



**INTERNATIONAL
RESCUE
COMMITTEE**

122 East 42nd Street • New York, NY 10168-1289
Tel (212) 551-3000 Fax (212) 551-3180 Internet irc.com

PD ABP-564
95134

April 15, 1997

Mr. Thomas Kelly
PVO/NIS Project Director
World Learning, Inc.
1015 15th Street NW, Suite 911
Washington, DC 20005

Dear Tom:

Enclosed are the requisite six copies of the final report on Grant No. NIS-2022-00-39. One copy will be sent to the NGO Program Advisor, USAID/Moscow.

It has been a pleasure to work with World Learning during the past several years, and we are particularly grateful for your personal support to our Moscow project.

Sincerely,

Robert P. DeVecchi
President

Enclosures

FINAL PROJECT STATUS REPORT

Reporting Period Covered: October 1, 1994 - December 31, 1996

Grantee Name: International Rescue Committee, Inc.

Grant No.: NIS-2022-00-39

Project Title: The "Compassion" Project in Russia

Name of NIS Partner: The "Compassion" Center

Grant Amount: \$400,000

Grant Start/End Dates: October 14, 1994 - September 30, 1996

Reporting Officer: William A. Buell

Contact Address: 122 East 42nd Street, New York, NY 10168

Phone: (401) 847-7751

If not available, call: Ana Maria Harkins (202) 551-3070

Date of Report: April 15, 1997

FINANCIAL STATUS

	<u>Grant</u>	<u>Match</u>	<u>Total</u>
Total Project:	\$400,000 66,7%	200,000	600,000
Year 1:	200,000	100,000	300,000
Year 2:	200,000	100,000	300,000
Cumulative Expenditures	400,000	230,634	

THE "COMPASSION" PROJECT IN RUSSIA: FINAL REPORT

Executive Summary

The \$400,000 two year grant from World Learning Inc. in support of the International Rescue Committee's program to provide medical assistance to former political prisoners in the Moscow region has enabled the expansion of the activities of IRC's partner the Compassion Center, both in numbers of patients and in quality of care. The Center, a model for home health care for the elderly, appears to be a healthy, active, and sustainable institution. Upon expiration of the World Learning grant on December 31, 1996, the IRC will continue to fund Compassion for an additional six months, at the end of which the Center expects funding from Western European sources.

Background

Since January, 1992 the International Rescue Committee has maintained a partnership with the Compassion Center, a Russian private voluntary organization which provides medical care to former political prisoners in the Moscow region. The partnership was the result of the commitment of members of IRC's board to the principle that these victims of Stalin's gulags, who had been of so much concern to the West when they were imprisoned, had been largely forgotten after they were set at liberty, many of them elderly and ill, into an uncaring environment, without friends, family or adequate pensions. The trustees, believing these former prisoners to be particularly deserving, dispatched a three-person mission to Moscow in January, 1992 to see what could be done for them. Prominent Russian human rights activists in the United States and Western Europe urged that medical care would be the most appropriate form of assistance.

In Moscow the team was led to a group associated with the Memorial Society, a highly respected institution established several years before the break-up of communist rule, devoted to the documentation of the millions persecuted in the labor camps, the prisons, and the psychiatric wards of the Soviet State. Calling their humanitarian effort "Compassion" (Sostradanie) this group had for some months been engaged in a fledgling program of home care for these ex-prisoners. Made up mostly of volunteer physicians headed by Alexey Korotaev, a businessman active in the affairs of Memorial, and Dr. Marina Berkovskaya, an internist, Compassion lacked only the material means to mount a program of the nature originally conceived by the IRC. It was a natural fit.

A report issued by Compassion included this passage on the conditions experienced by their patients:

"All prisoners suffered from malnutrition, hard exhaustive labor, extreme climate

conditions, and somatic diseases without medical help. After liberation from prisons and camps, the gulag survivors were usually doomed to permanent exile and deprivation of citizen's rights. This meant that they had to live far from their homes in remote areas of the country in small towns and villages. Many gulag survivors stressed that this period of their lives was even more troublesome than the term in camp. They were treated like criminals by local authorities who prevented them from finding decent jobs and lodging.”

Estimate of the number of these former prisoners conscience in the Moscow area were as high as 6,000, of whom 2,600 were registered with the Memorial Society for assistance. The IRC set up a program which would provide essential medicines, medical equipment, technical support from visiting American physicians, rent for an office, a van for transportation of physicians and patients, and small stipends for a core staff and participating doctors, nurses, and home health aids. A budget was originally set at \$250,000 per annum to be raised from foundations, corporations and other private donors.

Unfortunately, the IRC overestimated the interest of these potential donors in supporting the project. It should not have been surprising that the foundations were following the headlines, which proclaimed mass misery in other parts of the world and not attracted to our proposals for Moscow. However, in the first two years of the partnership the IRC raised over \$200,000, enabling such essentials as the establishment of an office in a two-room apartment, the purchase of a second-hand Volkswagen van in Germany, which was driven in to Russia crammed with medical equipment, and the recruiting of a small office staff. Within months, Compassion was serving the medical needs of nearly 600 elderly camp survivors. Participants by American physicians, including the Chairman of IRC's Executive Committee, a specialist in family practice and geriatrics, in two field trips were favorably impressed with the program.

The two-year grant of \$400,000 from World Learning, Inc. (with \$200,000 in matching funds from IRC), beginning in October, 1994 made possible a substantial expansion of Compassion's outreach. Terminated on December 31, 1996, the grant left behind a viable institution with good prospects for sustained accomplishment. A report on expenditures from the grant is attached.

Activities during Period of World Learning Grant

With the guidance of the World Learning staff, a Project Goal was set “To improve the delivery of health care of needy populations in Russia,” and an anticipated Project Outcome of “Expansion of the Compassion Center's program to provide supplementary medical and social support to former political prisoners and other needy residents of the Moscow Region.” A review of the quarterly results measured against the “EOP Indicators” shows that goals were met or exceeded in almost all respects. (A chart of the Center's activities in the last quarter of 1996 is attached.) By the end of 1996 the records of the Center showed that close to 2,500 patients (or “clients” as the Compassion staff prefers) had received some form of assistance. Here are some of the highlights:

- 1582 new clients were added to the roles. The target was 1500.
- In most quarters a target of 300 clients served by doctors and home attendants was met or exceeded.
- The number of doctors in the program more than doubled.
- The number of home care attendants was doubled, to 96.
- While the number of volunteer home care attendants did not reach the target, from 12 to 14 young volunteers from Germany were on the roster at any one time during the period. Efforts to recruit Russian volunteers have so far been unsuccessful but continue. Regrettably, decades of communism have made "volunteer" a bad word.
- An outpatient unit was opened in space which also serves as a more efficient base for home care operations. (The apartment/office became too crowded to house all of Compassion's administrative functions.)
- Five of a projected six volunteer American medical specialists visited Moscow, in specialties including orthopedic rehabilitation, clinical psychology, occupational therapy, family practice, and geriatrics.
- Three of a projected five Russian physicians received training in the United States.
- A number of items of medical equipment unavailable on the Russian market, such as a portable x-ray machine, were purchased and brought to Moscow. As the country converted to a more or less free market, required drugs could be purchased locally.
- The Medical Director and the Volunteer Coordinator received training in non-profit management in the United States.

More important than the bare numbers was the improvement in patient care, thanks to the increase in specialists and the number of home care attendants. The Compassion Center has become a model for a type of health care delivery unknown in Russia, namely the team approach, which combines aspects of Western-style home hospice care and visiting nurse agencies. The team, including physician, nurse or home care attendant, social worker, and volunteer, has been developed much like an American hospice team, although the patients, while elderly, are not necessarily terminal. It was to strengthen this concept that the Home Health Director and the Volunteer Coordinator were brought to the United States in the spring of 1996 to spend two weeks of hands-on training with Hospice Care of Rhode Island.

Comments and Recommendations

The International Rescue Committee has raised from private sources approximately \$50,000 to continue funding until July 1, 1997, but will terminate the partnership on that date. The IRC does not question the value of the program. On the contrary, the IRC trustees and staff are proud of the joint accomplishment. However, the IRC's overriding mission is to serve the needs of refugees. The increased scale of post Cold War refugee emergencies is claiming all of the IRC's energy and financial resources. The Compassion Center is anticipating support from European Union charitable institutions by July. The morale and dedication of the Center's staff appear to be undiminished. We have good reason to believe they will persevere.

An encouraging aspect of this project is the way in which it has met World Learning's objectives, not merely to relieve suffering in a society battered by more than two generations of misrule but to establish grassroots non-profit institutions in the emerging private sector. This "social engineering" has not come easily. Compassion's board of directors is not as engaged as it should be, efforts to find financial backing locally in a society with no tradition of philanthropy outside of the Church, and reliance on volunteers solely from Germany and a few other Western countries is disappointing. In retrospect it might have been more constructive to have made at least some of World Learning's grant dependent upon matching funds raised *in Moscow*. There is plenty of wealth in the city. Such a requirement might have spurred a greater fund-raising effort by Compassion's staff.

With diminished resources and a leaner operation Compassion intends to cut back on the number of specialist physicians in the program and concentrate in the area of geriatrics, seeking the cooperation of Moscow hospitals in this growing field. A paper prepared by Compassion's staff, "A Model of Poststress Geriatric Rehabilitation" is attached.

To conclude, IRC has helped establish a viable, sustainable health care institution in Moscow with a noble humanitarian purpose and is grateful for the generous and competent support of World Learning in making this possible.

Fiscal Report

Personnel, \$102,584

- Salaries and benefits for core staff and participating physicians

Procurement, \$172,491

- Payments for medical services (per-visit compensation to physicians and home health aids)
- Medicines
- Medical equipment
- Moscow consultant

Travel and Transportation, \$72,961

- Travel and hotel/meals expenses of American medical professionals visiting Moscow for training and assessment, accompanied by IRC consultant
- Travel and expenses of Compassion medical staff visiting the United States
- Fuel and maintenance of van for transportation of medical personnel and patients

Other Direct Costs, \$17, 659

- Office Rent/Utilities

Mid-Term Evaluation, \$8,290

A-133 Audit Cost, \$6,014

Indirect Costs, \$20,000

5

Attachment 2

The following chart is a statistical summary of Compassion's activity during the last quarter of 1996.

Activity	Oct	Nov	Dec
Total			
1. Total number of client contacts 1110	397	363	340
2. Number of doctor home visits 335	105	114	116
3. Number of out-patient clinic consultations 225	106	53	66
4. Number of home-attendant visits 359	122	119	118
5. Number of massage visits 181	64	77	40
6. Number of actual clients seen by doctors in home 197	54	71	72
7. Number of actual clients seen by doctors at out-patient facilities 72	23	20	29
8. Number of actual clients seen by home-attendants 359	122	119	118
9. Number of new clients 18	6	1	11
10. New clients seen at home by doctors 6	3	1	2
11. New clients seen at out- patient facilities 12	3	-	9

12. New clients seen by home-attendants	-	-	-
13. Number of clients receiving in-patient care	3	5	2
10			
14. Number of clients receiving massage service, physical rehabilitation training and injections at home	5	4	3
12			

*Attachment 3***INHOME HELP PROGRAM****Compassion Center, 1997, Moscow, Russia****A model of poststress geriatric rehabilitation****PROJECT GOAL**

The goal of the project is to develop and put into life a system of poststress geriatric rehabilitation for the elderly people-victims of political repression under Stalin's regime.

The aims of this system is to improve the quality of life of these people, to treat the repression-related post-traumatic stress disorders and to revive their human dignity and the meaning of life.

The project is based on the seven years Compassion experience of medical and social assistance for the GULAG survivors, as well as domestic and international experience of the care for elderly, disabled, and victims of cruelty.

We are keen to work in cooperation with the governmental, non-governmental and international organisations, involved in this sphere.

PROJECT BACKGROUND

Compassion Center was established as an independent legal entity in 1992 on the base of the charitable programme Compassion, that existed since 1989 under the aegis of the Memorial Society. Its goal is to render medical and social assistance to elderly people-victims of political repression.

In the USSR the political repression began just after the October Revolution in 1917. It was of extremely wide ranging and severe in 1930-1950 under Stalin's regime. Political prisoners were sentenced to long terms (up to 25 years) in prisons and concentration camps. They were subjected to tortures and inhuman degrading treatment during investigation, internment, and later during internal exile in the far Northern and Eastern regions of the USSR. In camps they suffered from malnutrition, exhaustive labour and somatic diseases without medical help.

Relatives of political prisoners were also victims of repression. They were labeled "relatives of enemies of the people". Even if the family members were not arrested themselves, their living conditions became unbearable. They were doomed to miserable lodging, hard unskilled labour, and were virtually forbidden to continue their education in colleges and universities. Small children of arrested "enemies of the people" were sent to special orphanages of a semi-prison type. Even after Stalin's death former prisoners and their relatives were rejected by the society and until recently felt they had conceal their past, sometimes even from their own relatives.

For decades after release political prisoners experienced great difficulties in all spheres of life, shunned by neighbours, employers, the establishment and sometimes even by their own families. As a result of incarceration for their best years, many camp-survivors were not able to have children: it was not uncommon for the state to separate prisoners from their children, many were never united, and some children were left to die. As a result, aside from health problems inherited from the GULAG, many survivors found themselves in complete isolation. They also have to survive in grossly inadequate pensions.

Official figures estimate there to be 10000 GULAG survivors and their immediate relatives now living in Moscow. Some 2500 patients have passed through the doors of the Compassion

Center. Approximately 500 patients receive our permanent attention and full range of assistance.

The Compassion Center provides assistance in two main fields: medical and social. 17 specialised doctors, needed more often by our patients: general practitioners, a neurologist, a surgeon, ophthalmologists, an orthopaedist, psychotherapists; two specialists with necessary qualifications give physiotherapy and massage.

70 paid home attendants and 20 volunteers provide for not mobile and bed-ridden who need assistance in activities of daily living: cooking, housekeeping, shopping etc.

TARGET GROUP

The elderly people-victims of political repression of Stalin's period, living in Moscow now. According to the official data, in Moscow there are approximately 10000 GULAG survivors and their immediate relatives (spouses and children).

We focus our efforts on the most needy of this group, who are not in a position to fend for themselves: the lonely, disabled, those with limited mobility or bed-ridden. Some 1000 patients will be in the field of our permanent attention.

PROJECT JUSTIFICATION

The physical and psychological effects of the repression persist today: GULAG survivors suffer from a combination of post-traumatic stress-disorders and various illnesses related to their age, enforced by unfavourable living conditions and limited access to medical care. Many of our patients are physically disabled as a direct result of imprisonment or due to old age. As a result of incarceration and physical disability they are socially isolated.

We plan to focus our efforts on the most needy of this group: the lonely, disabled, those with limited mobility and bed-ridden, who need the whole system of post-stress geriatric rehabilitation. The assistance will be rendered in two main fields: medical and social.

Medical and psychological assistance

The medical group consists of specialised doctors, needed more often by our patients: certified physicians- gerontologists, ophthalmologists, a neurologist, a surgeon, an orthopaedist, psychotherapists. They consult and monitor patients at their homes. The planned average number of doctors' visits is

The group will consist of three certified physicians-gerontologists, two ophthalmologists, an orthopaedist, a neurologist, a surgeon, a urologist, an otholaringologist. Three specialists with necessary qualification will give occupational therapy, massage and physiotherapy under the direction of our orthopaedist. This kind of physical rehabilitation is extremely important and welcome side of our work, as many of our patients are physically disabled. Three psychotherapists will render psychotherapy to our clients and train other employees in specific treatment of elderly people suffering from postponed sequels of cruelty.

We plan 125 doctors' visits, including psychotherapeutic sessions, and 45 sessions on physical rehabilitation per month.

Social assistance

The social side of our work is of vital importance for our patients, who are lonely, old, disabled, socially isolated. Assistance in activities of daily living and in relating with the outside world is essential for them, without it the purely medical treatment would be ineffective.



A group of 10 family nurses will be created. Family nurses are medical nurses with additional training in social work and basic grounding in psychological support for elderly people and their families.

First, family nurses' work consists of constant observation of their charge, and are in direct contact with our doctors, whom they inform of any changes and call on. They ensure patients comply with doctors' instructions, regulate their diet, and as trained medical nurses they carry out certain medical functions such as administering injections, changing dressings, and treating bed-sores.

Secondly, family nurses are in contact with the official medical and social services, whom they can approach on behalf of their charge when necessary. In the event hospitalization, they will accompany their patients. In addition they ensure a proper level of hygiene is maintained at the patients' homes.

Thirdly, on a psychological level, family nurses help to create and maintain good relations between members of the family; if the patient is alone, then the nurse will help in relations with neighbours and so on. Many of our patients' psychological problems stem from a sense of isolation and difficulty to relate with the outside world: the family nurses' psychological training enables them to help.

A group of home attendants and volunteers will provide for not mobile and bed-ridden patients who need assistance in activities of daily living: cooking, housekeeping, shopping, running errands etc. Volunteers will also render emotional support: visit clients, read them books or newspapers, speak with them while visiting or by phone. 250 the most needy patients, lonely, disabled, not mobile or bed-ridden, will be permanently served by paid home attendants (200 patients) and German volunteers (50 patients) at their homes. The work of social group will be headed by a social worker with university degree.

BUDGET NOTES

1. Project director - physician-gerontologist: \$ 350 per month.
2. Coordinator of social work - social worker with university degree: \$ 200 per month.
3. Project secretary - medical nurse: \$ 150 per month.
4. Accountant: \$ 200 per month.
5. Doctors, including psychotherapists: \$ 10 per visit, 125 visits per month.
6. Specialists in physical rehabilitation: \$ 7 per session, 45 sessions per month.
7. Family nurses: 10 family nurses will receive \$ 100 each per month.
8. Home attendants: 200 patients will be served. Home attendants will receive \$ 25 per each patient per month.
9. Taxes and benefits: 40% of the sum of salaries and fees.
10. Transportation costs: rent of car to take patients to the hospitals and other medical and social institutions; organisational trips for the project staff.
11. Medical supplies: medicines; household items; items for care of the bed-ridden and disabled: disposable bed-clothes, bed-pans; dressings, bandages; walking aids: walkers, sticks, wheel-chairs; special home items for disabled.



12. Office rent and utilities: \$ 700 per month.

13. Overhead expenses: 5% of the program budget for the Center's administrative costs.

BUDGET REQUIRMENT
for one year period

1. Salaries and Fees.....	\$ 101580
1.1 Project staff.....	10800
1.1.1 Project director.....	4200
1.1.2 Coordinator of Social Work.....	2400
1.1.3 Project secretary.....	1800
1.1.3 Accountant.....	2400
1.2 Doctors.....	15000
1.3 Specialists in Physical Rehabilitation.....	3780
1.4 Family Nurses.....	1200
1.5 Home Attendants.....	60000
2. Taxes and Benefits.....	40632
3. Medical Supplies.....	5000
4. Transportation Costs.....	3600
5. Office Rent and Utilities.....	8400
6. Office Supplies.....	800
7. Post and Communication.....	2400
8. Overhead Expenses.....	8000

TOTAL: \$ 170000