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**World Vision Relief & Development Inc.**

**HANDICAPPED SERVICES PROJECT  
ROMANIA**

**USAID Cooperative Agreement**

**No. EUR-0032-A-00-1030-00**

**Reporting Period Covered:**

**July - September 1992**



**Submitted on behalf of:**

**World Vision Romania**

**Calea Calarasilor 55**

**Sector 3**

**Bucharest, Romania**

**October 29, 1992**

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**EXECUTIVE SUMMARY**

**Organization:** World Vision Relief & Development                      **Country:** Romania  
**Beginning and Ending Dates:** July 1, 1991, to May 31, 1994

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, wherever 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 the site, the expatriate Romanian team will move out and multiply it at new sites.

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 to carry forward the work while the core expatriate Romanian team will move on to implement HSP at two further sites between January 1993 and May 1994: a Cămin Spital at Băbeni and a Cămin Școală in Bistrița-Costești, both in Județ Vâlcea. Procedures for this transfer, as well as overall project activities, are monitored by project manager Joanne Gates, who took her post in early September.

Significant progress against objectives has been made in this period:

The total number of residents was 403 at the end of September. The number of residents serviced directly varied between 137 and 173 during this quarter. Activities which resulted in the residents' evident progress included:

- Free Choice activities (math, reading, writing, drawing, outdoor games)
- Social interaction and community activities (group play and interaction modeling, direct applications in church attendance, shopping, outdoor games, trips, etc.)
- Bed aerobics and massage
- Simple dressings and pressure area care combined with passive exercises for bedridden residents
- Living Skills (LS)
- The Music Exercise program (including "disco nights")
- Physical therapy and occupational therapy held in the physical therapy room completely equipped by World Vision.

Activities were more efficient owing to the reinforcement of the HSP team on the one hand (two PTs, an OT, an SW, and three Romanian trainees) and on the other hand to the expanded access to various facilities, most of which were equipped by World Vision:

a physical therapy room, a Living Skills room, six club rooms, and the outdoor play area. All these became available after part of the Cămin was renovated, with the contribution of World Vision. Also, World Vision facilitated the installation of a multivideo system. The Local Currency Proposal negotiated with United States Agency for International Development (USAID), when approved, will provide the building of a multipurpose facility where entertainment and rehabilitation activities will be expanded. The proposal was approved by the local authorities.

Interaction with the local staff increased, and responsibilities are being turned over to them and the six Romanian counterparts who will carry on HSP in Hîrlău after December 1992. The 10-week course to be started by the World Vision team on October 1 will provide the necessary guidance and training for the further implementation of HSP in Hîrlău.

The community-oriented approach promoted by World Vision through HSP is limited to providing opportunities for the residents to have experience in the outer world (church, outings with shopping, festivals, sports, trips, etc.) and to have more consistent contacts with their families, who were encouraged to visit their relatives in the Cămin more often. Through the various rehabilitation programs, the team members endeavor to render residents more independent and self-reliant, but their actual physical/mental condition limits possibilities of genuine social reintegration. The current economic hardships of the residents' families is yet another element which prevents families from taking them back. It is currently acknowledged that residents are looked after more efficiently at the Cămin. In spite of resources being rather limited, the HSP team is optimistically pursuing this objective in the hope that it will be feasible for at least some residents.

The Dental Program was temporarily held off, as no dentist was found available to come to the Cămin to provide the needed dental services. A new possibility is currently being examined, trying to work through the Metropolitan Daniel of Moldova, whom the World Vision Romania program director, Loc Le-Chau, has contacted about a variety of issues. The Metropolitan has identified two dentists in Iași who will serve the metropolitan dental office for the care of the needy in Iași; this dental office has been set up with the support of World Vision and the World Council of Churches. Attempts are being made to have these dentists periodically come to Hîrlău to provide dental services to the residents in the dental room that has already been equipped.

A special component of HSP is World Vision's collaborative agreement with the Mandel School of Social Sciences (MSASS), Case Western Reserve University, Cleveland, Ohio, in the field of social work curriculum development. World Vision facilitates and monitors cooperation between MSASS, the Romanian social work faculties, and the Ministry of Education and Sciences (MES).

World Vision was invited to present its projects in the NGO Forum to be held in Bucharest in November. For this purpose, the HSP team wrote a paper which will be presented on the occasion.

## I. INTRODUCTION

- 1.1 For the past one and a half years, World Vision 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 in institutions for the handicapped.

The formal start date of the project was August 13, 1991, the date when World Vision Romania was officially notified of approval of HSP by the World Vision International (WVI) Office.

- 1.2 The program currently provides model multidisciplinary 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 allows for completion of the program at Hîrlău in December 1992, when a team of Romanians will be in place to carry forward the work, while the core expatriate Romanian team will move on to implement HSP at two further sites between January 1993 and May 1994: a Cămin Spital in Băbeni and a Cămin Școală in Bistrița-Costești, both in Județ Vâlcea. Procedures for this transfer as well as overall project activities are monitored by project manager Joanne Gates, who took her post in early September.

### 1.5 Site Data—"Cămin Spital" (Boarding House/Hospital) Hîrlău

#### 1.5.1 Residents

Bed capacity—420

Number of residents (latest count)—403

Age range—3-90 years

Description—Very board range of physical and/or mental handicap, from severe to none; male and female

### ***1.5.2 Physical Conditions***

Although the Cămin Spital is a relatively modern, purpose-built structure, its condition at the start of World Vision'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 have been remedied with the help of various NGOs present here, World Vision included.

### ***1.5.3 Human Resources***

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

The staffing includes:

- 200 infirmieres
- 12 medical assistants
- 1 medical doctor/director (adults)
- 1 medical doctor (children)
- 1 administrator
- 1 accountant
- 10 office workers
- 79 kitchen/cleaning/outside workers

### ***1.5.4 The World Vision HSP Team***

Of the five NGOs working at Hîrlău, only World Vision and the Dutch Red Cross still operate in the facility, World Vision being so far the only group providing a five-day plus one night per week program which covers social work and rehabilitation needs. At present, the World Vision team consists of seven members (four expatriates and three Romanians):

- Joanne Gates, HSP project manager
- 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
- Ann Cottrell, occupational therapist
- Mihaela Godvinschi, administrator/occupational therapy trainee, Ann's assistant.

## **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 Județ Vilcea, and the expatriate staff will move on there to implement the program which is to continue until May 1994.

Progress is reported against the Fifth Quarter Objectives as set out in the Fourth Quarterly Report and in the revised PIP for HSP.

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

*2.1.1 Approval of proposal by World Vision Romania program director—completed.*

*2.1.2 Approval of proposal by WVI Monrovia office—completed.*

*2.1.3 Approval of revised implementation plan by USAID—completed June 8, 1992.*

*2.1.4 Approval of proposal by the Chief Inspectors of the Iași Territorial Inspectorate for the Handicapped and the director of the Cămin—in progress.*

Dr. Văleanu, director of the Cămin, has already approved the goals and objectives. A copy of the signed document is in the Hirlău file cabinet under "Formal Agreements." Dr. Covrig, Chief Inspector for the Handicapped in Iași Județ, still has not signed off.

*2.1.5 Drafting and signing the Memorandum of Agreement—in progress.*

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

*2.2.1 Negotiate the allocation of a room for physical therapy equipment with Cămin management—completed June 25, 1992.*

*2.2.2 Advocate with the authorities for staffing and resources at the Cămin—in progress.*

As of August, a new position of assistant social was added to the staff at the Cămin. The director split the position between two existing staff persons. Reportedly a new person will be added to the staff to fulfill the responsibilities vacated by these persons. One of these persons will be trained and assisted in developing a computerized record system along with a central written record system for the multidisciplinary team. The second will be trained in basic social work involving consultation and home visits. Kenneth and Oana will be training both of these persons over the next 10 weeks in their respective areas. In

addition, reportedly on August 24, new assistant medical positions were approved by the Inspectorate. Also, as of October 1, 1992, three persons have been hired and one person transferred to work with World Vision for training: living skills (two persons); occupational therapy (one person); and physical therapy (one person).

***2.2.3 Clarify and advocate for the rights/legal status of residents including access to pensions—ongoing.***

Oana, Kenneth, and their training partners have made this a regular part of their activities. In addition, they are investigating the rights of the handicapped through Law 54 and 55 and are looking into how these rights can be applied through discharge.

***2.2.4 Initiate training in and support of self-advocacy by residents—in progress.***

The HSP team and their training partners will continue to support residents in their rights. Residents at present will request certain activities and are trying to take command of some of the decision-making in their lives. For example, a group of residents suggested that the Disco Night be changed from 6 to 8 p.m. on Friday to 3:30 to 5:30 p.m. on Friday, as it was getting cold and darker with the weather and time change.

**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 Negotiate with Cămin management the allocation of a room for physical therapy equipment—completed June 8, 1992.***

***2.3.2 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.***

World Vision financially assisted the Cămin in completing the final wing renovations which opened up approximately 40 beds. This greatly reduced the overcrowding, and three new club rooms for residents were able to be created. World Vision also provided financial assistance for cables for a video link to all six club rooms.

***2.3.3 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 the residents—in progress.***

Margaret and her training partners will continue to address this situation in meetings with the director and the infirmiere. Some attempts have already been made by the infirmiere to group residents along abilities and recently shifted residents according to such abilities as the need for assistance with toileting.

***2.3.4 Co-design a resident record systems that is effective and accessible to appropriate staff—in progress.***

Oana and Kenneth have already begun working with the records clerk in regard to the computerized record system. Basic concepts have been discussed and a tentative training schedule has been established. Kenneth also received from the Inspector's office a list of statistics required to be kept on each resident. He, Oana, and their training partner are in the process of developing a survey for the other disciplines (SW, PT, OT, and LS) as to information beneficial to be kept as statistics on residents. Kenneth will be contacting Iolanda Jelea from Bucharest office about coming again to continue training with the records clerk on the use of Paradox and data entry, etc.

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

This is being done in conjunction with the computerized record system noted above and represents one of the areas of training in the 10-week course which is slated to begin on October 1.

***2.3.6 Co-develop a resident skills assessment system—in progress.***

The director has already reviewed the IRRABEENA SKILLS ASSESSMENT test and has given Margaret approval to modify the documents based on cultural sensitivities and realities. The director has also developed a similar system which is being merged with the Irrabeena. A random list of residents has been completed and the Irrabeena commenced on a small scale to check its validity.

**2.4 Support the provision of living conditions which sustain life and dignity of the residents and promote 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—in progress.***

As previously mentioned, World Vision financially supported the completion of the renovation work in the final wing of the Cămin. Most of the NGOs have now left the Cămin. The only NGO remaining is the Dutch Red Cross who is in the second phase of the program aimed at supervision of the personnel that

have previously been instructed in the program. The World Vision Hirlau team is supportive of the Dutch Red Cross as much as possible through NGO meetings and informal interactions.

World Vision is continuing to negotiate with USAID to provide a common room extension and rehabilitating the playground.

***2.4.2 Support the installation of a heating system—in progress.***

World Vision has already provided financial support for this activity and is willing to pay its final share; however, the stipulation is that the job must be completed first. This is an ongoing battle, because the Inspector Barbu and the director of the Cămin state that the heating system is not completed, as it will only be effective down to -10°, and there are many days during the winter that are colder than this. The Inspector and the director are requesting assistance from World Vision to help with the insulation of the hydrothermic, which will complete the project. Presently the team are awaiting a response from Equilibre, the French NGO initiating the work, to ascertain how much financial support is able to be given towards this final stage.

***2.4.3 Support the installation of bathroom facilities—completed.***

Equilibre finished the renovation of the bathroom facilities in July 1992, but because they only used French parts, there will be ongoing needs for replacement and upkeep which may require NGO assistance.

***2.4.4 Support the provision of necessary clothing and laundering facilities.***

This is an area that has yet to be adequately addressed.

***2.4.5 Support the provision of mobility aids and equipment—in progress.***

World Vision donated seven wheelchairs and crutches to the Cămin, and the physical therapy room is equipped with walking steps, parallel bars, and other mobility aids. However, there is a continued need for wheelchair refurbishing and additional wheelchairs for residents. Of particular need are wheelchairs that can support the Tumbleform inserts that were donated to the Cămin by Preston. The physical therapist and her training partner will work on finding out the process and attempting to work with this process for needed repairs.

**2.4.6 Support the installation of a music system and/or video systems throughout the institution to promote quality of life for the residents. (Depends on the provision of additional funding not presently allocated for this activity.)—in progress.**

The video system hookup was completed in early September so that there is a central video system which links the televisions in each of the six club rooms. The feasibility of the music system will continue to be reevaluated.

**2.4.7 Support the allocation of space for the elderly inside or outside the institution by the institutional management to ensure privacy away from children and adolescents—in progress.**

Mihaela has started a gardening group utilizing Ann for consultation. The group presently consists of four to six residents; however, the older residents did not express interest in the gardening group. Doru is presently preparing a cost estimate for refurbishing an area to be identified as adult sitting area, away from the other residents' play area. This area is part of the Local Currency Grant which has been submitted to USAID. Presently, a decision will be made as to whether World Vision can assist financially with this project if the grant is not accepted. This decision would be based on the cost estimate and the budget.

**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—in progress.**

This is undertaken by all team members in their respective activities and interactions with Cămin staff. The club room activities will be turned over to the chief infirmiere on October 1 in a meeting with the director, Kenneth, and Oana. Discussion is in progress with the director that along with this new responsibility, there will be some training in behavior management with the residents.

**2.5.2 Conduct personal care training for infirmieres and nursing staff.**

Margaret already has permission from the director to begin meeting and working with the medical assistants. To date Margaret has had one meeting with them and will be following up with in-service training, working with them in mutually agreed upon areas related to care for residents, including preventative techniques related to infectious diseases like hepatitis. Margaret observed a need for rubber gloves, and GIKs of several boxes of rubber gloves

as well as syringes were distributed both in August and September. Additional supply needs identified by her are for soaps of all kinds.

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

Oana and Kenneth will begin a 10-week training course on October 1 for their new training partners in social work. This will involve a series of joint lectures with the other disciplines, individual lectures, and hands-on training. After the initial training, there will be regular follow-up in-service training sessions until May 1994.

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

A 10-week training program will be started on October 1 for the four new staff allocated by the Cămin to the World Vision team. Instruction will be in the four specialty areas: one person in occupational therapy, one person in physical therapy, and two in living skills. This training program will involve both joint lectures and individual lectures, role playing and mock situations, and hands-on training. The director of the Cămin and other staff she designates will be invited to attend any of these joint team lectures. Case conferences with the multi-disciplinary team will be organized by Kenneth, Oana and their training partner, with the direct input of the director, Dr. Frisbie and/or Dr. Oală, both clinical consultants from the Bucharest office, will be involved as necessary.

**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—ongoing.***

Margaret and her training partner and Mihaela, Ann, and their training partner will work together in Living Skills and Occupational Therapy. This will take place in the rooms allocated as Club Rooms and the Assessments Room.

***2.6.2 Support the provision of personal hygiene and cleaning materials—in progress.***

World Vision has already donated cleaning kits to the Cămin (nursery care kits) for use in cleaning bathrooms and other public areas, and additional GIK nursery kits were received on September 18. Hair shampoo has been requested by the staff as either purchased or GIK supplies for donation.

**2.7 Support the provision of timely access to the highest standard of medical and paramedical care available in the Judet**

***2.7.1 Conduct survey of medical needs and liaise with local hospitals and clinics to facilitate appropriate treatment—completed.***

The dental program was temporarily held off, as no dentist was found available to come to the Cămin to provide the needed dental services. A new possibility is currently being examined, trying to work through the Metropolitan Daniel of Moldova, whom the World Vision Romania Program Director Loc Le-Chau has contacted about a variety of issues. The Metropolitan has identified two dentists in Iași; this dental office has been set up with the support of World Vision and the World Council of Churches. Attempts are being made for these dentists to periodically come to Hîrlău to provide services to residents in the dental room that has already been equipped.

***2.7.2 Conduct survey of physical and speech therapy needs and facilitate appropriate treatment—completed.***

**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—ongoing.***

Books provided by World Vision were distributed to each club room for math and writing. These supplies are kept in a locked cabinet which the residents can access daily through the infirmiere. There are also pencils and paper for their use. The final step of the process of turning this responsibility over to the infirmiere on each section will be completed on October 1 at a meeting with Kenneth, Oana, the director, and the chief infirmiere. The World Vision team will continue to conduct one-to-one exercises sessions as the schedule permits during the 10-week training course that is starting. Doru has just started working on the possibility of volunteers from the community coming in on a regular basis to assist with this process.

***2.8.2 Develop a range of passive and active recreational activities organized and run by interested Cămin staff, community members, and Cămin residents. Support the provision of recreation supplies—in progress.***

Active recreation includes the Friday night Disco from 6 to 8 p.m., afternoon basketball, and bowling. Passive activities take place in the club rooms for videos, arts and crafts, and reading in the library. As part of the process of handling responsibility over to the Romanian staff in the Cămin, all recreational supplies were distributed between the sections and will be distributed to the residents by the infirmiere. World Vision staff will continue to be involved with Friday night Disco. Involvement with other recreational activities will be as the

training schedule permits. Doru will continue to contact local churches to see if they would be interested in reading to elderly residents.

***2.8.3 Conduct group and individual counseling on self-esteem and interpersonal skills with all Spital staff—in progress.***

Training as to concepts of self-esteem and improved interpersonal skills will be part of the instructions to the Assistant Social to be done by Kenneth. In addition, Margaret is planning to conduct some group sessions in the future.

***2.8.4 Facilitate the use of community facilities (entertainment, church, etc.) by residents and organize visits and camp outside the parameters of the Cămin—in progress.***

In September, on two occasions, Kenneth took a group of eight residents to the Hîrlău football field to kick the ball. Both times local Hîrlău youth were present and good interactions occurred between the residents and the youth. On the second day, a football game developed with two mixed teams of residents and local youth. On September 29, a trial excursion with two young adults (one ambulatory and one in a wheelchair) took place to Iași. Mihaela and Doru were going into Iași on HSP business and were able to arrange with the Cămin for taking the two residents on this outing. Both young men have never been outside Hîrlău and were quite excited by this new experience.

***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—in progress.***

Kenneth and Oana are actively working on this as part of the 10-week training course. Plans are being made for a number of case conferences to be held over the next three months. The first one will be in the middle of October. All the case conferences will concentrate on individuals who have the possibility of being discharged home to families. In addition, Kenneth and Oana are setting up a system where they will meet with all new admissions and their families to assist in planning the admission and transfer of care to the institution.

The community-oriented approach promoted by World Vision through HSP has so far been limited to providing opportunities for the residents to have experience in the outer world (church, outings with shopping, festivals, sports, etc.) and more consistent contacts with their families, who were encouraged to visit their relatives in the Cămin more often. Through the various rehabilitation programs, the team members endeavor to render residents more independent and self-reliant, but their actual physical/mental condition limits possibilities of genuine social reintegration. The current economic hardships of residents' families is yet another element which prevents families from taking them back.

It is generally accepted that residents are looked after more efficiently at the Cămin. Yet the team is optimistically pursuing this objective, in the hope that it will be feasible at least for some of the residents.

#### ***2.8.6 Improve academic education in the field of social work—in progress.***

A special component of HSP is World Vision's collaborative agreement with the Mandel School of Social Sciences (MSASS), Case Western Reserve University, Cleveland, Ohio, in the field of social work curriculum development. World Vision facilitates and monitors cooperation between MSASS, the Romanian social work faculties, and the Ministry of Education and Sciences (MES). Professor Alice Johnson and Dean Richard Edwards from MSASS will travel to Romania again in late October to have meetings with the deans of the Romanian social work faculties, in order to discuss curriculum development and practicum placements. It is anticipated that the social work students in Iași would conduct their practicum field placements at the Cămin Spital in Hîrlău, while students from Bucharest and Cluj will do it in the new HSP sites, Băbeni and Bistrița (Județ Vilcea).

World Vision was invited to present its projects in the NGO Forum to be held in Bucharest in November. For this purpose, the HSP team wrote a paper which will be presented at a round table talk.

### **III. PROGRAM PROBLEMS/CONCERNS**

The community-oriented approach promoted by World Vision through HSP is limited to providing opportunities for the residents to have experience in the outer world (church, outings with shopping, festivals, sports, etc.) and to have more consistent contacts with their families, who are encouraged to visit their relatives in the Cămin more often. Through the various rehabilitation programs, the team members endeavor to render residents more independent and self-reliant, but their actual physical/mental condition limits possibilities of genuine social reintegration. The current economic hardships of the residents' families is yet another element which prevents families from taking them back. It is generally accepted that residents are looked after more efficiently at the Cămin. In spite of all this and of resources being quite limited, the team is optimistically pursuing this objective in the hope that it will be feasible at least for some of the residents.

The dental program was temporarily suspended, as no dentist was found available to come to the Cămin to provide the needed services. Currently, a new possibility is being examined, trying to work through the Metropolitan Daniel of Moldova, whom the World Vision Romania program director Loc Le-Chau has contacted about a variety of issues. The Metropolitan has identified two dentists in Iași who will serve the metropolitan dental office for the care of the needy in Iași; this dental office has

been set up with the support of World Vision and the World Council of Churches. Attempts are being made for these dentists to periodically come to Hîrlău to provide dental services to the residents in the dental room that has already been equipped.

#### **IV. SIXTH QUARTER OBJECTIVES**

- 4.1** Finalize the computer records system.
- 4.2** Initiate and participate in three multidisciplinary case conferences with the Cămin staff.
- 4.3** Complete the 10-week training course with the new Romanian partners in the specialty areas of LS, SW, OT, and PT.
- 4.4** Collaborate with Romanian Red Cross in two community programs with the residents for October Fun Day and a Christmas party.
- 4.5** Complete paper work and administrative details for transition to the new sites in the Județ Vâlcea.
- 4.6** Transfer responsibility for Hîrlău site to Mihaela Godvinschi, designated as team leader, and the other Romanian staff for expanding into the new sites in Județ Vâlcea.
- 4.7** Provided that the Local Currency Proposal is approved by USAID, to build a multipurpose facility, renovate the playground, and provide seating area for aged residents.
- 4.8** Pursue search of dentist (possibly with assistance from the Moldova Metropolitan Daniel) to address residents' dental needs.
- 4.9** Continue collaboration with MSASS, Romanian SW schools, and MES toward improving SW academic education.

#### **V. OBJECTIVES FOR ALL HSP SITES, DECEMBER 1992 - MAY 1994**

- 5.1** Ensure that appropriate discipline-specific materials and supplies are available for personnel at Hîrlău by December 1992 and at the two new sites (within six months of program commencement) so that appropriate rehabilitative interventions may occur—in progress.

Over the past several months supplies and GIK have arrived at Hîrlău. A delivery of GIK arrived on September 18 with several additional items for the physical

therapy room requested from the inventory list by Joanne and Ann. These items helped complete the required supplies for the physical therapy room.

- 5.2** In collaboration with institution authorities, plan appropriate educational opportunities at least monthly for Romanian personnel employed at the HSP sites (e.g., in-service seminars)—in progress.

Doru was able to attend the joint Romanian/Dutch seminar sponsored in Iași by the Inspectorate for the Handicapped and the Dutch Red Cross. In addition, as part of the 10-week training courses that are to begin in October, a series of joint lectures will be given to all the World Vision team. Four lectures are presently scheduled for the first week of October. Plans are also in progress for all the team to attend at least one day of the NGO Forum tentatively scheduled in Bucharest for November 9-13. A presentation of the HSP will be done on the occasion.

- 5.3** Develop a World Vision multidisciplinary roving technical team and/or visiting consultants for in-service training at each site, quarterly—in progress.

Initially, members from the Vilcea sites will visit the Hîrlău site for three days a month for support, training, case conferences, and SW home visits. Individual contact and dialogue will take place on a regular basis.

- 5.4** Expatriate clinicians will role model multidisciplinary team activities by conducting at least monthly case conferences on selected residents with multiple problems—in progress.

Kenneth and Oana are in the process of setting up the procedure for a case conference and discussion is in progress with the director to establish the date of the first conference. In addition, on October 7, as part of the 10-week training course, Kenneth will be lecturing to the World Vision team regarding the concept of the case conference. The director will be invited to attend.

- 5.5** Test the Irrabeena skills assessment tool on 31 residents at Hîrlău by August 1993—in progress.

This activity has been approved by the director; however, because of problems with the validity of this test for this population, the testing will be completed and assessments will be initiated only on a small number of residents.

- 5.6** At least one major excursion for residents will be planned for each of the mobile residents at each site during project lifetime.

After successful trial excursion of two young adults in September, discussions as to further excursions are in progress with the team.

- 5.7** Work with community groups to increase their awareness and involvement in the care of institutionalized residents—in progress.

Doru is in charge of community outreach for the team. He is presently looking for a Russian Orthodox priest to hold services on a monthly basis at the Cămin.

- 5.8** Involvement of interested community groups (including institutionalized personnel) in the life of the residents will be encouraged, particularly during public holidays (Christmas, Easter) and weekends—in progress.

Contact has been made with the Romanian Red Cross in Hîrlău for organization of a possible Spectacular/Fun Day for the month of October. This day will be volunteer initiated and organized with some limited financial support and involvement on the day of the Spectacular by the World Vision team. Also, a Christmas program may be conducted again this year with the assistance of the local Romanian Red Cross representative, but this will have to be clarified in the fall.

- 5.9** Collaborate monthly with other NGOs involved in extending services in the same institutions—in progress.

## **VI. APPENDICES**

The following items are attached:

1. The World Vision Romania Staffing Chart
2. The Fourth 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
Dana Alexandru (Romania)	Bookkeeper/Bucharest	11/90	Ongoing
Radu Avranescu (Romania)	MERP Assistant/Bucharest	12/90	Ongoing
Simona Baban (Romania)	Administrator/Constanta	9/91	Ongoing
Jeff Baird, MA, PhD (USA)	Psychologist/Cluj	1/7/91	1/6/92
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, MIMochE (UK)	Technical Writer/Bucharest	6/91	6/92
Eileen Blumenthal (USA)	Early Childhood Educator/Craiova	9/92	8/93
Alina Bodca, MD (Romania)	Site Administrator/Bucharest	11/1/90	Ongoing
John Bratoloveanu, PhD (Australia)	Developmental Care Worker/Iași	2/91	1/92
Cristian Bucurescu (Romania)	Travel Officer/B	1/91	Ongoing
Virginia Canlas, MD (Philippines)	PHC Project Manager	4/92	4/94
Anișoara Carol (Romania)	Church Liaison Officer/Bucharest	8/91	Ongoing
Dorina Condurachi (Romania)	Accountant/Bucharest	5/91	Ongoing
Rachel Cooke, RGN (UK)	Nurse/Constanta	9/91	9/92
Mariana Cuccu, MD (Romania)	Public Health Educator	9/92	12/92
Jean Doloway, PT MS (USA)	Physical Therapist/Craiova	8/91	8/92
Oana Dumitriu (Romania)	Social Assistant Trainee/Hirlău	7/91	10/91
Dr. Burt Edelstein (USA)	Dentist/Hirlău	10/91	2/92
Pamela Forsyth, RN, MPH/MSN (Australia)	Regional Clinical Manager/Bucharest	2/2/91	2/92
Joanne Gates (USA)	HSP Project Manager/Hirlău	9/92	8/93
Melissa Griffin (USA)	Physical Therapist/Timisoara	2/2/91	8/1/91
Vincent Hinders, MA (USA)	Administration/Finance Assistant/Bucharest	10/29/90	10/28/91
Alison Holness, PhD (USA)	Physical Therapist/Bucharest	1/14/91	12/13/91
Karen Homer (Canada)	Communications Officer/Bucharest	2/91	2/92
George Ionița, MD (Romania)	Dentist/Hirlău	TBA	TBA
Ionuț Iosub (Romania)	GIK Coordinator/Bucharest	7/91	Ongoing
Beverly Irwin (USA)	ROSES Administrator/Bucharest	12/17/90	5/16/91
Viorel Ispas (Romania)	Purchasing Assistant/Bucharest	10/90	Ongoing
Claire Anne Jacobsmeier, MSW (USA)	Social Worker/Hirlău	3/1/91	9/30/91
Iolanda Jelea (Romania)	MERP Assistant/Bucharest	5/91	Ongoing
Megan Loraine Kerr, RN (Australia)	Technical Coordinator/Public Health Nurse	9/92	9/93
Mirces Radu Lăpusan, MD, specialist GP (Romania)	Deputy Project Manager	7/92	10/93
Diana Lucia Lazăr (Romania)	PHC Secretary/Bookkeeper	7/92	7/93
David Lloyd (Australia)	HSP Consultant, Administration/Planning/Hirlău		

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Name (Country)	Position/Location	Start Date <sup>1</sup>	Complete Date
Gloria Lloyd-Jones, AIWO/MFC (Australia)	HSP Manager/Hirlău	6/91	6/92
Heather Macleod, RN (NZ)	Nurse/Craiova	6/91	6/92
Olimpia Macovei, MD, MPH (Romania)	Romania Counterpart/Iași	11/1/90	Ongoing
Michelle Mahoney (USA)	Occupational Therapist/Bucharest	7/91	7/92
Liviu Manaila (Romania)	MERP Assistant/Bucharest	10/90	Ongoing
Carolyn McTurn (Australia)	Occupational Therapist/Iași	1/91	12/91
Susan Meisner (Canada)	Volunteer Caregiver/Constanta	7/91	10/91
Ioan Morar (Romania)	Driver	10/92	1/93
Graham Nance (Australia)	Social Worker/Bucharest	3/91	3/92
Jenny Nance (Australia)	Volunteer Educator/Bucharest		
Mihaela Oala, MD (Romania)	Medical/Clinical Programme Assistant/Bucharest	10/90	Ongoing
Luminița Oanca (Romania)	PA/Bucharest	9/90	Ongoing
Martha Padilla (Romania)	Physical Therapist/TBA	10/91	10/92
Carmen Paunescu (Romania)	Social Assistant Trainee/Hirlău	7/91	10/91
Kenneth Placke, MSW (USA)	Social Worker/Hirlău	8/91	8/92
Dorel Plescan (Romania)	Administrator/Cluj	4/91	Ongoing
Janet Schilling (USA)	Nutritionist	9/92	8/93
Thelma Roach, MA (USA)	Early Childhood Educator/Iași	10/15/90	10/14/91
Helen Schwieger (Australia)	Administrative Manager/Bucharest	1/7/91	1/6/92
David Sleight (USA)	Finance Officer/Bucharest	10/91	10/92
Linda Smith, MS-ccc-sp (USA)	Speech/Language Therapist/Iași	9/91	9/92
Laurel Stevens, RN (Canada)	PHC Project Coordinator	9/91	9/92
Jill Trainor (Australia)	Speech Pathologist/Constanta	1/91	12/91
Stefan Toma, MIM, MA (USA)	Country Representative/Bucharest	4/25/90	9/30/93
Liviu Duvall Uncrutiu, MD, DDS (USA)	Pediatric Nurse/Cluj	2/91	1/92
Marigold Vercoe, RN (Australia)	Nurse/Constanta	1/91	-
Linda Waterston, RN (South Africa)	Nurse/Timisoara	8/91	8/92
Margaret Whilesmith (Australia)	Social Trainer of the Handicapped/Hirlău	10/91	10/92
DeWayen Wynn (USA)	Community Relations/Admin./Burcharest	1/6/91	1/5/92

<sup>1</sup> Complete date represents present contractual commitments made by staff. However, some staff will choose to extend period of contract and commitment to program.

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APPENDIX 2  
FIFTH 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 SEPTMEBER 30, 1992

	REVISED GRANT BUDGET -----	TOTAL EXPENDITURES -----	REMAINING FUNDS -----
Personnel Costs	355,095	52,832	302,263
Travel	19,787	7,108	12,679
Supplies	0	0	0
Consultants	269,720	10,340	259,380
Workshops/ Seminars	0	0	0
Other Direct Costs	13,065	1,765	11,300
Evaluation	9,000	0	9,000
Total Direct Costs	----- 666,667	----- 72,045	----- 594,622
Indirect Costs	133,333	14,409	118,924
Total Costs	----- 800,000	----- 86,454	----- 713,546
Total Cash Match	452,196	125,840	326,356
Donated Commodities	450,000	0	450,000
Indirect Costs	76,119	16,240	59,879
Total Matching Contribution	----- 978,315	----- 142,080	----- 836,235
Total Grant	----- 1,778,315 =====	----- 228,534 =====	----- 1,549,781 =====

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**APPENDIX 3**  
**Abbreviations**

Abbreviation	Meaning
GIK	Gifts-in-Kind
HSP	Handicapped Services Project
LS	Living Skills
MES	Ministry of Education and Science
MSASS	Mandel School of Applied Social Sciences
NGO	Nongovernmental Organization
OT	Occupational Therapy
PIP	Project Implementation Plan
PT	Physical Therapy
SW	Social Work
WV	World Vision
WVI	World Vision International
WVRD	World Vision Relief & Development
USAID	United States Aid for International Development

**Some Romanian Terms Currently Used**

Cămin Spital = Boarding House/Hospital  
 Cămin Școală = Boarding House/School  
 Direcția Sanitară (in a district) = Local Health Department  
 Infiriere = nurse's aid/caregiver  
 Județ = County  
 Salon = Hospital room

**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 multidisciplinary resource team of expatriates to provide role modeling and workshops in each of the institutions.
  - 2.3 Where possible, facilitate the attendance of Romanian team members at conferences, short course, 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.