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| Impact (Overall objective) | Contribute to strengthened resilience of older persons and persons with disabilities in the Western Balkans during Covid-19 and future disasters | N/A | N/A | N/A | N/A | N/A | N/A |
| Outcome (s) (Specific objective(s)) | Older persons, persons with disabilities, CSOs and grassroots organisations are better able to cope with the Covid-19 situation in Albania, Bosnia and Herzegovina, North Macedonia, Montenegro, Serbia and Kosovo | <p>a) The mental and physical health and quality of life of 60,000 older persons and persons with disabilities is preserved and their resilience to Covid-19 and future epidemics and emergencies is enhanced</p> <p>b) Organisations representing older persons and persons with disabilities are actively included in planning and other emergency-related activities across the six project sites</p> | TBD 0 | 60 000 | | <p>a) Interviews with a representative sample of the target population; project reports; evaluation report</p> <p>b) Project reports; reports of local grassroots organisations supported through sub-granting; evaluation report</p> | Potential new COVID-19 outbreaks and related measures taken by the governments in the region may influence project activities |

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| Outcome 1 (Mental health) | 1. Mental health of older persons and persons with disabilities across six project sites is preserved and their resilience enhanced | a) # of older persons and persons with disabilities that receive psychosocial support remotely and face to face | TBD | 60 000 | | a1) Structured interviews on psychosocial support | Manageability of COVID_19 situation improves |
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| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Outcome 2 (Relief/ Cash and Voucher Assistance)</p> | <p>2. Physical health and social welfare of older persons and persons with disabilities across six project sites is preserved and enhanced while capacities of National Red Cross Societies to provide Cash and Voucher Assistance are strengthened</p> | <p>a) # of older persons and persons with disabilities that are reached with relief provision including cash transfers and where appropriate relief items</p> <p>b) # of staff/ volunteers enhancing their capacities through training participation</p> | <p>0</p> <p>0</p> | <p>a) 6,000</p> <p>b)</p> <p>CVA 10</p> <p>PSS 150</p> <p>Advocacy 150</p> | | <p>a1) Signed receipts/ distribution lists (for cash transfers and relief distribution).</p> <p>b) Partner reports</p> <p>Training records (lists of participants)</p> | <p>Manageability of COVID_19 situation improves</p> <p>Partners and external institutions and public authorities understand the advantages of CVA programming as default response and are thus willing to further engage in the CVA process</p> |
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| Outcome 3 (Public Policy) | <p>3. Public policy creators in the six project sites are assisted in improving public policy in the wake of the COVID-19 epidemic</p> | <p>a) # Policy models addressing the identified gaps in service delivery and support to vulnerable groups during emergencies developed and submitted to the representatives of public administration in each of the six project sites.</p> <p>b) # of policy creators at national level reached</p> | <p>0</p> <p>0</p> | <p>a) 6</p> <p>b) 18</p> | | <p>a) Project reports</p> <p>b) Project reports</p> | <p>Six regional governments in the six project sites will recognise the importance of policy development in the framework of the COVID-19 epidemic.</p> <p>Risk: Negative development of economic situation leading to austerity measures throughout the region</p> |
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| Outcome 4 (Strengthening Local Communities) | 4. Grassroots civil society organisations are supported to create local initiatives fostering social inclusion and direct support and engage with local policy makers. | a) # of older persons and persons with disabilities whose resilience is built through social inclusion activities and contribution to local level planning | TBD | a) 6000 | | a) Reports of grassroots civil society organisations | Local level authorities and institutions will recognise the value of working with older people in regard to the COVID-19 epidemic and be interested in good practices |
| | | b) # case studies with list of good practices and recommendations related to coping strategies and inclusion of older persons and persons with disabilities contributing to emergency planning and response | TBD | b) 15 | | b) Project coordinator reports/ collection of good practice models | |

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| Output 1 | 1.1. Provision of accurate, timely and accessible information from verified trusted sources including on the epidemic, response progression and measures of protection and self-protection (e.g. elder abuse or abuse of a person with disabilities in family context) as well as individual rights | # of persons that received information | 0 | 30,000 | | Reports | see above |
| | 1.2. Psychosocial Support services are provided to ensure preservation of mental health and building of resilience | # of people PSS services are provided to | 0 | 30,000 | | Documentation interviews | / |

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| Output 2 | 2.1. Relief assistance/basic needs assistance through a combination of Cash and Voucher and in kind activities based on needs, epidemiological situation, capacity and movement restrictions | # of people CVA is provided to | 0 | 12,000 | | Post-distribution monitoring | |
| | 2.2. Cash preparedness of Red Cross National Societies in the Western Balkans strengthened in order to provide sustainable CVA assistance | Cash and Voucher SOPs established and tested/reviewed | 0 | 5 | | Training reports, partner reports Partner reports | |

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| Output 3 | 3.1. Research conducted on long term care services and provisions in the six project sites | Research study with # participants conducted | | 6,000 | | Research report | see above |
| | 3.2. Recommendations developed and disseminated on how to improve public policy and increase funding to ensure better access long term care services and provisions for older persons and persons with disabilities | Document with recommendations | | 6 recommendations documents | | Recommendations document Agenda, Minutes | |
| | 3.3 CSO networks engage in policy dialogue on improving access to rights of older persons and persons with disabilities, with focus on accessibility and provision of long term services | # of meetings Campaign with ## people reached | | 70 meetings | | Campaign statistics | |
| | 3.4. Media and dissemination activities created | | | 60,000 people reached | | | |

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| Output 4 | 4.1 Engagement of CSOs and grassroots organisations with local level public policy and decision makers, with increased participation of older persons and persons with disabilities, is supported through microprojects (60 in total) | # local level grass- roots policy initiatives across six project sites | | 20 | | Documentation | See above |
| | | # local level grass- roots microprojects across six project sites carried out via sub-granting engaging with service provision | | 60 | | Reports | |
| | 4.2. Support of a variety of social inclusion activities (including direct support and services) at community level for older persons and persons with disabilities | # of older persons and persons with disabilities engaged with services (such as direct support, inclusion, lifelong learning...)and policy initiatives | | 1,200 | | | |

Activity Matrix

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| <p><i>What are the key activities to be carried out to produce the intended outputs?</i></p> <p><i>(*activities should in principle be linked to corresponding output(s) through clear numbering)</i></p> | <p>Means <i>What are the political, technical, financial, human and material resources required to implement these activities, e. g. staff, equipment, supplies, operational facilities, etc.</i></p> <p>Costs <i>What are the action costs? How are they classified? (Breakdown in the Budget for the Action)</i></p> | <p>Assumptions <i>Factors outside project management's control that may impact on the activities-outputs linkage.</i></p> |
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| <p><i>Activities –Outcome I</i></p> | <p>1.1.1. Review of provided psychological first aid and psychosocial support during the first wave of COVID-19 epidemic and assessment of needs</p> <p>1.1.2 Training for volunteers of telephone/ text and app-based information services in providing referrals to callers in need of legal advice, medical advice, mental health advice and social support advice</p> <p>1.1.3. Training for peer support</p> <p>1.1.4. Training for provision of remote and in person psychological first aid and psychosocial support</p> <p>1.1.5 Provision of timely, accurate and accessible information from verified trusted sources including on the epidemic, response progression and measures of protection and self-protection (e.g. gender-based violence) as well as individual rights through a telephone/ text message based service centres; provision of psychosocial support including evaluation of services and adjustments</p> <p>1.1.6 Evaluation to ensure the service is adapted as necessary to better meet the needs of users</p> <p>1.1.7. Reach out community activities to promote the remote psychological first aid and psychosocial support activities (telephone helplines)</p> <p>1.1.8. Provision of psychosocial support and support to older persons and persons with disabilities in organising ongoing local level activities in self-help, peer support and healthy ageing</p> | | |
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| <p><i>Activities –Outcome 2</i></p> | <p>2.1.1. Needs assessment for distribution of cash and voucher assistance and in kind relief items</p> <p>2.1.2. Conduct Cash and Voucher (CVA) Self Assessment and establish a Plan of Action</p> <p>2.1.3. Incorporating CVA into M&E, Finance, HR and Communication systems</p> <p>2.1.4. Develop Standard Operative procedures (SOPs) and conduct Financial Service Provider negotiations</p> <p>2.1.5. Conduct 2 regional trainings on CVA (1 x cash training level 2 and 1 x markets trainings)</p> <p>2.1.6. Distribution of cash assistance and in kind relief items including Post Distribution Monitoring (PDM)</p> | | |
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| <p><i>activities –Outcome 3</i></p> | <p>3.1.1. Training for CSO network members in the region provided by AGE Platform Europe and European Disability Forum: Engaging with policy makers and advocating for policy change in the process of EU accession</p> <p>3.1.2. Training for CSO network members in the region provided by AGE Platform Europe and the European Disability Forum: Strengthening advocacy networks</p> <p>3.2.1. Research with older persons, persons with disabilities and informal caregivers on issues related to COVID-19 epidemic and previously existing but exacerbated by the epidemic and creation of recommendations/ policy models for policy creators to improve long term care services (LTC) in regular times as well as in potential second wave of COVID-19 and other emergencies (heatwaves, floods, droughts, earthquakes, harsh winter conditions etc.).</p> <p>3.2.2. Support to national partners in framing advocacy initiatives related to long term policy</p> <p>3.2.3. Dissemination of recommendations: media launches in each of the project sites</p> <p>3.2.4. Dissemination of recommendations: final project conference</p> <p>3.2.5. Regular annual meetings of civil society networks in the six project sites</p> <p>3.2.6. Participation of members of CSO Networks and representatives of older persons and persons with disabilities participate in official</p> | | |
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| <p><i>Activities –Outcome 4</i></p> | <p>4.1.1. Grass-roots microprojects to increase social inclusion and participation of older persons and persons with disabilities at community level</p> <p>4.1.2. Media presentation of achievements of microprojects</p> | | |
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