

IPP Technical Evaluation Report

US Partner:	American Red Cross (ARC)
NIS Partner:	Russian Red Cross (RRC)
Location of Site Visits:	Moscow, Russia
Date of Visits:	December 8, 1996
Date report submitted to IREX:	January 1997

Background

The Russian Red Cross (RRC), established 150 years ago, provides services for Russia's most vulnerable population. Eighty-seven percent of the vulnerable population receive subsidies and services from the Russian government and the remaining 13 percent receive services from the RRC. One of the largest programs offered by the RRC is the "home-based nursing program" which serves 150,000 Russians spread throughout this vast country. The intent of this partnership between the American Red Cross (ARC) and the Russian Red Cross is to strengthen the home nursing program so that it can better serve its constituency. Two objectives set the tone of this partnership project, entitled the Russian Visiting Nurse Program (VNP): "(1) the transfer and adaptation of a training system for home nursing care to the Russian Red Cross and (2) the laying of a solid foundation for that system which will enable the RRC to carry it forward beyond the life of this program." An evaluation of the partnership, the fulfillment of its objectives, and its activities follows.

A. Discuss the Strongest Aspects of the Technical/Professional Work Being Done By this Partnership.

A majority of partner activities occurred during the past eleven months. The strongest aspects of the partnership's technical and professional work follow.

The Russian Ministry of Health issued a memorandum supporting the work of the RRC. With this declaration comes the credibility for the RRC to further expand its social programs, including the home nursing program, and to collect contributions from Russian citizens because it no longer receives government funding.

Because of Russia's social and economic conditions, a great need exists for the products anticipated with the partnership.

The partnership increased the RRC's visibility and potential usefulness in Russia.

The partnership project received letters of support from the Russian Ministry of Health and the Russian Ministry of Social Protection.

The International Federation of Red Cross and the Japanese Red Cross express interest in furthering the partnership's home nursing activities.

Government and academic leaders in the training sites demonstrate interest and support in the RRC's Visiting Nurse Program.

RRC staff strategically chose a panel of experts from relevant public and private agencies in Russia, i.e., RRC Central Committee, Moscow's Medical College #1, Moscow's Medical Academy, and the Ministry of Social Protection, to edit programmatic materials for the VNP.

Leaders of the RRC report that they have learned valuable lessons from this project, i.e., to develop a comprehensive work plan, an evaluation plan, a sustainability plan, and a communication plan during the project's initial phase and to recruit and place staff before the project's planning phase begins.

The basis for the VNP, the Foundations for Caregiving curriculum and textbook, was adapted to the Russian culture in content and in grammar.

Foundations for Caregiving is currently the only textbook in the Russian language on nursing procedures, psychosocial aspects of care, and care in the home, so it could potentially serve as a valuable resource to Russia's nursing and social work schools. Faculty from these schools have expressed interest in adopting the textbook within their curricula.

The project has been implemented with none of the following resources: A-V materials, computers (office use only), overhead projector, graphics, textbooks, and Instructors Kits. Project staff creatively used the available resources such as paper, pencils, and homemade demonstration materials.

Discuss the Weakest Aspects of the Technical/Professional Work Being Done By this Partnership.

Standards and evaluation criteria for the certification of trainers do not exist. Evaluation of trainers has been superficial, and entirely verbal. No written criteria in the Russian language exist. All individuals who have taken the training course are called instructor-trainers, whether or not they have learned anything or can teach anything. The entire goal of the project seems to be a "trainer mill" to reach the goal of 79 trainers presented in the partnership's program plan.

Project staff in Russia have had no input into the partnership budget, plans, or revised plans. For instance, staff have never seen a copy of the most recent full budget, the Sustainability Plan drafted April 1996, nor the multiple program revision documents.

Russian nurses (x4) sent to the US for training were not asked to sign contracts detailing their responsibilities to the project and to the Russian Red Cross upon return to Russia. The sustainability of the project is at stake if these voluntary nurses choose not to continue as trainers. The credibility of the project and the Russian Red Cross is at stake if these nurses choose to independently train nurses to work in the home setting.

Books needed for training will not be published and available until after the end of the grant period. Training sessions now are conducted with a few Xeroxed copies of a draft copy of the textbook.

The partnership plan calls for the publication of 2000 copies of the primary textbook, Foundations for Caregiving. When these books become available, there will be an inadequate number of books to give to the 2300 nurses in Russia who are practicing as Visiting Nurses and any additional nurses who participate in the training course.

Accreditation of the Home Nursing Training Program has not occurred, although the Ministry of Health, in an undated letter, confirms its support for the VNP.

The prolonged amount of time needed for start-up colored the partner's relationship even during periods of productivity.

Communication between partners and Russia-based staff has been infrequent and strained. Therefore, project leaders in Russia do not have a common perception of the day-to-day management issues, the long-term issues, and the merits of the project.

Project personnel, equipment, and communication techniques were established long after the project began.

Data from the evaluation project of the Russian Red Cross, conducted early in the life of the partner program, were never reported or used in programmatic considerations.

Plans for long-term sustainability and immediate life after the project period have not been created.

Inaccuracies of Russian-English interpretation between Russian and US partner staff have constantly plagued the project. Interpretation services should have been provided by an independent interpreter, rather than an administrative staff member whose own tenure was dependent upon the partner's relationships.

Orientation for Russian-based staff was lacking in several essential details such as the role of each individual, specific steps to accomplish the partnership's goals, essential points to strengthen the quality of the products, and the relationship of the project to the publicly financed health care services in Russia.

Overall monitoring and mentoring of Russian based staff has been lacking and inconsistent to insure project credibility.

B. What do the Russian Partners see as the "Criteria for Success" for Their Partnership Project Activities? How Close are They to Attaining Them?

According to the staff of the Russian Red Cross, they agreed to work with the American Red Cross because: "We needed it, but we never agreed on the concepts of the project or the methods to accomplish the project, that is why we have had so many changes. We do not want to be forced to do something that is not natural."

In August 1996, the ARC revised the outcomes anticipated with the partnership. More recent revisions were still under discussion and were not available to the evaluator at this time. Activities in the six revised outcomes are evaluated.

Outcome One: Translate (into Russian) and adapt the instructor and student manuals of ARC's Foundations for Caregiving.

Foundations for Caregiving, the student textbook and the instructor textbook, has been adapted to a Russian culture, edited, and translated into Russian. The adapted textbook is being piloted during *Foundation for Caregiving* seminars held between October 1996 and February 1997. Final revisions will be made during March 1997. Publication and dissemination is anticipated to occur after the completion of the grant, April 30, 1997.

Outcome Two: Train three Instructor-trainers from the RRC, VNP in the US

Four nurses from Russia participated in the ARC sponsored VNP, *Foundation for Caregiving* course, offered at the Boston ARC Chapter during September 1996. The course was expanded from its usual 24 hours, to 49 hours, to allow for interpretation and discussion.

Outcome Three: Development of a trained and certified cadre of 79 instructors to maintain an in-service training system for the Russian Red Cross Visiting Nurse Program.

At the time of the evaluation visit, a pilot teaching seminar and four seminars to train instructors had either been conducted or were scheduled:

Moscow	- October 1996 (pilot seminar)
Astrakhan	- December 1996
Ulyanovsk	- December 1996
Ulan Ude	- January 1997
Pskov	- February 1997

Training during the ten day seminar includes 35 hours of instruction using the Foundations for Caregiving textbook as the base. Training is provided by the four nurse trainers who participated

in the *Foundations for Caregiving* course in the US and Linda Spencer, the ARC Moscow-based Nurse Trainer. Partnership staff told the evaluator that approximately 20 nurses are trained to be instructors during each seminar. By the completion of the grant period, it is anticipated that 80 nurses will be trained as instructors.

Outcome Four: The quality of care provided by the VNP is substantially improved.

While one can hopefully assume the quality of care provided by the VNP substantially improves because of the partnership's VNP efforts, it is impossible to tell if this has or will occur. Standards and evaluation criteria for trainers, training sessions, the quality of care delivered by trained nurses, and overall programmatic performance are missing. Also, no provisions have been made to conduct long-term evaluation studies on the effects of the VNP training program on (1) nurses, their professionalism, their practice, their retention in the VNP, (2) clients, their satisfaction, their quality of life, the quality of their care, and (3) the region, its ability to handle social problems with the co-existence of the VNP, its referral of clients to the VNP program, and its health/illness/mortality statistics. Also, the potential exists to actually lessen the quality of care provided by the VNP because the aim of the Russian partner staff seems to be more on "getting 79 nurses trained," rather than ensuring that nurses in Russia receive quality training and achieve performance standards deeming them quality nurse trainers.

Outcome Five: The Russian Red Cross regional in-service training system, and its materials, have been recognized and accredited by the Ministries of Education, Social Protection and maybe Health.

Letters of support for the VNP have been received from the Russian Ministries of Social Protection and Health. The program has not received accreditation and little effort has been made to actively pursue the accreditation of the VNP. Of concern is the fact that before the VNP can be an official trainer program in Russia, it must receive accreditation from the Ministry of Health. Training seminars for nurses began in December 1996, and instructors will be trained in early 1997. One questions (1) if the instructors will be certified retroactively, should the Ministry of Health accredit the VNP and (2) if the instructors will be allowed to continue their teaching activities, should the Ministry of Health not accredit the VNP.

Outcome Six: Improved image and sustainability of a RRC decentralized regional in-service training system for the VNP.

The program has potential to be a decentralized regional in-service training program. Presently, the project has fulfilled or will fulfill outcomes one, two, and three. Plans and provisions for establishing a decentralized regional in-service training system or sustaining the present effort are only in the talking stage, as no business plan or future strategy plans have been written or implemented to insure the program will continue beyond the grant period.

C. (1) Describe the Technical Merit/Appropriateness of Training and Recommendations.

Two partner-sponsored training activities occurred in this project. First, the Foundations for Caregiving Seminar, sponsored by the American Red Cross in Boston, was attended by four nurses representing the Russian Red Cross. Second, upon return of the four nurses to Russia, a series of seminars to train additional home nursing providers and instructor-trainers using the Foundations for Caregiving curriculum were conducted or scheduled.

Regarding the educational program in Boston, Russian nurses were unclear about the focus of the program, (1) whether it was just a course on home nursing to help them be better nurses or (2) whether it was a course to prepare them to be instructors of nurse trainers. The training program was primarily an observational experience providing minimal opportunity for teacher training or practice teaching. Each participant taught and demonstrated one of four skill areas assigned to them. While teaching this one area, Boston-based instructors provided critiques and assistance.

Regarding the training program in Russia, two seminars were conducted prior to the evaluation visit. The first seminar, conducted in Moscow in October, was designated a pilot session for the four nurse trainers who presented a five-day practice training session (covering half of the *Foundations for Caregiving* course) for ten nurse assistants. It is unclear how this pilot session influenced the teaching methods, the content, or arrangements of subsequent training sessions. The second seminar, conducted in Astrakhan in November 1996, was designated as the first nurse training program. During this seminar, the four nurses who participated in Boston conducted the majority of the program. Subjects, such as death and dying were presented by Linda Spencer, the ARC Moscow-based Nurse Trainer. In time, the four nurse trainers will also be presenting these topics. Project staff provided feedback to the nurse trainers at the completion of each day, although no written performance criteria exist. When further questioned about the criteria used to evaluate trainer's and participant's (the nurses trained by the trainer) performance, I was told no criteria exist. Later, the evaluator was given four evaluation forms written in English, "American Red Cross - Assessment of Nurse Assistant Training Instruction in Clinical Setting," "American Red Cross - Assessment of Nurse Assistant Training Instructor Performance," "Evaluation Form - Psycho-Social Practice Teaching," and "Evaluation Form - Skills Demonstration." These forms have not been translated into Russian, nor are they used in the verbal critiquing of potential trainers.

Participants in two of the Russian-based seminars indicated in a written seminar evaluation survey that they found the seminar very interesting and very helpful for their professional work.

While the evaluator did not have an opportunity to visit a training session, I reviewed the agenda for the third seminar, scheduled for Ulyanovsk in December 1996. The agenda for the ten day course was very comprehensive, covering the major content of a "short" home nursing course. This course is appropriate only for nurses or other health care professionals who know the basics of patient care.

Recommendations to enhance the merit and appropriateness of the training portion of this partnership project follow.

Participants involved in the training programs must be given clear guidelines on the objectives and associated obligations of the training program, the criteria for certification as a trainer, performance standards for evaluation, and on-going continuing education requirements.

Participants involved in the home nursing program must be given clear guidelines on the objectives and associated obligations of the home nursing program, the recording requirements, protocols for remuneration, quality control standards, performance standards for evaluation, and on-going continuing education requirements.

Future training programs must have a two-fold focus on theory and practice. Especially programs conducted in the US must allow for the Russian participants to integrate theory and practice. Observational programs have limited value especially when the participants are expected to be actively teaching the content upon return to their country. Practice and critique sessions based on performance standards must be an integral part of the training program. Participants must have practice and critique sessions for a majority of the content areas they will be teaching.

The performance evaluation forms, i.e., American Red Cross - Assessment of Nurse Assistant Training Instruction in Clinical Setting, American Red Cross - Assessment of Nurse Assistant Training Instructor Performance, Evaluation Form - Psycho-Social Practice Teaching, and Evaluation Form - Skills Demonstration, must immediately be adapted to the Russian teaching environment, translated into Russian, actively implemented in the training seminars, and included in future continuing education seminars for instructors.

Criteria for initial and continuing certification as an instructor and a home nurse must be established.

The availability of written support materials such as the Foundations for Caregiving Course Textbook would have strengthened and reinforced the content of the seminar.

(2) Describe the Technical Merit/Appropriateness of Products and Recommendations.

Products of the partnership that are evaluated include the Foundations for Caregiving Course and Textbook and the Nurse Trainers.

Foundations for Caregiving Course and Textbook (The Russian Adapted Version).

The Foundations for Caregiving Course is a training program for nurses providing care in a home setting. The program adapted from the American Red Cross program on home nursing contains core content on nursing care in the home plus a unit on "nursing in Russian homes," but unlike the ARC program, it does not have content on hospital nursing.

The Foundations for Caregiving Textbook received intense scrutiny from a select group of Russian experts who carefully adapted and edited the textbook for the Russian culture and language. The textbook, scheduled to be pre-tested during training seminars, will be edited upon

completion of the seminars by Professor Izabella Tarnovskaja, a nursing expert and nursing leader in Russia. Review of a draft copy of Foundations for Caregiving clearly shows the intensity of work that has occurred. Content of the textbook is definitely appropriate for home-care nurses. It will be a valuable resource in Russia, having the potential to benefit many health care providers and clients.

Presently, it is anticipated that the book will be published in the US, but the publication of the book in Russia would have some benefits for the Russian Red Cross, such as easier accessibility and less publication costs. Two versions of the Foundations for Caregiving Textbook, 2000 student copies and 100 instructors copies, will be published with the grant. In Russia, 2300 nurses practice as visiting nurses. All instructors will receive a copy of the manual. The Chairmen of the Red Cross in each oblast will get the books free. The price for the books will be different by region "depending on the price basis." It is unclear what formula will be used to determine the price base.

Nurse Trainers

The training of VNP instructors throughout Russia is an appropriate goal, but several large deficiencies exist, making the present nurse training program inappropriate to achieve this goal. These deficiencies are outlined below.

-No job descriptions exist, and therefore, there is no clear designation if nurse trainers are to serve as RRC trainers for their locality, to serve as RRC trainers for the nation, or to be allowed to work as independent teachers of home nursing without an RRC affiliation.

-No written criteria exist on what standards or obligations are expected from nurse trainers. Teachers are also not aware of criteria for evaluation because they have never been given written performance standards. There are no established performance standards needed to be a nurse instructor. So far, anyone who takes the training course is deemed an "instructor."

-Nurse trainers are expected to conduct instructor training courses, although they have had (1) minimal exposure to the course content in Boston, (2) only one pilot teaching session in Moscow in October 1996, (3) no opportunity to independently teach the entire *Foundations for Caregiving Seminar*, (4) no formal standard performance criteria on which to base their teaching, and (5) no formal written evaluation of their teaching methods and effectiveness.

Recommendations to enhance the technical merit and appropriateness of the products follow.

The partners must establish clear criteria on who will receive or who can buy the textbooks, i.e., student and instructor books. Health professionals, especially nurses, social workers, and health professional educators in Russia indicate a high interest in obtaining the book. The partners must determine the marketing strategy for the book and determine if the book will be sold independently of the *Foundations for Caregiving Course* seminar.

Options for publishing the Foundations for Caregiving Textbooks should be pursued in Russia, as the cost for publication would be less and the accessibility for continued publication would be better.

The partners must immediately prepare standards and evaluation criteria as suggested in the preceding section on Nurse Trainers.

(3) Describe the Technical Merit/Appropriateness of Resource/Learning Centers and Recommendations.

No Resource/Learning Centers exist with this project.

(4) Describe the Technical Merit/Appropriateness of Consulting Services and Recommendations.

Consulting services have been minimal in this project. The project would have benefited by more expatriate consultation on teaching methods, quality standards, and program sustainability.

D. What Additional Technical Assistance could the NIS Partners Use to Improve Their Work in General?

To better accomplish the outcomes anticipated from the partnership, the following technical assistance is recommended.

Creating immediately (1) standards for trainers and training sessions, (2) job descriptions for instructors and home nurses including obligations and compensation, and (3) short and long-term plans for the implementation and sustainability of the VNP in Russia, including a business plan, marketing plan, training plan, and quality control plan.

Giving concerted attention to the accreditation of the VNP program by the Ministry of Health - Russia. Officially, the Ministry of Health of Russia must accredit the VNP before it may be initiated. The VNP is not accredited, yet official training sessions have been underway since December 1996.

Publish immediately the Foundations for Caregiving Textbook so it can complement the training sessions and serve as an immediate reinforcement for participants following the training sessions.

Publish additional copies of the Foundations for Caregiving Textbook as a shortage already exists. Two thousand student books will be published and presently there are 2300 nurses practicing as visiting nurses in Russia. Also, more instructor manuals may be needed. Presently, 100 instructor manuals will be published.

Provide Instructor Kits and appropriate teaching resource materials to supplement the training programs.

Consider carefully the Russian Red Cross's request for an additional \$40,000 to enhance the work of this present partnership arrangement, to publish more books and conduct more training sessions. Before additional funding is given, however, clarity and consensus must occur between the American Red Cross and the Russian Red Cross on (1) the goals and obligations of the present partnership agreement, (2) the development and implementation of quality control standards for the entire program and all of the activities of the program, and (3) progress needed to accomplish specific points on the sustainability plan

E. What New Directions are a Natural Follow-on to the Partnership? Are There Others Working in the Sector That This Group Might Contact and/or Collaborate With?

Before additional projects are attempted, the American Red Cross and the Russian Red Cross would need to develop a clear, realistic, and collegial work plan. This plan would need to cover such points as project objects, project staff and their roles and obligations, quality and evaluation standards, and financial aspects including grants and self-funding. Also, the American Red Cross and contractor must devote much attention to this project with more mentoring, better day to day communication, more attention to essential details involved in cross cultural training programs, management, and implementation of a program that can add or decrease the credibility of the weak national organization. Long-term consultation visits after the intensive work grant period, maybe on a yearly basis, should continue for an indefinite period of time to ensure that technical, administrative, and financial details are consistent for long-term sustainability and credibility.

Upon completion of these preliminary steps, several projects should be considered to increase the capacity, to enhance the efficiency, and to strengthen the resource potential of the Russian Red Cross. Future projects to consider include:

- the establishment of a national training center, and then, later, regional training centers.
- the establishment of specific programs addressing national concerns such as AIDS, Blood Banks, and emergency assistance.

F. Discuss the Partnerships Sustainability Plan. How Close are the Partners to Meeting These Goals?

The Revised Workplan submitted to IREX on August 2, 1996, did not include a revision of the sustainability plan drafted in April 1996. Therefore, criteria identified in the two page sustainability plan drafted on April 2, 1996, are used to evaluate activities needed for the partnership project to remain a viable, long-term entity in Russia.

The Russian Red Cross will become a training institute recognized nationally to provide training for nursing assistance.

The partnership activities certainly have covered the initial steps for forming a national recognized training institute to provide training for nursing assistance. Several points to consider, however, could seriously hamper the attainment of this goal.

First, no plan exists to expand this program on a national basis. Several regions in Russia have inquired about the program, but no plans have been made to add additional training sites.

Second, no sustainability plans have been drafted for this project's survival after the grant period. Russia project staff say they want to charge for books and seminars and "make money" so the program will be self-sustaining, yet no business plans have been developed.

Third, while the RRC supposedly works independently of the government, receiving no subsidies and carrying case loads not covered by the government, for this project it has closely allied itself with the regional governments. While the support of the regional government is important for project implementation to occur, the RRC must strategically plan its relationship with the government so as not to hamper its position as a private care provider, independent of government interference.

Fourth, the four nurses who participated in the *Foundations for Caregiving* Seminar in Boston volunteer their time to serve as instructors with the Russian Red Cross. Any future training institute, therefore, is dependent on these nurses' willingness to provide training. No plans have been made for these nurses to continue in the capacity of trainers or to provide financial compensation for their training activities after the grant period. No contracts were signed with the four nurses prior to their training.

To guarantee success and have quality control an instructor's manual and video will be developed.

In the absence of performance and quality control standards, it is questionable whether or not the creation of an instructor's manual and video will "guarantee success and have quality control." The instructor's manual will be a reality as RRC staff anticipate it will be published this spring. RRC staff hope to have additional copies of the book published, but presently, they have no policies on who will be eligible to receive or purchase these books. According to the revised partnership activities document submitted to IREX during August 1996, the video will not be a product from this partnership.

Professionalism will be installed within the Russian Red Cross to ensure upgrading/revisions of program when needed.

No provision has been made to monitor the "professionalism" changes occurring as a result of this project. Russian health care providers would tell you that "professionalism" is already a vital part of their life. As no actual plans exist to continue the project or to publish additional copies of the Foundations for Caregiving Textbook, which forms the basis of the VNP, it is doubtful that upgrading and revisions of the program will occur in the near future. An expert panel comprised of representatives from public and private organizations in Russia provided consultation on VNP

materials, therefore, this group of experts would probably be available to assist with upgrading and revisions, should some be suggested in the future.

Study visits from other interested Red Cross Societies will be made and technicians from the RRC, VNP, will make visits to interested societies.

No official visits have been conducted to other interested Red Cross Societies. The International Federation of Red Cross and the Japanese Red Cross express interest in furthering the partnership's home nursing activities. The Canadian Red Cross has expressed interest in combining efforts with the partnership project to publish mutually exclusive, health-related materials with a common publisher.

Consulting services will be established between RRC and other VNP in East Europe.

No consulting visits have occurred between the RRC and other VNP in East Europe, nor is the RRC prepared to conduct such consultation visits, as they are in an infancy stage, too.

Working this bi-lateral project will result in sharing of professionals ideas and programs in both direction.

Certainly the potential exists for the sharing of professional ideas and programs between partners. The largest lessons learned thus far by both partners probably lies in the do's and don'ts of partnerships.

Developed Red Cross Societies will benefit from this interaction and establish programs for nurses assistance.

Already, Red Cross Chapters, particularly in the four training sites in Russia, are benefiting from the interaction and VNP seminars conducted in their localities. The enthusiasm in the regional sites is high and the potential to enhance and expand the home nursing activities of the RRC is also high.

Individuals Interviewed During the Evaluation Visit

Linda Spencer, American Red Cross Moscow-Based Visiting Nurse Program Trainer
 Valentina Shishkina, Chief, Programs Division, Russian Red Cross
 Sergei Kulev, Program Assistant, Visiting Nurse Program, Partnership Project
 Valentina Sazonova, Russian Red Cross Visiting Nurse Program Instructor