,00	UNIT	200,00	400
6801	Meetings for female IDU groups and their immediate environment	15,00	UNIT	120,00	1.800
6801	Motivation meetings for project staff	2,00	UNIT	150,00	300
6804	Printing training materials	1,00	UNIT	150,00	150
6805	Facilitators fees	15,00	UNIT	80,00	1.200
	GENERAL EXPENSES/Subtotal				10.240
7001	International travel for project staff (experience exchange)	1,00	UNIT	2.200,00	2.200
7004	Local travel	20,00	UNIT	7,50	150
7107	Elaborating and printing of best practices on work with IDUs	50,00	UNIT	20,00	1.000
7107	Printing information materials for female IDUs	500,00	UNIT	1,00	500
7301	Stationery	12,00	MONTH	50,00	600
7309	Set of basic office equipment for temporary accomodation centre (netbook, printer, fax, etc.)	1,00	UNIT	1.000,00	1.000
7321	Workstation and communication facilities at IFRC	12,00	MONTH	125,00	1.500
7327	Utilities	14,00	MONTH	150,00	2.100
7403	Telephone/ Internet	12,00	MONTH	50,00	600
7601	Banking charges	12,00	MONTH	8,30	100
7604	Foreign exchange difference	1,00	UNIT	490,00	490
	NS BUDGET/Subtotal				41.691
	IFRC Delegation Support Costs (10% of Field Budget)				4.169
	SUBTOTAL PROJECT				45.860
	Programme and services support recovery (PSSR)/Subtotal			7,5%	3.439
	Additional reporting fees				
	- Financial report	1,00	REPORT	200,00	200
	- Narrative report	1,00	REPORT	500,00	500
	PSSR and reporting charges				4.139,47
	GRAND TOTAL Euro:				49.999

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