

Rec'd 10/3/95

PD-ABR-972



The Brother's Brother Foundation

1. = 2

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Chairman & CEO
Donald J Stegle
Hospital Shared Services

FROM Luke L Hingson

Vice Chairman
Michael P Levis MD
Passavant Hospital

DATE September 22, 1995

President
Luke L Hingson
Brother s Brother Foundation

Attached is the final report for Cooperative Agreement EUR-0032-A-00-1034-00

Vice President
Linn M Swanson CPA
Brother s Brother Foundation

Treasurer
William R Jennings
South Hills Health System

Briefly, we experienced a tremendous success in Hungary delivering and distributing \$9,718,271 in requested medical product donations to Hungary Our actual USAID related expenses were \$83,000 or 20% under budget

Medical Director
Dwight C Hanna MD
Plastic Surgeon (Retired)

Secretary
Cheri L Kroboth
Hospital Assoc ation of PA

Our experience in Romania, while successful, was much more difficult While we provided \$1,531,000 in product donations to orphans and the elderly We found we were unable to approach all the numerical goals set for the program Our actual USAID related expenses were \$26,000 underbudget

TRUSTEES
E Wade Close Jr
Boydin

Judge Richard DiSalle
Rose Schmidt Hasley
& DiSalle PC

When local partners were administratively strong, much can easily be done Where local partnerships are weak, it is much harder

Margaret Mary Easton Ph D
Psychotherapist/Professor

Pearl Figgins MD
Public Health (Retired)

Thank you for working with us

Anthony Galletta MD
Family Physician

L Richard Milner
Alcoa

Thomas E Mistler
Westinghouse Electric

Frank E Nowak
Educational & Professional
Resources Inc

David N Pincus
Pincus Brothers Maxwell

Lora E Rutkowski
Communications Consultant

Joseph T Senko CPA
Joseph T Senko & Assoc Inc

Richard L Shaw
Michael Baker Corporation

Andrew G Uram
Mellon Bank (Retired)

David R Williams
H J Heinz Company

Founder & Trustee Emeritus
Robert A Hingson MD D Sc

SUMMARY

The goal of the activities in Hungary under this grant was to improve the living conditions of targeted populations in Hungary through shipping and effective distribution of medical supplies and the support of an educational program. Almost \$10 million worth of requested medical supplies were distributed through a central warehouse to over 70 hospitals under the guidance of the Soros Foundation and the Semmelweis Medical University. Donations requested by the University slowed over the four years of the grant due to both the Hungarian supply system strengthening and the decrease in product availability for donation to Hungary.

The Brother's Brother Foundation (BBF) explored a medical education (sharing) program aimed at the physicians, but found an interactive system with England being installed through the required Hungarian Continuing Education Program and did not pursue this further. Medical education efforts were also directed to health awareness. Discussions held with Liz Lorent of the Soros Foundation led to a commonality of mission with a project she was initiating. BBF revised our USAID budget to support the printing of materials created through Soros. These materials were used to address health issues such as Human Sexuality, AIDS, Smoking, Alcohol and other Drugs, and Nutrition, through the school system.

The success of these activities is evidenced through an effective distribution system, which will continue beyond USAID funding, and the broad acceptance of the health education program.

METHODOLOGY

Medical supplies available to BBF were offered to Ms. Magyarosy Ferencne, a retired pharmacist, who ran the distribution system in Hungary. She then accepted certain items based on the requests she receives from the county and city hospitals. All county and city hospitals were eligible to make requests. BBF then requested USAID approval for the pharmaceuticals prior to packing and shipping the donations. Ms. Ferencne determined the quantities of every item included on the shipment to be received by each hospital based on their request, size of hospital, and perceived need. The Hungarian hospitals were notified when the shipment arrived and asked to arrange pick-up. Each hospital signed an inventory receipt and an itemization of the distribution of each product. (Attachment A)

This process and the related records were reviewed and found to be adequate by BBF's personnel, Linn Swanson and medical consultant, Dr. Michael Swanson, in March 1992, as well as Cheri Kroboth and Albert Speth in April 1994. (Attachments B & C)

Health Education

The Health Education Program was initiated through a teacher education program funded by the Soros Foundation. This program involved a teacher from each school attending a seminar to "learn a new way to teach" and was enthusiastically accepted. Manuals and class room handouts were printed for lessons in Human Sexuality, AIDS, Smoking, Alcohol and other Drugs, and Nutrition in both English and Hungarian to be distributed to the teachers at these seminars. Reports on this program were produced by the Soros Foundation and sent to BBF. (Attachment D)

EXTERNAL FACTORS

The dedicated medical professionals in Hungary were a driving force in the success of the medical distribution program. As the medical system was in financial crisis, they reached out. From the University's warehouse to the individual facilities receiving donations, the perseverance of all people involved to provide health care during difficult times made the program work.

In addition, the strength of the Soros Foundation staff and their willingness to collaborate with BBF to make a project better, led to the success achieved in health education

INPUTS

BBF relied on medical donations from three major companies when the grant began in 1991: Eli Lilly and Company, Abbott Laboratories, and Mylan Pharmaceuticals Inc. This donation pattern changed dramatically over the course of the grant for several reasons. First, the fall of the Iron Curtain and the conflict in the former Yugoslavia put strain on the availability of donations for Hungary. Second, the relative stability of Hungary and the openness of their market caused some companies to prohibit donation of their products to the area. And lastly, the strength of Hungary's own pharmaceutical industry decreased the requests for American products (Attachment E)

OUTPUTS

Implementation of a health awareness plan changed from one led by BBF to one of BBF supporting the efforts of Soros Foundation, Hungary. It is through the strength of this in-country office that both the medical education projects and product donations were successfully received throughout Hungary.

BENEFICIARIES

Over 70 hospitals throughout Hungary benefitted from the medical products shipped. The health education project reached people geometrically from those directly contacted. One teacher to a school of teachers to a school of children.

LESSONS LEARNED

The strength and dedication of the Soros administrative and other in-country staff was key to the success of this program. The Brother's Brother Foundation would gladly repeat this program in any area where we have strong dedicated partners. Also key to the distribution is a warehouse person with knowledge of medicine and the medical system of the country.

Respectfully submitted by:

Luke L. Hingson
Luke L. Hingson
President

Linn M. Swanson
Linn M. Swanson
Vice President

Attachment A

SEMMEIWEIS ORVOSTUDOMANYI EGYFTEM
Egyetemi Gyogyszertar
Gyogyszerugyi Szervezesi Intezet

SEMMEIWEIS UNIVERSITY OF MEDICINE
University Pharmacy
Institute of Pharmacy Administration

Igazgató/Director Prof Dr Vincze Zoltan

Mrs. Lisa Zulick
Medical Program Coordinator
1501 Reedsdale Street
Pittsburgh PA 15233

We had given annual report. This report concerns the donations sent by the Soros and the Brother's Brother Foundation between January 1, 1994 and December 31 1994. The report has hold how have been distributed the donations.

In the reports have been included the distribution of the container Number OCLU-138140-9, ACLU-209405-5, and we have received by Air Mail Number 074-1515-9093, 074-2344-2462.

The donation have been distributed between different county and city hospitals and the Semmelweis Medical University s clinics. These ware

I SMU+ Dept. of Internal Medicin	I SMU Pediatric Clinic
II " " " " "	II SMU " "
III " " " " "	I SMU Surgery Clinic
I SMU Dept. of Gynecology	II SMU Dept of Ophtalmology
SMU Dept. of Dialysis	SMU Neurological Clinic
SMU Dept I Pathology	SMU Urological Clinic
SMU Dept of Cardiac Surgery	SMU Dept. of Otolaryngology CI.
II SMU Dept. of Gynecology	SMU Dept. of Transport. Surgery (
SMU Dept. of Moun Surgery	

SMU= Semmelweis Medical University

HOSPITALS:

St. Istvan Budapest City Hospital	Jahn Ferenc Budapest City Hospital
St. János " " "	Bajcsy " " "
St. László " " "	Peterfy " " "
St. Margit " " "	Szovetseg " " "
St. Rókus " " "	Madarász " " "

H-1092 Budapest Hógyes Endre u 9 Telefon (36 1) 117 0927 117 1222 Telefon telefax (36 1) 11 11 11

Heim Pál Budapest City Hospital
Árpád " " "
Izr. Szeretet " " "
National Cardiology Institut
National Rheumatism. "
Sopron City Hospital
Piliscsaba Sisters Home

Pest Budagyongye County Hospital
Borsod " "
Heves " "
Vas " "
Veszprém " "
Szekszárd City Old Home
Szamaritánus Ambulance

Dear Lisa Zulick by this opportunity we would like to thank
the Foundation for the significant donation, which helped
the Hungarian health care.

Budapest, 3.7.1995



Magyarosy Ferencné
pharmacist

Semmelweis Orvostudományi Egyetem
EGYETEMI GYÓGYSZERTÁR
Gyógyszerügyi Szervezési Intézet
1092 Bp. Hógyes Endre u. 7-9
Telefon 1171-222 1170-919
MNB 232-90149-1566

Erkezes	Gyogyszer neve, csomagolasa, gy.sz., lejarata	Erkezett gyogyszer mennyisege	haptá	Kiadott menny.	Mennyiségek		
					Kiadott erteke	Keszlet	Lejart készlet
1993 IV29	Maalox HRF 12x34og Rorer Ph. 91770 91772 91773 91821 91822 91823 91824 OGYI4004/41/1994 XII/31	előző ev- ről maradt 850	SOTE II Női kl Transplantacios kl II Bel kl Szajseb kl Urologiai kl I Bel kl I Gyerek kl III Bel kl II Szem kl I Sebészeti kl II Gyerek kl Jáhn F. Kórház Budagyongye Kórház István " Orsz. Kardiologiai Int. Heim Pál Kórház Flor F. Korhaz ORFI Bajcsy " Szt. Rókus Kórház Margit " Szt. László " Szt. László " Izr. zene c Szekszárdi otthon	10 25 61 4 5 70 16 35 3 84 2 60 10 10 3 11 140 28 30 94 100 14 3 20 20 850	3,366.000		
993 III11	Thioridazin hcl 50mg tbl Mylan EXPO1A2 XI/95 25ox	200x250 5 hordó	SOTE III Bel kl Urologiai kl Borsod M. Kórház Heves M " Flor F. " Szekszárdi otthon Flor F Korhaz	25 5 10 65 4 30 139 2	250.200	109.800 61x250 3 hordó 1,080.000	

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Érkezes	Gyógyszer neve, csomagolása, gy.sz., lejárata	Érkezett gyógyszer mennyiség	Kapta	Kiadott menny.	Gyógyszer			
					Kiadott értéke	Készlet	Lejárt	
					Készlet	Készlet	Érték	
992.XII.12	Oral rehyd. salts 125x 91o31	14	SOTE Transplantacios kl Madarász kórház Heim Pál " János " Flor F. " Veszprém M. "	1 5 1 2 4 1 <hr/> 14	10.000			
992 X.15	Prinivil 10mg tbl S9492 IX/93 4x4 OGYI 7547/40/1993 III/94	5 36x4x4	Szeretet kórház	5	54.000			
994 II.16	Cyclobenzaprine hcl tbl 10 mg Mylan EXP01A4 VI/94 OGYI 4004/41/1994 1994 XII 31	387x250	SOTE Urologiai kl II Női kl Szt. István kórház Péterfy " Szt. László " Flor F. " Szeretet " Vas M. "	5 2 5 5 1 50 10 5 <hr/> 83	314.155	304x250 1,150.640		
94.II.16	Perphenazine and Amitrip tyline hcl tbl 4mg/50mg Mylan EXPO3A4 V/94 OGYI 4004/41/1994 1994 XII 31	203x250	Szt. Margit kórház Borsod M " Heves M. " Vas M. "	153 10 10 30 <hr/> 203	263.900			
994 IX.1	Povidon iodine swabstick 50x 3Mool28	10	SOTE II Bel kl Szajsebeszeti kl Szt. Janos korhaz Szt. Istvan " Flor F. " Veszprem M "	4 1 2 1 1 1 <hr/> 10	12 500			

Érkezés	Gyógyszer neve, csomagolása, gy.sz., lejarata	érkezett gyogyszer mennyiség	Kapta	Készlet	Gyogyszer	
					kiadott erteke	Készlet
1994.I.26	Indometacine caps 5omg Mylan Z079G VII/97 loox	87x144xloo 34xloo	SOTE II Női kl IV Sebeszeti kl Szájsebeszeti kl Urologiai kl I Bel kl I Gyerek kl III Bel Szeretet kórház SOTE Transzplantacios kl Jáhn F. kórház Budagyongye " Szt. Istvan kórház Flor F. " Szovetseg u " Péterfy " ORFI Bajcsy " Soproni " Borsod M " Heves M. " Vas M. " Veszprém M. " Szt. Margit " Piliscsabai otthon	132 144 144 144 24 144 288 144 144 720 144 1296 864 288 576 144 1440 60 180 488 144 1152 <u>144</u> 9092	6,000.720	2,290 200 24x144+ 14xloo
"	Indometacine caps .5omg Mylan Z10113 VI/97	12x500 154x12x500+ 1x500	SOTE Szajsebeszeti kl Urologiai kl III Bel kl II Bel kl Flor F. kórház Szovetség u " ORFI Soproni kórház Szt. László " Szekszárdi otthon Szt.Rokus kórház	12 36 90 12 96 48 12 120 60 12 <u>24</u> 522	1,722.600	110x12+ 7x500 4,379.100

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Erkezes	Gyógyszer neve, csomagolása, gy.sz., lejárata	Erkezett gyógyszer mennyiség	Kapta	Kia- dott menny	Gyógyszer			
					Kiadott értéke	Készlet	Lejárt Készlet Ért	
994 IV 26	Diltiazem hcl.60mg tbl Mylan EXPO 2E3 X/94 OGYI 9332/41/1994 VII/95	4 hordó A 50.000 sz 800 db 25ox	SOTE Urologiai kl I Gyerek kl II Bel kl III Bel kl Transzplantációs kl II Női kl IV Ersebészeti kl I Sebészeti kl Szt. Rókus Szt. Margit kórház Flór F. " Szt. László " Szeretet " Szekszardi otthon	5 30 10 4 20 10 20 3 10 40 100 7 20 <u>50</u> 322	1,341.130			
94 IX. 1.	Nifedipine caps. 10 mg 12x100 Schein 12992 XII/94 OGYI 9332/41/1994 L. 1995 VII 31	92db 12x100	SOTE Ersebészeti kl I Gyerek kl I Sebészeti kl Transzplantációs kl Muvese Flor F. kórház Szt. Margit " Szeretet kórház Piliscsabai otthon	4 10 6 10 28 15 3 6 <u>10</u> 92	529.320		478x250 1,990 870	
94. I. 26	Aminosim 8.5% w/electrol. 500 ml ABBOTT 74-513-DM-05 III/95	24	SOTE II Női kl	24	8.000			
94 IX.1.	5%Dextrose and 0.9% Sodi- um chlor. 24x500 ml C252841 XI/95 C255133 IX/95 C260406 XI/96	3	SOTE II Gyerek kl Transzplantációs kl	2 <u>1</u> 3	37 440			
4 IX.1.	5%Dextrose and 0.45% So- dium chlor. 12x1000ml C 256818 XI/94 C 254937 XI/95 C 258076 XI/95	23	SOTE II Gyerek kl Flor F. kórház	20 <u>3</u> 23	138 000			

Erkezes	Gyogyszer neve, csomagolasa, gy.sz., lejarata	Erkezett gyogyszer mennyisege	Kapta	Kia- dott darab	Gyogyszer		
					Kiadott teke	Keszlet	Lejart Keszlet
1994.IX.1	70% Dextrose inj. 6x2000 C 255448 III/95	1	SOTE Transplantacios kl	1	2400		
1994.IX.1	5% Dextrose inj 96x100ml PSo27839IX/95 48x150 ml PS o79o74 X/95	2 1	SOTE II Gyerek kl "	2 1	5000 - 2500.-		
1994.IX.1.	5% Dextrose inj. 16x500ml C252312 V/95	1	SOTE II Gyerek kl	1	3000.-		
1994.IX.1.	Lactat Ringer'S inj. C261o32 XI/95' 12x1000ml	9	Szt. Margit kórház Flor F. " Arpad "	2 5 2 <u>9</u>	25.920.-		
1994.IX.1.	Ringer'S Lactat irrigat. 4x3000 C25576o III/96	8	SOTE Urológiai kl Arpad kórház	5 3 <u>8</u>	23.040.-		
1994.IX.1	Ringer'S Lactat inj. and 5% Dextrose 12x1000 C259713 X/95	11	SOTE Ersebészeti kl II Gyerek kl	10 1 <u>11</u>	31.680.-		
1994.IX.1.	0.9% Sodium chlorid inj. 96x 100ml PSo27771 I IX/95	3	SOTE I. Kórbonctani Int. II Gyerek	1 2 <u>3</u>	57.600.-		
1994.IX.1	0.9% Sodium chlorid irrig 24x250 ml G889154 V/97	1	SOTE II Gyerek kl	1	18.200.-		
1994.IX.1	0.9% Sodium chlorid irrig. 1000 ml G888446 IV/97	9	SOTE II Gyerek kl	9	18.000.-		

Érkezes	Gyógyszer neve, csomagolása, gy.sz., lejarata	Erkezett gyógyszer mennyiség	Kapta	Kia- dott menny	Gyogyszer		
					Kiadott értéke	Készlet	Lejárt Készlet Érté
994.IX.1.	8.5% Travasol inj.with electrolytes 12x500ml ZDol8879 XII/94	1	Szt Margit kornház	1	6.000.-		
1994.IX.1.	3% Sorbitolurologic irrig. sol. 4x3000ml C256099 III/95	1	SOTE Urologiai kl	1	6.000 -		
994.IX.1.	20mq Potassium chlor.in 5% Dextrose and 0.45% Sodium chlorid 12x1000ml C254425 VIII/95	1	SOTE Transplantációs kl	1	9.000.-		
994.IX.1.	10mq Potassium chlorid in 5% Dextrose and 0.9% Sodium chlorid 12x1000ml C262667 XII/95	1	SOTE Transplantációs kl	1	9.000.-		
994.IX.1.	Steril Water for irrig. C2554755 III/95 12x1000 " " 6x1000 G887869 IV/97 4x1500 C257915 IV/95 6x2000 C257030 IV/95 4x3000	2	SOTE Ersebeszet	1	7.800		
		1	II Gyerek kl	1	7.800		
		1	II Gyerek kl	1	3.900		
		4	II Gyerek kl	9x1500	8.770		
			Muvese	2x1500	1.950		
		1	Szt, István kornház	5x1500	4.870		
	C257915 IV/95 6x2000	1	SOTE Transzplantacios kl	1	7.800		
	C257030 IV/95 4x3000	1	Urologiai kl	1	7.800		
994.IX.1.	Dianel 1.5% Dextrose 6x2000ml ZPo66209 III/96	15	SOTE I Gyereek kl	2			
			II Gyerek kl	1	23.400		
			Muvese	10			
			Flór F. kornház	2			
				15			
94.IX.1	Dianel 2.5% Dextrose 4x1500ml ZPo663 ZPo65987 III/96	14	SOTE I Gyerek kl	2			
			Muvese	10	15.700 -		
			Flor F. kornház	2			
				14			

Erkezes	Gyogyszer nev., csomagolasa, gy.sz., lejarata	Erkezett gyogyszer mennyisege	Kapta	Kiadott menny.	Kiadott erteke	Gyogyszer		
						Keszlet	Lejarat Keszlet	Erte
1994.IX.1.	Dianel 4.25% Dextrose 6x200ml ZPo64733 II/96	3	SOTE MUvese Flór F. kórház	1 2 3	5.400			
1994 IX. 1	Heparin sod.1000 U.and 0.9% Sodium chlor 18x500ml PSo27318A VIII/95	1	SOTE I Gyerek kl	1	15.400.-			
1994 IX,1.	Heparin sod.25.000 U. IX/95 C257345 12x500ml	1	SOTE I Gyerek	1	10.000 -			
1994.IX.1.	Heparin sodium 1000 U/ml 014006.I/97 1 ml	10	SOTE I Gyerek kl	10	1.700.-			
	10 "	100	"	100	45.000.-			
	30 "	7	"	7	9.450 -			
1994.IX.1	Dexametason sod. phosp. 4mg/ml 30 ml	3	SOTE Transplantációs kl	3	6.000.-			
1994.IX. 1	Mincap with povidonioid 60x GD453407 X/95	19	Flor F. kórház	1	1.250.-	18	22.500.-	
1994 IX.1.	Betadin swabsticks 50x 4H1 VII/95	1	Flór F. kórház	1	1.250.-			
1994.IX.1.	Beteadine sol loox T5AC VII/95	2	Flor F kórház	2	5.000 -			
1994.IX.1	Anticoagulans sol. looml /Citr. Phosph. Dextrose	5	Szt. Janos kórház	5	5.000.-			
1994 IX. 1.	Magn. citr. W/laxativ 200 ml	26	Szt. János kórház Szt. Istvan "	2 24	13.000.-			
1994 IX.1	Trubol sol./vercukor megh	8	Szt Istvan "	26 8	8 000 -			

Erkezes	Gyógyszer neve, csomagolása, gy.sz., lejárata	Erkezett gyógyszer mennyiség	Kapta	Kia- dott menny.	Kiadott értéke	Gyógyszer		
						Készlet	Lejárt Készlet	Ért.
994.IX.1.	Hexachlorophen sol. 3% 1000ml 5ox	9	SOTE II Női kl Muvese I Gyerek kl Heim Pál korhaz Szt. János " Szt. Margit " Péterfy " Flór F. "	2 1 1 1 1 1 1 <hr/> 9	9.000.-			

Érkezés	Szerelék neve szama csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	készlet	kl er
1992	Femal luer luck 25x	248	SOTE Transplantacios kl Szájsebészeti kl I Gyermekek kl II Gyermekek kl Heim Pal kórház Flór F. " Szt. László " Veszprém M. kórház Vas M. "	2 3 10 5 3 10 4 5 4 <u>56</u>	192 /131.500 -	3
1994. I.26.	Vacutener w/Heparin loox	21	SOTE Neurologiai kl II Női kl II Bel kl Madarász kórház Szeretet " Heim Pál " Szt. János "	1 5 3 2 2 3 5 <u>21</u>	00	21.
1994. I.26.	Vacutener /micro/ 2ox	5	SOTE II Női kl	5	00	10.
1994 I 26.	Sterilező doboz	1	SOTE II Női kl	1		10.
1994. I 26	Disposabl microcapillar W/Heparin 2ox	6	SOTE II Női kl Madarász kórház	1 5 <u>6</u>		12
	loox	7	SOTE II Női kl I Női kl II Gyermekek kl Szt. János kórház	1 3 1 2 <u>7</u>		70
1994. I.26.	Heparinos fecskendő	20	Szeretet kórház	20		?

Érkezés	Szerelék neve száma csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Készlet	Kia ért
1994.I.26	Pipet tips looz x	13	SOTE II Bel kl II Gyermekek kl Muvese Szeretet kórház Heim Pál " SOTE Neurologiai kl	2 4 4 1 1 1 <u>13</u>		13.0
1994.I.26	Super erecta shelf wire shelving	1	SOTE II Női kl	1		15.0
1994.I.26.	Surgeri face mask 50x	6	SOTE II Női kl I Gyermekek kl Madarász kórház Flór F. "	2 1 2 1 <u>6</u>		30.0
1994.I.26	Face mask	527	SOTE II Női kl Transplantacios kl Heim Pál kórház Szt. István " Flór F. " Szovetség u " Péterfy u "	250 50 55 114 20 20 18 <u>527</u>		26.5
1994 I.26	Head halter de lux	10	ORFI Heim Pál kórház Veszprém M. kórház	6 1 3 <u>10</u>		20.00
994.I.26	Butterfly 3x40	8	SOTE II Női kl Szeretet kórház Szt. Janos kórház Orsz. Kardiologiai Int.	2 2 2 2 <u>8</u>		19.20
994 I.26	Umbilicar tap 25x	2	SOTE Transplantacios kl Flór F. kórház	1 1 <u>2</u>		12.50

Érkezés	Szerelék neve száma csomagolása	Érkezett mennyiség	Kapta	Kiadott mennyiség	Keszlet	Ki er
1994.I 26	Iratgyűjtő	18	SOTE II Női kl Művese Szeretet kórház	1 10 7 <u>18</u>		3
	Universal foam ring 2x	23	SOTE Transplantációs kl Szeretet kórház Szt. János " Szt. Istvan " Budagyongye " Orsz. Kardiológiai Int	5 5 3 2 5 3 <u>23</u>		9
	Shamrock loox	6	SOTE Transplantációs kl II Női kl Flor F. kórház Szt. Istvan "	1 1 3 1 <u>6</u>		6
	Oral suction catheter 7x	2	SOTE II Női kl	2		5
	Mosdokesztyu	7	SOTE II Női kl Szt. János kórház	3 4 <u>7</u>		
	Needle guaro 12x	13	SOTE II Női kl Transplantációs kl Szájsebészeti kl Péterfy S. kórház Péterfy S. " S - -	2 1 1 1 1 7 <u>13</u>		13
	Sorbsan	10	SOTE Transplantációs kl	10		10
	Pediatric limb sheat 10x	2	Madarasz gyermek kórház	2		10

Érkezés	Szerelék neve száma csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Készlet	K é
1994.I.26.	Suction kit 5ox	102	SOTE Transplantacios kl Szajsebeszeti kl Szt. János korház Szt. Istvan " Flór F. " Orsz. Kardiologiai Int	10 30 40 20 1 1 <u>102</u>		25
	Disposabl unterpads	651	SOTE II Női kl Transplantacios kl Madarasz gyermek korház Szeretet " Heim Pál " " Szt, István "	75 180 72 150 150 24 <u>651</u>		13
	Spatula 50ox	2	Madarász u gyermek korház	2		
	Targylemez 10ox	17	SOTE I Korbonctani Int.	17		
	Surgical tape 10x	3	Szt Istvan korház Flor F "	2 1 <u>3</u>		
	Delivery Room Pack 2x	4	SOTE II Női kl	4		12
	Examination Room Pack 10x	2	SOTE II Női kl	2		10
	Adjustabl stability thread	12	SOTE Transplantacios kl	12		6
	Fer. sec secondary 10ox	1	Szt. Istvan korház	1		
	Cuff blad	5	SOTF Transplantacios kl	5		5

Érkezés	Szerelek neve szama csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Készlet	Kie- rt
1994.I.26	Suction catheter trays 48x	206	SOTE II Női kl Transplantacios kl II Bel kl Szájsebészeti kl Urológiai kl Heim Pál kórház Szt, János " Szt, Istvan " Flor F. " Szovetség u " Péterfy " Orsz. Kardiológiai Int.	1 10 23 20 10 25 20 25 20 20 22 10 <u>206</u>		2,96
	Endotracheal tub. 20x / különböző méretu/	200	SOTE Szív-érsebészeti kl Szájsebészeti kl FUL-Orr-Gege kl I Gyermekek kl Szeretet kórház Heim Pál " Szt. Janos kórház Szt. Istvan " Szt. László " Szt. Rokus " Flor F. " Peterfy " Vas M. " Vezsprem M " Orsz Kardiológiai Int	100 5 5 13 1 15 6 10 1 5 1 5 24 3 6 <u>200</u>		2,00
	Band-Aid adhesiv tape	1	SOTE Transplantacios kl	1		
	Hyperalm subclavia dress tray 5x	1	Országos Kardiológiai Int	1		
	Mundt Heart set 5x	1	Orsz Kardiológiai Int	1		
	Nyomasmérőhöz összekötő	5	Orsz Kardiológiai Int	5		

Érkezes	Szerelek neve szama csomagolasa	Érkezett mennyi- seg	Kapta	Kiadott mennyi- seg	Keszlet	Ki- er
1994. I. 26	Medication Nebolisir	74	SOTE II Női kl Szájsebészeti kl Szeretet kórhaz Madarász " Szt. Janos " Flor F. " Szovetség " Péterfy "	8 12 5 5 10 3 1 <u>30</u> 74		37
	Surgeon caps, Buffant caps	2000	SOTE Muvese Transplantacios kl II Női kl Madarasz kórhaz Jahn F. " Heim Pal " Flór F. " Szt. Janos " Orsz. Kardiologiai Int.	100 250 250 250 350 200 100 250 <u>250</u> 2000		10
	Broncho cat/ Endobronchial tub./	9	SOTE Transplantacios kl Flór F. kórhaz Szovetseg u. " Péterfy "	2 3 1 <u>3</u> 9		4.
	Monitoring ballon cath.	5	Orsz. Kardiologiai Int	5		10
	Monitoring thermo dil. cath.	5	Orsz. Kardiologiai Int	5		10
	Irigoscop tartó lox	5	Orsz. Kardiologiai Int.	5		25
	Nasopharingeal airway	16	Madarász kórhaz Veszprem M "	6 <u>10</u> 16		4

Érkezes	Szerelék neve szama csomagolasa	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Keszlet	Ki- er
1994.I.26	Perfusor/ Medical inf. device	21	SOTE II Bel kl Szájsebészeti kl Urológiai kl I Gyerek kl II Gyerek kl Szt. Janos kórház Jahn F. " Szt. István " Flor F. " Veszprém M. "	1 1 1 2 2 3 3 6 1 1 <u>21</u>		105.
	Baby oil 100 ml	290	SOTE II Női kl I Női kl Szájsebészeti kl I Gyermekek kl Madarasz kórház Heim Pal " Szt. János " Jahn F " Szt István " Flor F. " Szovetseg u. " Orsz. Kardiológiai Int	144 10 3 6 48 20 10 5 12 12 10 <u>10</u> 290		43.
	Baby lotion 100 ml		SOTE I Női kl Muvese Madarász kórház Szt Istvan " Orsz Kardiológiai Int	6 50 25 50 <u>50</u> 181		3
	Body wash shampoo 500g	8	SOTE II Női kl Jahn F kórház	6 2 <u>7</u>		
	Extra Care 5 l	2	Heim Pal kórház Flor F "	1 <u>1</u>		

Érkezes	Szerelek neve száma csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Keszlet	k: ci
1994. I 26	Perineal wash 300 ml	26	SOTE II Női kl I Noi kl Madarasz kórház Hei Pál " Szt Janos "	6 5 5 4 6 <u>26</u>		1-
	Economy desodor /oldat, kenőcs/	20	SOTE II Női kl Szt.Janos kórház Jahn F. "	5 5 10 <u>20</u>		10
	Aloe vesta shampoo 300 ml	4	Szeretet kórház	4		?
	Message lubrigantig 5 l	1	Szt. János kórház	1		1
	Cleans desodor refresh 250 ml	35	SOTE Transplantacios kl Szeretet kórház Heim Pal " Jáhn F. "	10 10 5 10 <u>35</u>		9
	Lubricanting jelly 5 g	30	SOTE Transzplantációs kl	30		15
	Infante h. warmer 5ox	16	Madarász kórház Heim Pál " Szt. János " Szt. Istvan "	2 2 2 10 <u>16</u>		50
	Enteral feeding container	31	SOTE I Gyermekek kl Budagyongye kórház Szt Istvan " Szt Margit "	10 5 10 6 <u>31</u>		2
	Abduction pillow	8	Szt Istvan kórház ORFI	3 5 <u>8</u>		16

Érkezes	Szerelek neve szama csomagolasa	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Keszlet	Ki ér
994.I. 26	Suction connecting tube lom	44	SOTE I Női kl IINői kl Sziv-ersebeszeti kl Heim Pal korház Szt. Janos " Szt. István " Orsz. Kardiologiai Int.	2 10 5 2 6 9 <u>10</u> 44		22.
	X-ray detectable sponges Johnson loxlo 25ox	100	SOTE II Női kl Transplantációs kl II Bel kl Muvese Heim Pal korház Jáhn F. " Budagyongye " Szt. Istvan " Szövetseg u "	20 15 2 10 20 5 3 20 <u>5</u> 100		20
	Mid-stream urine collector with right funnel		SOTE II Női kl Muvese Madarasz korház Szeretet " Szt. Janos " Flor F " Szovetség u. "	6 10 5 35 10 7 <u>7</u> 80		21
	MX 531-11 5ox	1	SOTE II Női kl	1		
	Lambs wool lox	9	II Női kl	9		
	Palm gripp		Szt Istvan korház	-		
	Test tube	30.000	SOTE Muvese I Korhaztani Int	1, 000 <u>15,000</u> 30 000		

Érkezes	Szerelek neve szama csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	készlet	Ki- ért
994.I.26	Irrigation pouch 2ox	44	SOTE II Női kl Urológiai kl II Gyerek kl Budagyongye kórház Szt. Istvan " Flor F. " Szovetség u "	10 11 1 1 10 10 <u>1</u> 44		22
	Irrigation tray 50ccm lox	26	SOTE II Női kl Madarász kórház Szeretet " Szt. Istvan " Szovetség u. "	3 1 10 4 <u>8</u> 26		65.c
	Irrigation tray with piston syringe 2ox	6	Szeretet kórház Szt. István "	5 <u>1</u> 6		60.c
	Urine meter catheterine suction tray	60	SOTE II Női kl Szeretet kórház Orsz. Kardiológiai Int	4 6 <u>50</u> 60		30.c
	Catheter extension set	200	Szt. Margit kórház Madarász kórház	100 <u>100</u> 200		40.c
	Gastrointest. tube lox	17	SOTE Urológiai kl Szovetségkórház Szt. Istvan " Veszprem M. "	5 5 5 <u>2</u> 17		85 o
	Flow toon	2	Szt. Istvan kórház Szovetdeg u. "	1 <u>1</u> 2		1

Érkezés	Szerelék neve száma csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Keszlet	Ki ér
1994. I.26	Elastic bandage lox	36	Szeretet kórház Heim Pal " Szt. István " Flor F. "	10 11 9 6 <u>36</u>		54
	Stikinnett 2ox	6	Heim Pal kórház István "	5 <u>6</u>		18
	Cipővédő zsak / 24731/ 5ox	6	SOTE II Női kl Szajsebészeti kl I Gyermekek kl Flor F. kórház Szt. István "	1 1 1 1 <u>2</u> 6		7
	Uretral catheter	26	SOTE II Női kl I Gyermekek kl Urológiai kl Szeretet kórház	7 7 7 <u>5</u> 26		12
	Laparascopi ultrapack	50	SOTE II Női kl Transplantációs kl Szeretet kórház	6 4 <u>40</u> 50		125
	Laparatomy sponges	550	SOTE II Női kl Transplantációs kl Urológiai kl Madarasz kórház Szt. Janos " Szt. Istvan " Flor F. "	50 200 50 100 30 70 <u>50</u> 550		
	Papucs	2	Heim Pal kórház	2		

Érkezés	Szerelék neve száma csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Keszlet	K e
1994.I.26	I.V.Blue, Sheved w/zipper, Tuxedo rest, Securiti rest	110	SOTE II Női kl Urologiai kl I Sebeszeti kl Madarasz korhaz Szt Istvan " Heim Pál " Flor F " ORFI Orsz. Kardiológiai Int. Vas M korhaz Veszprém M. Korhaz Soproni városi "	1 13 2 4 8 6 25 4 16 5 30 2 <u>110</u>		46
	Knee immob./brace w/per./	85	SOTE III Bel kl Szt. István korhaz Hei Pál " Flor F, " Péterfy " ORFI Vas M. " Veszprém M. " Soproni városi "	1 13 6 7 8 11 27 6 6 <u>85</u>		2
	Gastric bypass 5x63	2	Szt. János korhaz Flór F. "	1 1 <u>2</u>		
	Ent. super stainless steel	10	Szt János korhaz	10		
	Vizagy	1	Szt. Janos "	1		
	Disoensing pin	5	SOTE II Noi kl	5		
	Decubitus matrac	3	SOTE II Női kl Szeretet korhaz	1 2 <u>3</u>		

Erkezés	Szerelék neve, csomagolása, gy.sz. lejárata	Erkezett mennyiség	kapta	Eladott mennyiség	Érteke	Készlet	Selejt	Írt
994. I 26	Sebeszeti fonal tüvel különböző méret 48x	266	SOTE II Női kl I Női kl Transplantációs kl Szajsebeszeti kl Madarasz kórház Jahn F. " Szt Istvan " Flor F. " Szövetseg u " Szt. Margit " Arpad " Orsz. Kardiologiai Int	6 2 2 3 178 6 7 22 6 17 16 1 <u>266</u>	2,553.600			
	24x	15	SOTE II Női kl I Női kl Madarasz kórház Szeretet " Orsz. Kardiologiai Int.	2 4 5 1 3 <u>15</u>	72.000			
	Gauze sponges	924	SOTE II Női kl Transplantációs kl Madarasz kórház Szt. Istvan " Heim Pal " Flor F. "	16 25 40 3 40 800 <u>924</u>	18.480			
	Laparascopy kit 24x	7	SOTE II Női kl Flor F Kórház Szt Istvan " Péterfy "	2 2 2 1 <u>7</u>	8.400			
	Branulos tu	20	Heim Pal kórház	20	1.000			

Erkezes	Szerelék neve, csomagolása, gy.sz. lejárát	Erkezett mennyiség	Kapta	Áradott mennyiség	Érteke	Keszlet	Selejt	Fr
1994.I.26	Isolation pad steril	192	SOTE II Női kl I Női kl Transplantációs kl Madarasz kornaz Szt János " Szt, Istvan " Heim Pal " Flor "	50 20 12 20 10 15 50 10 <u>192</u>				
1994 I 26 1994 IX 1	Skin caring brief Water proof pants	2204	SOTE II Női kl ar-szivsebeszeti kl I Gyerek kl "uvese Urologiai kl Transplantációs kl Heim Pal kornaz Madarasz " Flor F. " Szt Margit " Szt Istvan " Budagyongye "	24 36 26 192 96 288 116 72 480 238 24 <u>432</u> 2204	200 400			
	Miller airstrips loox Plastic strips loox	27	SOTE II Női kl Transplantációs kl II Gyerek kl Madarasz kornaz Szeretet "	9 4 1 11 2 <u>27</u>	10 200			
	Neuro tray	6	SOTE II Női kl Flor F. kornaz	1 5 <u>6</u>	15 000			
	Merőstucni tetővel Lészivo edeny	54	SOTE II Női kl II Bel kl Budagyongye kornaz	8 24 <u>22</u> 54	27 000			

Erkezes	Szerelék neve, csomagolása, gy.sz. lejárata	Erkezett mennyiség	kapta	Áradott mennyiség	Érteke	Keszlet	Selejt	Er
194 I.26	Dustcover Sterilization pouch	2070	SOTE II Noi kl Szűzsebeszeti kl Transzplantációs kl Madarasz korház Szeretet " Heim Pal " Szt. Janos " Szövetsef u " Szt. Istvan " Szt. Margit "	10 160 100 650 500 125 125 250 100 <u>50</u> 2070	103 500			
	Always	620	SOTE II Noi kl Madarasz korház Szt. Istvan Flor F. " Szt. Margit "	120 125 320 30 <u>25</u> 620	62 000			
	Abdominal binder	5	SOTE II Noi kl I Gyerek kl Madarasz korház Veszprem M "	2 1 1 <u>1</u> 5	12.500			
	Tracheostomy car set	24x 19	Szt. Istvan korház Heim Pal " Flor T "	5 5 <u>9</u> 19	228 000			
	Plain swab loox	7	SOTE I Noi kl Madarasz korház	4 <u>3</u> 7	7.000			
	DPT kit with t... 43x	10	Szt. Istvan korház	10	120.000			
	Val renting system 50x	3	Szt. Istvan korház baterfy "	2 <u>1</u> 3	1 000			

Erkezés	Szerelék neve, csomagolása, gy.sz. lejárát	Erkezett mennyiség	kapta	Álladott mennyiség	Érteke	Keszlet	Selejt	Ert
094.I.26	Pelvic traction	32	SOTE III Bel kl Heim Pal korhaz Flor F " Szt Istvan " Peterfy " ORFI Vas M. " Veszprem 1 "	2 4 3 4 3 4 8 4 <u>4</u> 32	96 000			
	Super colar	2	Madarasz korhaz	2	3 000			
	Hand controll mittens	23	SOTE Urologiai kl III Bel kl Szt. Istvan korhaz Peterfy " Vas M "	1 10 2 4 6 <u>6</u> 23	45 000			
	Wirst and forb	3	Szt. Istvan korhaz	3	6 000			
	Incensin medium drappe	26	SOTE II Noi kl Szeretet kornaz Szt Istvan " Flor f, "	11 2 5 8 <u>8</u> 26	26.000			
	Chix cleaners Johnson 1 12x200	29	SOTE II Noi kl Heim Pal korhaz Szt. Istvan " Flor F "	8 10 1 10 <u>10</u> 29	07 500			
	Web dressing salina 25x	10	Madarasz korhaz Szt Janos " Szt. Istvan " Jahn T. "	2 5 2 1 <u>1</u> 10	25.000			

Érkezes	Szerelék neve száma csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott érték	Ké
994.I, 26	Surgical scrub brush 30x /steril/	10	SOTE II Noi kl I Női kl Transplantacios kl II Bel kl Madarasz kórház Szeretet " Szt. Janos " Szt. Istvan " Heim Pal " Orsz. Kardiologiai Int.	1 1 1 1 1 1 1 1 1 <u>1</u> 10	45.000	
	Web orof. abd pad 16x16	931	SOTE II Noi kl I Női kl Transplantacios kl II Bel. kl Múvese Szajsebeszeti kl Szeretet kórház Szt. János " Jahn P. " Budagyongye " Szt Istvan " Flor F. " Szövetseg u "	8 4 250 250 8 3 250 .5 2 10 133 4 4 <u>4</u> 931	372 400.-	
	Stomach tub	69	SOTE Szajsebeszeti kl Madarasz kórház Szt Janos " Flor " " Szövetseg u " Szt Istvan "	8 25 5 2 20 <u>16</u> 69	24 000	
	Aluminium sín, Tibia fibula sí 12x	13	ein bel kórh. SOTE	4 <u>17</u>	10 000	
	Respirator tubing 50x	13	Szt Istvan kórház	1		

Érkezes	Szerelék neve szama csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott érték	Kec
1994.IX.1	Examination gloves 1000	44	300. II Noi kl Transplantacios kl II Bel kl Muvese Szajsebeszeti kl Urologiai kl I Gyerek kl Madarasz kornaz Szeretet " Heim Pal " Szt. János " Jahn F. " Budagyongye " Szt. Istvan " Flor F. " Szovetség u. " Peterfy " Orsz. Kardiologiai Int.	1 , 2 2 2 1 1 4 3 5 3 5 2 4 2 2 1 2 44	220.000	
	Surgical gloves 50 par	10	SOTE II Noi kl Transplantacios kl II Bel kl Muvese Szt. János kornaz Budagyongye " Szt István " Heim Pál " Orsz. Kardiologiai Int	1 1 2 1 1 1 1 1 1 10	25.000	
	Aspiration for pH and blood gas analysis for in vitro diagn. box	19	SOTE II Noi kl Szeretet kornaz Szt. István "	1 1 1 3	15.000	1, le VI 8c
	Ragasztó szalag/piros, sarga	30	SOTE Noi kl Heim Pal Kornaz Orsz. Kardiologiai Int.	14 10 6 30	1 500	

Érkezés	Szerelék neve szama csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott érték	Ke
1994.IX,1	Indentification braceles 25ox	5	SOTE II Női kl I Női kl Szeretet kórház Szt. Janos " Flor F. "	1 1 1 1 <u>1</u> 5	1 500	
	Linen plastic aprons	280	SOTE II Noi kl Transplantacios kl Heim Pal kórház Jahn F. "	10 10 10 <u>250</u> 280	14.000	
	Flash catheter / I.V. cath./ 5ox	29	Madarasz Kórház Szeretet " Heim Pal " Szt. Janos " Flor F. " Szövetsegy. "	2 1 1 1 11 <u>13</u> 29	362.500	
	Infant resuscitation support Baby blue	86	SOTE I Gyerek kl II Gyerek kl Madarasz kórház Szt. Janos " Szt Istvan " Heim Pal "	24 8 28 10 6 <u>10</u> 86	43 000	
	Disposabl aneesthesia circuit pediatric 2ox	74	SOTE II Női kl Szajsebeszeti kl Madarasz kórház Heim Pal " Szt Istvan " Flor F. " Szövetsegy. " Peterfy " Veszprem "	17 13 1 5 20 5 2 5 <u>5</u> 4	740 000	

Érkezés	Szerelék neve száma csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott érték	Ko
334 IX 1.	Finger spin 12x	21	SOTE I Gyerek kl Szajsebeszeti kl Szovetség u Korhaz Heim Pal Szt. Istvan " Peterfy " Vas M " ORFI Soproni " Veszprem M "	1 1 1 1 1 5 3 1 2 <u>21</u>	25 000	
	Finger fld -over 25x	6	Szt István korhaz Flór F " Veszprém M "	1 3 2 <u>6</u>	15 000	
	Finger controll mittens 2x	3	SOTE I Gyerek kl	3	6 000	
	Disposabl vaginà speculum 25x	1	SOTE II Noi kl	1	5.000	
	Needle steril loox	4	Szt Istvan korhaz Szt. Janos " Heim Pal "	1 2 1 <u>4</u>	8 000	
	Hypodermic needle loox	1	Heim Pal korhaz	1	2 000	
	Security roll bit	6	Flor F korhaz	6	600	
	Thermometer	105	SOTE Urologiai kl Heim Pal korhaz Jahn F "	30 25 50 <u>105</u>	5250	
	wrist cock	2	Madarasz korhaz	2	1 000	
	Black casting tap	8	Szeretet korhaz Heim Pal "	3 5 <u>8</u>	2 000	

Érkezés	Szerelék neve száma csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott érték	Ké:
1994.IX.1	Arm sling	121	Madarasz korhaz Heim Pal " Flor F " Szovetseg u " Szt. István " Soproni " Vas M. " Veszprem M. " Orsz. Kardiologiai Int ORFI	15 19 6 10 10 10 22 9 4 <u>16</u> 121	18.150	
	Sling am swehater	12	Madarász korhaz Budagyongye " Szt. Istvan "	8 2 <u>2</u> 12	6.000	
	Asto cath 22 gauge 6ox	13	SOTE I Noi kl Szeretet korhaz Szt Istvan "	2 1 <u>10</u> 13	15 000	
	Angio cath	50	Flor F. korhaz	50	1 000	
	Buck traction	5	Veszprem M korhaz	5	2 000	
	Arterial blood gas syringe loox	13	Orsz Kardiologiai Int Szeretet korhaz	3 <u>10</u> 13	1 000	
	Intra wash flash cath 5ox	2	SOTE I Noi kl	2	2 000	
	Mx 441 Mannometer set N/4 way	6	SOTE I Noi kl Heim Pal korhaz	6 <u>1</u> 5	0 000	
	Y type extension set	4	Szeretet korhaz	4		

Érkezés	Szerelék neve szama csomagolasa	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott érték	Kc
1994.IX.1.	Extension set luer lock adapter	95	Orsz. Kardiologiai Int	95	13 000	
	Monitoring electrodes 25x	13	Szeretet kórház Heim Pal " Szt. Janos "	1 10 <u>2</u> 13	60.000	
	Vebcol, alcohol prep. 200x	42	SOTE Művese Jahn F. kórház Budagyongye " Szt. Istvan " Szövetseg u. "	28 3 4 5 <u>2</u> 42	42.000	
	Syringe, Tuberculin syringe w/gauge	2130	SOTE Művese Er-Szívsebészeti kl II Gyerek kl Szt. Janos kórház Szt. Istvan " Budagyongye " Heim Pal " Flor F " Szövetseg u "	200 500 400 150 190 240 50 300 <u>100</u> 2130	63 900	
	Agytal	20	Szt. Janos kórház	20	6 000	
	Syringe	614	SOTE Művese Flór P kórház Szamaritanus Mentő	64 450 <u>100</u> 614	24 420	
	6" Hose 10x	2	SOTE I Gyerek kl	2	4 000	
	Rosebund dissectors 40x	1	Flor F kórház	1	2 000	
	Emty viaflex steril contener 3000ml 24x	3	SOTE Transplantációs kl Művese	1 <u>2</u> 3	7 000	

Érkezés	Szerelék neve száma csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott ertek	Ke
994 IX,1.	Johnson pad 5ox	4	Flor F korhaz	4	2 000	
	Gauge	200	Heim Pal korház Flor F "	100 100 200	4 000	
	Aqua pad 2ox	24	SOTE Muvese Szájsebészeti kl III Bel kl Szt. István kornaz Heim Pal " Flor F " Soproni " Vas M "	3 5 2 6 2 1 4 1 24	144 000	
	Ankel orace	54	Heim Pál korhaz Flor F. " Szt Istvan " Péterfy " Soproni " Veszpren M. " Vas M. "	1 5 18 5 4 7 14 54	108 000	
	Eye pad 5ox	7	Heim Pal korhaz Flor F. " Veszpren M "	3 1 3 7	2 000	
	Jet pack 5ox	1	SOTE Transplantacios kl	1	1 000	
	Biopsy pad 100ox	4	Flor F korhaz	4	4 000	
	Electrosurgical needle 4ox	4	SOTE II Gyerek Flor F korhaz	3 1 4	3 000	

Érkezés	Szerelék neve szama csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott érték	Kc
1994.IX.1	Biopsy pouch	100	Szt Istvan korhaz Flor F. " " Szovetseg u " " SOTE Transplantacios kl	30 10 10 <u>50</u> 100	8.000	
	Trocar reducer /Disposabl surg /lox	13	Szt Istvan korhaz Flor F. " "	6 7 <u>13</u>	13.000	
	Colostomi pouch+ring 2ox	3	Flor F. korhaz	3	12.000	
	6" pout spont w/spiler	50	Flor F. korhaz Veszprem M. " " Szovetseg u. " "	47 1 <u>2</u> 50	25.000	
	Linear cutter reloading	9	Flor F. korhaz	9	27.000	
	Hydrocolator	1	Flor F. " "	1	5.000	
	Medical gas supp. tubing5ox	12	SOTE I Bel kl Flor F. korhaz Heim Pal " "	1 10 <u>1</u> 12	12 000	
	Roll Bl. lom	11	Péterfy korhaz Flor F. " "	10 1 <u>11</u>	5.000	
	Chemo block 5ox	1	Flor F. korhaz	1	3 000	
	Anticoagulans s.	1	Flor F. " "	1	1 000	
	Dennis tub.	4	Flor F. korhaz	4	4 000	
	Administration set 2ox	1	Flor F. korhaz	1	1 000	

Érkezes	Szerelék neve száma csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott érték	Kés
194 IX 1	Major basen set 5x	26	SOTE III Bel kl Szt. Istvan korhaz Bajcsy " Soproni " Vas M " Veszprém M. " ORFI	2 7 3 2 5 2 <u>5</u> 26	650.000	
	Wankoveg 144x	27	ORFI Vas M. korhaz Soproni " Flor F "	1 21 1 <u>4</u> 27	38 800	
	Nyomo kotes lox	1	Flor F. korhaz	1	500	
	Jarosarok	20	Szt. Istvan korhaz	20	1 000	
	Steril gumikarika	20	Szt Istvan korhaz	20	50	
	Henger	100	Peterfy korhaz	100	2.000	
	Subclavia catheter	8	SOTE Urologiai kl	8	8 000	
	Glass syringe /spinal/	540	SOTE Urologiai kl Szt. Margit korhaz	40 <u>500</u> 540	15.000	
	Pillow	250	SOTE I Gyerek kl	250	27.500	
	Securi west with bruceles	16	SOTE III Bel kl Veszprem M korhaz	10 <u>6</u> 16	5.000	
	Clamps 5x	2	SOTE I Gyerek kl	2	1.000	

Érkezes	Szerelek neve szama csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott érték	Ke
994.IX.1.	On way valve	27	SOTE II Női kl Veszprem M korhaz	17 <u>10</u> 27	8.100	
	Per-cu-vac 22 gauge	23	Flor F. korház	21	11.500	
	Kutscher clover leatnail	5	Vegh prof. Piliscsabai nővérek	1 <u>4</u> 5	500.000	
	Curved kutscher nail	8	Piliscsabai nővérek	7	8.000	
	I.V. állvány	9	SOTE I Gyerek kl Szt. Margit korhaz Flor F. "	1 2 <u>6</u> 9	9.000	
	Molded fracture brace	3	Flor F. korhaz	3	5.000	
	Ontocados cimke_loox	1	Szt, Margit korhaz	1	500	
	Histo plast tissue embeding 500x	6	SOTE I Korbonctani Int Flor F. korhaz	4 <u>1</u> 5	6.000	
	Wrist splint W/leather	1	Flor F. korhaz	1	2 000	
	Limb holder	3	Flor F korhaz	3	3.000	
	Disposabl cover	3	Flor F korhaz	3	3 000	
	Vesetal /thormetal/	19	SOTE Szív-érrendszeri kl Flor F korhaz	7 <u>12</u> 19	19.000	
	Balance /Szemely-merleg/	1	Flor F korhaz	1	500	

Érkezés	Szerelek neve szama csomagolasa	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott ert k	Yo
994.IX.1.	Silicon rubbert compound 5x	19	SOTE I Gyerek kl II Gyerek kl Sziv-ersebeszeti kl Szeretet korhaz Madarasz " Flor F "	12 2 1 , 1 2 <u>2</u> 13	47 000	
	PRN adapter	550	SOTE II Gyerek kl Szt. Margit korhaz Madarasz " Flor F " Szeretet "	50 200 200 50 50 <u>50</u> 550	11 000	
	Vent circuit lox	1	Flor F korhaz	1	5 000	
	Con. adhesiv surg dress. 25x	2	Flor F korhaz	2	5.000	
	Basic sol. set 48x	4	SOTE Sziv-ersebeszeti kl	4	43 000	
	Basic Y set 60x	1	Flor F korhaz	1	15 000	
	Intermittent inf. plug	250	Szt. Margit korhaz Madarasz "	200 <u>50</u>	20.000	
	Catheter set lox	1	Madarasz korhaz	1	5 000	
	Adsorbens pads 9x30	1	Madarasz korhaz	1	13.500	
	Foley catheter set	10	Szt Margit korhaz	10	5.000	
	Piggy back 20x	1	Madarasz korhaz	1	5 000	
	Light clip 36x6	4	Madarasz korhaz Flor F. korhaz	1 3 <u>3</u> 4	2 000	
	Plastic plate	20	Flor F korhaz	20	1 000	

Érkezes	Szerelék neve szama csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott ertek	Kes
994.IX.1.	I.V. connector	500	SOTE II Gyerek kl Szt. Margit korház Madarasz " Flor F "	100 200 100 <u>100</u> 500	50.000	
	Continuo fluo sol set Y type 48x	10	SOTE I Gyerek kl Szi-ersebeszeti kl Szt. Margit korház Flor F. " Szamaritanusz Mentők	1 5 1 1 <u>2</u> 10	96.000	
	Adult circuit	21	Szt arc, kor SOTE Sziv- ersebeszeti kl	- <u>1</u> 21	12.600	
	Super circuit 15x	5	SOTE Sziv-ersebeszeti kl Szt. Margit korház Flor F. " Szamaritanusz Mentok	1 2 1 <u>1</u> 5	45.000	
	Vent plus lox	5	SOTE Sziv-ersebeszeti kl Szt Margit korház Flor F " Szamaritanusz Mentok	1 2 1 <u>1</u> 5	30.000	
	Conduct conc. sub. lox	2	Szt. Margit korház Madarasz "	1 <u>1</u> 2	000	
	Disposabl capel disc Y set 30x	2	SOTE Sziv- ersebeszeti kl Flor korház	1 <u>1</u> 2	1.000	
	Deentilus lap	1	Flor kor	1		
	Ophthalmic surgical pack 5x	4	Flor kor	4		

Érkezés	Szerelék neve szama csomagolása	Érkezett mennyi- ség	Kapta	Kiadott mennyi- ség	Kiadott ert k	Per
394.IX.1.	Great toe impl.	7	Arpad korhaz	7	21 000	
	Neer shoulder prot.	1	Arpad korhaz	1	3.000	
	Sizing unit	8	Arpad korhaz	8	24 000	
	Staplerbarbeo 12x	9	Arpad korhaz	9	13.500	
	Arthroscopy kitt II	6	Arpad korhaz	6	18.000	
	Kulső rogzító komplett	50	Arpad korhaz	50	1 000	
	Kulső rogzító tuskek	100	Arpad korhaz	100	10 000	
	Hip prot.	17	Arpad korhaz	17	85 000	
	Knee prot.	4	Arpad korhaz	4	20 000	
	Chopped meat medic 12x	1	SOTE II Gyerek kl	1	1 200	
	Stuartes Th 1002	1	SOTE II Gyerek kl	1	1 000	
	Melegítő készülék	2	SOTE II Gyerek kl	2	3.000	
	Ender szög különbozó meretu	100	Madarasz korhaz	100	1.000	
	Indicator mexter szerelek	100	Madarasz korhaz	100	3 000	
	Basen kits 15x	9	Piliscsabai noverek Madarasz korhaz	- 2	40 500	
				9		

BROTHER'S BROTHER FOUNDATION
AGENCY FOR INTERNATIONAL DEVELOPMENT

MEDICAL CONSULTANT'S REPORT: INSPECTION/FACT-FINDING TRIP -
BUDAPEST, HUNGARY, MARCH 15, 1992 - MARCH 18, 1992

I acted as medical consultant/independent observer on a visit to Budapest, Hungary from March 15, 1992 to March 18, 1992 for the purpose of observing the mechanism of distribution of medical supplies and pharmaceuticals donated by Brother's Brother Foundation for use in Hungary. I accompanied Mrs. Linn Swanson, Medical Program Coordinator, Brother's Brother Foundation, on this visit. We were very graciously received by the representatives of the Soros Foundation, the Professor and Chairman of the Department of Pharmacology at Semmelweis University (the country's major medical university). Professor Dr. Karoly Zalai and his able assistant, Ms. Magyarosy Ferenc, as well as a host of physicians and nurses at various medical facilities in the Budapest area. My overall conclusion is that the receipt, storage, and distribution of all donated medical supplies and pharmaceuticals are conducted efficiently, expeditiously and effectively. The evidence was also clear that the distribution system was secure with no hint of diversion.

The Soros Foundation representatives, Janos Quittner and Liz Lorent arranged our scheduled appointments and efficiently conducted us throughout the city of Budapest. The excellence of the Soros Foundation organization is obvious, manifested by these two outstanding individuals. We had no difficulties related to language, transportation or accommodations as a result. In addition, our appointments were clearly representative of the entire operation which provided a refreshing conciseness in a limited time frame.

Professor Dr. Karoly Zalai, Professor and Chairman of the Department of Pharmacology at Semmelweis University, Director of the University Pharmacy and Institute of Pharmacy Administration is primarily responsible for the receipt, storage, and distribution of medical supplies and pharmaceuticals donated by Brother's Brother Foundation, aided by the Soros Foundation representatives.

Professor Dr. Zalai is an impressive man of obvious ability, graciousness, and authority who applies overall direction to the program. His assistant, Ms. Magyarosy Ferenc, a retired pharmacist, carefully and responsibly inspects each shipment and accounts for every item received, stored, and distributed through the donation program in Hungary. Her knowledge of the program, the areas of need, and the distribution system is extensive. Her records of all transactions are impeccable. Ms. Ferenc accompanied us to most of our observation sites and provided valuable assistance in helping us understand the entire operation.

We observed the presence and use of Brother's Brother Foundation donated medical supplies and pharmaceutical at: 1) the pediatric oncology inpatient/outpatient unit of Semmelweis University, 2) the ophthalmological hospital of Semmelweis of Semmelweis University, 3) Piterfy Hospital, a Budapest City Council Hospital and, 4) the Israelitah Szeretet Hospital, an intermediate care facility for Jewish senior citizens. At each facility we had extensive discussions related to the work being done, the uses to which the supplies were applied, and the items most critically needed. I have appended a short list of supplies and drugs that were mentioned as being particularly needed.

We also inspected the warehouse facility used to store the donated supplies prior to distribution. Although the building was quite austere it appeared to be appropriately functional for its purpose and reasonably secure. I surmised from the amount stored in the warehouse that the distribution process is very rapid. This assumption was confirmed by the observations made at the various facilities inspected and comparisons made with the known tonnage figures.

Our final appointment in Budapest was with Dr. med. Peter Horanyi, Director of the Educational Center at the Postgraduate Medical School. Our discussion was concerned with determining what if any continuing education materials for physicians and nurses were needed. Dr. Horanyi expressed an interest in receiving the AMA's catalogue of CME Videotapes and published materials (in English) as a starting point for this avenue of potential support and donation.

The medical care system of Hungary is fortunate to have personnel (physicians, nurses, pharmacists) whose knowledge and expertise are very much on a par with their colleagues in Western Europe and the United States. However, the delivery system is hampered by antiquated facilities, (the facilities we visited were comparable physically to U.S. Hospitals of the 1950's), investment starved pharmaceutical/medical supply industries, and the legacy of the former regime's medical care priorities.

Hungary is fortunate to have an extremely vibrant, ambitious and hardworking population with a memory of its pre-war market economy. It has also been gradually travelling on the road to a market economy reform since the late 1950's following the severe Soviet crackdown (which certainly frightened the inexperienced, bewildered Soviet leadership of the time). Hungary, therefore, has somewhat of a head-start on the road to market-economy based liberal democracy when compared to its former sister satellites: Poland, Romania, East Germany, and perhaps especially Czechoslovakia and Bulgaria. When these reforms ultimately take hold in the next 5-7 years, the infrastructure required to support the Hungarian medical care system will be developed to a point where the need for donated materials will be severely lessened or effectively eliminated.

In conclusion, I would state that the arrangements in place for the shipment, receipt, storage, and distribution of medical supplies and pharmaceuticals in Hungary by Brother's Brother Foundation through the Soros Foundation and by the local authorities are efficient, effective and secure.

Respectfully submitted,

Michael D. Swanson, M.D.
Clinical Assistant Professor
OBGyn
Magee Women's Hospital
University of Pittsburgh
School of Medicine

4/27/92

REPORT ON TRIP TO BUDAPEST
MARCH 1992

SATURDAY 6 PM Left Pittsburgh

SUNDAY 3 PM Arrived in Budapest Took Minibus to hotel and met Dr Norbert Kroo, Director of the Institute of Solid State Physics, who is a friend of Janos Quittner We discussed Hungary's history and the way Soro and Brother's Brother Foundation have aided them He was aware of the relationships

Monday 9 30 AM Liz Lorent and Janos Quittner picked us up to meet with Prof Dr Karoly Zalai and Ms Magyarosy Ferenc We met with them at the Semmelweis Medical University We discussed the shipment of Oncovin that had just arrived and the four containers that we being processed thru customs Ms Magyarosy told us the procedures used and showed us the paperwork as well as gave us a short summary of the projects to date I gave her packing lists for the containers and we discussed these sped up customs and distribution The further in advance she could get these the easier to get things cleared in a timely fashion We also discussed the limited value of diabetic and hypertensive medications because 1>they cannot be duplicated when a patient leaves the hospital, and 2> dosage needs to be regulated with the medication the patient will continue on Dr Swanson continued discussion of other needed meds He was able to figure out that what we thought was a need for hyperalimentation was a need for IV solutions They receive many requests for 2nd and 3rd generation antibiotics gluco-corticoids AZT< antipsychotic vasodialators anti-inflamatories eye products, Calcium channel blockers lidocaine and carbocaine We discussed public education and will start with a program for the schools (6th and 7th grade) on sex aids drugs etc (see attached) The format will be a teacher manual with handouts and tests for students The difficulty will be printing expenses We then left for the clinics

1st clinic

Children's clinic

We saw both oncology and the outpatient clinics The head of oncology gave us the tour and was very glad for the Oncovin She discussed various protocols with Dr Swanson how Oncovin

was used in each and the other medications needed. Only the very sick were in private rooms. Others were in wards of 4 to 10 patients.

2nd clinic

Eye clinic

We met with the pharmacists and eye surgeon. We saw the Alcon products sent in December 1991. They were very grateful for these and especially liked the Vitrectomy packs. We did find they are sometimes re-sterilizing disposable equipment due to the lack of new being available and inability to purchase it within their budget. We saw the OR. They have one 'sterile' OR and one nonsterile.

Lunch

We had lunch together and increased the discussion of public education. I showed Janos and Dr. Zalai examples of US which we had brought to show what other program could be initiated. He seems uncertain about this mainly due to expense of printing enough for all the patients. He kept the examples to consider what would be most valuable at this time.

We discussed plans for Tuesday and decided on 2 clinics outside the Semmelweis University. We also hoped to arrange a meeting with Dr. Swanson and the head of Postgraduate Medical Education. To discuss the video translation project and what other Physician education program would be of benefit to Hungary.

After lunch

We went to the warehouse which is locked and within gates. Ms. Magyarosy showed us the sign out books for the products from which she made her reports. The only problem with the warehouse was it's not well heated and had no air conditioning which will have to be watched when sending medications. Early distribution of products available will limit their time in the Warehouse.

We then went to the Soros office and met with Eva Zorandy. We discovered (which Soros already knew) our US VHS is not compatible with their VHS PAL. Liz and Eva felt they could copy any educational tapes to the correct format.

Tuesday 3-17-92

We discussed the schedule for the day and will meet with the Dr. from postgraduate education this afternoon. We called the Hungarian AID office and set up an appointment for Wednesday morning. He requested all information I had due to his lack of information on the project. I arranged to have the information copied for them.

At 10 AM we went to Peterfy hospital (this is a 'center-ministry of

Health" hospital) We met with the Pharmacist, Head of Internal Medicine and the Head of the Intensive Care. We discussed the needs of each area. They are more upper level drugs and disposable equipment. They showed us their copy of what they had received from the distribution center and were very appreciative of the help. We discussed the dramatic budget cuts they are receiving as the country moves toward a capitalist system. We toured the hospital and from my nursing background and Dr Swanson's current experience, we felt the level of care was very good. The hospital's technology seemed to be only 10-15 years behind the US.

City Hospital

We next went to the "Hospital of love". This was a City Hospital which cared mainly for the elderly. This was a good facility but was even more in need of supplies than the other hospitals. A lot of its budget had gone into renovating. They were awaiting the shipment that was in customs for IV supplies. They did not have any infusion sets. Lunch was being passed on a metal cart with each patient's food all in one glass bowl. They definitely need a warming cart and new dishes. They told me of the lack of blankets for the patients which was a bigger problem due to a decrease in heating to save money. They need bedsore remedies, albumin infusions, anti-inflammatories, and chux. They were very grateful for the vasotec which they could utilize because their patients were more permanent.

We then left for lunch. Janos explained the hospital system and Ms. Magyarosy told us about the Oncovin distribution. It cleared customs quickly because it had been received before, they knew of its exact arrival, and it needed refrigeration.

Postgraduate

We met at 2:30 PM with Dr. Med. Peter Horanyi, head of postgraduate Medical Education. He told us of an interactive program that would start in a month that was a gift of the United Kingdom to Hungary (Dr. Swanson felt it would be similar to our "Lifetime"). This program is being installed in all University level hospitals and can be used there by all Physicians. Dr. Horanyi discussed the postgraduate education requirements in Hungary. These consist of taking a "new trends and possibilities course" for 2-3 weeks every 5 years (comparable to our CME credits requirement). He stated tests were given in English and he would prefer our tapes not be translated into Hungarian. He was particularly interested in a tape on EKG interpretation which I will try to obtain and would be interested in seeing what else we would be able to offer him. He would need 30 copies to circulate to all the university centers and 100 if they went to other level hospitals. There might also be a need for equipment to view the

tapes Some equipment was available but it was limited Again cost will be a factor in the success of this program

AID 3-18-92

I met with Ferenc Melykuti, program specialist, at AID I gave him a short report of my stay, a copy of our contract with AID, a copy of our PIP, and packing lists for the most recent shipment We discussed "what next"

- 1) continue with shipments keyed more on requests He was pleased with the widespread distribution
- 2) Public education program to the 6th and 7th grade and public education through the health centers
- 3) Send EKG interpretation tape and list of other tapes we could make available

Linn M Swanson

SITE VISIT SUMMARY HUNGARY
April 1994

Evaluators Cheri L Kroboth
Albert W Speth

FINDINGS

Distribution System

Mr Janos Quittner, Administrator, Soros Foundation, took us to meet with Professor Dr Karoly Zalai and his assistant, Ms Magyarosy Ferenc, of Semmelweis Medical University (Hungarian coordinator of the program) to discuss the distribution system for supplies received from the Brother's Brother Foundation. They summarized the process as follows:

- 1 A list of supplies is received from the Brother's Brother Foundation. Sometimes this list is received ahead of time and they have the opportunity to accept or reject items on the list, while at other times the list is packed with the shipment.
- 2 The list of items shipped is distributed to the almost 70 hospitals in Hungary who have indicated an interest in receiving donated supplies through the program.
- 3 Hospitals request items, including quantities desired, from the list and return this request to Dr Zalai and Ms Ferenc.
- 4 Ms Ferenc determines items and quantities to be received by each hospital based on request, size of hospital, and perceived need.
- 5 Hospitals are notified when items arrive in the warehouse and pick up supplies there.

Records of the process were reviewed and were deemed to be adequate.

Ms Ferenc indicated that it takes approximately one week from the time a shipment is received at Customs to get the necessary authorization from the Hungarian Food and Drug Administration (FDA) to accept it and to transport it to the warehouse if the packing list for the shipment is received ahead of time. If the list is not available ahead of arrival in Hungary the process takes longer and requires that someone go to Customs and open and inventory each case received.

Dr Zalai and Ms Ferenc shared that 78 tons of donations had been received and distributed in 1993 through the program. Ms Ferenc indicated that only a small percentage of the items received were unusable--either because of inability to distribute before expiration or because an item as shipped was incomplete. She also indicated that the FDA has been willing to extend the expiration date of certain medications and supplies if the quantity was sufficient to warrant it and the quality of the products was not compromised.

Warehousing of Donations

The warehouse where donated items are shipped after release from Customs and prior to pickup by hospitals was toured. The warehouse seems quite secure through a double lock system. The entrance to the courtyard where the warehouse is located is locked as is the warehouse itself. Keys must be picked up through security at a building down the street and turned in after use.

The warehouse is well-organized and clean. Supplies are kept off the floor by placement on wooden skids and shelves. Expired supplies are separated from the regular stock until they can be destroyed (a process that is documented). Items are not susceptible to freezing since the warehouse temperature is maintained at a minimum temperature of 5 degrees Centigrade.

The inventory in the warehouse is quite low which attests to the timely distribution of the donations. When hospital officials pick up requested supplies a receipt is signed and certified for the record. Records are neat, organized and reflect well the distribution process.

Ms. Ferenc indicated that because the warehouse is not staffed, supplies are first delivered to a duty-free zone (delivery costs paid by the Brother's Brother Foundation) and then arrangements are made from there for delivery to the warehouse (delivery costs paid by Semmelweis University) when someone can be there to accept and inventory the delivery. She shared that if arrangements are not made for transport of the shipment from the duty-free zone within 2 weeks of delivery that additional costs are incurred because a storage fee is charged.

Hospital Use of Donated Supplies

Tours of a representative sample of hospitals that have received supplies through the program indicated that the items received are appreciated and being put to good use. Hospital administrators indicated that antibiotics, disposable surgical supplies (e.g., gown, drapes, gloves, caps and shoe covers), and tubes (e.g., nasogastric, gastrostomy and rectal) were particularly needed and appreciated. The supplies were in evidence on a number of the units visited.

Physicians in the hospitals visited indicated that the medical books they have received through the program have been very useful. The physicians that were interviewed in each of the site visit hospitals were quite aware of what supplies they had received to date through the program.

Health Education Program

Discussion with Ms. Eva Foldvari, Program Director, Soros Foundation, about the health education program designed for 13 to 18-year-olds revealed that it is going extremely well. The program covers five topic areas: nutrition, smoking, sex, AIDS, and alcohol and other drugs. To date, 1086 teachers have participated in the training program to prepare them to teach the class.

The program was designed so that each element of it builds on the next. Therefore, to maintain the integrity of the program, it is only offered in its entirety rather than by individual modules.

The training manuals were reviewed in both English and Hungarian. They seem well-designed, very understandable and content rich. The manuals are only distributed through the training sessions for teachers, again to maintain the integrity of the course as designed. The program is designed to increase healthy lifestyle choices by enhancing education and knowledge and therefore enhancing the opportunity to make an informed decision.

The teacher training sessions for the course have an open enrollment. Any professional responsible for sharing information with children on the covered topics is invited to participate. The participants to date have included 56% teachers, 2% physicians, 33% nurses, and 9% others. The course and the teaching manuals are offered to participants at no charge. To ensure commitment of sponsoring schools, in-kind contribution of classroom space, etc., is requested of the schools for the course to be offered.

What began as a pilot in Hungary has now spread to 18 countries. Soros has developed a summary tape of the program which has been translated into 18 different languages to further promote expansion. In addition, the first international conference, a follow-up conference to convene those who had completed the training course from all the participating countries for discussion and evaluation, was held recently.

An evaluation of the effectiveness of the program is currently being designed and should be conducted in April/May of this year.

CONCLUSIONS

Distribution System

- 1 The distribution system for donated supplies is well-organized and efficient.
- 2 Record-keeping for receipt and distribution of supplies is effective and adequate.
- 3 Seventy-eight tons of supplies were received and distributed in 1993.
- 4 A very small percentage of the donated supplies is destroyed rather than distributed secondary to expiration date, incomplete product or undesirability of product for use in Hungary.

Warehousing of Donated Supplies

- 1 Supplies are kept for a minimal time in the warehouse before distribution to receiving hospitals.

- 2 Supplies in the warehouse are well secured
- 3 The warehouse is adequate in terms of space, temperature, location, and cleanliness
- 4 Expired products are kept in a separate area from active inventory until they can be destroyed

Health Education Program

- 1 The program has been very well received by participants to date
- 2 It is anticipated that participation in the program may lead to adoption of more interactive teaching techniques in other subject areas by participating teachers
- 3 An evaluation of the program is desired and planned
- 4 The integrity of the program as designed is being maintained to the maximum extent possible

RECOMMENDATIONS

Distribution System

- 1 Whenever possible, particularly for pharmaceutical, a list of available items should be sent prior to shipment to allow the distributors to accept or reject
- 2 Whenever possible, a packing list for the shipment should be sent to the distributors prior to shipment to expedite the approval process for release for distribution
- 3 Whenever possible, instructions for donated supplies or equipment should be included with the shipments
- 4 Items that require a nonavailable component piece (e g , endotracheal tube and a stylette) should not be shipped
- 5 Items with short expiration dates should be of sufficient quantity, quality and need to justify shipment and enhance the probability that FDA extension of expiration date will occur
- 6 Supplies rather than equipment continue to be the most desired donations. Equipment donation desirability must be evaluated individually based on availability of parts and expertise to maintain and repair the equipment
- 7 Medical journals in addition to textbooks are very much desired

Warehousing of Donated Supplies

- 1 No recommendations Physical plant and system adequate

Health Education Program

- 1 Conduct evaluation of program as planned
- 2 Consider follow-up evaluation in one year to see how many teachers who participated in the training program continue to use the course and how many have incorporated the interactive teaching techniques utilized into other course offerings

LESSONS LEARNED

The program has developed well since its inception and is operating smoothly and efficiently. Most of the initial "glitches" have been ironed out (e.g., shipping lists generally precede delivery). Program coordinators in Hungary have developed a reputation of integrity with the FDA, Customs and the Ministry of Welfare which has expedited the approval, and subsequently delivery, process. The program appears to be well-coordinated from both ends and, based on input received during interviews with administrators of the receiving hospitals, much appreciated and needed.

APPENDIX I

Notes on Hungarian Health Care System

- 1 All Hungarian citizens are covered by the national health insurance which covers primary, ambulatory and inpatient care
- 2 There are approximately 35,000 physicians in Hungary, about 5,000 of these are family physicians
- 3 Physicians in Hungary are generally employees of the national health system
- 4 Some "quasi" privatization of health care practices is occurring SOROS has plans to work cooperatively with the Agency for International Development to support privatization planning for health care institutions
- 5 Prehospital emergency health care is generally provided by and coordinated by county government Some hospitals are beginning to develop and offer their own prehospital emergency health services
- 6 The capitated payment per patient methodology employed provides a disincentive to use of innovative diagnostic tests and equipment
- 7 Ambulances are generally staffed by a driver, a physician, and a nurse.
- 8 There is no formal long term care system Elderly patients and others requiring long term care services generally receive care in multiple units throughout the hospital rather than in units or institutions dedicated to long term care
- 9 There is no formal system of rehabilitation medicine or care
- 10 There is no formal system of home health care
- 11 Average hospital lengths-of-stay are much longer than in the U S for multiple reasons which include the lack of incentives to reduce length of stay and the absence of rehabilitation, long-term care and home health programs
- 12 Physicians generally don't retire because the retirement pensions for physicians are extremely low (\$100-\$160 per month)

APPENDIX II

Items Requested for Donation During Site Visits

Equipment	Supplies
1 Ultrasound machine	1 Infusion supplies
2 Dictating machine	2 Disposable surgical supplies
3 Portable IV poles	3 Medical sets for nephrotomy, etc
4 Apnea monitors	4 Catheters (urinary, central venous, etc
5 Autoclave	5 Pediatric urine collector
6 Printer for use with IBM compatible computer	6 Needle/syringe sets
7 Gurneys	7 C-section trays
8 "Rolloscope" for x-ray film	8 Total knee packs
9 Orthopedic equipment for children	9 Tubal pack
10 Infusion pumps	10 Major basin set
Pharmaceutical	11 Laparotomy sponges
1 Antibiotics	12 Laceration trays
Textbooks	13 Suture sets
1 Orthopedic surgery & trauma surgery standards text	14 General surgery trays
Journals	15 Gloves (in any quantity)
1 Bone and joint journals	16 Stoller eye packs
2 Trauma and surgical journals	17 Sutures (particularly thinner sizes)
3 Orthopedic journals	18 Disposable underpads
Education	19 Flexible guidewires
Exchange program (post-graduate clinical training) for orthopedics, trauma, and other sub-specialties	20 Puncturing needles for kidneys
	21 Metal pins, plates, screws
	22 Metal implants for hip replacements
	23 Silicone catheters
	24 Kidney stone dislodgers
	25 Urine collection bags
	26 Epidural catheters & sets

APPENDIX III

Persons Interviewed and Sites Visited

Interviews

Janos Quittner, Administrator, Soros Foundation
 Professor, Dr Karoly Zalai, Semmelweis University
 Magyarosy Ferenc, Semmelweis University
 Dr Eva Petho-Nagy, Assistant Professor, Semmelweis University
 Eva Foldvari, Program Director, Soros Foundation
 George Harmat, M D , Ph D , Medical Director, Madarasz Street
 Children's Hospital
 Piroska Kiss-Csanyi, Chief Pharmacist, Polyclinic and Hospital
 of Veszprem County
 Edit Rozsnyoi, M D , Head of ICU, Polyclinic and Hospital of Veszprem County
 Tibor Luuacs, M D , Specialist of Urology, Head of Urology Department,
 Polyclinic and Hospital of Veszprem County
 Dr Gyorgy Barabas, Head of Radiology, Polyclinic and Hospital of
 Veszprem County
 Dr Janos Pakozdy, M D , Medical Director, Veszprem County Hospital
 Dr Siklos Pal, M D , Medical Director, GYN/OB Hospital, Budapest

Site Visits

Semmelweis University
 Soros Foundation
 Madarasz Street Children's Hospital
 Polyclinic and Hospital of Veszprem County
 GYN/OB Hospital, Budapest
 Warehouse
 Hungarian Office of the Agency for International Development

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Soros Foundation Health Education Program Report of the Phase I Quantitative Findings for Hungary

I Introduction and Background

Metis Associates was retained by the Soros Foundation to evaluate the Soros-sponsored Regional Health Education Program. Begun in 1992, the goals of the program include the introduction of health education into the schools of Eastern Europe, as well as the introduction of new, innovative teaching strategies and methods.

In order to achieve these goals, the Soros Foundation developed curriculum materials in five areas: nutrition, smoking prevention, alcohol and other drugs, sexuality, and AIDS education. Following this, the curriculum developers provided a five-day teacher-training program or workshop to 60 participants representing nine countries in Eastern Europe. The purpose of this workshop was to heighten awareness among the participants of the importance of health education and to introduce them to new teaching techniques with which to provide instruction in the different curriculum areas.

Some of the participants from this first workshop became local Health Education program coordinators in Hungary and other countries. Many of these coordinators invited the curriculum developers to visit their countries and conduct a local training workshop. From these workshops, participants were identified who could serve as local workshop trainers, thereby enabling many more individuals to be trained in each country.

Other countries soon joined the number of Eastern European nations to implement the program, and currently, the program is operating in 18 countries: Bulgaria, Czech Republic, Hungary, Lithuania, Moldova, Poland, Romania, Slovenia, Albania, Bosnia & Herzegovina, Croatia, Estonia, Latvia, Macedonia, Russia (in three sites), Slovakia, Ukraine, and Yugoslavia.

This report contains five sections. In Section II, we present our methodology for the evaluation; in Section III, we discuss the findings; in Section IV, we present a summary of the findings and recommendations; and in Section V, we describe features of the next phase of the evaluation.

II Methodology

Due to the sheer number of countries and participants in the program, the evaluation was designed to be conducted in phases. In Phase I (the phase discussed in this report), we selected Hungary and 7 other countries for study: Bulgaria, Czech Republic, Lithuania, Moldova, Poland, Romania, and Slovenia. The countries were chosen to be representative of all of the participating nations, and our selection criteria included the following: geographic location, size, economic development, and recency of adopting the Health Education program.

The design for the first phase emphasized changes in participants' knowledge and awareness of teaching techniques, the quality of the locally-run workshops (i.e., those conducted by trainers other than the developers) and the extent and nature of the curriculum utilization. In addition, instruments developed to evaluate classroom lessons and to assess students' awareness, knowledge, and attitudes concerning health education were pilot-tested. Based upon this pilot test, the instruments will be modified so that they may be used in the next phase of the study.

Data for Phase I were obtained from both quantitative and qualitative sources of information. The quantitative findings were derived from the following instruments:

- A Follow-up Questionnaire administered to a sample of teachers (and others) who received training prior to Phase I
- A Pre-Training and Post-Training Questionnaire administered to a sample of participants who received training during Phase I
- A Pre-Training and a Post-Training HIV/AIDS test administered to the sample of selected workshop participants, and
- A Workshop Observation form used to record data during a sample of workshops conducted in Phase I

In order to disseminate and collect these instruments, coordinators were asked to oversee several evaluation procedures. These activities included translating, duplicating, distributing, and collecting the evaluation instruments; identifying and instructing observers; reviewing the work of observers; and selecting previously trained teachers (and other professionals) who were surveyed. Given the enormous amount of work involved, Metis Associates prepared a comprehensive package of materials to assist the coordinators, including detailed directions and charts.

The qualitative findings were based upon individual interviews and focus groups conducted in each of the Phase I countries, as well as interviews conducted in the United States with Soros Foundation staff and with the project and associate project directors (the developers of the program) and the project administrator.

III Findings

This report focuses on key findings from Hungary's quantitative data collection. Annotated versions of all instruments showing Hungary's data are attached to this report in the Appendix. The qualitative data collection or field work enriched our understanding of these quantitative data and provided us with insights regarding our instrumentation and study design.

The findings address the following questions

- Who are the participants who are trained to teach the Soros Health Education Program?
- What are the participants' training experiences?
- What are the participants' experiences following training? and
- What do participants know about health education topic areas?

A Who are the participants?

1 Number of participants

Information provided by the coordinator indicates that a total of 1 086 participants were trained in Hungary to teach the Health Education Program as of March 1994. As shown in Table 1 of these participants 608 or 56% were teachers. Also displayed in Table 1 is information about the study sample. This sample includes 238¹ trained participants (22% of the 1 086) who received and completed a follow-up questionnaire. Of the 238 126 or 53% are teachers.

In addition to the sample of trained participants, the Phase I evaluation also includes information obtained from workshop observations, pre-post workshop questionnaires and pre post HIV/AIDS tests. Table 2 shows the number of completed instruments received by instrument for Hungary. For example, as presented in this table we received 242 follow-up surveys, 2 completed workshop overviews, 60 activity sheets, 43 pre-workshop questionnaires, etc.

2 Demographic characteristics

A comparison between the follow-up sample (i.e. those previously trained and perhaps teaching health education) with the sample of workshop participants (i.e. those trained in a workshop during our study period) shows that the two groups are very similar. Highlights of findings (obtained from the follow-up questionnaire and the pre-workshop questionnaire) are described below. These findings are presented in Table 3.

Please note that as indicated on Table 1 the sample of 238 participants includes those who responded to the follow up question concerning current profession. An additional 2 participants did not complete the question regarding profession. Combining these 2 with the 238 brings the total sample to 240.

Table 1
 Number of Trained Participants by Profession
 Total Number and Sample Number²
 HUNGARY

	Teacher	Doctor	Nurse	Other ³	Total
Total	608	22	358	98	1 086
Sample ⁴	126	5	7	100	238

² Total number includes the number of trained participants (provided by coordinators) as of March 1994

Sample number includes the number of trained participants (i.e. those who completed a follow up questionnaire)

³ *Other* includes the following professions listed on the follow up questionnaire: sociologist, pedagogue, food technologist, student, psychologist, social worker, and other profession. These professions were collapsed into an *other* category to make comparisons with the information provided by the coordinators.

⁴ The samples shown is an unduplicated count. That is, respondents who indicated two or more professions were only counted once. The following criteria were used to unduplicate multiple responses: First, *teachers* were unduplicated (i.e. if respondents selected *teacher* and another category, they were counted as *teachers*). Then, of the remaining respondents, *doctors* were unduplicated (i.e. if respondents selected *doctor* and *nurse* or *other profession*, they were counted as a *doctor*). Finally, *nurses* were unduplicated (i.e. if respondents selected *nurse* and *other profession*, they were counted as a *nurse*).

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Table 2
Completed Phase I Evaluation Instruments
HUNGARY

Instruments	N
Follow-up Survey	242
Workshop Overview	2
Activity Sheet	60
Pre-Workshop	43
Post-Workshop	41
Pre-AIDS Test	42
Post-AIDS Test	40
Classroom Observation	1
Teacher Summary	3
Student Survey	45

Table 3
Demographic Characteristics of Participants
HUNGARY

Question	Instrument			
	Follow up (F)		Pre Workshop (PW)	
	N	Mean	N	Mean
Age Years (F PW Computed from Q 1)	203	38.8	41	37.4
Years in Job (F PW Q 6)	233	11.3	41	10.7
Years of Formal Education (F PW Q 7)	204	19.9	40	17.0
Question	N	%	N	%
Gender (F PW Q 2)				
Male	14	6%	4	9%
Female	225	94%	39	91%
Subjects Taught (F PW Q 8a)				
Sciences	57	24%	12	28%
Mathematics	39	16%	9	21%
Language/Literature	29	12%	4	9%
Physical Education	28	12%	5	12%
Art	10	4%	1	2%
Geography	33	14%	7	16%
Music	18	7%	3	7%
Health	17	7%	2	5%
Culture/History/Economics	8	3%	1	2%
English/Foreign Language	19	8%	0	0%
Other	106	44%	18	42%
Previous Training Experience (F Q 12 PW Q 10)				
Nutrition	67	36%	8	27%
Smoking Prevention	64	34%	7	24%
Drugs/Alcohol	76	40%	18	50%
Sexuality	74	38%	36	12%
AIDS	85	43%	16	44%

Table 3 continued
Demographic Characteristics of Participants
HUNGARY

Question	Instrument			
	Follow up (F)		Pre Workshop (PW)	
	N	%	N	%
Subjects Taught Prior to Workshop (F Q 13 PW Q 11)				
Nutrition	87	47%	11	34%
Smoking Prevention	89	48%	9	30%
Drugs/Alcohol	82	45%	12	36%
Sexuality	88	48%	12	36%
AIDS	67	38%	12	36%
Learned of Program Through (F Q 11b PW Q 15b)				
School Principal	91	38%	10	23%
Colleague	89	37%	27	63%
Advertisement	12	5%	0	0%
Ministry	1	0%	0	0%
Media	3	1%	2	5%
Other	69	29%	7	16%
Selection Process for Workshop (F Q 11a PW Q 15a)				
Volunteered	191	81%	36	84%
Required to Attend	20	9%	4	9%
Other	24	10%	3	7%

- The mean age of the follow-up participants 38.8 years is comparable to the mean age of the workshop participants 37.4
- 94% of the follow-up and 91% of the workshop participants are female
- Of the follow-up participants, 53% are teachers and 42% are in other professions. The follow-up respondents have an average of 11.3 years of experience on their current job and 19.9 years of formal schooling. Proportionately, a smaller percentage of the workshop participants are teachers (37%). These respondents have an average of 10.7 years of experience and 17.0 years of formal education.
- Of those who teach, the most frequently taught subjects are the sciences (taught by 24% of the follow-up and 28% of the workshop participants), math (taught by 16% of the follow-up and 21% of the workshop participants), geography (taught by 14% of the follow-up and 16% of the workshop participants), physical education (taught by 12% of both the follow-up and workshop participants), and language and literature (taught by 12% of the follow-up and 9% of the workshop participants). A large percentage of participants reported teaching other subjects (44% of the follow-up and 42% of the workshop participants taught other subjects). These subjects are unknown because their answers were not translated into English.
- It is interesting to note that when asked about their *prior training* in the five health education topic areas (i.e., nutrition, smoking prevention, drugs and alcohol, sexuality, and AIDS), the majority indicated they did not have any training. For each subject area, between 57 to 66% of the follow-up respondents had no prior training while 50 to 88% of the workshop participants had no previous training. However, when asked about their *prior teaching* experience in each of these areas, responses ranged from 38 to 48% of the follow-up participants and 30 to 36% of the workshop participants who reported teaching the various health topics. Thus, prior to the Health Education training, many individuals taught these content areas without receiving any specific training.

3 How participants learned of the program and how they were selected for training

- As shown in Table 3, the chief ways by which participants learned of the program included information provided by a colleague (37% of the follow-up sample and 63% of the workshop sample heard of the program in this way) and information provided by a school principal (38% of the follow-up group and 23% of the workshop participants learned of the program through this source).
- The majority of participants volunteered for training. Similar percentages of the follow-up sample (81%) and workshop sample (84%) volunteered. This finding appears in Table 3.

B What are the participants' training experiences?

The average length of training for both the group of follow-up participants and the group of workshop participants was approximately 4.1 days. Of the two workshops observed during Phase I, one was held in a school. The other location was not translated into English. Both had decorated training rooms, but neither training sites had outdoor facilities or overnight sleeping arrangements. All of the trainers used a diversity of materials, and every participant received handouts and some other material (including books and syringes for smoking demonstrations) to take home.

Below are findings regarding the following aspects of training: the participants' and the observers' perceptions of training; the desired and achieved gains of training; plans for using the curriculum in the future; potential and actual problems when using the curricular materials and teaching strategies; requests for additional training; and an overall assessment of the experience. These findings are presented in Tables 4 through 8.

1 Perceptions of training

In general, the perceptions of training were very favorable. These include the perceptions of participants who were trained prior to the Phase I study period (the follow-up sample), the perceptions of participants who experienced training during Phase I (the workshop sample), and the assessment of observers who viewed specific workshops. Findings from these three groups follow:

- *Quality of workshops* All aspects of the training received high ratings, including teaching strategies and each of the five health topics. Indeed, approximately 82% or more of the follow-up and workshop samples rated these areas as either 'excellent' or 'good', and 87% of each group rated the overall quality of the workshop as either 'excellent' or 'good'. The observers reported comparable and even higher ratings. For example, both observers evaluated the overall quality of the workshops as 'excellent'.
- *Amount of time* The majority of the follow-up respondents (62%) believed that more training time was needed, while only 21% of the post-workshop respondents felt this way. Most post-workshop participants (68%) believed adequate training time was given.
- *Level of trainee preparedness*

To teach students Most of the follow-up participants (63%) believed that as a result of training they were well or very well prepared to use the teaching strategies. In comparison, fewer workshop participants (56%) believed they were prepared or well prepared. Similarly, 64% of the follow-up participants but only 62% of the workshop participants indicated that they were prepared to teach the curriculum to students. Thus, while a majority of both the follow-up and the workshop participants report that they were prepared to use the

Table 4a HUNGARY - Quality of Workshops by Area of Training

Area of Training	Ratings	Instrument			
		Post Workshop		Follow Up	
		N	%	N	%
Teaching Strategies (Post Q 11 Follow Q 16)	Excellent	11	29%	83	35%
	Good	20	53%	132	76%
	Average	6	16%	20	8%
	Poor	1	3%	2	1%
	Unsatisfactory	0	0%	0	0%
	No training given	N/A	N/A	0	0%
Nutrition (Post Q 12 Follow Q 17)	Excellent	13	33%	84	36%
	Good	19	49%	118	50%
	Average	3	8%	29	12%
	Poor	4	10%	4	2%
	Unsatisfactory	0	0%	0	0%
	No training given	0	0%	0	0%
Smoking Prevention (Post Q 14 Follow Q 18)	Excellent	13	33%	98	41%
	Good	22	56%	112	47%
	Average	2	5%	24	10%
	Poor	2	5%	2	1%
	Unsatisfactory	0	0%	1	0%
	No training given	0	0%	0	0%
Drugs and Alcohol (Post Q 16 Follow Q 19)	Excellent	9	25%	64	27%
	Good	25	69%	133	56%
	Average	1	3%	33	14%
	Poor	1	3%	6	3%
	Unsatisfactory	0	0%	0	0%
	No training given	0	0%	0	0%

^ Within each area of training column percentages may not add to 100% due to rounding

Table 4a continued
Quality of Training Workshops by Area of Training
HUNGARY

Area of Training	Ratings	Instrument			
		Post Workshop		Follow-Up	
		N	% ⁶	N	%
Sexuality (Post Q 18 Follow Q 20)	Excellent	20	51%	76	32%
	Good	18	46%	116	50%
	Average	0	0%	36	15%
	Poor	1	3%	6	3%
	Unsatisfactory	0	0%	0	0%
	No training given	0	0%	0	0%
AIDS (Post Q 20 Follow Q 21)	Excellent	16	43%	86	37%
	Good	18	49%	112	48%
	Average	3	8%	32	14%
	Poor	0	0%	4	2%
	Unsatisfactory	0	0%	0	0%
	No training given	0	0%	0	0%

⁶ Within each area of training column percentages may not add to 100% due to rounding

Table 4b
Overall Quality of Training Workshops
HUNGARY

Question Number	Ratings	Instrument			
		Post Workshop		Follow Up	
		N	% ¹	N	%
Post Q 24 Follow Q 22	Excellent	9	24%	75	32%
	Good	24	63%	142	60%
	Average	2	5%	18	8%
	Poor	3	8%	3	1%
	Unsatisfactory	0	0%	0	0%
Overview Q 12	Rating	Observation			
		N		%	
	5 (Excellent)	2		100%	
	4	0		0	
	3	0		0	
	2	0		0	
	1 (Poor)	0		0	

Within each area of training column percentages may not add to 100% due to rounding

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Table 5
Amount of Time for Entire Training Workshop
HUNGARY

Time Needed	Instrument			
	Follow-Up Question 23		Post-Workshop Question 25	
	N	% ⁸	N	%
More	134	56%	8	21%
Adequate	86	36%	26	68%
Less	19	8%	4	11%

⁸ Within each area of training column percentages may not add to 100% due to rounding

Table 6
Level of Trainee Preparedness After Training
HUNGARY

Area Participants Rated	Preparedness Scale	Instrument			
		Follow-Up		Post Workshop	
		N	% ^a	N	%
Using Teaching Strategies (Follow Q 25 Post Q 36)	1 (Not at all)	0	0%	0	0%
	2	9	4%	1	3%
	3	77	33%	15	41%
	4	104	44%	19	51%
	5 (Very Well)	46	19%	2	5%
Teaching Curriculum to Students (Follow Q 26, Post Q 37)	1 (Not at all)	2	1%	1	3%
	2	16	7%	1	3%
	3	66	28%	33	33%
	4	103	44%	56	56%
	5 (Very Well)	46	20%	6	6%
Teaching Curriculum to Colleagues (Follow Q 27 Post Q 44)	1 (Not at all)	15	6%	2	6%
	2	46	20%	5	14%
	3	78	33%	12	33%
	4	71	30%	16	44%
	5 (Very Well)	23	10%	1	3%

^a Within each area of training column percentages may not add to 100% due to rounding

Table 7
Trainers Characteristics
HUNGARY

Characteristics of Trainers (Overview Q 11a 11d)	Observers (N= 13)	
	N	%
1 (Not Enthusiastic)	0	0%
2	0	0%
3	0	0%
4	0	0%
5 (Very Enthusiastic)	2	100%
1 (Not Knowledgeable)	0	0%
2	0	0%
3	0	0%
4	0	0%
5 (Very Knowledgeable)	2	100%
1 (Not Prepared)	0	0%
2	0	0%
3	0	0%
4	0	0%
5 (Very Prepared)	2	100%
1 (Not Interested)	0	0%
2	0	0%
3	0	0%
4	1	50%
5 (Very Interested)	1	50%

Table 8a HUNGARY Cohesiveness of Group
Post-Workshop vs Workshop Observation

	Ratings Scale	Instrument			
		Post-Workshop		Observation	
		N	% ⁰	N	%
Cohesiveness of Group (Post Q 35 Observation Q 9)	1 (Not at all)	0	0%	0	0%
	2	2	5%	0	0%
	3	4	11%	0	0%
	4	22	58%	0	0%
	5 (Very Well)	10	26%	2	100%

Table 8b
Description of Training Workshop Atmosphere by Participants and Observers
HUNGARY

Description	Participants (Question 27 from Post Workshop)		Observers (Question 10 from Observation)	
	N	%	N	%
Tedious	6	15%	0	0%
Informative	29	74%	1	50%
Inspiring	13	33%	1	50%
Tense (strained)	0	0%	0	0%
Too long	N/A	N/A	2	100%
Warm	27	69%	1	50%
Exciting	22	56%	1	50%
Comfortable	5	13%	0	0%
Quiet	16	41%	2	100%
Too Short	N/A	N/A	0	0%
Other	9	23%	0	0%

⁰ Column percentages may not add to 100% due to rounding

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strategies and the curriculum with students the follow-up sample (those participants trained prior to the Phase I period) voiced a stronger belief in their preparedness compared to the workshop sample (those trained during the Phase I study period) Such a difference might be attributable to the fact that some of the follow up participants have already been using the materials to teach Another explanation rests with the training It is possible that proportionately more follow-up participants were trained by the designers of the curriculum during model training conditions (e g , longer periods of time with over-night sleeping accommodations) compared to the workshop participants

To teach colleagues Compared to teaching students, fewer participants believed that they were prepared to teach colleagues or other professionals Thus only 40% of the follow-up and 47% of the workshop participants expressed the belief that they were prepared to teach their colleagues It is interesting to note that at this level of preparedness more post-workshop participants than follow-up participants believed that they were prepared to teach their colleagues

- *Trainers* Both of the workshop observers found the trainers to be very enthusiastic very knowledgeable very prepared, and interested or very interested in the participants' responses and ideas
- *The music* On the post-workshop questionnaire and on the workshop observation form respondents were asked to indicate the extent to which the participants in the workshop had become a cohesive group The findings show that 84% of the workshop respondents and 100% of the observers reported that the group had become cohesive or very cohesive These respondent groups (the workshop participants and the observers) also described the atmosphere during the training as 'informative,' 'warm,' 'exciting,' 'quiet' and 'inspiring' It is interesting to note however, that both observers described the workshop as "quiet" and 'too long' and did not have similar responses on any other adjectives

2 Desired and achieved gains of training

On the pre-workshop questionnaire participants were provided with a list of possible gains and asked to select what they hoped to attain from the training Following the training, on the post-workshop questionnaire participants were asked to indicate what they had actually gained Similarly on the follow-up questionnaire, the previously trained participants were also asked what they had gained from their training The responses of these groups are shown in Table 9, and highlights are described below

- *Expectations* Pre-workshop participants most wanted to gain information about health topics (88% selected this item) and experience personal growth (88%) This was followed by learning new ways to teach (74%), learning how to work more effectively with the community (70%), learning how to work more effectively with teachers

Table 9
Gains from the Soros Foundation Health Education Training Workshop
HUNGARY

Gains	Instrument					
	Pre-Workshop (expected gains) Question 16		Post-Workshop Question 26		Follow Up Question 37	
	N	%	N	%	N	%
More information (facts) about health topics	38	88%	33	85%	185	77%
How to relate more effectively with my students	26	60%	20	51%	125	52%
A new appreciation for health education	17	40%	21	54%	119	50%
Personal growth	38	88%	30	77%	187	78%
Opportunities to meet and interact with colleagues and/or others in my profession	14	33%	25	64%	158	66%
New ways to teach (teaching methods)	32	74%	30	77%	202	84%
New ways to improve the classroom environment	7	16%	8	21%	81	34%
How to work more effectively with the community	30	70%	25	64%	154	64%
How to work more effectively with teachers or other school staff	30	70%	11	28%	55	23%
How to work more effectively with parents	23	53%	9	23%	43	18%
I am not sure	0	0%	0	0%	5	2%
Other	2	5%	1	3%	12	5%

or other school staff (70%) and learning how to relate more effectively with students (60%)

- *Gains achieved immediately after training* It is highly notable that the gains participants listed on their post-workshop questionnaires almost matched the areas in which they hoped to gain. Thus, 85% of the post-workshop participants indicated that they gained more information about health topics, 77% experienced personal growth, 64% learned how to work more effectively with the community, etc. The percent who learned new ways to teach (77%) exceeded the participants' expected gain (74%). In addition, while only 33% of the pre-workshop participants reported that they hoped to gain opportunities to meet and interact with colleagues following training, 64% reported that this was one of the gains of their training. The areas in which participants hoped to gain experience, but did not include working more effectively with teachers or other school staff (only 28% of the post-workshop group reported this experience, compared to 70% of the pre-workshop group) and how to work more effectively with parents (23%, compared to 53%).
- *Longer-term gains* Data from the sample completing the follow-up questionnaire provide some indication of longer-term gains of training. This group includes those who may have been trained months or even years before our study. The findings for this sample are somewhat similar to the post-workshop group. For example, 77% of the follow-up sample indicated they acquired more information about health topics (compared to 85% of the workshop sample), 84% of the follow-up sample reported learning new ways to teach (compared to 77% of the workshop sample), and 78% of the sample experienced personal growth (compared to 77% of the workshop sample).

3 Future use of the curriculum

While the great majority of the post-workshop participants (92%) indicated that they plan to use the health education curriculum immediately, an even greater majority (97%) of the follow-up sample plan to use the curriculum in the future. These results are shown in Table 10.

4 Potential and actual problems

Potential problems While most of the post-workshop participants indicated that they plan to use the curriculum, they also had the opportunity to report obstacles that might inhibit implementation. These obstacles were presented as a list of issues and respondents were asked to select those areas that are likely to be potential problems and those areas that are not likely to be problems. As shown in Table 11, the most frequently cited potential problems are lack of time (75%), lack of money (71%) and lack of other resources (60%).

Table 10
 Future Use of Health Education Curriculum
 HUNGARY

Instrument	Question	Yes		No	
		N	%	N	%
Post-Workshop	Q 45 Do you plan to use the Health Education curriculum immediately?	34	92%	3	8%
Follow Up	Q 35 Do you plan to use the Health Education curriculum in the future?	224	97%	7	3%

Table 11
 Potential and Actual Problems When Using the Health Education Curriculum Materials and Teaching Strategies
 HUNGARY

Problems	Instrument							
	Post Workshop Potential Problems Question 46				Follow Up Actual Problems Question 36			
	Yes		No		Yes		No	
	N	%	N	%	N	%	N	%
Little support from supervisors	10	28%	26	72%	58	29%	144	71%
Little support from colleagues and/or others in my profession	7	21%	26	79%	65	32%	137	68%
Little support from the community	8	25%	24	75%	68	36%	120	64%
Little support from parents	13	43%	17	57%	95	50%	96	50%
Little support from students	6	20%	24	80%	34	17%	162	83%
Lack of time	27	75%	9	25%	174	80%	44	20%
Difficulty changing teaching methods	7	23%	24	77%	58	31%	129	69%
Too many students in a class	18	51%	17	49%	97	49%	100	51%
Lack of money	25	71%	10	29%	146	72%	57	28%
Lack of other resources	21	60%	14	40%	42	23%	140	77%
Lack of group skills	10	31%	22	69%	108	57%	82	43%
Lack of knowledge about the curriculum	12	36%	21	64%	76	40%	115	60%
Other	1	100%	0	0%	14	52%	13	48%

Actual problems The participants in the follow up sample also had the opportunity to report problems. An important difference was that this group was asked to report problems they had actually experienced. The findings (displayed in Table 11) show that the follow up group experienced many of the difficulties the post-workshop group viewed as potential problems. For example compared to the 75% of the workshop participants who believed lack of time would be a problem 80% of those using the curriculum materials or teaching strategies actually experienced this as an obstacle. This finding was true for most of the problem areas listed. Indeed the percentage of actual problems exceeded the potential problems. There were two notable exceptions lack of other resources and class size (too many students in a class). A smaller percentage of the follow up participants experienced lack of other resources as a problem (23%) compared with the percentage of workshop participants who viewed this as a potential problem (60%). Similarly slightly fewer follow-up respondents reported class size as an obstacle (49%) compared with the expectancies of the workshop participants (51%).

5 Requests for additional training

When asked about additional kinds of training participants would like to have the areas most cited included, new ways to teach (55% of the follow-up participants and 59% of the workshop participants requested this help) and information about other health topics (51% of the follow-up participants and 67% of the workshop participants desired this training). Other requests included how to relate more effectively with parents (52% of the follow-up sample and 51% of the workshop sample) and opportunities to interact with colleagues (41% of the follow-up sample and 56% of the workshop sample). These findings are presented in Table 12.

6 Overall assessment

Almost all of the follow-up participants (93%) and the majority of the workshop participants (85%) reported that the training met their needs. This is underscored by the fact that 83% of the follow-up respondents have already recommended the Health Education program to others and 97% of the workshop participants would recommend the workshop to others. These results may be found in Tables 13a and b.

C What are the participants' experiences following training?

Findings obtained from the follow-up questionnaire were used to explore the participants' experiences following training. Highlights of these findings displayed in Tables 14 through 18 are presented below.

Table 12 HUNGARY Participants Requests for Training by Topic

Topic	Instrument			
	Follow Up Question 44		Post Workshop Question 47	
	N	%	N	%
New ways to teach (teaching methods)	131	55%	23	59%
New ways to improve the classroom environment	69	29%	N/A	N/A
Information about nutrition	65	27%	7	18%
Information about smoking prevention	54	22%	6	15%
Information about drugs and alcohol	64	27%	13	33%
Information about sexuality	52	22%	8	21%
Information about AIDS	71	30%	14	36%
Information about other health education topics	123	51%	26	67%
How to relate more effectively with students	113	47%	19	49%
How to work more effectively with the community	92	38%	14	36%
How to work more effectively with parents	126	52%	20	51%
Opportunities to interact with colleagues and/or others in my profession	98	41%	22	56%
No additional training or follow-up	7	3%	0	0%
I don't know	N/A	N/A	0	0%
Other	17	7%	2	5%

Table 13a
Meeting the Needs of Workshop Participants
HUNGARY

Instrument	Question	Yes		No	
		N	%	N	%
Follow-Up	Q 24 Did the workshop meet your needs?	215	93%	17	7%
Post-Workshop	Q 10 Did the workshop meet your needs?	28	85%	5	15%

Table 13b
Recommendations for the Health Education Program
HUNGARY

Instrument	Question	Yes		No	
		N	%	N	%
Follow-Up	Q 45 Have you recommended the Health Education program to others?	191	83%	38	17%
Post-Workshop	Q 48 Would you recommend this workshop to others?	33	97%	1	3%

Table 14
Frequency of Using Teaching Methods Before and After Workshop
HUNGARY

Teaching Method	Rating (How often participants used method)	Follow-Up Questionnaire			
		Before Workshop		After Workshop	
		N	% ¹¹	N	%
Lecture (Q 14a and Q 15a)	1 (Not at all)	10	6%	24	13%
	2	19	12%	54	29%
	3	62	39%	54	29%
	4	30	19%	32	17%
	5 (Very often)	37	23%	22	12%
Having students read individually or in groups (Q 14b and Q 15b)	1 (Not at all)	48	33%	55	33%
	2	35	24%	35	21%
	3	39	27%	40	24%
	4	13	9%	26	15%
	5 (Very often)	10	7%	13	8%
Use of cassette tapes, video tapes and other aids (such as posters) (Q 14c and Q 15c)	1 (Not at all)	11	7%	12	7%
	2	33	21%	16	29%
	3	56	36%	61	33%
	4	35	22%	51	28%
	5 (Very often)	21	13%	31	17%

¹¹ Column percentages may not add to 100% due to rounding

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Table 14 continued

Teaching Method	Rating (How often participants used method)	Follow-Up Questionnaire			
		Before Workshop		After Workshop	
		N	% ¹²	N	%
Teacher Demonstration (Q 14d and Q 15d)	1 (Not at all)	24	16%	25	14%
	2	33	22%	26	15%
	3	47	31%	45	25%
	4	28	18%	56	31%
	5 (Very often)	21	14%	27	15%
Discussions between and among students and the teacher (Q 14e and Q 15e)	1 (Not at all)	19	12%	19	10%
	2	45	29%	24	13%
	3	43	28%	54	30%
	4	25	16%	48	26%
	5 (Very often)	22	14%	37	20%
Student Role Playing (Q 14f and Q 15f)	1 (Not at all)	48	31%	16	9%
	2	44	28%	30	17%
	3	28	18%	43	24%
	4	25	16%	52	30%
	5 (Very often)	10	6%	35	20%
Students teaching each other (Peer Teaching) (Q 14g and Q 15g)	1 (Not at all)	50	33%	29	17%
	2	57	38%	41	24%
	3	29	19%	44	25%
	4	10	7%	45	26%
	5 (Very often)	4	3%	15	9%

¹² Column percentages may not add to 100% due to rounding

Table 15
 Frequency of Using Health Curriculum with Students
 HUNGARY

Rating (How often participants used curriculum) (Follow-Up Q 28)	Participants	
	N	%
1 (Not at all)	35	16%
2	52	24%
3	53	24%
4	46	21%
5 (Often)	34	15%

Table 16
Follow Up Participants Ratings of Health Education Curricular Materials
HUNGARY

Area	Rating	Participants	
		N	% ¹³
Nutrition (Q 38)	Excellent	77	33%
	Good	136	58%
	Average	19	8%
	Poor	3	1%
	Unsatisfactory	0	0%
Smoking (Q 39)	Excellent	105	44%
	Good	118	49%
	Average	13	5%
	Poor	3	1%
	Unsatisfactory	0	0%
Drug and Alcohol Prevention (Q 40)	Excellent	78	33%
	Good	126	53%
	Average	28	12%
	Poor	4	2%
	Unsatisfactory	0	0%
Sexuality (Q 41)	Excellent	81	34%
	Good	126	53%
	Average	30	13%
	Poor	2	1%
	Unsatisfactory	0	0%
AIDS (Q 42)	Excellent	88	37%
	Good	127	54%
	Average	19	8%
	Poor	3	3%
	Unsatisfactory	0	0%

¹³ Column percentages may not add to 100% due to rounding

Table 17
 Frequency of Using Health Curriculum with Colleagues
 HUNGARY

Follow Up Question	Rating (How often participants used curriculum)	Participants	
		N	%
Q 34	1 (Not at all)	118	56%
	2	60	28%
	3	23	11%
	4	6	3%
	5 (To a Great Extent)	4	2%
Participants who have used curriculum with colleagues			
	Nature of Interaction	N	%
Q 34b	Conducted a training workshop	2	2%
	Informally shared ideas and information	82	86%
	Other	17	18%

Table 18
Post Training Information
HUNGARY

Follow Up Question Number	Post-Training Information	Yes		No	
		N	%	N	%
Q 43a	Were newsletters/information received?	81	36%	142	64%
Use of Received Materials					
Q 43b	Were newsletters translated into native language?	76	88%	10	12%
Q 43c	Were newsletters/information used by participants?	67	83%	14	17%
Ways Participants Have Used the Information					
Q 43d		N		%	
	To prepare lessons	43		52%	
	To learn new teaching strategies	50		81%	
	To work more effectively with parents	17		27%	
	To work more effectively with community	10		16%	
	To relate more effectively with students	54		87%	
	Other	3		5%	

1 Use of teaching strategies

Prior to training

- Before the training workshop the teaching methods used most often by respondents were lectures (42% of the participants used this method often or very often) and use of cassette tapes and other aids (35% used this method often or very often)
- The teaching methods used least often were peer teaching (33% of the respondents did not use this method at all) and having students read individually or in groups (33% did not use this method)

Following training

- With the exception of lectures following the workshop participants reported using each of the teaching strategies more often For example, after the workshop, 46% of the respondents indicated that they used teacher demonstrations often or very often In comparison before training, only 32% of the respondents used this strategy with a similar frequency
- The strategies showing the greatest difference in use before and after training are student role playing and peer teaching Prior to training only 22% of the participants made use of student role plays often or very often In comparison, following training, 50% of the respondents were using this strategy often or very often Similarly, only 10% of the participants used peer teaching frequently prior to training, compared to 35% who reported using this method often or very often following training

2 Use of the curriculum with students

- More than half (64%) of the participants have not used the Health Education curriculum often with students (ratings of 3 or less on a 1 to 5 scale)
- For those who have used the curriculum an average of 109 students were taught Most of these students range in age from 10 to 14 years (65%)
- The participants rated the curricular materials in each of the five content areas highly Between 86 and 93% of the respondents indicated that the curricular materials were good or excellent

- 3 Use of the curriculum with colleagues and other professionals
 - Almost all of the respondents (95%) have not used the Health Education curriculum *often* with colleagues (ratings of 3 or less on a 1 to 5 scale)
 - For those who have used the curriculum with colleagues an average of 7 professionals were taught. The nature of this interaction was usually an informal sharing of ideas (86%)
- 4 Training activities after the workshop
 - Approximately a third of the respondents (36%) have received newsletters or other written information about the program
 - Of the group receiving written information, the great majority (88%) report that these materials have been translated into their native language
 - Most importantly 83% of the respondents receiving materials have used the information contained in the documents. Ways in which they have used this information include to work more effectively with students (87%) to learn new teaching strategies (81%) and to prepare lessons (52%)

D What do participants know about health education topic areas?

In order to assess participants' knowledge of the health topic areas, pre-workshop and follow-up respondents were asked test questions in each of the health domains. In addition, the workshop participants completed a pre-training and a post-training test on their knowledge of HIV/AIDS. From these test results, we are able to learn what information participants know, what information they may have learned in training, and what information they may still need to learn following training.

1 What do participants know prior to the training?

Table 19 shows the mean score and average percentage achieved by workshop participants for each of the four test sections (nutrition, alcohol and drugs, smoking and sexuality) contained in the pre-workshop questionnaire. For example, the Hungarian pre-workshop participants scored a mean of 2.8 (based on a perfect score of 4) on the test dealing with smoking prevention or an average of 70% correct.

Table 19
 Pre-Workshop Questionnaire Health Education Content Test
 HUNGARY (N=43)

Test Section ¹⁴	Maximum Score	Mean	%
Nutrition	11	7.8	71%
Alcohol/Drug	9	4.7	52%
Smoking	4	2.8	70%
Sexuality	26	18.9	73%

Table 20
 Follow-up Questionnaire Health Education Content Test
 HUNGARY (N=240)

Test Section	Maximum Score	Mean	%
Nutrition	11	7.2	66%
Alcohol/Drug	9	5.1	57%
Smoking	4	3.1	78%
Sexuality	26	19.5	75%
AIDS	24	19.1	79%

¹⁴ A separate test was administered (pre- and post HIV/AIDS test) to ascertain respondents' knowledge about AIDS. A discussion of results appears later in the text.

Examining the data it is evident that *prior* to training the participants' knowledge was weakest in the area of alcohol and drug education (52% correct) compared to knowledge of sexuality (73% correct) nutrition (71% correct) and smoking prevention (70% correct)

Examples of Errors

- 84% of the pre-workshop respondents believed that fat is not an important dietary component
- 79% of the respondents noted that drinking mixed alcoholic beverages will cause a person to get higher than consuming unmixed alcoholic drinks (i.e. drinks containing only one type of alcohol)
- Only 7% of the pre-workshop respondents knew that a sperm is capable of fertilizing an egg for up to seven days
- 65% did not know that mouth sores are symptoms of Sexually Transmitted Diseases (STDs)
- All of the respondents believed that using a properly fitting diaphragm can help to prevent Toxic Shock Syndrome

2 What do participants know after training?

- a Comparisons between the follow-up sample and the pre-workshop sample

The follow-up (or previously trained) participants' test scores can be used to examine what participants know after they have been trained to use the Health Education program. In addition, since the follow-up sample shares similar demographic characteristics with the workshop sample (see previous section), comparisons can be made between the scores these two groups achieved. In this way, we may compare baseline scores (the pre-workshop data) with post-training scores (the follow-up data).

As shown in Table 20, follow-up respondents had the most difficulty with the section on alcohol and drugs (the average score was 57%). While this finding is similar to the pre-workshop results (i.e. pre-workshop respondents had the most difficulty with alcohol and drug questions), the score for the follow-up sample (57%) is slightly higher than that achieved by the workshop sample (52%). This pattern is true for two of the other three content areas (smoking and sexuality). Follow-up respondents scored slightly lower on nutrition than the pre-workshop respondents (the average score was 66% for the follow-up and 71% for the pre-workshop). Thus, comparing the data displayed on Table 20 with the data on Table 19, it is evident that the scores of the follow-up respondents are higher than the scores of the pre-workshop sample in three of the four content areas. For example, on average, the follow-up group answered 78% of the questions on smoking correctly compared to an average of only 70% for the workshop respondents.

As described above, the follow-up scores or after training scores are generally higher than the pre-training scores. Thus, we may conclude that the individuals who have not been trained in the Health Education program know less about health topics than individuals who have been trained. However, while the trained respondents are more knowledgeable, they still demonstrate gaps in learning. This suggests that participants (both newly and less recently trained) need additional training, information, and follow-up. Some examples of the gaps in knowledge are highlighted below.

Examples of Errors

- 72% of the pre-workshop respondents still believed that fat is not an important dietary component. This is comparable to the pre-workshop findings (84%).
- The majority of the follow-up respondents (73%) believe that drinking mixed alcoholic beverages will cause a person to get "higher" than consuming unmixed alcoholic drinks (i.e., drinks containing only one type of alcohol). While more pre-workshop participants make this mistake (79%), a majority of trained individuals still do not know the correct answer.
- Only 7% of the pre-workshop respondents knew that a sperm is capable of fertilizing an egg for up to seven days. Among the follow-up sample, while knowledge improved, only 28% knew about this aspect of fertilization.
- 67% of the follow-up sample still did not know that mouth sores are symptoms of Sexually Transmitted Diseases (STDs). This is comparable to the pre-workshop findings (65%).
- Only 12% of the follow-up participants believed that using a properly fitting diaphragm can help to prevent Toxic Shock Syndrome, compared to 100% of the pre-workshop respondents. A much greater percentage of trained respondents did not make the same error as non-trained respondents.

b Comparisons between the pre- and post-workshop HIV/AIDS training

Workshop participants in the Phase I study were given a pre-instruction HIV AIDS test and a post-instruction test. Using the demographic information on the first two pages of each instrument, the pre-test data were matched with the post-test data. On the annotated HIV AIDS questionnaire, we show item response data for unmatched pre-tests and post-tests. For example, on the pretest, 79% of the respondents knew that HIV may be transmitted through the breast milk of a mother who is HIV infected. On the post-test, 87% answered this question correctly.

The workshop participants knew a fair amount of information about HIV/AIDS prior to the workshop (the average score was approximately 29 or 74%). The highest possible score was 39. After the workshop, the participants knew slightly more (the average score was 30 or 76%). These data were subjected to statistical analysis in order to determine whether or not there were significant (stable/reliable) differences attributable to the workshop intervention. The findings show that the mean pre-test to post-test gain was not statistically significant for Hungary. However, there was a slight post-test gain. It should be noted that the average score of the post-workshop group was only 76%. This suggests that the participants still need additional information or training in this area.

While the follow-up participants did not receive the same HIV/AIDS test, they were given an abbreviated version of the exam as part of the follow-up questionnaire. As shown in Table 20, the follow-up group achieved an average of 79% correct, a slightly higher score than that achieved by the post-workshop participants (76%). This may be explained by the fact that members of the follow-up group have been using the curricular materials and other information for several months prior to the Phase I study. However, while their scores are generally higher than those of the recently-trained group, the findings suggest that they, like the post-workshop group, may need additional information or training.

IV Summary of Findings and Recommendations

- A comparison between the follow-up sample (i.e., those previously trained and perhaps teaching health education) and the sample of workshop participants (i.e., those trained in a workshop during our study period) shows that the two groups are very similar. For example, the mean age of the follow-up participants, 38.8 years, is comparable to the mean age of the workshop participants, 37.4.
- Prior to their Health Education training, many individuals taught some aspect of health education (nutrition, smoking prevention, alcohol and drugs, sexuality, and AIDS education) without receiving any specific training.

- The chief ways by which participants learned of the program included information provided by a colleague (37% of the follow-up sample and 63% of the workshop sample heard of the program in this way) and information provided by a school principal (38% of the follow-up group and 23% of the workshop participants learned of the program through this source)
- Unlike the five-day training workshop provided by the curriculum developers the average length of training for both the group of follow-up participants and the group of workshop participants was approximately 4 1 days
- All aspects of the training received high ratings including teaching strategies and each of the five health topics However, 62% of the follow-up group (compared to 21% of the workshop group) believed that more training time was needed Most post-workshop participants (68%) believed adequate training time was given
- Eighty-four percent of the workshop respondents and 100% of the observers reported that by the end of training the participants had become a cohesive or very cohesive group
- It is highly notable that the gains participants believed they had realized from the training were very close to their expectancies
- The follow-up group experienced many of the difficulties the post-workshop group viewed as potential problems Indeed the percentage of actual problems experienced exceeded the percentage of potential problems There were two exceptions lack of other resources and class size
- When asked about additional kinds of training participants would like to have, the areas most cited included, new ways to teach (55% of the follow-up participants and 59% of the workshop participants requested this help) and information about other health topics (51% of the follow-up participants and 67% of the workshop participants desired this training)
- The group of previously trained participants reported that they are now using more of the interactive methods of teaching and less lecturing than before their training
- Many of the participants trained prior to Phase I indicated that they have not used the Health Education curriculum *often* with students (64%) or with colleagues (95%)
- For those who have used the curriculum an average of 109 students were taught Most of these students range in age from 10 to 14 years (65%)

- Approximately a third of the respondents (36%) received newsletters or other written information about the program. Of the group receiving written information, the great majority (88%) report that these materials have been translated into their native language, and that they have used the information (83%).
- Based upon test results for each of the five health areas, individuals who have been trained in the Health Education program know more about health topics than individuals who have not been trained.
- However, while the trained respondents are more knowledgeable, they still demonstrate gaps in knowledge.

Recommendations

The following recommendations are made based upon the quantitative data and upon other qualitative data collected across all Phase I countries:

- Training should be augmented. Possibilities include expanding the number of days, arranging for over-night sleeping accommodations, etc.
- Additional training or follow-up is needed. Participants need more information about health education topics and more opportunities to meet with colleagues.
- Formal reporting mechanisms should be established between the local coordinator and the Project Director in the United States.
- A plan for implementation should be established and nurtured. That is, ways must be developed for operationalizing the use of the Health Education curriculum in the schools.

V The Next Phase

In the second phase of the evaluation, we plan to continue our work with the Phase I sample of Hungary and 7 other countries (Bulgaria, Czech Republic, Lithuania, Moldova, Poland, Romania, and Slovenia), and initiate the evaluation in the remaining countries (Albania, Bosnia & Herzegovina [if possible], Croatia, Estonia, Latvia, Macedonia, Russia [in three sites], Slovakia, Ukraine, and Yugoslavia).

The design for Phase II will feature the following:

- A replication in the Phase II sites of the key quantitative data collections conducted during Phase I.

- An assessment of changes in teachers (and other trainees) knowledge awareness and teaching techniques
- Documentation of students awareness knowledge attitudes and behaviors and
- An assessment of the extent and nature of parent and community outreach

Foreign Drug Makers Flock to Hungary

By STEPHEN D. MOORE

Special to THE WALL STREET JOURNAL

BUDAPEST — In 1947 Lestie Dan fled his native Hungary arriving in Canada at age 18 with \$10 in his pocket.

Mr. Dan studied pharmacy, a natural choice given Hungary's strong pharmaceutical traditions. He founded **Novo pharm Ltd.** which grew into Canada's biggest generic-drug company. Last year his career came full circle when **Novo pharm** spent \$17 million to acquire a 52% stake in **Human Serum & Pharmaceutical Co.**, a Hungarian drug maker. Mr. Dan plans to upgrade its facilities and increase production for both the domestic and export markets.

Not every company can be in Eastern Europe, Mr. Dan says of the acquisition.

But large companies certainly should be.

Many of his rivals agree. As global competition heats up, Western drug makers are finding they can't afford to ignore Hungary's \$600 million a year market. Once medicine chest to the

Soviet bloc, the Hungarian pharmaceutical industry remains the region's strongest.

Most tantalizingly, many Hungarian companies offer attractive opportunities for acquisition. Indeed, buying into or forging close links with local companies can give Western manufacturers politically acceptable local roots, making it easier to get their products through the regulatory labyrinth and onto the market.

But the Hungarian market also presents risks. Most European pharmaceutical companies have too much production capacity already and are wary of the heavy investments required to bring Hungarian plants up to international standards. So far, at least, while the big drug makers are sniffing around Hungary's low-cost manufacturing base is attracting mostly smaller Western companies, particularly producers of generic drugs where profit margins are razor thin and every nickel counts.

Pharmaceutical makers elsewhere in the region are attracting their share of

attention, too. Last year Miami-based **Ivax Corp.** spent \$22 million to buy 60% of **Galena AS**, a leading Czech drug maker. Three years ago **SmithKline Beecham PLC** bought what had been East Germany's only vaccine maker; the upgraded facility now produces SmithKline's entire European output of flu vaccine.

But Hungary, with the region's strongest research tradition, is attracting most of the action. France's **Sanofi SA** has made the biggest splash, investing an estimated \$150 million for 51% of **Chinoin Pharmaceutical & Chemical Works Ltd.**, Hungary's No. 2 drug maker, with a commitment to upgrade its main plant. And potential suitors are lining up for a piece of **Biogal**, the No. 4 drug maker. Budapest recently decided to put up to 80% of that company's shares on the market for an expected price of more than \$50 million.

Shifts in Hungarian legislation are encouraging the scramble. In March Budapest overhauled its drug reimbursement welfare system to encourage the use of cheap, domestically produced medicines.

THE WALL STREET JOURNAL MONDAY SEPTEMBER 18 1995 **A7B**

Some Western companies have had to slash prices on drugs already on the market to avoid losing reimbursement status. **Novopharm's** Mr. Dan frets that even more drastic measures, such as reinstating customs duties on imported medicines, may be under consideration.

To date, most Western pharmaceutical giants have been reluctant to invest. With 40 million Swiss francs (\$317 million) in sales last year, **Ciba Geigy AG** has captured a 5% share of Hungary's prescription drug market, selling drugs produced for it locally, including its anti-arthritis blockbuster, **Voltaren**. In the long run, Ciba feels Hungary isn't the place to produce drugs for export. While Hungary's manufacturing costs are only a quarter of those in Switzerland or Germany, they are still far higher than in India, other Asian locations, according to Ciba-Philly's president, **Ciba S. Hungary**.

Moreover, Mr. Dan is skeptical of often-heard claims that manufacturing base in Hungary offers an inside track into Russia and other former Soviet markets. True, in the past, Poland-dominated pharmaceuticals got a leg up in the Soviet Union. Richter Geigy alone supplied 20% of the Soviet Union's drug imports.

But that captive market disappeared overnight when the Soviet Union collapsed. Exports of finished Hungarian drugs plunged to \$278 million in 1992 from \$414 million two years earlier. Richter's annual sales to Russia have rebounded to about \$60 million, but that's still only about one-third of what it sold before 1989.

Like Ciba, other Western drug makers are looking for local producers. **Novo pharm's** Human Serum unit has attracted no fewer than 17 contract manufacturing customers. One of its plum assignments has been to produce locally **Eli Lilly & Co.'s** antibiotic **Ceclor**. But contract production involves divided loyalties and sometimes leads to strange bedfellows. Human Serum produces and markets insulin, another of Lilly's biggest products, under a licensing deal with Lilly's arch rival, **Novo Nordisk AS** of Denmark.

Rising health care costs have made much cheaper generic drugs another expanding area. **Sanofi** hopes that its **Chinoin** unit will play a major part in the French company's push into that field.

But there is a natural limit to further partnerships, a desire among some of Hungary's biggest drug makers to hold on to their independence. Both Richter Geigy and **Egis**, Hungary's No. 3 drug maker, are talking to potential partners but are unlikely to sell out. Two years ago, the European Bank for Reconstruction and Development paid \$45 million for a 30% stake in **Egis**. And a National Westminster Bank PLC subsidiary, **Natwest Markets**, recently bought an additional stake, which is expected to be sold to a foreign investor.

Egis in particular stands to benefit from recent health reforms and the tilt toward cheaper local drugs. And it hopes to sell beyond Hungary's borders. We're looking at ways to grow, either buying companies in the region or joining forces with a medium-size Western European partner, says **Lajos Wolff**, **Egis's** vice president for marketing.

The most likely suitors are German or Austrian companies, Mr. Wolff says. U.S. investors aren't a serious option. The differences in methods, speed and strategy are just too great, he says.

USAID/Romania Grant
EUR-0032-A-00-1034-00
8/23/91 - 8/23/95

Summary

The project was designed to help care for 2,000 orphans and 2,000 elderly persons in Romania through the use of in-kind donations of food, clothing and medical supplies suitable to local needs in cooperation with the Romanian Orthodox Episcopate of America (ROEA). During the period of the grant, The Brother's Brother Foundation (BBF) and ROEA provided 12 container loads of goods with an estimated value of \$1,531,807 or about \$128,000 per container. The contents of the containers included food, clothing and medical supplies as requested for facilities giving daily care to orphans and the elderly as well as area hospitals which serviced these populations on a regular basis.

Local distribution was originally handled by Father Dmitrie Tatulescu, a Romanian born U S citizen and clergy member of ROEA, who was sent to Romania by ROEA in 1991. Distribution was also handled by Father Richard Grabowski who is a Romanian clergy member of ROEA, U S Coordinator of Assistance for ROEA in Warren, Ohio. Father Richard Grabowski made seven trips to Romania to oversee the distribution. He and Mr Michael Mullen of BBF's staff made a trip to evaluate the program in November 1993.

Distribution of resources was on an irregular basis to 20 orphanages, several old-age homes and local hospitals. Final distribution reports aren't yet available as the last two containers were sent to Romania within the past three months (Attachment A).

Methodology

After ROEA dialogue with recipient institutions, local authorities began requesting products made available to the program by BBF/ROEA.

Information was gathered by on-site interviews with recipients and care-giving facility management. Acknowledgement of receipt was by recipient agencies and Bishop Teofan, a Romanian whose local staff assisted the project in it's last two years.

This process and its related records were reviewed and found to contain inconsistent detail by Michael Mullen in November 1993. About the time of Mr Mullen's visit, Father Grabowski of ROEA agreed to devote more oversight time from the United States (Attachment B).

External Factors

While the project provided significant service to most of the intended target population, it was hampered by numerous problems both internal and external to the program

ROEA/BBF's selection of Father Tatulescu proved to be unfortunate as part-time manager. His return to Romania to manage the program was hampered by his American born children rejecting their new life in Romania and the separation from his wife which later resulted in divorce. Father Tatulescu was simply unable to manage the program beyond the simple distribution of donated goods to orphans and the elderly.

After a good start (see Attachment C), Father Tatulescu's personal problems seriously affected his ability to interact with local Orthodox Church leaders (our local counterparts) and to interact with the ROEA leadership in the U.S. This tension, in turn, reduced ROEA's ability to raise funds and other resources related to the project.

Even though BBF/ROEA wanted to give Father Tatulescu time to re-establish and re-assert himself, it became obvious by mid-1992 that Father Tatulescu's abilities were reduced. As a result, BBF suspended shipments to Romania after October 29, 1992 until administrative matters were resolved.

After vigorous consultation with ROEA and Father Grabowski, Father Tatulescu was formally removed from the program in December 1992. Father Grabowski then distributed the remaining container of medical supplies which was sent at the end of 1992.

After a sixteen month suspension of shipments, BBF/ROEA decided to renew the program through Father Grabowski and Bishop Teofan, Romania, with the understanding that ROEA would oversee local distribution.

The project was under funded from the beginning with only \$50,000 pledged from USAID (as opposed to the \$500,000 requested) as a lever to help generate and distribute \$4 million in donated goods. BBF/ROEA were unable to generate adequate private resources to effectively monitor \$4 million in product donations as originally envisioned. This caused BBF to reduce the quantity of BBF/ROEA donated goods to a manageable level.

Inputs

BBF relied on medical donations from Mylan Pharmaceuticals and other companies and area hospitals for simple equipment and supplies. ROEA provided clothing and other supplies.

As ROEA was not always able to provide full detail on the distribution of donated products, BBF reduced the value of the products it chose to make available until a standard report

RS

(particularly for pharmaceuticals) was made available ROEA chose to give some donated product directly to needy individuals

Because ROEA was unable to provide effective long-term presence on the ground, we had to rely more upon the local leadership of the social services of the Romanian Orthodox Church inside Romania

Outputs

ROEA and local church leaders eventually learned to collaborate better with each other ROEA took steps to use this program to reinforce local charitable efforts including hospitals serving the elderly, orphanages and the general public They also worked on local church led initiatives including the building of a charity home for the elderly near Targu-Mures using both local and ROEA funds and BBF donated product

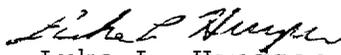
Beneficiaries

BBF/ROEA provided humanitarian resources to 14 orphanages, three old age homes, one school for the handicapped and four hospitals

Lessons Learned

In spite of the successful delivery of needed materials, the program was hampered by an initial weak administrative appointment by BBF, incomplete paperwork and an irregular flow of resources into the project sites It was only after 1993 that ROEA and local church leaders began to work well together again (Attachment D)

Respectfully submitted by,


Luke L Hingson
President


Linn M Swanson
Vice President

Attachment A

HELP FOR ROMANIA

OFFICE OF U.S. COORDINATOR OF ASSISTANCE

Very Reverend Richard J. Grabowski



Rev. Nathaniel Popp
Bishop of Detroit
Romanian Orthodox
Episcopate of America
Orthodox Church in America
Help for Romania Fund
Box 309
Jesse Lake MI 49240 0309
Telephone (517) 522-4800
Facsimile (517) 522-5907

Bishop Teofan Stanatul
contact person in Romania
Bucharest Telephone 614 41 61
fax 312 08 73

July 16, 1991

FAX Message to Lisa ZILICK
Brother's Brother Foundation
Pittsburgh, PA

Fax No. (412) 71-3445

Dear Lisa:

Following my trip to Romania I am now ready to give about
the distribution of our two last containers.

1) Items were contributed to the following institutions:
-Ortopedice Hospital Bucharest, Ortopedice Hospital BUZAU, Carol
Ivile Hospital, The Polyclinic of Iunie, Children Hospital
Grigore Alexandrescu Bucharest, S. Pantelimon Hospital in
Bucharest (Neurosurgery dept.) Director of military service district
of Buzau, Emergency Hospital Bucharest, University Hospital
(Dermatology and Medical Hospital)
-Also some items were donated to the Hospital of the Children's
Clinic (Jilove) Jilove.

- Quite a few items were given to the center for handicapped
in the town of Ciomani - District of Giurgiu.
- Some items went to the PCNHC (Institute for the elderly),
- Also the donations went to the Home for the senior citizens at the
same institute.

Some of the wheel chairs were also given to individuals in need
a) Croitoru Alex. (for her daughter) village Pucioasa Jud
Dambovita,
b) Magas Ioan - village Tarnava Jud Sibiu Batoroag district
Teleorin
c) Ionescu Aurel - same village as in b)

Following the floods in the republic of Moldova 947 pairs of
shoes and 62 pairs of shorts were given to the flood victims
there.

The containers sent from here in March arrived in Y.P. There were
difficulties with the clearance through customs because we did not
have them in inventory. It is being distributed now
WE NEED FOR FUTURE CONTAINERS DETAILED INVENTORY like 15 boxes
of soap, 10 boxes clothing, so much soap, so much medicine
etc. THEY ARE GETTING quite fuzzy
PLAN FOR CONTAINERS FOR JULY, 28. Be it with you and yours.

*I have receipts and have filed
them locations RJB*

333 OAK KNOLL AVE. N.E. • WARREN OH 44483 • TEL (216) 394-8575 • FAX (216) 393-2581

Richard J. Grabowski
Very Rev. Bishop

BEST AVAILABLE COPY

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HELP FOR ROMANIA

OFFICE OF U.S. COORDINATOR OF ASSISTANCE

Very Reverend Richard J. Grabowski

Dr. Mary Ann Micah
To the Office of U.S.A.I.D.
Bucharest - Romania

March 30, 1995

Rt. Rev. Nathaniel Popp
Bishop of Detroit
Romanian Orthodox
Episcopate of America
Orthodox Church in America
Help for Romania Fund
P.O. Box 309
Cross Lake, MI 49240-0309
Telephone (517) 522-4800
Facsimile (517) 522-5907

Re: Invitation to attend ceremony
for opening senior citizens home

Dear director of the Bucharest Office,

I am writing to you to invite you, or someone in your office,
to attend

FRIDAY, APRIL, 28, 1995

Bishop Teofan Sianatul
Patriarchal Vicar
Contact Person in Romania
Bucharest Telephone 614-41 61
Fax 312-08 73

the ceremony of Blessing and dedication of a building and new
senior citizens home, at the RECEA Monastery, near Targu-Mures

The Romanian Orthodox Episcopate of America, through our project
Help for Romania, has contributed to this new home and would like
to have participants from your office, present, because some of
our work is related to a grant from A.I.D.

The ceremony will start at 10:00 AM that day, with Divine Liturgy.
The celebrant will be Bishop ANDREI of Alba-Iulia. It will continue
with the Blessing and dedication of the building. A luncheon
will be served afterward and you are cordially invited to attend.

I have been asked to represent our Episcopate, since our Bishop
Nathaniel, is unable to go, due to previous commitments here.

I hope you will be able to attend or send someone from your staff
and would appreciate an answer, from you, soon.

Looking forward to meet with you, during my trip to Romania in
April and May, I remain with best wishes,

Father Richard J. Grabowski
Very Rev. Richard J. Grabowski

cc Bishop Nathaniel



HELP FOR ROMANIA

OFFICE OF US COORDINATOR FOR HELP ASSISTANCE

Very Reverend Richard J. Grabowski

March, 30, 1995

Rt Rev Nathaniel Popp
Bishop of Detroit
Romanian Orthodox
Episcopate of America
Orthodox Church in America
Help for Romania Fund
P O Box 309
Grass Lake MI 49240 0309
Telephone (517) 522 48(X)
Facsimile (517) 522 5907

To the Embassy of the United States of America
Bucharest - Romania

Re Invitation for opening ceremony
of a home for senior citizens

Bishop Icofan Stanatul
Episcopate of America
Contact Person in Romania
Bucharest Telephone 614 41 61
Fax 312 08 73

Dear Mr. Ambassador

For 5 years, our program Help for Romania, has tried to bring various kinds of humanitarian help to the people of Romania

During my 9 trips to Romania, since February of 1990, we have tried to work with and inform the U S Embassy in Bucharest and the Office of U S A I D of our activities and even on several occasions, we had meetings with the ambassador or staff members of the embassy

I would like to take this opportunity to invite you to attend a special ceremony, on FRIDAY, APRIL, 28, 1995. It is the occasion of the Blessing and dedication of a building and home for senior citizens, at the RFCFA Monastery, near Targu Mures. The Romanian Orthodox Episcopate of America, has made substantial contributions to this project, we furnished beds and mattresses, etc. Our work in Romania is tied also to a grant from U S A I D and I will also invite people from their office in Bucharest, for the ceremony. I think it would be good publicity for people in the USA to find out about what is done, through help from America and also, to show people in Romania that the people of the USA, through their agencies and volunteer organizations are trying to alleviate the suffering and help the citizens of Romania.

The ceremony will be performed by Bishop ANDREI, of ALba-Iulia. It starts at 10 00 AM with Divine Liturgy and will continue with the blessing and dedication of the home. After the festivities there will be a luncheon to which you are also cordially invited.

I have been asked to represent our Episcopate, since our Bishop Nathaniel is unable to attend, due to important commitments in his diocese, in America.

I would appreciate it, if you could come and also inform me of your decision.

With anticipated thanks and kind regards,

Richard J. Grabowski

cc. Bishop Nathaniel

V. Rev. Richard J. Grabowski

533 OAK KNOLL AVE, N E • WARREN, OH 44483 • TEL (216) 394 8575 • FAX (216) 393-2581

BBF/ROEA Romania Program Evaluation

November 23 - 31, 1993

By

Michael P. Mullen

The Brother's Brother Foundation in cooperation with the Romanian Orthodox Episcopate of America (ROEA) and the Romanian Orthodox Church, have shared an ongoing USAID program in Romania since 1991. The objective of this alliance was to ship \$4 million worth of agricultural, medical, and relief supplies to the needy people in Romania. The program goals were as follows:

- 1 To develop an effective delivery system for the targeted institutions.
- 2 To strengthen cooperative ties between BBF/ROEA and the Romanian Orthodox Church.
- 3 The rehabilitation of as many as ten orphanages and ten homes for the elderly
- 4 Improving and standardizing the level of care.
5. To establish an educational program to increase awareness of the needs of the targeted populations.

The overseas coordinator of the program was Father Dmitrie Tatulescu. He was already stationed in Bucharest as coordinator for the Help for Romania program, which was initiated in March, 1991. Father Tatulescu reported directly to Father Richard Grabowski of ROEA who in turn submitted reports to the Brother's Brother Foundation.

To date, BBF/ROEA has shipped approximately \$1 million worth of agricultural, medical, and relief supplies to Romania. Problems such as storage, reporting, and distribution became apparent in the program and were illustrated in the quarterly reports dating back to early 1992.

Storage became a concern in June of 1992, when a facility owned by the Romanian Orthodox Church was flooded leaving the building damp and humid. At that time, alternative facilities were not available free of charge. Reporting from Father Tatulescu was difficult because of his constant movement around Romania and his inexperience in USAID reporting requirements. Distribution issues arose when it was discovered that obtaining trucks for delivery was difficult and extremely expensive. At the same time, shipments were arriving in Constanza and Bucharest and did reach their

intended final recipients.

In April, 1992, the ROEA was running out of financial resources and felt that they could only afford to pay Father Tatulescu's expenses for an additional six months. ROEA forewarned Father Tatulescu of this situation and that his office in Bucharest would have to close by the end of October 1992. ROEA at that time were also dissatisfied with the performance of Father Tatulescu, especially regarding his accountability and monitoring functions. As a result of these circumstances, BBF/ROEA decided to suspend all shipments to Romania until a more secure implementation plan could be developed. From January to November of this year, no assistance was provided to Romania by BBF/ROEA. Father Tatulescu is no longer involved in this program.

During these ten months, BBF and ROEA discussed and explored the possibility of restarting the program directly with the Romanian Orthodox Church. Father Grabowski travelled twice to Romania to investigate how the program could be restarted while at the same time avoiding the problems that occurred in the past. Father Grabowski on behalf of ROEA and Bishop Teofan Sianatul on behalf of the Romanian Orthodox Church coordinated their efforts with the Brother's Brother Foundation in devising a program plan that was in the best interests of all the parties.

After a period of ten months, BBF/ROEA decided to resume their shipments of humanitarian assistance to Romania. The first shipment arrived in Romania while Father Grabowski and I were in Bucharest. On November 29, 1993, Father Grabowski travelled to Constanza to assist Archbishop Lucian in the clearing of the container through customs. I too would have traveled to Constanza but I had a previously scheduled meeting with Rodica Furnica of the United States Agency for International Development in Bucharest.

This first container will be distributed in Constanza except for some books which will be delivered to the University and some medical supplies that are for the Christiania Hospital. The container will be distributed in Constanza in an effort to maintain good graces with the Romanian Orthodox Church in Constanza and to involve them in the receiving and distribution of humanitarian assistance. The distribution will target hospitals, senior citizen homes and a number of orphanages. The container will be stored at a Romanian Orthodox Church monastery just outside of Constanza where it will be inventoried before the distribution process begins. It was decided to store the goods at this location in an effort to cut costs of receiving and distributing the container.

Future Shipments will be consigned to Bucharest. BBF/ROEA are currently exploring the possibility of having the containers clear customs at station February 16 in Bucharest. This would be advantageous because it would negate any delays that can occur at the port of Constanza. From the train station, the aid would be loaded into trucks and delivered to the Romanian Orthodox Church Antim monastery for storage. A truck owned by a local print shop

has been made available for such pick ups and deliveries. Distribution will be conducted by Father Teodosie Petescru, church volunteers and a student organization called Studium. This is a voluntary organization that was set up to do charity and cultural work. It is a registered state body.

Each distribution site will have a written protocol which will state the address of the site, the items received, their quantities, the date, and it will have an official seal with two witnesses when possible.

If there are any deliveries to families, a list must be provided containing the name and address of the family, and what they received. These measures were introduced by BBF/ROEA to provide greater accountability and feedback.

ROEA is currently looking into the possibility of starting a meals on wheels program. This would entail the delivery of one liter of milk to as many as fifty families/individuals in the Bucharest area. The program is designed to target individuals who are house bound due to old age or illness. The milk would be purchased through "Diaconia" which is the social service arm of the Romanian Orthodox Church. The milk would be delivered in a vehicle owned by the church in order to save money. Volunteers supervised by Father Petescru's office will be in charge of the distribution. A revised list of recipients would be provided on a monthly basis. The aim is to start the program as soon as Diaconia can guarantee the required quantities of milk on a daily basis. This could be as early as January 1994.

BBF and ROEA feel that the program with the Romanian Orthodox Church will be more productive now based on three observations:

1. Father Grabowski on behalf of ROEA and BBF was able to lay down certain guidelines and procedures which the Romanian Orthodox Church must abide by in receiving humanitarian assistance. This was accomplished with the cooperation of Bishop Toefan Sianatul and Father Petescru. Previously under Father Tatulescu this was not done.
2. The individuals/institutions involved in the receiving, storing and distribution are now more experienced in handling United States humanitarian assistance.
3. The Romanian Orthodox Church realizes that this is the last chance where BBF/ROEA/USAID combined will attempt to help them. The Church representatives are fully aware that any future programs rest entirely on the successful completion of this grant.

Both the Brother's Brother Foundation and the Romanian Orthodox Episcopate of America are confident that the restarting of this program will produce positive results.

HELP THE CHILDREN



HELP THE CHILDREN OF ROMANIA & HELP FOR ROMANIA

OFFICE OF U S COORDINATOR OF ASSISTANCE

Very Reverend Richard J Grabowski

HELP FOR ROMANIA



March, 24, 1992

Rt Rev Nathaniel Popp
Bishop of Detroit
Romanian Orthodox
Episcopate of America
Orthodox Church in America
Help for Romania Fund
2522 Grey Tower Road
Jackson, MI 49201-9120
Telephone (517) 522-4800
Facsimile (517) 522-5907

Brother's Brother Foundation
ATTN LUKE HINGSON or MIKE MULLEN or LINN

Re Report from Fr Tatulescu

Dear Luke, Mike, Linn,

I am sending you, enclosed the report receiving by FAX from Fr Tatulescu in Pucharest

Pick what you think is helpful, in the following pages, for the report which - I understood- you must make for the A I D (Donna Fraço)

I received the FAX from Mike with the 20 questions for Fr Tatulescu Only a bureaucrat in Washington, who did not see conditions in Romania, could ask such questions I hope that I can get it to Fr Tatulescu and receive an answer, soon

Regarding the meeting in Washington, for food proposal, it would be good if you could arrange it at the same time with the meeting of Strategy Team for Romania I will try to be at that meeting on APril,10 at U S Dept of Health Maybe on the same day or the day before we could be at A I D (Ruth)

I will be out of town Thursday March,26 through Sunday MArch,29 for the visit of King Michael in Toronto, where I will be representing the Bishop Be back in office March,30

For the Washington meeting, I would like to know if I could bring another man with me, an attorney from our diocese Let me know as soon as possible

WHAT are the possibilities to have me accompany one of the food transports(I mean to be in Romania when it arrives) ? Could the trip expense be financed from our grant from A I D ?

Best wishes and greetings to all,

Fr Richard J Grabowski

Enclosures

Very Rev Richard J Grabowski



HELP THE CHILDREN OF ROMANIA & HELP FOR ROMANIA
OFFICE OF OVERSEAS COORDINATOR OF ASSISTANCE
REVEREND FATHER DIMITRIE L.I. TĂULESCU



Bucharest
Martie 1992

Et Rev Nathaniel Popp
Bishop of Detroit
Romanian Orthodox
Episcopate of America
Orthodox Church in America
Help for Romania Fund
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Mrs. Carol M Stevens
Chairperson
Help The Children of
Romania Fund
Department 771246
Detroit, MI 48277-1246
Telephone (313) 552-8599

Very Reverend
Richard Grabowski
Office of U.S. coordinator
of assistance
533 OAK Knoll Ave, N.E.
Warren, OHIO 44463
Tel (216) 394-8575
Fax (216) 393-2581

Your Grace,
faithful friends and supporters,

Greetings to all of you and God's blessing from the field
of our european mission

The present Report covers the first quarter of the new 1992
year and sums up the major accomplishments and preoccupations
of our mission for that period of time.

1. Container # IGSU 1271479 - The orphans' packs

I have reported on its arrival and partial distribu-
tion in our December Report. We continued since then
to distribute individual packages to children in
orphanages or through the Church, to street children
or to poor, single parent or abandoned children
whose social conditions were similar or even worse
than that of the Government protected orphans. At this
point we still have a few more boxes left and we will
have them distributed within a week time. We could have
finished the distribution long ago, before the end of
the Year. However, we decided to postpone the distribution
of the packs in part, until later since every orphanage
we visited before Christmas had received more than enough
gifts in preparation for the Holy Days, from various
companies, charitable groups and the Government itself.
We donated at that time only to places which did not
receive much so that our gift of love could make a dif-
ference and be appreciated. After distributing the packs
in January and February we received phone calls and
thankyou notes from the people who benefited the
donation underlining how much they appreciate the
efforts of our children and the care involved in the
preparation of the packages. Enclosed is a sample from
a group of children with special problems.

2.ctd.

Enclosed are also the receipts from the places which received the packs, as well as some of the pictures we took of the street children who were given individual packages. Once again, I would like to be grateful to all of you who donated, organized and shipped the packages and on behalf of the Romanian children assure you that they were greatly appreciated.

2. CONTAINER # HLCU -4488688 from BBF/ROEA-HFR

Contents: Medical equipment - 5 pallets--
Shoes (old & new)- 13 pallets
used clothing

Date of arrival : February ^{12th} 1992 The container arrived to "Gara 16 Februarie", Bucharest and I was notified of its arrival immediately. The next day I went to the Station to make arrangements for picking up the container. February 14 was the day when all custom formalities were finalized and on the same day, we took the container to the place of deposit. For this, we used a four room apartment as storage place in the same building where we live, given us by the Patriarchate. We used private transportation from the Station to the storage area, as the State transportation is much more expensive. Seven students in Theology from Basarabia, Moldavia plus an adult helped us with the loading and unloading of goods. It took us 10 hours (9:30 A.M. to 7:30 P.M.) to finish the project.

Destination of goods : The Centre for Preventive Medicine Sibiu'
for the Medical equipment, and the people of Bucharest, for the
used clothing and shoes.

On the day of its arrival, we made arrangement with the Centre in Sibiu to have a truck there to pick up the Lab equipment. Thus, we shipped the medical equipment on the same day, saving time and space in our storage. A note certified by the Hospital rep. and us is included here. Another official confirmation came later from the Hospital, attesting the reception of goods. Along with that, there is a Thankyou note from Dr. Agneta Pavel - the Director of the Centre in Sibiu and a separate list with some badly needed equipment for their Lab in Sibiu.

Distribution began immediately and continues Enclosed are the documents confirming the donations we made so far

Transportation and handling expenses •

- Handling the container in the Harbor of Constanta - 16000 1--

115

3.ctd.

We negotiated with Sun Shipping Co. and obtained a waving of the handling cost, for a saving of 16.000 lei.

Transportation Constanta-Bucharest	33.217	lei
Handling of container in the Station	600	lei
Truck and driver (two transports)	7.000	lei
An adult who worked and coordinated	2.000	lei
Seven students for loading, unloading and storing goods, 600 lei each, for a total of	4 200	lei

TOTAL TRANSPORTATION COST	47.017	lei
------------------------------	--------	-----

(APPROX. \$140)

All the documentation pertaining to the above are attached .

3 SHIPMENT OF CLOTHING FROM CANADA: I.D.#018 YYC-10716904

Contents: Used clothing, some vitamins and a box with used blankets.

There were 45 boxes on 7 pallets

Donnor: EMMANUEL CHRISTIAN LUTHERAN CHURCH, ALBERTA, CANADA, THROUGH THE R.O.E.A.

Destination of goods : The needy population of the Country

Date of arrival: February 19th, 1992.

Description of Project: On February 19th, 1992, a shipment of relief supplies has arrived from Calgary, Alberta, Canada, through the Romanian Orthodox Episcopate of America, being prepared by the community of Christian Emmanuelle Emmanuel Christian Lutheran Church in that city and addressed to the romanian needy population. The goods came via TAROM and were picked up at Otopeni Airport on the day of their arrival. There are 45 boxes of medium size on seven pallets, containing used clothing and a few blankets and some vitamins for children. The custom formalities being done, we proceeded with transportation of goods to the place of storage. We were given a safe space for depositing the clothing in a building own by the Patriarchate.

Besides the truck and driver and the maneuvering taxes which we paid, everything else was done with volunteers.

It took us six and a half hours to complete the project. There were two transports plus one of my own to finish carrying all the boxes.

Distribution of goods: The following day I contacted several groups of volunteers within the Church of Romania and made arrangements to work together with them for distribution. The results were better than we thought. We received assistance

4.ctd.

from The League of the romanian orthodox women, The league of the romanian orthodox students, The romanian orthodox Brotherhood,volunteers from local parishes whose needy people benefited the donation.

Several hundred packages were prepared for peoples of all ages,each pack containing a set of cloths,a pair of shoes,a deodorant,some personal items, etc. We worked with the local churches and the clergy were instrumental in locating social cases in their areas.Lists of poor people were prepared and the distribution was done at the churches Packs were also given to the homeless on the streets and to the poor old people we found on our trips to the country side. The arrival of this shipment from Canada was very helpful at this time,since it helped us prepare complete packages of shoes from the previous container and clothing from this one,thus making our assistance more useful As of this date,we continue the preparation of packages and the distribution process,planning to finish it within two weeks time.

A personal remark is in place here' if up to this point I was a little skeptical concerning the shipment of clothing to Romania,after witnessing the reaction of the recipients to our gift,I believe now that even though small in size, such a donation made a significant difference in many family situations. As the economy of the country undergoes unpredictable changes each months, the high rise of prices and the stagnation of salaries plus a growing rate of unumplied people,make it harder and harder for a larger number of people to meet the daily needs Food and clothing became extremely expensive. This is why any donation of clothing at this time to a needy family translates into a substantial saving for them

We donated a number of boxes with clothing and used shoes to other two charitable groups within the Youth Group of the Church,to be used as donations to the street children and to the social cases they work with. The receipts will be included in our final report.

<u>Transportation and handling cost</u>	Handling within the Airport	1300 lei
	From Otopeni Airport to the Downtown place of storage	5000 lei

TOTAL COST	6300 lei
(Approx. \$25.00)	

Receipts are enclosed

We are grateful to the Community of Emmanuel Christian Lutheran Church in Calgary,Alberta,Canada for making possible this worthwhile donation

4. We also acknowledge the receiving of four medium size boxes with children clothing from the Family of M/m M/M Serbal from Indianapolis,Indiana who were in Romania and visited with us in 1991. Many thanks to them also. The clothing for the children is being included in the packs for the poor,

5,ctd.

Special Projects:

A. CHILDREN'S SUNDAY: In cooperation with the faithful and the clergy of Schitu Magureanu Church in Bucharest we conducted a survey of the children in that area aiming to offer those with real problems a helping hand. Thus, for two Sundays in January and February we brought together the children of the poor families, those coming from split families and facing serious needs, street children and orphaned children not in care of relatives or grandparents. We attended together the Holy Liturgy and at the end, the local clergy spoke to the children and presented the efforts made by people and in other parts of the world to better the lives of the Romanian children. We addressed the children with the message of love sent to them by the children of the Romanian Episcopate through His Grace Bishop Nathanael and at the end we offered each of them a package prepared for the needy children of Romania by our American children. Here enclosed, are some of the names who benefitted your donation, along with some personal expressions of gratitude from the recipients.

B. THE ORPHANAGE IN GIURGIU: On February the 4th we loaded the stationwagon with boxes full of children's packs and drove about 100km South to Giurgiu, a city right at the Southern border of Romania with Bulgaria. Here, we located an orphanage with two branches, one in the city itself and another one in Slobozia, a town three Km from that city. Our point of destination was Slobozia. There we were greeted by Dr Stanciulescu Viorica, the Director and by the personnel of the orphanage. The place was clean and well kept. Some repairs had been made by foreign charities in 1991 but several other needs are still to be covered. Among them are: Repairs on the roof, Changing of the water plumbing, bathrooms refurbished, and as a possible project, a bus to transport the children to extra curriculum activities outside the place. Number of children: 48 in Slobozia and 52 in Giurgiu. Of the total number of children, there are 39 cases with AIDS, 4 handicapped and 10 with Distrophy. The children with AIDS receive as treatment BYSEPTOL and STAMICIL three times a week and are integrated in the general population of the orphanage. Both places (Slobozia and Giurgiu) function under the same Administration. The reason for detailing this information to you on the orphanage is that this place could serve as one future project for our Mission.

C. THE ORPHANAGE IN DACIA: On March the 6th we went to a village approximately 250km from Bucharest, on the Central part of the country, to visit and bring packages to the children of an orphanage located there. Our car was very accommodating considering that we had to cross the mountains into Transylvania with boxes inside the car and on the roof. At about 6P.M. we got there. Dacia is a small location not too far from Rupea, a medieval town, well known for its long standing history.

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The orphanage has 55 children plus 22 others who are assisted, for a total of 77 orphans. Ages 6-19. All boys. Since the director was gone already at that hour, we made the distribution directly to the children in the presence of the instructors. Next day we went again to the orphanage to meet the director, Mr. Csiki Noise with whom we had a one hour discussion on the state and the needs of the children there. Here is a summary of these:

The building has been restored somehow through private contributions but is far from being finished. Inside there are several needs to be covered; Among them:

- The plumbing of the Laundry room needs a new, larger washer of max 30kg capacity
- A presser and a Dryer. All to be purchased abroad.

The plumbing for the laundry room can be purchased locally (approx. 25 000 lei)

- The showers are primitive. The place needs at least 4 boilers, each about 100 litres capacity. They can be purchased in Romania.
- Electric heaters for the areas that do not have benefit of the heating system (5 pieces at about 20 000 each).
- Bed sheets for 55 beds (double sets- 110) to replace the existing ones that are too old to be used anymore Approximate cost : 1000 lei per set.
- A Tv for the day room.
- Refurbishing of the existing kitchen The dining room is placed in a separate building, by the main house It has a very high ceiling and cement on the floors. The height of the ceiling (about 18 feet) makes it impossible for the room to be heated The refurbishing of the kitchen would consist in building a new ceiling at an acceptable height which will allow the room to be heated and using the remaining upper area as a separate space for storage. The estimated cost of the project will be determined .
- A part time nurse to visit the place several times a week and to take care of the medical needs of the children at this time there is no medical personnel in the orphanage and only for special needs, the children are brought to the nearby town for treatment. We found out that there is a retired nurse in the village who could do a part time work in the orphanage assuming that somebody will pay the salary For a part time job consisting of 4 hours a day, five days a week, the salary should be somewhere in the area of 7000 lei (about \$25.00) monthly. Enclosed are pictures of the orphanage exterior, also of the kitchen areas and of the children.

I recommend this orphanage as a priority if we are going to decide on committing ourselves to one or more projects of this kind.

The address of the orphanage : CASA DE COPII ORFANI DACIA,

COMUNA JIBERT, JUD BRASOV, ROMANIA

Contact person there: Csiki Noise, Str Republicii 233, Apt. 4, RUPEA, Jud. BRASOV,

Cod 3000; Tel. (920) 60 8 32.

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D. "MEALS ON WHEELS" or "THE KITCHEN FOR THE SHUT INNS".

This is a Project we spoke about since the beginning of our work here. At that time I did not have specific data on it and somehow we postponed it until later. When I mentioned the idea of this Project I was told that it is something that could be worked out through one of the Auxiliaries of the Episcopate such as Ladies or The retirees. Recently, this idea came up again, this time being discussed more seriously in a larger format by the people from AIDROM (a charitable group from the Council of Churches which functions in Rosnina, next door from our office) and representatives of the Patriarchate and students in Theology. We were approached with the proposal that we participate to the Project. Basically it sounds like this

Name of Project: "CANINA BAI RINILOR SARACI" (THE POOR ELDERLY'S KITCHEN").

Purpose: To offer at least one meal a day to a limited number of sick elderly who do not have anyone to take care them and are confined to their homes.

Place of action: The city of Bucharest with its suburbs

Funding: Initially through a combined effort of the HFR, AIDROM and THE PATRIARCHATE, aiming to build local sponsorship for the future.

Description of the Project:

Given the existing conditions in Romania, where a large number of elderly people are seriously facing financial and medical problems, charities in the country aim part of their efforts to addressing this need. Our Project aims to feeding 30 old sick people who live isolated in rooms with no heat or other basic ~~needs~~ facilities, and with no assistance from anyone.

The Patriarchate has a kitchen near the Printing Shop where the meals could be prepared or another one at the Antim Monastery. AIDROM will donate a minibus for the transporting of the food, specially customized to accommodate our purpose.

The driver is a young monk appointed by the Patriarchate to this task for no salary. Gas cost to be discussed.

We were asked to finance the food and the cook.

Estimated cost of food per person per day, approximately 100 lei, with a total of 3000 lei (about \$10 00) - *for 30 people*

The salary of a chef - approx 15000 lei (about \$50 monthly).

The rest will be covered by volunteer work.

In case that we decide to take on this Project, it would be useful

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to specify the length of our commitment and the degree we want to be involved. Another possibility for us would be to allow a certain amount of money to this project as a one time contribution, or as a monthly allowance toward this Project. I would need an answer from you at your earliest convenience as they need to know which way we go. The food can be purchased locally with no problem and the Project will be administered by the superintendent who administers now the building of the Patriarchate, at no cost. This is a worthwhile Project at least worth contributing to it in part.

5. The new incoming Container with various destinations.

In order to speed up and simplify delivery, I decided to begin distribution directly from Constanta. Bishop Lucian of Constanta will be with us there to do the customs with us and provide us with the storage areas if needed. Also, at the Harbour will be the rest of the people involved with the inventory of the container, to pick up their boxes. I already received a detailed letter with instructions pertaining to this shipment from Mr. Marandici of Detroit. As of now, the container is still sailing.

6. THE FOOD CONTAINER FROM THE AMERICAN GOVERNMENT.

I, m sorry to learn that for now the shipment of the food was put on hold until a later date. Since we spoke about it as a real possibility, I put together a DISTRIBUTION PLAN, which will work easy and fast. Basically, I already contacted several Diocesan bishops and received their consent to work with us on this Project. Once in Constanta, the containers will be sent via rail road to the places of destination in each of the designated parts of the country. There, the local Church representative along with the local officials and the delegate of the institution to receive the donation will meet and open the container. Each opening of the container will be accompanied by a loco ceremony where the Media should be present.

Closely cooperating with us in the Distribution will be The local chapters of the League of the Orthodox Youth. We had extensive meetings with them in preparation for the arrival of the containers and develop specific strategies to cover all

of Distribution, from storage to Media coverage, to Reports

Next I look forward to hearing the good

7. THE PATRIARCHATE

The Agricultural Project. I had a last meeting with Bishop Theofan concerning this and from what he communicated to me I understand that The Patriarchate discussed the Project and came up with a letter addressed to us for the clarification of some aspects of it. Among them is the question of whether or not, the ROEA means tractors or simple machinery when it speaks about such a donation. Secondly, if by machinery we mean tractors, the next question is "how many do we plan to donate?" So far, based on our proposal to have the local dioceses tell of their agricultural needs, a total number of 190 tractors were solicited. Personally I'm a little concerned about the intent of the ROEA to do something that could be here misinterpreted. Bishop Theofan is realistic enough as far as the number of "tractors" being donated by us when he says that even only a few of them could make a difference and will be appreciated. Other details will come with the letter from the Patriarchate.

New Procedure governing the handling of relief goods at customs IS NOW IN EFFECT IN Romania. According to this, the recipient (destinatar) of any relief supply should be a romanian juridical person. Based on that, we (HFR/HCR in Romania) cannot be any longer the direct recipients of the goods sent here; Thus, from now on, the destination should be The Romanian Patriarchate. In order to be able to handle the goods, we will take the goods from the Church as a transfer and distribute them with a representative of the Patriarchate. We will be responsible for Distribution and give account before the romanian Law for the goods received. I enclosed for your files copies of the forms we prepared for the Patriarchate, pending their approval.

The Printing machine has finally arrived and works in full. It is expected that the Theological faculties will be the beneficiaries of this donation through the printing of student courses even within this academic year.

THE TOMB OF QUEEN MARIE: I rediscussed this issue with Bishop Calinic of Arges recently, as a follow up to an older discussion on the same theme. The response that he received from the local government and from the Commission for the national historical monuments states that no alterations of any kind can be operated at the tomb of the royal family without the expressed indication of the royal will. Thus, the Will or a copy of the will must be

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before anything is approved.

THE EOC VISIT TO ROMANIA : I believe that a response to the proposal suggested by us regarding the Missionary campaign of the EOC to Romania is on its way to the States. Here, people, (included hierarchs) know little or nothing about the EOC. The Patriarshate received this idea with visible concern. On one hand concern for the coverage of the expenses involved with this mission and then, concern about the public effect of a such a project of "protestant type". First concern has to do with the financial bankruptcy of the Church, and the second concern has to do with the conservative spirit of romanian orthodoxy, not to mention a certain spirit of fear that such a project might present itself as a model for changes even within the Church here, a preoccupation of a lesser degree among some of the leaders here. However, at the root, the reason the Church in Romania looks skeptically to this idea is lack of information about EOC and distrust that a solution to the problem could come from the outside people, be they even orthodox I have a copy of the video "WELCOME HOME" which i'll give to Bishop Theofan for documentation.

OTHER ISSUES :

- STORAGE ROOM AVAILABILITY : We have two large rooms for storage at Antim Monastery. There we can deposit two containers of 40' each. The place is safer than others and is guarded overnight
- In February of this year we had a meeting with Mr. Alan Docal of the American Library and involved with A I D. to discuss the progress of our mission in Romania.
- Fr. Constantin Galeriu informed me that the Printing Shop of his group, (HARISMA) is interested in printing and distributing the booklets of the EOC in romanian He requested some copies for documentation.
- Mother Cassiana's things and those of Fr. I. Balan have been sent to Moldavia in January. The remaining two boxes were recently located at Christiana and shipped there.
- Following a visit to the Ministry of Communication, we receive approval for a telephone line and Fax. It is only a matter of days until they will come to install it. However, the Fax cannot be installed until we have the machine in place. As soon as I have the number I'll call you.

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P.O.BOX for HFR/HCR - Beginning March 1st, correspondence for us should be mailed to our new address;

P.O.BOX 53 - 36, Sector 4, Bucuresti, Romania.
The old address is still valid but not safe for receiving mail

CHRISTIANA HOSPITAL - At the end of December 1991 we donated a Scanner to the Association. Dr. Chirila approached me inquiring on the possibility to give them approval to transfer the Scanner to Fundeni Hospital in exchange for a smaller X ray machine. Please let me know Personally I see no reason not to, especially knowing that at the new location, the Scanner will serve the needs of a much larger number of people and on another hand, the Association could acquire an X ray machine in exchange, which is really needed at Christiana.

STAMPS FOR HFR & HCR : These are the samples of our, romanian stamps for the HCR/HFR. I hope they meet the expectations



BANK ACCOUNT: We can open a bank account for a minimum amount of \$100.00 at most banks in the City. Personally, I opened one at Banca Comerciala Romana, but after shopping recently, I found out that other banks offer better alternatives. The best of them is "BANCA ION TIRIAC" in Bucharest. They do not charge anything when a deposit is made (others do) and charge 0.5% for any withdrawal for a minimum of \$2 each time. Money can be transferred from most any country here. The corresponding bank in the U.S.A. is Manufacturers Hanover Bank and American Express. Through them, transfers can be made directly. I do not know the conditions of transferring there. Please be advised that the institutions, the companies, the commercial associations have a special regime as far as working with hard currency. The Government imposes on them much stricter laws than on the private people. My advice is to open a bank account for HFR/HCR but not to make a substantial deposit as at any time they can impose on us to withdraw only



LUKE

FOOI

HELP THE CHILDREN OF ROMANIA & HELP FOR ROMANIA
OFFICE OF OVERSEAS COORDINATOR OF ASSISTANCE
REVEREND FATHER DIMITRIE L.I. TAYULESCU



April 10, 1992, Bucharest, Romania

Dear Father Grabowski,

Enclosed are the answers to the Questionnaire you recently faxed to me. It took me a bit of time to do it as I needed to gather some data on the questions not answered initially in my Distribution Plan.

As it appears, it seems to be a very involved Project, but simplified it can be done and I'm very confident that I'll do it well. For expedience, I did not rewrite the questions, but rather answered them in the order indicated by the respective numbers. So, please, see the enclosed copy of the fax and refer to it when reading the answers.

The Questionnaire is somehow confusing as far as its subject. It can be referring to the entire activity of HFR/HCR or it can refer to the Food Project.

Since mention is made of food distribution and to things involved with that, my answers pertain only to the Food Project. So here we are:

1. Salaries: As established by the HFR/HCR. No other allowance specified for this Project.
2. Limited only to a part of transportation if no other alternative will be possible. Our intention is to work out this Project through volunteer groups within the Church and through the Institutions designated for assistance.
3. According to our plan, the food will not have to be stored in a specific place following to be distributed later. The distribution will take place directly from the Harbor of arrival where the food will be transferred to the representatives of the designated recipients. It will save money, time and make the entire Processing much easier.

St. Rev. Nathaniel Pepp
 Bishop of Detroit
 Romanian Orthodox
 Episcopate of America
 Orthodox Church in America
 Help for Romania Fund
 2522 Gray Tower Road
 Jackson, MI 49201-9130
 Telephone (317) 522-4900
 Facsimile (317) 522-5907

Mrs. Carol M. Stevens
 Chairperson
 Help The Children of
 Romania Fund
 Department 771246
 Detroit, MI 48277-1246
 Telephone (313) 332-8599

Very Reverend
Richard Grabowski
 Office of U.S. coordinator
 of assistance
 535 OAK Knoll Ave., N.E.
 Warren, OHIO 44463
 Tel. (216) 394-8575
 Fax: (216) 393-2581

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We do have a storage place in Bucharest at Antim Monastery which includes two very large rooms able to take in two 40' containers. Besides, we also have access to a four room apartment in the heart of the City where we can also store at least another 40' container. We could use this space to store some of the food we intend to personally distribute in the Southern part of the country. Both storing areas are safe: the one at the Monastery is within the yard and access outside is through a gate guarded 24 hours a day. For extra safety, we can pay a guard overnight for less than \$25 per month. At the other building the space is even safer as it is guarded from 4P.M to 8A.M by a guard paid by the Church.

4. To identify the beneficiaries we already procured lists of orphanages and homes for the elderly from all the regions of the country. In this Process, we are guaranteed the assistance of the Church of Romania. Thus, each diocesan bishop will send a representative to visit and gather data on the orphanages, homes for the elderly, etc. found in their district. We also received the cooperation of the League of the students, a volunteer group within the Church. Members of each local chapter in their diocese will work together with the diocesan bishop to expedite the gathering of data and to locally supervise the proper use of the donated materials. We have already some data and we anticipate that the entire process will take no more than two weeks for the whole country. Data includes: Name and address of place, nature of institution, number of assisted people, state of the place, contact person there, personal notes and observations. Once collected, the data will be organized and based on personal contact and study of information we will decide on the quantity to be allowed to each institution.

5. The Food Donation is part of an ongoing Project directed by HFR in cooperation with other charitable groups, mainly BBF of Pittsburgh, PA and the frequency of the individual program is based on the frequency and the nature of each shipment from the States.

6. Yes, it needed only. We mainly count on volunteer work. We might need to use some of the food (within the allowed limits) to cover for transportation costs and/or for loading and unloading.

9 Both. As most Government sponsored institutions for the socially disadvantaged people are underbudgeted, it reflects directly on the quality of nutrition. The cost of life jumped beyond control but the allowance per person given by the Government did not rise proportionally. Thus less food is bought and divided to the same number of people and the nutritional value diminishes accordingly. The milk and the oil are two items needed daily and expensive. Such a donation will bring a serious saving to the budget of each institution and improve the nutritional value of the meals offered.

10. No

11. The designated recipients will come to the Port upon the arrival of the containers and the food will be distributed there. All the accounting and the transferring formalities will be done there. Volunteers will be with us to expedite the transferring of goods.

12. We do not anticipate any repackaging costs since the recipients will be designated quantities large enough to eliminate the need for repackaging (A usual institution has more than 100 patients and the food according to our data is packed in sacs of 50lb each). The repackaging would have been a must if the donation would have been directed to private people.

13. At the Port of arrival we will complete the paper work with the representatives of each recipient institution and centralize the data afterwards. Mrs. Florina Tatulescu, our accountant will be responsible for this.

- 14.
- Meeting with the Church representatives in Bucharest to insure assistance,
 - Contact the League of the students, the central office in Bucharest to inform and establish ways of involvement
 - Contact the diocesan bishops and set deadline for data gathering
 - Contact the local institutions and confirm Plan of distribution, set responsibilities, etc

account number 715821 (this is the account number of the Romanian bank the) for Dimitrie Laurentiu Ioan Tatulescu at Banca Ion, Tiriac Bucharest Romania

Here Spring is here but times are still somehow cloudy
Best of luck in Washington D C. Hope to learn good news from you soon
Our very best to His Grace, to you and your family and to our entire

-4-

- Centralize data and set specific quantities of food to be donated to each institution, based on the state of the institution and on the number of people being assisted.

- Upon the arrival of the containers, the representatives of the recipient institutions will be contacted and called to the Port to pick up the food. Each will be responsible for their own transportation, as agreed in advance. In cases where no transportation is available we will work out the solution with the local government, ahead of time.

- The Ceremony, the accounting procedures and the transferring of goods will be done at Constanta Port in the presence of Church and Government representatives. Special guests from the American Embassy will be present. Media will cover the event and photos will be taken for the Report.

- As each institution has their own place for storage, temporary storage by us will not be needed. However, personally and through the local Church representatives we will verify the proper storage of food all over the country.

- Gathering and centralizing of the accounting data by Florina Tatulescu,

- A part of the food designated to the Southern area of Romania will (might) be transferred to Bucharest via rail road, stored at Antim Monastery and distributed personally with the representatives of the Church.

- A detailed Report on the Project will be prepared and sent to our Central Office in Jackson Michigan.

15. By trucks and/or by rail road

16. Yes, but not everywhere. To load and unload the food at the Port from the containers into the trucks we will use the forklifts of the Port. Elsewhere, the forklifts will not be needed as volunteers and some paid workers will be used at each place.

17. Maximum two weeks from the time the containers arrived to Constanta Port.

18. Established based on data received

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BEST AVAILABLE

19 The exact number of people to be involved in this Project is not exactly known. We have the commitment of the Church representatives, the local branches of the Students' League and can add to these the volunteers generated by each recipient (The Students' League alone numbers over one thousand people)

20. Mainly from the institutions designated for assistance where trucks are not available, arrangements will be made with the local Government for transportation of goods.

=====

I hope that this covers the questions and offers you sufficient data to present our plea in Washington D.C. when you go there.

Some last minute brief info :

- The new container has not arrived yet Through Bishop Lucian of Constanta we keep in touch with the Port He insured for us a safe place to store some of the goods, if needed, in case that any of the consignees will not come. I'm thinking primarily at the people from Bessarabia

- Did you get the original Report and the pictures? Is there any news on the proposed projects? I need an answers on Dacia Project as soon as possible as other groups are also showing interest in doing it. The cost of ceiling is around \$4000 Most of the rest I estimated in my last Report Please, fax me something, if available, before Thursday.

- If my salary has not been transferred yet, please, do not use the account number I gave you last time, as that doesn't work very well. The new account I have is with Banca Ion Tiriac in Bucharest, a very good bank, charging 0.5% for each drawing, with a minimum of two dollars every time and 5% interest To transfer the salaries please do it through the American Express Bank in New York (Perhaps, possible through their local branches as well), account number 715821 (this is the account number of the romanian bank there) for Dimitrie Laurentiu Ioan Tatulescu at Banca Ion Tiriac Bucharest Romania

Here Spring is home but times are still somehow cloudy
Best of luck in Washington D.C. Hope to learn good news from you soon
Our very best to His Grace to you and your family and to our entire



HELP FOR ROMANIA

OFFICE OF U S COORDINATOR OF ASSISTANCE

Very Reverend Richard J Grabowski

Attachment D

August, 3, 1995

Mr Luke Hingson - President
 Brother's Brother Foundation
 1501 Beedsdale Str Suite 305
 Pittsburgh, PA 15333-2341

Rt Rev Nathaniel Popp
 Bishop of Detroit
 Romanian Orthodox
 Episcopate of America
 Orthodox Church in America
 Help for Romania Fund
 P O Box 309
 Grass Lake MI 49240 0309
 Telephone (517) 522-4800
 Facsimile (517) 522-5907

Re Grant USAID

Dear Luke,

As a follow-up to our phone conversation, I am sending you, as requested, a few remarks in reagrd to the above grant, for your final report to Mary Lee McIntyre

Bishop Teofan Sianatul
 Patriararchal Vicar
 Contact Person in Romania
 Bucharest Telephone 614 41 61
 Fax 312 08 73

- a) the project made progress in the children's homes, schools and homes for seniors, by improving physical condition of some rooms and help with clothing, medicine and food It did not quite meet the goals, because of lack of funds and local cooperation
- b) Information was collected by talking to staff and residents as well as to the state of mind and physical look
- c) beside what was planned, we were made aware of other needs for local families with 7, or 9, or 11 children and also of the shut-ins seniors, to whom we provided help
- d) We did have to make some local purchases, to avoid the high costs of transportation from USA
- e) beneficiaries were visited by me and our bishop and we have receipts and pictures which show the imporvement
- f) AN unplanned situation developed toward the end of 1992 Due to various circumstances(particularly mostly to shortage of funds and increased demands) we closed our office in Bucharest as of October 1992, where Fr Tatulescu was our representative In lieu of that office we secured the help of Bishop TEOFAN-PATRIARHAL Vicar and his staff, for storage and distribution This was reported to USAID, even by me, personally, in Bucharest, in November of 1993
- g) we observed increased stringent requirements by the customs officials and various ministries in Romania, more approval were required and from more places, before we could process the containers
- h) we would be glad to continue helping the children, those in handicapped institutions or schools, as well as to give more attention to homes for seniors But, we would avoid trying to remodel buildings, better to build new ones

I hope these remarks will help and I look forward to hear from you Best wishes and have a good vacation,

Richard J. Grabowski
 Very Rev Richard J Grabowski

cc Bishop Nathaniel