

PD-ABE-044

76960

**THIRD QUARTERLY REPORT
HANDICAPPED SERVICES PROJECT
ROMANIA**



Cooperative Agreement: EUR-0032-A-00-1030-00

**Submitted by
World Vision Relief & Development Inc.
919 West Huntington Drive
Monrovia, CA 91016**

On behalf of:

World Vision Romania

April 30, 1992

World Vision Handicapped Services Project Third Quarterly Report

January—March 1992

Executive Summary

The primary goal of the Handicapped Services Project (HSP), conceived as an extension of World Vision's program of services for children in Romanian orphanages, is to provide appropriate services for handicapped children and adults in institutions for the handicapped, with a view whenever possible of reintegrating them into the community, while also promoting community involvement. Training of the local personnel is also envisaged to occur through direct services and interaction.

Progress against objectives has been made in this period in spite of the reorganizing process affecting the whole organization, which has also underlined the need to evaluate and redefine HSP.

Organizational issues

- * The regional office in Iași is completely equipped and partly staffed. The new room allotted to HSP as office space at the Cămin-Spital in Hîrlău has allowed for an improvement of the activities carried on with the target group of residents.
- * Clare-Ann Jacobsmeier has been coordinating the program, as a new project manager has not been appointed. The current issues are resolved during the regular staff meetings. A program journal registers the progress of the residents. The strength of the team has grown.
- * Interaction with the caretakers has increased, its effects being generally perceived as positive.
- * HSP activities have been carried out either in the narrow space of the office or in the patients' rooms. Following a meeting at Hîrlău between the WV Romania program director and the director of the Iași Inspectorate for the Handicapped, it was agreed that an additional room would be allotted to WV to be outfitted as a physiotherapy room, and the equipment will be installed as soon as the room is prepared.

Hîrlău Social Work Unit

- * The number of residents reached through the program has constantly increased, now standing at 115 (70 residents visit the office and 45 receive care in their bedrooms). Activities include:

- Free choice activities (math, reading, writing, drawing, games).
- Bed aerobics and massage.
- Simple dressings and pressure area care combined with passive exercises for bedridden residents.
- The self-care activities, making good progress in spite of hardships provoked by the lack of running water.
- The very popular music-exercise program included "disco nights" which are now the main social event of the week, while also discretely addressing the residents' physical need for exercise.
- A few residents received English lessons from the two Romanian staff.
- The daily story time program benefited the bedridden residents.

Other activities:

- A reversed role performance allowed the residents to prove that they now understand and recognize proper behavior.
- The program put together for Christmas occupied a whole day and was received with general enthusiasm. Although it took much effort to organize, the interaction between the staff and the residents was noteworthy.
- To honor the dead and the living, the staff organized an ecumenical celebration at the Spital and the cemetery which was unique and touching for all involved.
- 225 pairs of shoes were prepared as gifts donated by WV to the residents and the caretakers.

Hîrlău Dental Unit

- * To render this program feasible, it is necessary to clarify the collaborative agreement (set by Dr. Burt Edelstein) with the Appolonia Dental School in Iași, the Health Care Inspectorate in Iași and the Cămin-Spital.
- * The inventory of the dental care items revealed the need to provide certain parts missing from the dental chair, as well as supplies.

World Vision Handicapped Services Project

- * Two doctors from the Appolonia Dental School in Iași visited the project site, assessed what they needed in order to start the program and expressed their willingness to get involved in the program.

- * An assessment was made of the supplies that are needed and the activities that must take place in order to start the program, and Dr. Ioniță, the WV Dental project coordinator, was informed for action.

World Vision Handicapped Services Project Third Quarterly Report

January—March 1992

1. Section I—Introduction

- 1.1 For the past one and a half years WV has been running a program for improving the care and conditions of children in orphanages in Romania. The Handicapped Services Project (HSP) began as an extension of this work, providing appropriate services for handicapped children and adults outside the orphanages.

WV Romania was officially notified of approval of HSP by WV International Office on August 13, 1991, and this marks the formal start date of the project. However, a significant amount of preparatory work had already been carried out in July 1991 and earlier.

- 1.2 As originally formulated, the planned direct services program was to provide model multi-disciplinary comprehensive rehabilitation and health service programs for handicapped infants, children, and adults. The actual population to be served by HSP in the Hîrlău Cămin-Spital was determined two months after program inception. Adolescents and adults were chosen as the target group primarily because a number of NGOs were serving children in the spital, but there was no assistance for adolescents or adults.

The population to be served was more heterogeneous than had originally been anticipated; it became evident on closer contact with the residents that homes for so-called "irrecuperables" in practice house people with all types and degrees of handicap from severe to none at all, and included previously able-bodied people entering from the normal population because of accidents, old age, or medical problems such as strokes. Formulating a plan to address the wide range of ability/disability represented within the Cămin-Spital required six months and was one factor which put back the program schedule.

- 1.3 Implementing the program has taken longer than originally planned because:

- 1.3.1 Recruitment of suitable expatriate staff proved more difficult than anticipated. This was partly due to the extremely demanding conditions at the Hîrlău site; care was needed in the selection of recruits with the physical and mental resilience needed to cope with the working and living conditions. Other sites will pose similar problems.

- 1.3.2 The isolation of Hirlău and the low status attached to working in a camin-spital made recruitment of national staff difficult.
- 1.3.3 Administrative difficulties occurred that could not be anticipated and required long-term negotiation and resolution. Principal among these was the untimely resignation of the program manager.
- 1.3.4 Negotiating relationships and commitments with governmental bodies in Romania proved difficult, and there were unavoidable delays when underlying political conditions impinged on the project. The change of director at the spital required renegotiating agreements.
- 1.3.5 Restructuring the plan to reorientate the program emphasis toward the adolescent through adult population of the Spital required extra time and effort.

Because of these delays, it will not be possible to implement the program in the depth needed to make a significant impact at more than three sites in the planned time. The adjusted time-frame for the remaining project life is to complete the program at Hirlău in eight months, at the end of which a team of Romanians will be in place who will have gained sufficient experience and training to carry forward the work unassisted. The expatriate staff will then move on to implement programs at both of two further sites. The two proposed are Lugoj, 60 km southeast of Timișoara, which houses 200 handicapped children from 0 - 18 years, and Giurgic, 75 km north of Bucharest, with 45 children 0 - 6 years, 60 aged 7 - 18 years, and 40 adults. The authorities at Lugoj have expressed willingness to work with World Vision, but a formal agreement needs to be signed, while negotiations at Giurgic are still at an early stage. The final selection and development of the sites will be addressed in the upcoming revised detailed implementation plan, slated for a May 22, 1992, submission date.

1.4 Site Data—Hirlău

1.4.1 Residents

Number of residents: 348

Age range: 3 - 96 years

Description: very broad range of physical and/or mental handicap, from severe to none. Male and female.

1.4.2 Physical Conditions

Although the Cămin-Spital is a relatively modern, purpose-built structure, its condition at the start of WV's activity there was poor. In the winter of 1990/91, the lack of heating and of glass in the windows led to a reported mortality rate of 40 percent. These deficiencies are now being remedied with the help of other NGOs, but conditions remain difficult. Services such as dental care are not available to residents. The current lack of running water is a shortcoming that cannot be overlooked, as it affects the quality of life for the residents and the efficiency of the NGO's activities.

2.

Section II—Progress Against Objectives

Progress is reported against the Third Quarter Objectives as set out in the Second Quarterly Report.

2.1 To complete the equipping and staffing of the regional office and the Hirlău site to render it functional.

The regional office is equipped and partly staffed. A new project manager has not been appointed yet. The two translators appointed support the clinical staff and take active part in the current activities of the project. Although according to the initial plan there still are several vacant positions, the project activity has been proceeding with the existing staffing until the project is reviewed and redefined.

Following a request by WV staff to move the office to the first floor, a new room was allotted to the HSP project at the beginning of January. Access to it is much easier for the residents due to the proximity of the elevator and of the clubs, and the activity improved as a result.

Clare-Ann Jacobsmeier coordinated the activity during the last quarter. The team met every Wednesday for staff supervision issues. Current issues were talked over in less formal meetings every evening.

To improve the quality of reporting, a program journal was started in January reflecting the progress of the residents the team interacted with, the daily entries of which are easily transferable to resident files.

Cooperation and collaboration between the NGOs is apparent within the Spital and it is felt that their working together is making them much more effective.

2.2 To negotiate a Romanian counterpart for each WV staff member to ensure a collaborative and nationally "owned" approach.

Clare Anne Jacobsmeier has two expatriate (Kenneth Placke, rehabilitation social worker, and Margaret Whilesmith, social skills trainer) and two Romanian staff under her supervision. Carmen Păunescu, social assistant trainee, proved to have inherent talent for working with the residents and dedication to sensitive interaction; she is meticulous in her attention to detail and reporting. Oana Dumitru, social assistant trainee, has worked with dedication to the residents, her accumulating experience resulting in genuine progress in her work.

National counterparts for Kenneth Placke and Margaret Whilesmith will be recruited after the program review.

The strength of the team has grown; since the project staff feel somewhat isolated, they reported they would welcome more sustained support from the outside. This has been addressed by the appointment of a clinical advisor, Dr. Richard Frisbee, and by the restructuring of the administrative organization to place an operations manager and operations administrator with direct line responsibility for overseeing project sites.

Interaction with the local care-givers is growing, both qualitatively and quantitatively. Interaction/intervention activities with the medical assistants on duty is having a positive effect on the caretakers involved.

2.3 Hîrlău Social Work Unit

2.3.1 To equip the physiotherapy room, television/training room, and social work activity rooms appropriately.

The new physiotherapy equipment delivered in October is intended to facilitate getting more and more of the bed-ridden residents out of their rooms, thus increasing their world view. However, it has so far been possible to use only about 20 percent of the equipment, the rest being stored in the basement of the team house, because a suitable room for physiotherapy care was not allotted to the project in the Spital. Following a visit by the WV program director and the director of Iași Inspectorate for the Handicapped, it was agreed that a suitable room would be allotted to WV to be outfitted as a physiotherapy room, and the equipment will be installed as soon as the room is prepared.

As some of the equipment that has been received is suitable for physiotherapy with children, it is now being used by the French team who work only with children, while the HSP team work with adolescents and adults.

The Spital's administration did not give space for the TV and training room until the end of the quarter, so all activities with the residents occur in the narrow space of the office, which also acts as a store room. In spite of this, the ongoing activities enjoy more and more success with an increasing number of residents, often 30 at a time.

2.3.2 To determine an appropriate core assessment for residents, and to carry out a trial core assessment with 20 residents of varied abilities at Hîrlău.

The Australian IRRABEENA Core Assessment Record, identified as a possible assessment tool, has been suspended for the time being, because it is an elaborate, time-consuming business (five months), and the future of the project has not yet been determined.

2.3.3 To carry on social work and educational activities with the specific residents from the target group, according to the established plan of individual and group activities based on need and on residents' talents and preferences.

The staff are reaching more and more of the residents designated for their program. The residents have made remarkable progress in social skills and interactions, as demonstrated by the behavioral differences that can be measured.

The group of residents receiving regular contact has increased from 75 to 90 in December, to 100 in January and 115 in February: 70 visit the office for activities and the remaining 45 receive care in their "salon" (hospital bedrooms). In December, for the special Christmas program of events, WV staff interacted with all 348 residents.

The "free choice" group includes 75 people and the activities include: math, reading, writing, drawing and various games, all taken up by residents according to their choice. A group working at one time includes 30 people over one hour.

Christmas offered excellent opportunities for intense activity and interaction, so the average number of working hours for every member of the team increased to 50 to 55 every week, and practically all 348 residents were reached. Work was done with groups from 10 to 20 patients. Oana Dumitru was assigned the responsibility for the Christmas Project. Six Christmas trees were adorned with decorations prepared by the residents themselves, and the salons were decorated, too. Together with the other NGO groups working at the Cămin-Spital (excepting Star of Hope), small gifts were prepared for each resident and given at the Christmas party on the December 24. The party included traditional Romanian folk dance and music; a program given by the children of the town followed.

The bed aerobics and massage program continued to assist the prevention of muscle deterioration and bed sores in elderly and infirm residents. Clare-Ann now works with 30 women (22 in January) from two salons for one and a half hours every day. Her increasing command of the Romanian language has definitely resulted in the patients' progress, not only physical, but psychological, too.

Margaret Whilesmith continues to carry out simple dressings and pressure area care for bedridden elderly residents, combined with a regime of passive exercises for a bedridden female resident. In this activity she is currently assisted by caretakers.

The self-care group's progress has been better than expected, so that a larger number of residents should be considered as beneficiaries of this program. While in December the number of residents receiving this program was five, it increased to six in January and eight in February, and progress is remarkable. There was a setback to the independent living skills program conceived by Margaret, as the supplies essential for it were stolen. She prepared a new list of needed items which she submitted to the Bucharest WV office.

Kenneth Placke continued to run the music-exercise program and enjoyed great success. It is programmed for two hours every evening, while Wednesday evenings are more special: the residents call them "disco nights," and they dress up for the occasion. The time spent with residents in their salons with dancing and music allowed Kenneth to address their physical need for exercise as well, while also rendering their monotonous life a lot more colorful. Kenneth's regular caseload is 45 residents.

2.3.4 Other achievements:

The two Romanian trainees/translators are giving English lessons to four residents, besides their other tasks.

A daily two-hour story time program has been carried on by Carmen Paunescu with the residents in the salons and is much enjoyed.

During January, Kenneth Placke worked with large groups of residents centering mainly on the occupation of the residents' time.

A very interesting experience, meaningful for both parties, was the reversed role performance in which the residents acted as HSP staff and the latter as residents. Through this role play, the residents proved to understand and recognize the boundaries the HSP staff created in regards to appropriate and inappropriate behavior and the inherent consequences of behavior. Additionally, the names of the residents who misbehave are written on a white board and their activity is suspended for one day; this kind of punishment has proved very effective (a lot more effective than the beating that still occurs sometimes).

Just prior to Christmas, the staff assisted with the marking and fitting of 225 pairs of shoes donated to the residents from a large shipment given as Gifts-In-Kind to World Vision. The caretakers also received shoes as a gift.

The work the staff do to honor the dead and the living is beginning to take effect. In December, the ecumenical celebration at the Spital and at the

cemetery was unique and touching for all involved. The caretakers who assisted Clare-Ann with the clean-up work in the cemetery are planning a grand scale job for the spring, when flowers will be planted and crosses will be repaired or replaced.

2.4 Hîrlău Dental Unit

2.4.1 To clarify the role of WV with the stomatology unit in the Spital.

Clare-Ann Jacobsmeier reported that the collaborative agreement set by Dr. Burt Edelstein with the Appolonia Dental School in Iași must be clarified with the Inspectorate in Iași and with the Cămin-Spital through Dr. Văleanu, the director. A new assessment performed by Appolonia is felt to be superfluous, as Dr. Edelstein's is complete. Clare Ann also advised that it would be inappropriate for Dr. Edelstein to return for a new review in June, as it would not be possible to effect significant changes before then.

2.4.2 To prepare an inventory of items in the dental therapy room.

An inventory of items was prepared. The program generated by Dr. Edelstein cannot be done until the parts are installed in the new dental chair and the needed supplies are provided.

2.4.3 To carry out an educational program for professional staff and caretakers at the Cămin-Spital in dental health and mouth care.

Dr. Edelstein prepared two dental training programs for staff and NGOs at the Cămin-Spital and presented lectures.

2.4.4 To start providing dental care to the residents.

Two dentists from Appolonia Dental School in Iași visited the site. They assessed what they would need in order to start the program as established. Dr. George Ioniță, the WV Dental project coordinator, was informed of the supplies that are needed and the activities that must take place before the program is started.

3. **Section III—Program Problems/Concerns**

3.1 Evaluation and redefinition of the project is necessary before decisions are made and clear action is taken.

The ongoing reorganization process conducted with the help of Ron Maines, an independent management consultant, will bring about significant changes in the whole World Vision Romania Program; as a result, the role and configuration of the Handicapped Services Project will be redefined.

3.2 The new program director, Mr. Loc Le-Chau, after visiting the site at Hirlău and meeting with the director of the Iași Inspectorate for the Handicapped and with the Secretariate of State for the Handicapped in early April, is preoccupied to have implemented a more community-oriented project, searching for possibilities of preparing some of the residents for reintegration into the community. Another concern is for the formation of an expatriate-Romanian team who, after implementing the program at Hirlău by the end of 1992, would move out to multiply the model at other sites. Nominating the three to five Romanian counterparts will be the contribution of the Secretariate of State for the Handicapped and of the Iași Inspectorate for the Handicapped. Nominations should be resolved by mid-May.

4. **Section IV—Next Quarter Objectives**

4.1 To evaluate and decide upon the future configuration of the project. All other objectives are subject to review under this primary objective.

4.2 To recruit a new project manager for at least an eight-month contract and provide appropriate training and orientation. The project manager's duties will include lining up the new teams for further sites to be opened after concluding work at Hîrlău.

4.3 **Hîrlău Social Work Unit**

4.3.1 Reformulate the program plan, ensuring it is appropriate to the needs of the residents and establish a formal agreement between WV Romania and the Romanian authorities governing their working relationships, program objectives, and means of implementation.

1. Prepare a revised proposal with input from all HSP clinical staff and relevant WV office staff.
2. Submit the proposal to the WV Romania program director for approval.
3. Submit the proposal to WVI and USAID for approval.
4. Submit the proposal to the director of Iasi Inspectorate for the Handicapped and the director of the Camin-Spital for approval.
5. Draft and have signed a Memorandum of Agreement with the District Inspector and with the Secretariate of State for the Handicapped, as agreed to during discussions with Director Le-Chau.

4.3.2 Continue and extend target group programs.

4.3.3 Support the provision of living conditions which sustain the life and dignity of the residents and promote the development of their human potential.

4.3.4 Support the provision of mobility aids and equipment. It was agreed between the WV program director and the director of Iasi Inspectorate for the Handicapped that a suitable room would be allotted to WV to be outfitted as a physiotherapy room with the already existing equipment. A list of requirements to fit it out appropriately and render it functional will be drawn up, and the necessary refitting carried out.

4.3.5 Affirm and develop the skills and positive attitudes of management, medical, and direct care staff.

1. Conduct personal care training for caretakers and nursing staff—to start at the end of May.
2. Conduct in-service training in social work with social assistant staff—to start at the end of May.
3. Advocate for in-service training in disability treatment/management for medical and para-medical staff—to start on May 1.

4.3.6 Support the provision of personal care that maximizes comfort and safety, sustains dignity, and encourages residents' potential for self-care and self-determination.

1. Continue conducting self-care and independent living skills training.
2. Continue supporting the provision of personal hygiene and cleaning materials.

4.3.7 Encourage and support residents to develop their life skills and means of personal expression to their full potential and inclination.

1. Continue conducting remedial education groups.
2. Carry on a range of passive and active recreational activities organized and run by interested Spital staff, community members, and Spital residents. Support the provision of recreation supplies.

4.4 Hîrlău Dental Unit

The Dental Unit is under revision with an aim to revitalize the direct services to the patients.

5. **Section V—Appendices**

The following items are attached:

1. The WV Romania Staffing Chart
2. The 3rd Quarter Financial Summary
3. Abbreviations
4. HSP Goals and Objectives

Appendix 1
World Vision Romania Staffing Chart
Alphabetical Listing

Name (Country)	Position/Location	Start Date	Complete Date ¹
Dana Alexandru (Romania)	Book-keeper/Bucharest	11/90	Ongoing
Radu Avranescu (Romania)	MERP Assistant/Bucharest	12/90	Ongoing
Simona Baban (Romania)	Administrator/Constanța	9/91	Ongoing
Jeff Baird, MA, PhD (USA)	Psychologist/Cluj	1/7/91	1/93
Barbara Bascom, MD, FAAP, FAACP & DM (USA)	ROSES Project Manager/Bucharest	10/1/90	9/30/93
James Bascom, MD, FACS (USA)	MERP Project Manager/Bucharest	10/1/90	9/30/93
Michael Birchmore, RNMH (UK)	Nurse/Bucharest	6/91	6/92
Sue Birchmore, CEng, MIMechE (UK)	Technical Writer/Bucharest	6/91	6/92
Alina Bodea, MD (Romania)	Site Administrator/Bucharest	11/01/90	Ongoing
John Bratoloveanu, PhD (Australia)	Developmental Care Worker/Iasi	2/91	1/93
Cristian Bucurescu (Romania)	Travel Officer/Bucharest	1/91	Ongoing
Anișoara Carol (Romania)	Church Liaison Officer/Bucharest	8/91	Ongoing
Dorina Condurachi (Romania)	Accountant/Bucharest	5/91	Ongoing
Rachel Cooke, RGN (UK)	Nurse/Constanța	9/91	9/92
Jean Doloway, PT MS (USA)	Physical Therapist/Craiova	8/91	8/92
Oana Dumitriu (Romania)	Social Assistant Trainee/Hirlau	7/91	10/92
Pamela Forsyth, RN, MPH/MSN (Australia)	Regional Clinical Manager/Bucharest	2/2/91	2/92
Rebecca Gurney, RGN (UK)	Volunteer nurse/Constanța	10/91	4/92
Beverley Halsey, RN (USA)	Nurse/Constanța	12/91	12/92
Vincent Hinders, MA (USA)	Programme Planning and Development Officer/Bucharest	10/29/90	10/92
Karen Homer (Canada)	Communications Officer/Bucharest	2/91	2/92
Catalin Hrisafi (Romania)	GIK Assistant/Bucharest	1/92	Ongoing
George Ionița, MD (Romania)	Dental Project Manager/Bucharest	5/91	Ongoing
Ionuț Iosub (Romania)	GIK Manager/Bucharest	7/91	Ongoing
Beverly Irwin (USA)	ROSES Operations Manager/Bucharest	12/17/90	9/93
Viorel Ispas (Romania)	Purchasing Assistant/Bucharest	10/90	Ongoing
Claire Anne Jacobsmeier, MSW (USA)	Social Worker/Hirlau	3/01/91	9/30/92
Iolanda Jelea (Romania)	MERP Assistant/Bucharest	5/91	Ongoing
Loc Le-Chau (USA)	Programme Director/Bucharest	4/92	Ongoing
Șerban Lungu (Romania)	Warehouse Assistant/Bucharest	3/92	Ongoing
Heather Macleod, RN (NZ)	Nurse/Craiova	6/91	6/92

Name (Country)	Position/Location	Start Date	Complete Date ¹
Michelle Mahoney (USA)	Occupational Therapist/Bucharest	7/91	7/92
Liviu Manaila (Romania)	MERP Assistant/Bucharest	10/90	3/92
Graham Nance (Australia)	Social Worker/Bucharest	3/91	3/92
Jenny Nance (Australia)	Volunteer educator/Bucharest	3/91	3/92
Mihaela Oala, MD (Romania)	Medical/Clinical Programme Assistant/Bucharest	6/91	Ongoing
Luminița Oancea (Romania)	P.A./Bucharest	9/90	Ongoing
Carmen Paunescu (Romania)	Social Assistant Trainee/Hirlau	7/91	10/92
Kenneth Placke, MSW (USA)	Social Worker/Hirlau	8/91	8/92
Dorel Plescan (Romania)	Administrator/Cluj	4/91	Ongoing
Otilia Pop (Romania)	Personnel Assistant/Bucharest	5/91	Ongoing
Marius Radu (Romania)	PHC Administrator/Cluj	1/92	Ongoing
Peter Rawls (USA/France)	Administrative Manager/ Bucharest	11/91	4/92
Jane Schmidt (USA)	Occupational Therapist/Timișoara	1/92	1/93
Amy Seiple (USA)	Volunteer caregiver/Cluj	1/92	5/92
David Sleight (USA)	Finance Officer/ Bucharest	10/91	10/92
Linda Smith, MS-ccc-sp (USA)	Speech/Language Therapist/Iasi	9/91	9/92
Laurel Stevens, RN (Canada)	PHC Project Coordinator	9/91	9/92
Stefan Toma, MIM, MA (USA)	Country Representative/ Bucharest	4/25/90	2/92
Liviu Duvall Uncrutiu, MD, DDS (USA)	Paediatric Nurse/Cluj	2/91	1/92
Marilena Vasile (Romania)	Book-keeper/Bucharest	11/91	Ongoing
Dineke van Veluwen (Netherlands)	Nurse/Constanța	2/92	2/93
Marigold Vercoe, RN (Australia)	Nurse/Constanța	1/91	--
Linda Waterston, RN (S. Africa)	Nurse/Timisoara	8/91	8/92
Margaret Whilesmith (Australia)	Social Trainer of the Handicapped/Hirlau	10/91	10/92
Andrew Whitelock (USA)	Intern/Cluj	10/91	10/92
Rodica Zanescu (Romania)	Book-keeper/Bucharest	11/91	Ongoing

1. Complete Date represents present contractual commitments made by staff. However, some staff will choose to extend period of contract and commitment to program.

APPENDIX 2
FY 92 SECOND QUARTER FINANCIAL SUMMARY

WORLD VISION RELIEF & DEVELOPMENT, INC.
 GRANT NAME: ROMANIA PVO HUMANITARIAN/ HANDICAPPED SERVICES
 GRANT NUMBER: EUR-0032-A-00-1030-00
 GRANT PERIOD: MAY 24, 1991 - MAY 31, 1994

PIPELINE ANALYSIS THROUGH MARCH 31, 1992

	GRANT BUDGET	TOTAL EXPENDITURES	REMAINING FUNDS
	-----	-----	-----
Personnel Costs	615,150	30,249	584,901
Travel	32,017	7,071	24,946
Supplies	0	0	0
Consultants	0	0	0
Workshops/ Seminars	0	0	0
Other Direct Costs	0	0	0
Evaluation	19,500	0	19,500
Total Direct Costs	----- 666,667	----- 37,320	----- 629,347
Indirect Costs	133,333	7,464	125,869
Total Costs	----- 800,000	----- 44,784	----- 755,216
Total Cash Match	438,470	26,303	412,167
Donated Commodities	450,000	0	450,000
Indirect Costs	71,214	4,208	67,006
Total Matching Contribution	----- 959,684	----- 30,511	----- 929,173
Total Grant	----- 1,759,684 =====	----- 75,295 =====	----- 1,684,389 =====

18

APPENDIX 3

Abbreviations

<u>Abbreviation</u>	<u>Meaning</u>
GIK	Gifts In Kind
HSP	Handicapped Services Project
NGO	Non-Governmental Organization
WV	World Vision
WVI	World Vision International
WVRD	World Vision Relief and Development
USAID	United States Aid for International Development

Appendix 4—HSP Goals and Objectives

The goals and objectives are currently under revision, but as originally formulated they were as listed below.

GOALS:

1. To conduct an extensive baseline survey of various representative institutions housing handicapped children and/or adults in Romania.
2. To revise and upgrade the capacity of Romanian medical professionals to conduct diagnostic screening and medical evaluations for accurate and effective diagnoses of handicapped persons, and to prevent endemic misdiagnoses that exist at present among handicapped persons.
3. To establish three model multi-disciplinary comprehensive rehabilitation and health service programs for handicapped infants, children, and adults in Romania.
4. To replicate the model sites in two to three additional sites by the end of the three-year project life.
5. To train Romanian health care professionals and lay care providers to deliver comprehensive services to the handicapped.
6. To enhance links between Romanian universities established under WV's core national programs with institutions housing or providing services to handicapped children and adults, in order to provide for long-term project sustainability and eventually to effect the transition of existing institutions from residential facilities to community source facilities for the care and treatment of handicapped persons, and the related training of Romanian health care professionals.

OBJECTIVES:

The objectives of the project are set out as **Project Outputs** in the Detailed Implementation Plan for HSP, June 17, 1991. They are to be reviewed for feasibility and expected outcome, but as originally formulated they are as follows:

1. Three institutions will be established as model health, social, and rehabilitation service programs for handicapped children and adults. These institutions will be located outside Iași, in Cluj, and in Bucharest. An additional two to three sites will be identified and implemented within three years.

2. **Five thousand handicapped persons in 21 institutions will receive health, social, and rehabilitation services. Comprehensive direct clinical services by project personnel will themselves comprise a portion of this total, with ancillary additional services being provided by Romanian professionals trained through this project.**
3. **Alternative approaches to institutional care for handicapped persons, including support for the development of community-based resources, will be initiated with community support.**
4. **Training and resource material in physical therapy, occupational therapy, speech and hearing, physical medicine and rehabilitation, dentistry, and social work for handicapped patients will be developed locally.**
5. **A minimum of three physicians, three dentists, six physical/occupational therapists, and three social workers will be trained to deliver services to handicapped individuals and their families each year for three years.**
6. **Professional societies in pediatrics, rehabilitation medicine, dentistry, and social work will be supported in order to support and build upon this project's efforts.**
7. **Library resources will be expanded to include literature critical to the professional development of these efforts.**
8. **Links between Romanian professionals and institutions with a variety of US and other international professional associations able to provide resources for the care and treatment of handicapped persons.**

- 21 -