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FOURTH QUARTERLY REPORT
HANDICAPPED SERVICES PROJECT
ROMANIA

WVRD

World Vision Romania

July 20, 1992

World Vision Handicapped Services Project Fourth Quarterly Report

April - June 1992

Executive Summary

The overall goal of the Handicapped Services Project (HSP) is to provide exemplary services to institutionalized handicapped children, adolescents and adults through clinical services, medical education training, and curriculum development for Romanian medical professionals. These are meant to help improve services for handicapped children and adults in institutions for the handicapped, and, whenever possible, to reintegrate them into the community, while also promoting community involvement. Training of the Romanian personnel will be conducted through model direct services to the patients and formal and informal interaction with the personnel. Once the model is set up at one site, the expatriate-Romanian team will move out and multiply it at new sites.

Following the reorganizing process which has helped evaluate and redefine HSP, significant progress against objectives has been made in this period.

Organizational issues

* The revised Project Implementation Plan was finalized in May, and was approved by the Program Director, by WVI and by USAID. The strategy and objectives outlined in the PIP are now being carried out accordingly.

* A Memorandum of Agreement has been finalized and submitted to the local authorities concerned for approval.

* The regional office in Iaşi was closed and current administrative activities are carried out either in the HSP office at the Cămin-Spital (also used for group activities with the target group of residents) or at the staff's home.

* A new project manager has been appointed, a physical therapist with extensive managerial experience, to start work in September 1992. Meantime, routine issues are resolved during regular staff meetings while other issues are resolved with the assistance of the management team from the central office in Bucharest.

* A program journal registers the progress of the residents.

* The strength of the team has grown. At present the staff consists of 6 members, three expatriate specialists and three Romanian assistants.

* HSP activities have been carried out either in the narrow space of the office, in the patients' rooms or, weather permitting, outside. Following an agreement between the WV Romania Program Director and the Director of the Iaşi Inspectorate for the Handicapped, an additional room was allotted to WV to be outfitted as a physiotherapy room. The room was ready on June 1, and the inauguration was celebrated on June 25.

* The adjusted time-frame for the remaining project life is to complete the program at Hîrlău in December 1992, when a team of Romanians will be in place who will have gained sufficient experience and training to carry forward the work with reduced assistance. The core expatriate-Romanian team will then move on to implement programs at two further sites between January 1993 and May 1994: the Cămin Spital for Minors with Severe Mental Handicap in Băbeni, Judeţ Vîlcea, housing 210 residents (plus, possibly, the neighboring kindergarten and the special school for children with minor mental handicap) and the Cămin Şcoală in Bistriţa-Costeşti, Judeţ Vîlcea (associated with a vocational school for about 700 children with mild recuperable mental handicap, aged 14-18, who may also benefit from HSP services as required). The local authorities have expressed willingness to provide full support to World Vision; the formal agreement and the outline of the Handicapped Services Project have been discussed.

Hîrlău Social Work Unit

* The number of residents reached through the program has constantly increased, now standing at 150 (105 residents visit the office/play area and 45 receive care in their bedrooms). Activities include:

  - Free Choice activities (math, reading, writing, drawing, outdoor games).
  - Social interaction activities, including group play and interaction modelling as well as direct applications in church attendance, shopping, etc.
  - 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 Music-Exercise program (including "disco nights") is now held outside, as the weather is fine. It provides the residents' favorite entertainment while also addressing their physical need for exercise. Music is daily played for residents not able to leave their beds.
  - The physical therapy program was initiated in June, owing to the inauguration of the new physical therapy room and the arrival of an occupational therapist in June who will be in charge of this program. Over two months, Timmie Wallace, a Ph.D. physical therapist provided P.T. services to the residents and demonstrations to the staff.

* Community activities have included games on the neighboring football ground, church services, walks, going to the market, folk shows (with the assistance of a Romanian, member of the Red Cross).

* Interaction with the care-givers has increased, its effects being generally perceived as positive. The infirmiere enjoy the new ideas and are starting to accept more now. They understand that with activity-based programs they will have fewer problems with the residents, as they are more involved with positive activities and have less need to express frustration destructively.

World Vision Handicapped Services Project
Fourth Quarterly Report

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1. Section I - Introduction

1.1 WV has for the past one and a half years 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 in institutions for the handicapped.

The formal start date of the project was 13 August 1991, the date when WV Romania was officially notified of approval of HSP by WV International Office.

1.2 The program currently provides model multi-disciplinary comprehensive rehabilitation and health services for handicapped adolescents and adults. The population served includes the so-called "irrecuperables" with all types and degrees of handicap from severe to none at all, some of them being previously normal able-bodied people who were institutionalized as a result of accidents, old age or medical problems such as strokes.

1.3 Implementing the program has taken longer than originally planned and restructuring has been necessary, as described at length in the revised Project Implementation Plan.

1.4 The adjusted time-frame for the remaining project life is to complete the program at Hîrlău in December 1992, when a team of Romanians will be in place who will have gained sufficient experience and training to carry forward the work with reduced assistance. The core expatriate-Romanian team will then move on to implement programs at two further sites.

As a result of detailed site surveys carried out by a WV team in May - July, and following recommendations of the Secretariat of State for the Handicapped, two sites were identified where HSP will be continued between January 1993 and May 1994: the Cămin Spital for Minors with Severe Mental Handicap in Băbeni, Judeţ Vîlcea, housing 210 residents aged 3-39 (location which also offers possibilities of extending services to two more neighboring institutions for handicapped children: a kindergarten for 80-85 children aged 3-8; a special school for children with minor mental handicap, aged 7-16); and the Cămin Şcoală in Bistriţa-Costeşti, Judeţ Vîlcea, housing 104 residents with medium mental handicap aged 7-16 (associated with a vocational school for about 700 children with mild recuperable mental handicap, aged 14-18). Băbeni is located 230 km north west of Bucharest, and Bistriţa-Costeşti another 40 km further to the north west of Băbeni.

During negotiations, the authorities at these sites have expressed willingness to provide full support to World Vision; the formal agreement and the outline of the Handicapped Services Project have been discussed. Copies of the draft covenant have been given to

all parties involved (chief inspector and inspectors at the Territorial Inspectorate for the Handicapped, Judeţ Vîlcea; the directors of the institutions envisaged; the head of the Pediatrics Department for the Judeţ Vîlcea. These will consider the contents of the draft covenant and send their comments/amendments until the end of July. Further expatriate and Romanian staff will be recruited to make up two full multidisciplinary teams for these sites. By May 1994, these two sites will have reached the stage where activities can continue without expatriate assistance.

1.5 Site Data - "Cămin-Spital" (Boarding House-Hospital) Hîrlău

1.5.1 Residents

Number of residents (latest count): 378

Age range: 3 - 90 years

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

1.5.2 Physical Conditions

Although the Camin-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.
The facility has a capacity of 420 beds.

1.5.3 Human Resources

Dr Geta Văleanu is the director of the spital, serving since August 1, 1991.

The staffing includes:

200 Infirmiere
12 Medical Assistants
1 Medical Doctor/Director (Adults)
1 Medical Doctor (Children)
1 Administrator
1 Accountant
10 Office Workers
79 Kitchen-Cleaning-Outside Workers

Currently there are five NGOs, including WV, working at Hîrlău, but WV is the only group providing a five-day plus one night per week program which covers social work and rehabilitation needs.

2. Section II - Progress Against Objectives

The proposed strategy for the remaining project time-frame is to complete the program at Hîrlău by December 1992, when a team of Romanians will be in place to carry forward the work. Two further sites have been identified in the Judeţ Vîlcea, and the expatriate staff will move on there to implement the program which is to continue until May 1994.
Progress is reported against the Fourth Quarter Objectives as set out in the Third Quarterly Report and in the revised Project Implementation Plan for HSP.

2.1 Redesign the program plan to ensure it is appropriate to the needs of the residents and establish formal agreement between WV Romania and the Romanian authorities governing their working relationships and program objectives with implementation.

2.1.1 Evaluation and review of the program plan.--COMPLETED.

The revised implementation plan was the result of careful evaluation of achievements and possibilities, strengths and weaknesses, by the joint efforts of the field office and WVI teams. The final document was ready on May 22.

2.1.2 Approval of Program Implementation Plan by WV Romania Program Director.--COMPLETED in May.

2.1.3 Approval of the Program Implementation Plan by WVI and USAID.--COMPLETED in June.

2.1.4 Drafting the Memorandum of Agreement (COMPLETED) and submitting it for comments and approval to the Chief Inspectors of the Territorial Inspectorates for the handicapped and the institution Directors.--IN PROGRESS.

2.1.5 Submit the Memorandum of Agreement for approval to the Secretariat of State for the Handicapped after the previous objectives have been met.

2.2 Advocate for the rights and responsibilities of the residents as full and equal members of society.

2.2.1 Advocate with the authorities for staffing and resources at the Spital.

As a result of the WV team's direct advocacy and, indirectly, of their continuous efforts to meet the obvious needs, the authorities' concern with the staffing and resources has augmented and sources and means to address these are more consistently researched.

The HSP team had meetings with the director of the spital and the Chief Inspector for the Handicapped. The main topics were staffing, the allocation of space, the HSP programs, the dental project, and the Irrabeena assessment. Dr V×'eanu stated the need of support to finalize the renovation of the men's tronson (wing) which will make more space available. She has, however, allocated a room for Margaret and Doru to use for carrying out the Irrabeena Social Skills Assessment on selected residents.

Trained national staff to work with the HSP team and spital staff have been difficult to recruit. An advertisement placed by Professor Covrig, the head inspector, elicited no response. However, Professor Covrig offered the services of a physiotherapist to the residents three times a week. Further discussions are planned between Professor Covrig and Loc Le-Chau to promote a more active recruitment effort.

With regards to an activity based day, Professor Covrig asked that the development of resources and programming should be the responsibility of the spital staff; in doing so he believes the programs will be sustained and scheduled time allotted for by the responsible staff person for the different programs. WV's proposed Building Project was also discussed.

An important part is played by the daily, low-key activity with the staff. In the course of the team's activities they have been attempting to change the attitude of the staff towards the residents and such changes are noticeable.

2.2.2 Clarify and advocate for the rights/legal status of residents including access to pensions.

In June 1992 the Romanian Parliament passed two laws regarding the protection, rights, and legal status of handicapped persons, which will become operational in September 1992, that is, after the resources to ensure carrying it out are provided. This creates the legal basis for WV's advocacy for the residents' rights.

2.2.3 Establish a group of interested community leaders, citizens, and residents to support and advocate for the needs of the residents.

The first step towards this objective has been to raise the community's interest in the life of the residents. Various informal contacts have worked towards this end: as church services have been repeatedly attended by residents, the attitude of the priest and of the congregation has been more and more encouraging; and organized by the president of the local Red Cross, two of the local schools sent groups of folk dancers who performed at the Spital on Children's Day (June 1).

2.2.4 Initiate training in and support self-advocacy by residents.

Training in and support for self-advocacy on the part of residents have begun, but are in their infancy stages with more able residents.
The variety of activities organized with the residents have rendered them less dependent, and as a result they get more respect from the staff. Also, the improvement in the residents' social behavior has resulted in better relationships between them and the staff.

2.3 Co-develop a structure in resident living arrangements and staffing by which appropriate care and services can be delivered to each resident.

2.3.1 Build up the strengths of the expatriate team who provide clinical and training services; complete the team with Romanian counterparts and assistants.

The strength of the team has grown. At present the staff consists of six members, three expatriates and three Romanians, of which two have just been recruited:

- **Kenneth Placke**, rehabilitation social worker;

- **Oana Dumitru**, Romanian social assistant trainee, Kenneth's counterpart;

- **Margaret Whilesmith**, Registered Nurse and social skills trainer;

- **Doru Sănăuteanu**, social assistant care-giver/driver, Margaret's assistant (started work in June);

- **Ann Cottrell**, occupational therapist (started work in June);

- **Mihaela Godvinsch**, administrator/translator/occupational therapy trainee, Ann's assistant (started work in July).

The team meets every Wednesday for staff supervision issues. Current issues are talked over in less formal meetings every evening.

The Program Journal started in January is regularly updated so as to reflect the progress of the residents the team interacts with.

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

Support of the team provided by the central office in Bucharest has improved by the appointment of a Clinical Advisor, Dr Richard Frisbie, and by the re-structuring of the administrative organization to place an Operations Manager, Pam Forsyth, with direct line responsibility for overseeing project activities. She is assisted by an Operations Administrator. Pam has made several two to three day visits to Hîrlău during the reporting period. Vince Hinders, Administration manager, spent three weeks in Hîrlău organizing the site plan, an orientation manual and separation of goals and objectives by discipline specific areas, together with the HSP staff. Iolanda Jelea, Assistant Administration Manager, also spent a few days in Hîrlău presenting two computer software courses for some spital staff and the WV team. Work Perfect and Paradox data base were installed and explained. Mihaela developed a schedule for continued training on the computer software programs presented.

2.3.2. Advocate with management to revise staffing arrangements around the grouping of residents with like needs. Assist in the definition of the authority and responsibilities of staff in relation to the care of residents.

The HSP team had meetings with the director of the spital and the chief inspector for the handicapped, which are more fully described in 2.2.1 above.

2.3.3 Advocate with management to revise room allocation and resident living arrangements to group residents of like needs and provide activity rooms. Assist in the definition of conditions of access to provide a sense of community and ownership as well as the physical safety of residents.

The current renovation work has prevented proper room and resident living arrangements.

WV has drawn up a proposal for a building project, for which it is hoped to obtain local currency funding from USAID, intended to expand the recreational facilities at the Spital: a multi-purpose room; ramps for wheelchair access; benches in the garden; renovation of the playground. A Technical Supervisor and several possible architects have been identified and preliminary surveys carried out.

2.3.4 Co-design a resident record system that is effective and accessible to appropriate staff.

The available data have been reviewed and a demographic profile of the resident population has been produced.

Kenneth, Oana, Iolanda and the institution's records clerk have been working together on a computerized resident record system. Once the system has been finalized, it will be proposed to the SSH as a national model for a residents record system.

2.3.5 Assist management in the review of admissions and placement policies.

Up to date computerized records on residents will support the management in undertaking a systematic policy review of admissions and placements. Another important element in dealing with admissions and placements is the assessment of residents' living skills; Dr Văleanu has a living skills assessment and was interested to look at the Irrabeena assessment to see how it can be adapted to the specific situation in the spital. Margaret is counselling her on this.

2.3.6 Co-develop a resident skills assessment system.

The Australian IRRABEENA Core Assessment Record, identified as a possible assessment tool, is currently used by Margaret Whilesmith. Dr Valeanu has made a room available for this.

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

2.4.1 Support the refurbishment and physical structure of the Spital through friends and the activity of NGOs present.

The Local Currency Building Proposal attempts to improve and expand the facilities of the Spital. The physical therapy room is now fully operational and is available for use by spital staff and other NGOs as well as the WV team.

2.4.2 Support the installation of a heating system.

Together with Equilibre (a French NGO), WV provided a boiler room for the use of the Spital.

2.4.3 Support the installation of bathroom facilities by NGOs.

2.4.4 Support the provision of necessary clothing and laundering facilities.

2.4.5 Support the provision of mobility aids and equipment.

The physical therapy room was ready on June 1 and it was inaugurated on June 25, with the participation of the director who cut the ribbon and expressed her gratitude to WV for completing this job. Preparations included cleaning the room after renovation with the help of 8 residents and some infirmiere, installing the equipment provided by WV (worth about 40,000 US $) and the new carpet. This facility is expected to have a great impact on the physical rehabilitation of the residents.

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

2.5.1 Conduct training for Spital staff to understand the concept of "normal behavior" as it is evidenced in the residents.

2.5.2 Conduct personal care training for Infirmiere and Nursing staff.

WV personnel have conducted personal care training for infirmiere and nursing staff. This training has not been formalized with the Inspectorate nor attached to a viable/reliable schedule format.

2.5.3 Conduct in-service training in social work with social assistant staff.

2.5.4 Advocate for in-service training in disability treatment/management for medical and para-medical staff.

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

2.6.1 Conduct self-care and independent living skills training.

Margaret Whilesmith has been assisted by Doru Sănăuteanu in the program of assistance for people to wash themselves in bed. Other activities include: feeding, dressing, going to town (unaccompanied, if possible), budgeting and even cooking. Margaret is currently using the Irrabeena assessment tools for assessing residents. It is hoped that residents will be able to leave the spital; the possibility of the spital being a day care resource is also considered, as a long term objective. The short term objective is to set up a basic program with counterparts that will continue running after WV leaves.

2.6.2 Support the provision of personal hygiene and cleaning materials.

The team have conducted self-care and independent living skills training, thus supporting the provision of personal hygiene, cleaning products, and cleaning materials.

2.7 Support the provision of timely access to the highest standard of medical and para-medical care available in the Judetul.

2.7.1 Conduct survey of medical needs and liaison with local hospitals and clinics to facilitate appropriate treatment.

A survey of dental needs has been conducted and the dental chair is completed and dental care supplies ordered, so that the dental program will soon be ready to start once a dentist has been appointed.

2.7.2 Conduct survey of psychiatric and clinical psychological treatment needs and facilitate appropriate treatment.

2.7.3 Conduct survey of physical and speech therapy needs and facilitate appropriate treatment.

Timmie Wallace, Ph.D. in physical therapy, provided direct services and training to the HSP team in dealing with bed ridden residents over two months, once a week. As a result, the WV team have been able to assist one person in walking, and 6 individuals in movement from their beds to a wheelchair and /or independent sitting on the sides of their beds.

Ann Cottrell, the newly-appointed occupational therapist (who has specialized in neurology and head injuries, and has worked in a rehabilitation unit) has worked out the strategy of her approach: first she will conduct an assessment on all the residents and see where her priorities should be; then she means to start a care program with a small number of five or six, gradually to enlarge the group, concomitantly training Mihaela, her new counterpart. Most of Ann's work will be in the physiotherapy room but hopefully taking some material up to other salons to work with some of the people who are bedridden. Most of these people have not had the opportunity to walk until now.

Kenneth Placke has found that the greatest need is for adults who only have cardio-vascular problems; if they can get themselves out of bed, feed themselves, heat hot water and not be a danger to themselves, go to the toilet themselves, and the like, then many will be able to leave the spital and go home because their families would be happy to have them except for their condition being bedridden. The second target group who do not have that option, will be helped to adjust themselves to their handicap, developing better motor skills through physical therapy; if this goal is achieved, the next step will be to assist them enough for them to go to some sort of vocational school. At present, the main objective is for these people who are bedridden to get involved in some activity so that they are not confined in bed doing nothing all day.

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

2.8.1 Conduct remedial education groups.

Remedial education has been conducted with a number of residents and the results have been shared with the Spital Director who wishes to generalize this program. The activities carried out with the residents attempt to change behavior so that others can play, learn to take turns and respect each other's rights. This has worked well: they are much more disciplined in group play and allow others to join in. They recognize that they cannot have the attention of the WV team all day and that others need to have a turn at getting attention. In the afternoons, Kenneth does group play helping residents learn about their roles in society and how to interact with other people.

2.8.2 Facilitate provision of 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; 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 new employees receive intensive orientation and training to be able to assist with various activities; their sincere involvement and fast adjustment are very promising. 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 75-90 in December, 100 in January, and 115 in February, to about 150 in June: about 105 visit the office or PT room for activities and the remaining 45 receive care in their "salon" (hospital bedrooms). There were 378 residents at the last count.

The team designed a more structured program:
- Morning - development and nursing activities with 65-70 residents;
- Afternoon - more discipline specific, outdoor activities with about 75-80 residents.

The activities of the "free choice" group include: math, reading, writing, drawing and various games, all taken up by residents according to their choice. A group working at one time includes 20-25 people over one hour. Owing to the good weather and the delivery of soccer, volley and basketballs and basketball rings, new outdoor activities have been developed: football, basketball, obstacle course, aerobics, bowling. Practically all able-bodied residents participate - if not as players, then at least as score keepers or supporters of one team or another.

The simple dressings and pressure area care, combined with a regime of passive exercises and massage, continues to assist the prevention of muscle deterioration and bed sores in elderly and infirm residents, which has resulted in the patients' progress, not only physical, but psychological, too. Margaret usually gets two infirmiere to work with her in this program.

Kenneth Placke continues to run the Music/Exercise program which enjoys great success. It is programmed for two hours every two days, while Friday 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 allows Kenneth to address their

physical need for exercise, while also rendering their monotonous life a lot more colorful and reinforcing appropriate social interaction through salon group activity using dancing. During June this activity was discontinued due to programming demands and the final preparations necessary for the PT room.

Oana Dumitru has translated physiotherapy materials recommended by Timmie Wallace, who also took her to visit some patients at home and showed her some basic PT. Oana assisted Kenneth and Margaret with their work (she gets training as a social assistant both informally and through study of the basic theories utilized in the U.S. social work profession), helped with various administrative activities, and taught some residents to read and write. She started preparing the next sessions in computer training. Oana and Kenneth are also preparing summer courses on "Death and Dying" and "Tender Loving Care" for the benefit of the spital staff.

2.8.3 Conduct groups and individual counseling on self-esteem and interpersonal skills with all Spital staff.

The WV team have conducted groups and individual counseling on self-esteem, empowerment, and interpersonal skills on an on-going basis with residents responding positively to these interactions.

The WV team have promoted and encouraged the organization of work crews within the Spital with emphasis on responsibility; this has resulted in a noticeable decrease in destructive behavior.

2.8.4 Facilitate the use of community facilities (entertainment, church, etc.) by residents and organize visits and camp outside the parameters of the Spital.

2.8.5 Support and facilitate relationships between residents and their families. Promote the repatriation of residents to their families, when appropriate and support families relinquishing members to care.

3.

Section III - Program Problems/Concerns

3.1 WV is attempting a more community oriented approach, which would identify possibilities of preparing some of the residents to reintegrate into the community. Reintegration of residents back into their families remains difficult. However, new possibilities for this have been made available through the two recently passed laws.

3.2 Nominating the Romanian counterparts for the Hîrlău HSP team will be the contribution of the Secretariat of State for the Handicapped and of the Iaşi Inspectorate for the Handicapped. Nominations should have been done by mid May. The main obstacle seems to be the lack of suitable trained staff. It is believed that by lowering requirements, personnel will be found for secondment. A compromise needs to be agreed upon soon, to ensure sustainability of the project beyond WV's phasing out of expatriate involvement.

3.3 The renovation is not over yet, which causes disruption and overcrowding. The major obstacle, once again, is insufficient funding. WV is looking at possibilities of addressing this issue according to resources available.

3.4 In spite of the agreement between the spital and the Appolonia School, the latter have not carried out their promise of volunteer support on weekends to address the residents' dental needs; Director Loc Le-Chau will follow up during the meeting with the Dean of the Appolonia School planned for July.

4. Section IV — Fifth Quarter Objectives

4.1 Prepare for the arrival of the new project manager, Joann Gates, in September, 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.

4.2 Recruit further national and expatriate staff, including a dentist and rehabilitation staff.

4.3 Hîrlău Social Work Unit

4.3.1 Continue and extend target group programs, with particular emphasis on programs for the elderly.

4.3.2 Finalize the computer records system.

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.

4.3.3.1 Assist the completion of the men's tronson by the end of August, through paying for the necessary labor.

4.3.3.2 Assist in installing a video system, with a central video unit and monitors in residents' bedrooms.

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

4.3.4.1 Initiate multidisciplinary case conferences.

4.3.4.2 Continue personal care training for caretakers and nursing staff.

4.3.4.3 Introduce activity-based daily programs, with institution staff taking responsibility for resourcing and programming.

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

4.3.5.1 Continue conducting self-care and independent living skills training.

4.3.5.2 Continue supporting the provision of personal hygiene and cleaning materials.

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

4.3.6.1 Continue conducting remedial education groups.

4.3.6.2 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 Community Outreach/Involvement

4.4.1 Participate in the community festival to be held on August 1 in the Town Square.

4.4.1.1 Contribute an art display for the festival.

4.4.1.2 Organize a residents' walk-about with a schedule of infirmiere.

4.4.2 Arrange meetings between Loc Le-Chau and the Catholic and Orthodox priests, and with the local mayor, to keep them informed on WV's activities and elicit community support for the camin-spital.

4.5 Hîrlău Building Project

4.5.1 Finalize and submit a proposal to USAID for local currency funding to build a multi-purpose room, renovate the playground, and provide seating and wheelchair access at the front of the building.

4.5.2 Dependent on obtaining the necessary funding, engage a Technical Supervisor and Architect, and arrange for a full project plan and cost estimate to be produced.

4.5.3 Engage local contractors and initiate building work.

4.6 Hîrlău Dental Unit

Hold a meeting between Loc Le-Chau and the Dean of the Apolonia Dental School, to determine why volunteers from the Dental School have not been working at the camin-spital as promised, and to re-activate this arrangement.

Section V - Appendices

The following items are attached:

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

Appendix 1
World Vision Romania Staffing Chart
Alphabetical Listing

Name (Country)	Position/Location
Dana Alexandru (Romania)	Book-keeper/Bucharest
Simona Baban (Romania)	Administrator/Constanța
Jeff Baird, MA, PhD (USA)	Psychologist/Cluj
Ann-Maree Baker, DipT (Primary) (Australia)	Personnel Officer/Bucharest
Peter Baker, BSc, LLB (Australia)	Volunteer/Bucharest
Michael Birchmore, RNMH (UK)	Nurse/Bucharest
Sue Birchmore, CEng, MIMechE (UK)	Technical Writer/Bucharest
Alina Bodea, MD (Romania)	Training Coordinator/Bucharest
Eugen Borlea (Romania)	Site Assistant/Administrator
Cristian Bucurescu (Romania)	Travel Officer/Bucharest
Aneta Buzea (Romania)	Driver/Bucharest
Virginia Canlas, MPH (USA)	PHC Project Manager/Cluj
Anișoara Carol (Romania)	Outreach Officer/Bucharest
Dorina Condurachi (Romania)	Chief Accountant/Bucharest
Rachel Cooke, RGN (UK)	Nurse/Constanta
Ann Cottrell, OT (UK)	Occupational Therapist/Hîrlău
Andrea Dan (Romania)	Receptionist/Bucharest
Piți Dan (Romania)	Driver/Mechanic/Bucharest
Catalin Dicu (Romania)	Logistics Assistant/Bucharest
Jean Doloway, PT MS (USA)	Physical Therapist/Craiova
Danuț Duca (Romania)	Night Watchman/Bucharest
Oana Dumitriu (Romania)	Translator/Care Assistant/Hirlau
Pamela Forsyth, RN, MPH/MSN (Australia)	Operations Manager/ Bucharest
Richard Frisbie, MD (USA)	Clinical Advisor/Bucharest
Mihaela Godinschi (Romania)	Administrator/OT Assistant/Hîrlău
Beverley Halsey, RN (USA)	Nurse/Constanța
Vincent Hinders, MA (USA)	Administration Manager/Bucharest
Karen Homer (Canada)	Communications Officer/Bucharest
Catalin Hrisafi (Romania)	Logistics Officer/Bucharest
Beverly Irwin (USA)	Operations Administrator/Bucharest
Viorel Ispas (Romania)	Purchasing Officer/Bucharest
Iolanda Jelea (Romania)	Assistant Manager, Adminstration/ Bucharest

Name (Country)	Position/Location
Radu Lapusan (Romania)	Deputy Project Manager, PHC/Cluj
Diane Lazar (Romania)	Secretary/Administration Assistant/Cluj
Loc Le-Chau (USA)	Programme Director/Bucharest
Şerban Lungu (Romania)	Warehouse Assistant/Bucharest
Heather MacLeod, RN (NZ)	Nurse/Craiova
Michelle Mahoney (USA)	Occupational Therapist/Bucharest
Graham Nance (Australia)	Social Worker/Bucharest
Jenny Nance (Australia)	Volunteer educator/Bucharest
Mihaela Oala, MD (Romania)	Clinical Advisor/Bucharest
Luminiţa Oancea (Romania)	Technical Writer/PA/Bucharest
Kenneth Placke, MSW (USA)	Social Worker/Hirlau
Dorel Plescan (Romania)	Administrator/Cluj
Benone Popescu (Romania)	Care-giver/Translator/Constanţa
Dan Preda, MD (Romania)	Management Information Systems Coordinator/Cluj
Marius Radu (Romania)	PHC Administrator/Cluj
Maria Ristea (Romania)	Cleaner/Bucharest
Dorel Sanautanu (Romania)	Living Skills Therapist/ Driver/Hîrlău
Rodica Sburatura (Romania)	Head Care-giver/Bucharest
Jane Schmidt (USA)	Occupational Therapist/Timişoara
David Sleight (USA)	Finance Manager/ Bucharest
Laurel Stevens, RN (Canada)	PHC Project Coordinator/Cluj
Daniel Trandafir (Romania)	Driver/Bucharest
Florica Trandafir (Romania)	Cook/Bucharest
Linda Waterston, RN (S. Africa)	Nurse/Timisoara
Margaret Whilesmith, RN (Australia)	Social Trainer of the Handicapped/Hirlau
Andrew Whitelock (USA)	Intern/Cluj
Rodica Zanescu (Romania)	Book-keeper/Bucharest

APPENDIX 2
FOURTH QUARTER FINANCIAL SUMMARY

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

PIPELINE ANALYSIS THROUGH JUNE 30, 1992

	GRANT BUDGET	TOTAL EXPENDITURES	REMAINING FUNDS
Personnel Costs	62,400	18,571	43,829
Travel	35,700	2,575	33,125
Supplies	8,867	685	8,182
Consultants	10,050	0	10,050
Workshops/ Seminars	28,500	0	28,500
Other Direct Costs	5,400	0	5,400
Evaluation	15,750	0	15,750
Total Direct Costs	166,667	21,831	144,836
Indirect Costs	33,333	4,366	28,967
Total Costs	200,000	26,197	173,803
Total Cash Match	277,237	50,775	226,462
Donated Commodities	525,000	0	525,000
Indirect Costs	38,146	5,288	32,858
Total Matching Contribution	840,383	56,063	784,320
Total Grant	1,040,383	82,260	958,123

Printed: 30-Jul-92

19

APPENDIX 3

Abbreviations

Abbreviation	Meaning
GIK	Gifts In Kind
HSP	Handicapped Services Project
MES	Ministry of Education and Science
NGO	Non-Governmental Organization
PIP	Project Implementation Plan
PT	Physical Therapy
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

1. TO DEVELOP SUSTAINABLE COMPREHENSIVE HEALTH, SOCIAL AND REHABILITATIVE SERVICES FOR THE INSTITUTIONALLY HANDICAPPED RESIDING IN THREE INSTITUTIONS FOR THE HANDICAPPED IN ROMANIA.

   1.1 Conduct assessment of handicapped residents to develop appropriate physical therapy services and interventions.

   1.2 Conduct assessment of dental and oral hygiene needs of the majority of residents at the institutions to develop appropriate services and interventions.

   1.3 Conduct assessment of social assistance workers at the three institutions to identify appropriate service and interventions relating to the care of the residents.

   1.4 Provide direct allied health professional services to selected residents following assessment of need.

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

   1.6 Encourage and support residents to develop their life skills and means of personal expression to their full potential by facilitating recreational activities organized and where possible run in conjunction with interested institution staff, community residents and institutional residents.

   1.7 Support and facilitate relationships between residents and their families where possible, by promoting the return of residents to their families and/or by supporting families relinquishing members to care.

2. AFFIRM AND DEVELOP THE SKILLS AND POSITIVE ATTITUDES OF MANAGEMENT, MEDICAL AND DIRECT CARE STAFF WORKING IN THE INSTITUTIONS, BY PROVIDING FORMAL AND INFORMAL EDUCATIONAL OPPORTUNITIES FOR THESE PERSONNEL.

   2.1 In collaboration with Romanian team members, identify knowledge, attitude and practice gaps, and facilitate discussion and educational activities that will address perceived deficiencies.

   2.2 Provide a multi-disciplinary resource team of expatriates to provide role modelling and workshops in each of the institutions.

   2.3 Where possible, facilitate the attendance of Romanian team members at conferences, short courses and workshops relevant to their work locally.

2.4 Advocate for in-service training in disability treatment/management for medical and allied health professional staff.

3. WORK WITH COMMUNITY GROUPS TO INCREASE THEIR AWARENESS AND INVOLVEMENT IN THE CARE OF INSTITUTION RESIDENTS.

3.1 Identify and collaborate with Church and community leaders in each of the project locations to interest them and/or their groups' membership in outreach activities involving institution residents.

3.2 Initiate where possible community education programs.

3.3 Wherever possible, involve residents in the life of the community in which they reside.

3.4 Identify and collaborate with other NGOs extending services to the same institutions.

4. PLAN, ORGANIZE, CONTROL AND EVALUATE ALL ASPECTS OF THE HANDICAPPED SERVICES PROJECT, ENSURING THAT A SUSTAINABLE PROGRAM IS IN PLACE IN THREE INSTITUTIONS BY MAY 1994.

4.1 Continuously monitor and evaluate program activities, taking corrective action wherever necessary to ensure excellence in service delivery is maintained.

4.2 Ensure the budget allocation at each site is kept within predetermined limits.

4.3 Advocate with authorities for the adequate and appropriate mix of staff in the institutions.