

PD-ABR-979

PACT's
Children of Romania

Final Report

January 1992 - March 1993

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Program Officer

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EXECUTIVE SUMMARY

This project addresses the immediate and long term needs of the Romanian children who are under the care of the State in children's institutions, including those for the handicapped

The project, entitled "The Children of Romania" commenced on September 24, 1990. The purpose of the project as described in the Cooperative Agreement was to " address the immediate needs of the Romanian children through the establishment of systems within the Romanian health services infrastructure (both public sector and, to the extent possible, with appropriate private institutions) which will enable the provision of physical, psychological, and social rehabilitation services to infant, child and adolescent populations determined to be in need, and facilitate adoption of institutionalized children and other feasible alternatives to institutionalized care "

The project was an effort carried out by a Consortium consisting of PACT, Holt International Children's Services (Holt), Project Concern International (PCI), and World Vision Relief and Development (WVRD). The three project elements included Holt International Children's Services carried out the permanency planning component of the project. Holt was able to evaluate 2,906 families by training social workers, reunifying 441 children with their natural families, and facilitating 11 foreign adoptions. In addition, five special needs children were adopted by Holt families and 10 are in the

process of being adopted

PCI's role was to bring medical teams to work with Romanian counterparts to help remedy specific defects in the institutionalized children, performing evaluations and necessary surgery to correct the defects. Volunteer specialists were provided to various orphanages to work with the children and help train orphanage staff. PCI was able to operate on a total of 306 children, to bring 70 individual Options volunteer specialists to assist in eight of the children's institutions, to formally screen 41 children and informally screen 4,507 children, provide 1,015 children with some type of medical diagnosis and/or treatment, and to train 145 Romanian medical counterpart professionals directly and another 70 indirectly.

PACT served as the project coordinator as well as managing a \$500,000 sub-grant fund as part of this project. Four sub-grants were given to help provide for permanency solutions for institutionalized children in Romania. PACT awarded a \$325,000 sub-grant to Holt and three sub-grants totalling \$42,313 to the indigenous NGOs - Salvati Copiii (Save the Children) and Ocrotiti Copiii (Protect the Children). Holt trained Romanian social workers, whereas Save the Children and Protect the Children carried out census activities collected on a data base structure. These activities were to facilitate the permanency solutions, such as family reunification, Romanian adoptions, and international adoptions for the institutionalized children. The sub-grant activities awarded to Save the Children and Protect the Children were designed such that they also helped

to develop indigenous capacity

WVRD's role to enhance the long-term quality of care received by children in the institutions by upgrading the skill level of faculty and students in the Romanian academic and health service infrastructure. In summary, WVRD directly intervened with 1,130 children and indirectly with another 1,483 children. Significant developmental gains were made regarding these children. Informal training was carried out by WVRD with 329 staff and students, and formal training benefitted 498 staff and students.

A I D amended the Children of Romania Cooperative Agreement in November 1991 to include an additional element - the training of the Romanian Committee for Adoption (RAC) and the Committee for the Support of Child Protection Institutions (RCSCPI). A I D added \$250,000 to PACT's Cooperative Agreement to provide training, technical assistance and equipment needs of the RAC and RCSCPI over a ten month time period. See page 6 for accomplishments under this component. See Appendix 1 for summary reports and for final recommendations to A I D on further needs of both the RAC and the RCSCPI.

The activities of this report will cover the final 18 months of the Cooperative Agreement.

I DEVELOPMENTS WHICH AFFECT THE "CHILDREN OF ROMANIA" PROJECT

There were abundant changes in the Children of Romania project during the last one and one-half years. The Field Directors from each Consortium agency, except PACT, were replaced. Despite these changes, the Children of Romania project kept its focus, and positive interaction between the Consortium members continued throughout the end of the project.

In addition to the collaboration between the Consortium members, there was cooperation between the Ministries and PVOs (Private Voluntary Organization)¹, as well as international NGOs. The Romanian entities responsible for child welfare began to take more of a leadership role in their function, and began improving the systems through which the Ministries functioned, as well as advocating for the rights of the child. However, during the last few months of the project, there was a Presidential election which has since altered the positions of many key staff people at the Ministry level. This has proved difficult for many PVOs active in Romania. Some PVOs have stated that it is as if they are beginning anew in Romania - after being active in Romania for over two years.

A negative trend is the continuing increased of children being placed within the

¹ PVO meaning a United States organization as distinct from an international organization which is referred to as an NGO

institutions, specifically the 0-3 (years of age) institutions and maternity hospitals. There was a 7 1/2% increase of children entering institutions in the time frame of April 1991 to March 1992. This was in part due to the moratorium on international adoptions which began in July 1991 because of the "black market adoptions" taking place. However, even after the adoptions resumed, the maternity hospitals were still reporting many cases of abandoned babies. This was and continues to be a problem as the maternity hospitals are not set up to function as orphanages, nor are they equipped with social workers to try to release the child for adoption. Holt changed part of their implementation plan to include maternity hospitals and have placed trained social workers in four hospital maternity wards to begin addressing the situation.

After the moratorium on adoptions, during the eighth project quarter, significant progress was being made toward the ultimate goal of de-institutionalization. Holt attributed part of the progress as a result of the PACT training activities with the RAC and RCSCPI. During the first part of 1992, 1,160 national adoptions occurred and since April 1992 some 50 international adoptions have been completed, 16 of which were placements in the United States. However, there continues to be pressure on the RAC, specifically from the United States. In March 1993, ABC presented a "20/20" program with only negative aspects of the children's situation in Romania. The segment focused on one institution for the handicapped (Camin Spital) where a man named John Upton was selecting children from an institution, taking them across international borders into Hungary, and bringing them to America with no authorization from the Government of

Romania This story portrayed Upton as a "savior", yet there was no coverage of the moral or legal implications of his actions towards the Romanian children In addition, in April 1993, the Parents Coalition for Adoption Rights featured a full page advertisement in The New York Times with a plea to President Clinton to allow for the abandoned babies, who had been taken to Hungary to come to America (See Appendix 2) Much of the information on which the media is focusing is negative, showing no positive accomplishments which the Romanian people, with international assistance, have been able to accomplish PACT, together with the Consortium, responded to the negative media coverage by contacting ABC and talking to Congressional staff members to educate them on positive accomplishments in Romania

During the last year and a half, PACT sponsored two delegation visits from the RAC and RCSCPI to the United States During this time, members of the RAC as well as judicial authorities and Ministry of Health personnel came to the United States These exposure visits gave the Romanian authorities the opportunity to examine our child welfare system, foster care programs and institutions for children They were also able to visit the adoption agencies which had been authorized by the RAC to carry out international adoptions for the United States The delegations were able to observe the U S child welfare system the and to use it as a model for creating their own system In addition, theses exposure visits allowed them to view the ways in which governmental and non governmental agencies work together

II AMENDMENT PERIOD ACCOMPLISHMENTS OF THE PACT TRAINING COMPONENT FOR THE ROMANIAN COMMITTEE FOR ADOPTION (rac) AND THE COMMITTEE FOR THE SUPPORT OF CHILD PROTECTION INSTITUTIONS (RCSCPI)

PACT received additional funding from A I D in November 1991 to provide training to the staff of the RAC and RCSCPI in order to expedite and promote the process of de-institutionalization of children who were in state-run institutions in Romania. The training, provided by PACT, has been very effective. During the life of this component, the training consisted of four child welfare seminars, as well as monthly individual consultations to the RAC and RCSCPI. The training assisted the RAC and RCSCPI to establish a Policy and Procedural Manual for Adoptions, which was one of the highest priorities given the implications of not having a system in place for international and national adoptions for the country. The training provided guidance and counsel on defining criteria for the selection of adoption agencies which would be chosen to facilitate international adoptions. In addition, during each training session one or more of the following were reviewed: basic principles and practices of social work, child welfare practices, program planning, management, strategic planning, "best interest of child concepts", team building, and group work.

Equipment was purchased for the RAC and RCSCPI to assist in establishing a better infrastructure with which to work. This equipment included a copying machine, a facsimile machine, computers, a VCR and T V, and typewriters for the both the RAC and RCSCPI, as well as for each of the 40 Judets (County).

When working in Romania, it is important to understand, that 40 years of communism and the tactics of dictatorship under Ceaucescu have instilled in many Romanians a sense of skepticism. There is distrust among Romanians of each other and foreigners. This continues to exist. However, PACT consultant, Robert Vitillo, cut through some of the skepticism and distrust. Trust was established over a period of many months and the attitudinal transformation which has occurred has resulted in better performance and a skill based aptitude of the staff. Some of the changes that occurred during the life of the project include

- an openness among RAC and RCSCPI staff to discussing problems on individual cases or interaction with the selected adoption agencies which they encountered,

- more drive among the staff to find appropriate mutual solutions to difficult case situations,

- increase in participation levels in the seminars and in individual consultations. This was evident through questions asked and comments provided by staff members during the training sessions, staff initiative,

- staff now welcome new concepts into their work, such as foster care, which was a new concept in Romania,

- staff are applying new concepts into their day-to-day work, staff ability to analyze issues, and, confidence among the staff to express their own opinions on various

permanency planning options for children in a constructive manner

III PROJECT MANAGEMENT AND ADMINISTRATION

1 PACT will monitor the activities of the consortium partners and the recipients of sub-grant funds

PACT continually monitored the activities of the consortium partners on a quarterly basis. The Field Director's meetings were held monthly in order to share lessons learned, new issues and problems encountered. PACT continued to work closely with two sub-grantees, Ocrotiti Copiu (Protect the Children) and Salvati Copiu (Save the Children). These two organizations completed a data base for the Leagan (0-3 years old) institutions and the Casa de Copiu (3-18 years old) institutions. Two census activities were completed on the Leagane institutions to determine if the numbers of the children entering the institutions were increasing. The findings of the second census showed that the numbers of children entering the institutions were increasing. There is speculation about why the numbers are increasing, such as economic conditions however, there is no evidence to accurately identify the reasons for the increase in numbers.

PACT and Ocrotiti Copiu also requested permission from the State Secretariat for the Handicapped to conduct a survey in institutions for the handicapped children. The Ministry denied this request.

2 PACT will work closely with UNICEF in its role to help the process of NGO coordination and information-sharing with Romanian Government bodies charged with NGO coordination, such as the MOH, the Secretariat for the Handicapped and the newly formed Interministerial Commission for NGO coordination

PACT maintained relations with UNICEF and the Ministry officials throughout the life of the project. UNICEF and PACT worked closely in order to update the activities of various organizations as well as to inform each other regarding recent events within the government entities. During the last six months of the project, PACT worked together with UNICEF, USAID/Bucharest, the Romanian Information Clearinghouse (RICH), the European Commission and Romanian Ministry officials to coordinate and plan for a NGO conference which took place in November 1992. This planning process allowed for a lot of exchange between the participating entities and the information exchange was excellent. The NGO conference was a big success and allowed for the first exchange of information between the indigenous NGOs, USPVOs and the Government of Romania. Ministry representatives included Ministry of Health, Ministry of Labor and Social Protection, Ministry of Education and Sciences, State Secretariat for the Handicapped and the Department of Local Public Administration. Other Romanian authorities which were present represented the Ministry of Internal Affairs, Ministry of Justice, Ministry of Defence, the Committee for the Support of Child Protection Institutions, the Romanian Committee for Adoption, the Institute for Mother and Child Protection, the Institute of Educational Science and the Parliamentary Commission for Social Protection. A report on this conference is in Appendix 3.

3 PACT will serve as the primary liaison for the consortium with the U S Embassy, the GOR, the U N agencies and U S PVOs

PACT continued to work closely with the US Embassy Consul General, Pat Hall, to continually assess the adoption situation Romania continues to be faced with Updates were given on a monthly basis by PACT's consultant Robert Vitillo Accomplishments, new issues and plans for the next month were reviewed regarding the training of the Romanian Committee for Adoption the Consul General, Dr Mary Anne Micka, Health Officer from USAID/Bucharest and Rosemary McReerey, UNICEF Representative

4 PACT will prepare an updated Children of Romania implementation plan to the satisfaction of A I D which will be used for project monitoring and evaluation

PACT completed a revised implementation plan to the satisfaction of A I D , which was used for project monitoring and for the final evaluation

5 PACT will investigate and initiate necessary "legitimization" procedures with the GOR

PACT received legitimization procedures from the Government of Romania (GOR)

6 Conduct Project Evaluations

PACT successfully completed a mid-term and final evaluation of the Children of Romania project. The mid-term evaluation has been approved by A I D , however, the final evaluation is still in the process of being approved by A I D .

IV PACT THEMATIC GOALS

1 PACT will assist the Romanian NGO, Ocrotiti Copiilor in the data collection and census of the institutionalized children in the children's institutions (0-3), and the Camin Spital (homes for the severely handicapped) and the Casa de Copiilor institutions

PACT worked closely with Ocrotiti Copiilor and Salvati Copiilor to develop all the data base projects. The Camin Spital census was not performed, as it was rejected by the State Secretary for the Handicapped. The completed census reports have been completed and distributed to the Consortium members, A I D , USAID, UNICEF and the Government of Romania. The survey information has also proved helpful in locating children with particular diseases and/or developmental problems for other PVOs, such as PCI. PCI and Operation Smile used the census information to locate children who needed surgical interventions.

The last data base census was that of the Casa de Copiilor (3-18 years of age institutions for "normal" children). Out of the 178 institutions, Ocrotiti Copiilor was able to gather data on 177 of all but one of these institutions. As of June 15, 1992, the number of children in the Casa de

Copiii institutions was lower than anticipated - totalling 27,117, as opposed to the 37,000 expected. The gender ratio was 16,577 boys and 10,540 girls. The institutions were broken down into three different categories: (1) pre school age - 56 institutions, (2) pre school age and school age children - 11 institutions, (3) school age children - 111 institutions.

2 PACT will promote "indigenous capacity" by funding the projects of Romanian NGO's, such as Salvati Copiii and the Association for the Support of Handicapped Children (ASHC), and will give these NGO's training in management

It was determined jointly by PACT and A I D that management training activities were not appropriate during the life of the project due to the development of the NGO sector in Romania at the time PACT and A I D did not consider the promotion of management training in Romania to be as helpful or suitable during the time period of this project

V OTHER REHABILITATIVE PROGRAMS

1 PACT will leverage additional services, resources and assistance to the children in the institutions for the handicapped

PACT raised a total of \$20,000 from private sources for the children in the institutions for the handicapped (Camii Spitals), which went to refurbish the children's institutions most in need EquiLibre, a French organization, refurbished four Camii Spitals and installing plumbing, heating fixtures, and essential needs such as blankets

2 PACT will develop collaborative programming efforts between European and American PVOs in Romania to assist handicapped children

PACT was successful in facilitating collaborative projects between EquiLibre and Project Concern International and World Vision Relief and Development. Projects included refurbishment of Camin Spitals where both USPVOs were working.

3 PACT, in coordination with other PVOs, will develop a proposal to use PL480 local currency for the rehabilitation of handicapped institutions and other projects accruing to the benefit of the Children of Romania

As stated in past quarterly reports, PACT and World Vision Relief and Development developed a PL480 proposal in 1991 to refurbish a Camin Spital in Hirslau and to provide the institution with a rehabilitative center. This proposal was postponed due to various delays. In late 1992, it was decided that WVRD would continue to work on the PL480 proposal, with PACT's assistance in developing the proposal. The PL480 proposal was approved by USAID and WVRD is currently working on the Camin Spital in Hirslau.

4 PACT will continually assess the situation of all institutionalized children in Romania for the purposes of analyzing, reporting, and where appropriate, addressing the "unmet needs" of these children

PACT identified two significant unmet needs in Romania that directly affected the children in Romania. These were, (1) identifying the needs of the RAC and RCSCPI, and, (2) the abandoned children in maternity hospitals. PACT not only identified the needs of the RAC's, but also facilitated the execution of the project together with A I D 's assistance. PACT, seeing the needs were still significant after 10 months of training, requested and received a no-cost extension to continue the training activities for an additional six months.

Together with Holt, PACT worked towards a solution to the issue of children being abandoned in the maternity wards of hospitals. PACT assisted Holt in changing their implementation plan to directly address the situation. Holt has placed social workers in four maternity hospitals.

VI PERMANENCY SOLUTIONS

Holt International Children's Services Family Reunification Program

1 Evaluate the family situations of 2,500 orphanage children and make permanency plan for them

A total of 2,906 family situations were evaluated over the life of the project. The project has demonstrated that outreach to families by a supportive social worker does expedite the process of helping the families arrive to a permanent solution to their child's welfare.

2 Holt International, by hiring and training 20-25 Romanian "social workers" will build "indigenous capacity" in permanency planning in Romania

During the life of the Holt program, 46 Romanians received training on an on-going basis. The training was conducted at three different sites, Bucharest, Suceava and Timisoara. The training in Timisoara was integrated into the university. Twenty-one social assistants completed the one year training program by June 1992 and received a certificate from the university. By the end of the project, 17 of the social assistants were working in paid employment or in promised employment. The social assistants training in Bucharest and Suceava were awarded certificates signed by the Ministry of Health, Ministry of Education and Holt, recognizing the number of hours of training they had received.

3 Through cooperation with Holt and Salvati Copuu, 100 children will be reunited with their birth families

During the life of the project, 88 children, who had been living in the institutions where Holt social assistants were working, had been reunited with their birth families.

VII. HOLT ADOPTION AND OTHER RELATED PROGRAMS

1 Get children for whom it is appropriate registered on the official adoption list sent by 20-25 orphanages to the Romanian Committee for Adoption

The number of international adoptions have reflected the slow start-up of the Romanian Committee for Adoption, but at this time movement is increasing and it is encouraging. Another reason for the slow start up in the RAC is because it is a newly established RAC trying to administer outdated laws and policies. New policies and laws must be implemented in order to have the full carrying capacity of the RAC. However, Holt has been able to report 11 children total who have been placed with foreign adoptive families. Holt has referred 147 children to the Romanian RAC and it is hoped that adoption will begin to move at a faster pace.

2 Work with the GOR in helping to design an effective Romanian adoption system

Holt keeps in close contact with the RAC. However, Holt cannot work directly with the RAC because of their status of being one of the official adoption agencies to represent the United States. This hampers Holt from working directly with the RAC because the RAC may be perceived to be partial to Holt. Holt participated in, and cooperated with PACT, during an exposure visit for members of the RAC. Visits in Oregon included Dornbecker Hospital in Portland and consultations with officials of the Children's Services Department of the State of Oregon.

3 Facilitate adoption of "special needs" children in conjunction with new adoption procedures established by the GOR

Holt has facilitated the adoption of five children with American families and are currently working on processing an additional eight children, all of which are special needs children. Two additional special needs children have been referred to Holt.

4 Work with the Ministry of Health to develop a demonstration foster care program for 15 children

Foster care has been a difficult concept and service to introduce to Romania. The Romanian people have difficulty conceptualizing someone taking a child into their care for a temporary period of time, and then letting the child move on to another family home. In October 1991, an American social worker was hired to concentrate efforts on developing and implementing a foster care program. Following a discussion with Ministry officials, all the necessary approvals and instructions were given to develop a demonstration pilot project by an independent organization and privately funded, known as "Temporary Family Care". Dr. Florentina Dinca was the director of the project with Holt acting as a consultant. The social worker placed in the leagan by Holt was responsible for evaluating families, and supervising all placements of children in the TFC families. Four children were referred by the Leagan Director. While recruiting for placement, two of the children were adopted by foreign families through the RAC and two children were placed with Romanian families in TFC. (See Holt final report)

6 Advocate with the Romanian Committee for Adoption that there be adoption home studies required of prospective Romanian adoptive families as are presently required for foreign adoptions

A total of 123 children have been adopted to Romanian families during the life of the project where Holt social assistants have been working. Home studies and follow-up of the adoptive families have been actively encouraged to the Tutelary authorities responsible for the adoption through the efforts of the Holt social assistants. The promotion of domestic adoptions is an activity area in Holt's new program and the lessons learned from this project have been incorporated into the design.

Maternity Hospitals

Holt expanded its project to include the children who were being abandoned in maternity hospitals. The purpose was to provide counseling and intervention services by the trained social assistants to expedite permanency planning for these children. Holt selected three hospital sites: Municipal hospital in Bucharest (maternity ward), Polizu Maternity/Institute of Mother and Child in Bucharest, and the Judetean hospital in Constanta. As Holt has stated in their quarterly reports, the number of children being abandoned in the maternity hospitals has doubled in 1992. More training needs to take place within the maternity hospitals, as the hospitals are not accommodated to operate as orphanages.

VIII PROJECT CONCERN INTERNATIONAL (PCI)

1 To assist Romanian counterparts in their goals of providing a better future for Romania's children, especially those now in institutions, or those who may be in jeopardy of institutional placement

After assessing the medical specialty needs of 28 institutions, PCI placed Option volunteers in eight of the institutions Orphanage Number One, Home Hospital for the Severely Handicapped Number Eight, Domnesti Dystrophic Hospital in Agricultural Sector Ilfov, Home Hospital for the Severely Handicapped Babeni, Craiova Orphanage, Home Hospital for the Severely Handicapped Moreni, Home Hospital for the Severely Handicapped Horia, and Home Hospital for the Severely Handicapped Hirslau

The Option volunteers provided hands-on care, modelling of teamwork, opportunities for exchange and training, and the laying of a foundation for sustainable medical specialty programming Many of these volunteers supported private associations of their specialties

PCI also collaborated with the National Institute of Physical Medicine, Balneology and Rehabilitation, the main center for professional development in Romania which also coordinates the rehabilitation departments of different hospitals and clinical rehabilitation centers around the country

PCI has encouraged these groups to monitor the surgical needs and interventions of physically handicapped children. Collaboration on the development of case monitoring continues to be organized at the National Children's Hospital, Marie Curie/Budimex Hospital in Bucharest, under the direction of the Director of the Sanitary Department, Bucharest.

2 Options volunteers and physicians and surgeons will teach simple repair techniques, such as the remolding of a clubfoot. Romanian counterparts will also be instructed in modern surgical techniques for more complex defects, such as the repair of cleft lips and palates to prevent as many children as possible from being classified as "irrecoverable."

Nine surgical teams in five different Bucharest hospitals transpired during the life of this project. This totals to 226 weeks of voluntary care on a total of 306 children.

3 To initiate the process leading to recovery and rehabilitation, to the furthest extent possible, of all institutionalized children. Medical teams will treat simple problems, such as crossed eyes, so that the children look normal to their natural families and to the potential adoptive parents. Options volunteers specialists will include orthopedic specialists, physical therapists, speech therapists, child psychologists and pre-school teachers.

The 70 individual Options volunteers included orthopedic specialists, physical therapists, a Romanian speech therapist/child development specialist, an educator, and a social worker. Nine surgical teams performed operations in Romania.

4 In order to update the knowledge of pediatric medicine in Romania and to provide mothers and children with the same level of medical care available in the West

a Options volunteers will be skilled in areas where Romanian lack current medical knowledge Each volunteer is expected to train while treating patients

b Medical teams will visit the country four times a year They will be matched with Romanian counterparts prior to arrival, and all of their operations will be done in collaboration with Romanian physicians

Training is defined as having received enough information to make a change in behavior Romanian medical professionals, staff and foreign volunteers are targeted through the PCI training effort, an informal effort which accompanies the primary purpose of the project which is to provide medical services directly and indirectly to institutionalized children Training is effected, as well, through formal information exchange, as with the three day symposium of the Dental Team at the Dental University in Bucharest, through modelling new behavior and the team approach by providing specialty care

Training was carried out within the context of patient management effected improvements in the care program Romanian host hospital staff surgeons, PCI surgical team members, PCI nurses, and Allied Service volunteers also provided training in pre and post operative care to the

Pavilion Number One staff and caregivers

IX WORLD VISION RELIEF AND DEVELOPMENT

*The overall objective of the WVRD project was to " provide direct professional care to up to 15,000 orphans via teams of child development specialists, as well as counseling, training and assistance to Romanian orphanage staff professionals and paraprofessionals "*²

In Bucharest, the Denver II (DII) test was identified as a development screening tool, and training in its use was carried out. DII tests were performed on orphanage children. Reassessments revealed significant gains as a result of applying various rehabilitation and development programs. Multidisciplinary team meetings dealt with principles of care and children's rights, individual care plans for behavioral modification.

In Cluj, Jeff Baird employed the Bayley scale of child development as a screening tool, which revealed developmental delays in all children. 46 children were tested and retested every six months. Comparisons of Bayley test results were made for testing March 1991 and follow up in March 1992. The findings revealed that receiving individual therapy showed improvement of 8.66 months from 13% through 25% to 32% of chronological age. Some individuals showed large improvements: the upper 50% improved 12.33 and later by 13 months, from 15% through 33% to 42% of chronological age. Bayley scores were translated into Romanian and used in

² This portion of the report focuses on accomplishments by WVRD project site and not by their goals as identified in their implementation plan. This section is in summary only, a detailed report on accomplishments by project site can be found in Appendix 4.

a psychological report for each child's file Romanian staff have used the reports to determine future placements and plan activity programs

In Constanta, the physical and mental condition of the children was very serious owing to AIDS affliction and neglect However, children gained weight, skin and hair color improved, and infection incidents fell The mobilization program made good progress, with increased numbers of children walking, and all children who were not sick were out of their cribs daily In July 1992, out of 44 children, 35 were fully mobile, 7 needed assistance, and two were not mobile

In March 1992, the mortality rate was 4 deaths per month, compared with 15 per month when WVRD began working in Constanta

Several rehabilitation and development programs were initiated play therapy, education, and hygiene (toothbrushing, toilet training) Most children have gained weight due to improved nutrition, and children are taken out for walks daily

In Craiova, the premature Unit was selected as the main focus of action The target group for direct intervention included about 100 children, of which 46 were premature, 85 dystrophic, and two physically handicapped Screening of children's development was performed using one of the following the DII test, the Bayley developmental scales, the physical, nutrition, developmental and Hawaii assessments Intervention programs were carried out with target children, with special emphasis on education, positioning, feeding and community outreach

In Timisoara, due to pervasive problems in the orphanage, the whole of it is targeted for intervention, with particular emphasis on the highest risk categories, children with feeding problems and those with unattractive personalities. A testing system was set up which was meant to review children's progress. Up to one year, children had monthly growth monitoring and three monthly DII testing, and later three monthly growth monitoring and six monthly DII testing. All tests performed so far revealed that all children were developmentally delayed and needed stimulation and intervention. As a result of the program for motor recuperation, all children were walking or walking with help, by the end of November 1991. All children improved in their feeding abilities.

In Bucharest, all clinicians held meetings with volunteer care givers to explain their roles and expertise and offered help. Classes were conducted for Romanian staff on respiratory therapy, positioning and physical therapy, toilet training, and behavior modification.

In Cluj, informal training benefitted 60 persons and formal training benefitted 145 persons. Twenty-five staff are given informal teaching or training regularly in dealing with aggressive behavior, the hygiene program was discussed with staff and implemented. A child psychology course was taught to 35 students from the Cluj University for one year, covering disruptive behavior, anxiety disorders, autistic disorders, mental retardation, common developmental problems, and depression/suicide. In the final exam, all students received an "A" from the course, with two persons receiving a "B".

In Constanta, teaching through modeling was initiated and carried on and staff began applying lessons learned on setting up proper drug rounds, improving control of used needles, and regularly keeping growth charts. Consultancy services were provided by Dr. Mark Mintz of the University of New Jersey in presenting lectures on pediatric AIDS. He reported that there were positive changes in the management of AIDS, lessening fears of contracting AIDS through contact with infected children, leading to an increase in physical contact between the staff and children. A training curriculum and supervised teaching of care for terminally ill children was developed. In April 1992, a formal teaching session was introduced for the 18 infirmary in the facility. The unit dealing with grieving/dying child arose considerable interest as it was perceived as a new concept, the infirmary agreed to start a support group at least once a month.

WVRD staff worked alongside staff to raise awareness through modeling of hygiene and nursing standards. Interest in the children increased and staff tried to promote development consistently. Attitude changes were observed among Romanian staff, for example, holding an HIV+ child, which they were previously reluctant to do. They applied their knowledge, expressed the desire to continue learning, and showed excitement and pride in the children's accomplishments as they passed new milestones.

In Timisoara, to ensure sustainability, and to effect a significant change in attitude to the children, the WVRD team interrelated on all levels where needs existed in order to multiply the work, and offered all staff assistance on behalf of the children. It was consistently attempted to encourage the development of individual intervention plans for each child to be done by the Romanian staff.

A Final Report from WVRD is provided in Appendix 4.

See Appendix 5 for The Brooke Foundation report on ROSES project.

**SUMMARY OF PACT CONSULTANCY
TO ROMANIAN COMMITTEE FOR ADOPTION
OCTOBER 1991 - MARCH 1993**

By Robert J Vitillo,
Caritas Internationalis

After making an initial evaluation visit to Romania in August 1991, this consultant was requested to provide monthly consultancy services to the Romanian Committee for Adoption (RCA) and to the Romanian Committee for the Support of Children's Institutions (RCSCPI) to assist Dr Alexandra Zugravescu, the President and Executive Secretary of the two respective committees and her staff in their tasks of enacting appropriate controls on the situation of international adoption from Romania, professionalizing domestic adoptions in the country, and initiating positive developments in overall child welfare policy and practice in Romania

This consultant utilized the following approaches in undertaking his role in assisting RCA and RCSCPI

(1) Regular discussion with Dr Z and her staff on both problems and successes which they encountered in their work,

(2) Formal training sessions on the philosophy and practice of social work as well as on strategic planning and effective management,

(3) Regular contacts and networking with the representatives of U S based agencies approved for international adoptive placements from Romania, with the UNICEF representative in Romania, with the U S Consul General in Bucharest and the U S A I D office in Bucharest, and with certain members of the Technical Advisory Group for the Children of Romania project,

(4) Periodic contacts with other government officials responsible for various aspects of child welfare policy and practice in Romania,

(5) One exposure visit for staff and members of the RCA to the United States in order to review policy and programs for child welfare services in the latter country

The following is a summary of the major goals and accomplishments realized during the consultancy

Communicate the major elements in the body of knowledge related to child welfare practice and policy In addition to this consultant, other experts (including Dr Howard Altstein, Dr Angela Zeilinger, and Mr Richard Zeilinger) were engaged to assist in implementing this goal Training sessions were organized on the basic philosophy and values in social work A historical overview of the evolution

A

in child social welfare policy and practice in Western Europe and North America was offered. Specific training in interviewing skills and enabling skills in problem solving with clients (especially with biological parents) were offered. Criteria for the selection of adoptive applicants for matching of children with adoptive families were reviewed. Much emphasis was placed on social work values and on "best interests of the child" as the overriding principle to be followed in child welfare policy and practice.

Assist the RCA and RCSCPI staff to adopt an organized planning methodology to approach their own work. The main phases in planning were reviewed with the staff. Practical exercises in planning were employed to prepare a Mission Statement for the RCA and to identify short- and long-term goals for the future work of the Committees.

Promote a professional approach and self-identification as child welfare professionals among the staff of the RCA and RCSCPI. In accomplishing this goal, the consultant and other experts made available ready "listening ears" to the RCA and RCSCPI staff and encouraged them to discuss their frustrations, fears and concerns in their ongoing work. An attempt was always made to help the staff identify successes as well as problems. Gradual assistance was given to the staff to organize information seminars and sessions for other child welfare professionals in the country (institution directors, members of the commissions for minors, etc.) so that the RCA and RCSCPI staff could both "test out" their own newly acquired values and skills as well as to place them in a position of moral (if not, legal) authority within the country.

Encourage the preparation of a Policy and Procedures Manual for the RCA. After much discussion and reflection, the RCA staff finally did prepare such a manual with the help of this consultant. Much of the material utilized was the same as that prepared for the various seminars which had been sponsored by the RCA and RCSCPI in different parts of the country. The manual has now been finalized in the Romanian language and is being translated into French and English and printed with the help of UNICEF.

CONSIDERATIONS FOR THE FUTURE

1 Although much progress has been made by the RCA and RCSCPI staff, ADDITIONAL TRAINING IS NECESSARY. Since each case is in effect a precedent case, the staff needs help to solve the "new" problems which are constantly presenting themselves. For this reason, a "casework" approach to the training might be most appropriate, provided that the staff feels comfortable to discuss their case problems with the consultant and other experts.

2 Planning expertise will need to be enhanced during the present phase of integration of various previously-existing offices (including the RCSCPI) into the new Romanian Committee for Child

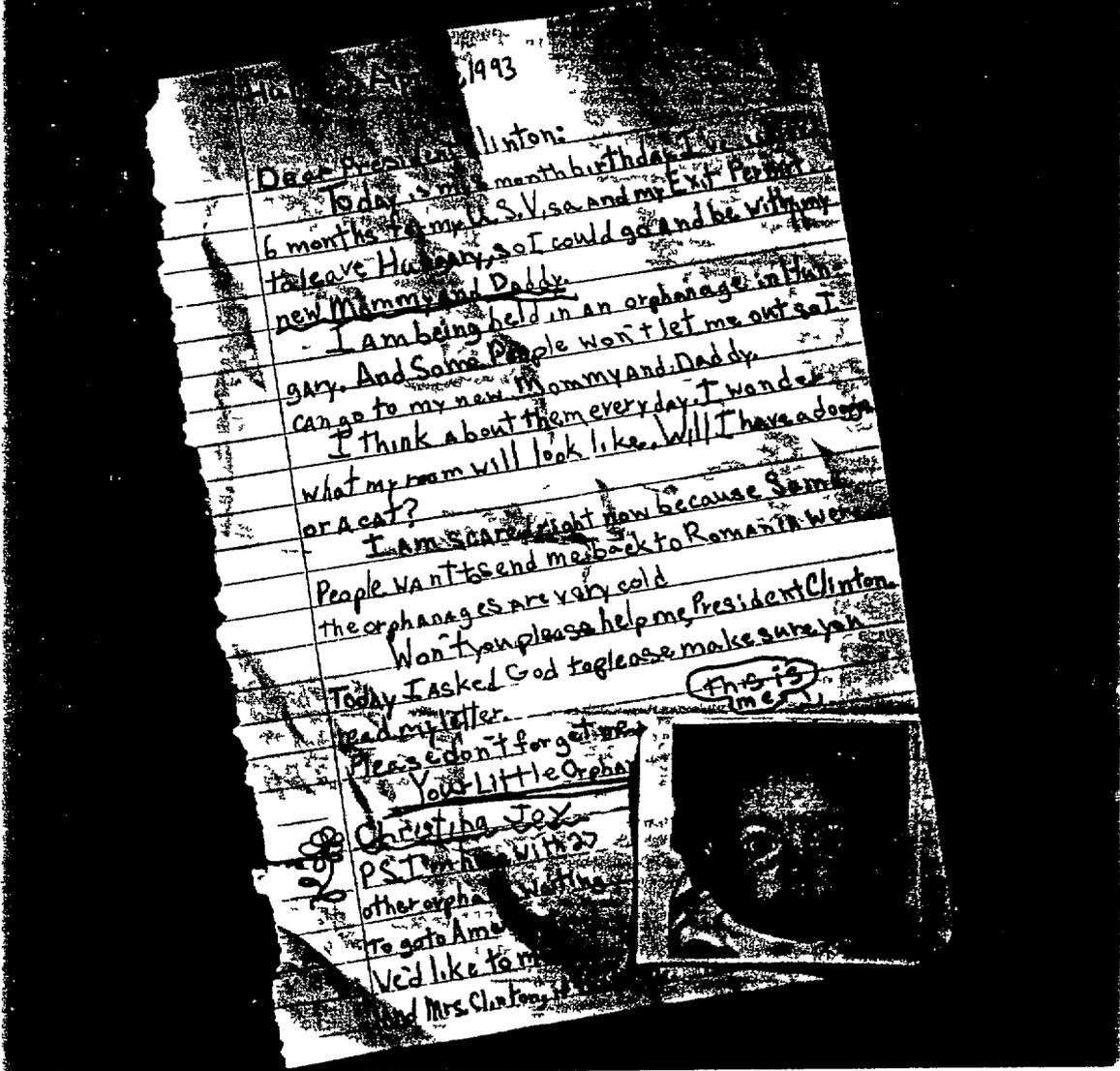
Protection (RCCP)

3 RCA and RCCP members and staff should receive ongoing exposure to child welfare practices and policy in other parts of the world. Consideration should be given to at least one additional exposure visit to the United States.

4 Positive communication skills must be offered to the RCA and RCCP staff and members. Special emphasis should be placed on managing relations with the mass media. Consideration should be given to developing positive video programs on progress made in child welfare policy and practices in Romania in order to counteract the negative publicity which has been generated by the mass media throughout Western Europe and North America.

5 Outreach must be initiated by the RCA and RCCP to the judicial authorities in the country in order to seek their collaboration in implementing professional child welfare practices in Romania.

AN ORPHAN'S PLEA TO PRESIDENT CLINTON



Excerpts from Christina Joy's Chronicle

I was born in Romania. I was 6 months old when my S.V. sa and my Ex. Foster Mommy left me. I can't go and be with my new Mommy and Daddy.

I am being held in an orphanage in Hungary. And some people won't let me out so I can go to my new Mommy and Daddy.

I think about them every day. I wonder what my room will look like. Will I have a dog or a cat?

I am scared right now because some people want to send me back to Romania where the orphanages are very cold.

Won't you please help me President Clinton. Today I asked God to please make sure you read my letter.

Please don't forget me.

Your Little Orphan

Christina Joy

P.S. I have written other orphan letters to go to America. I'd like to meet you and Mrs. Clinton.

spend my first Christmas with my new Mommy and Daddy in America.

Some Very Big People at something called State said my Birth Mommy was wrong that she broke the law. But she said she had the right to give me a better life in America instead of sending me to a baby house where there's a little love. I'm proud of her.

Will you please help me President Clinton. Today I asked God to please make sure you read my letter.

with my Foster Mommy. I cried a lot when I left. Why did the Bad People not even let my Foster Mommy see me? I bet she's sad.

Three different times I've been to the orphanage in America. Then all the times I've been to the orphanage change at the 1st minute so that I can go.

Now the Big People are saying that I should go to the baby house. They said that as protection. But I'll stay with my Foster Mommy. I cried a lot when I left. Why did the Bad People not even let my Foster Mommy see me? I bet she's sad.

BEST AVAILABLE COPY

read my letter.
 Please don't forget me
 Your Little Orphan
 Christina Joy
 P.S. I'm here with 27
 other orphans waiting
 to go to America too.
 We'd like to meet you
 And Mrs. Clinton if that's ok.



Excerpts from Christina Joy's Chronicle

My name is Christina Joy and I was born in Romania last year. My Birth Mommy loved me very much because she risked her life so I could go to America. She was young and a mommy before she had me.

She was very poor and couldn't care for me the way she wanted to. She didn't know who my real father was. Her only other choice was to send me to a baby house in my country of Romania. But she didn't want to put me there because those places are cold and there are even deadly things there. Instead, she took me to Hungary where Nice People protected me.

When she went back, some Bad People kept trying to make her say she took money or that she was forced to take me to Hungary. But she wouldn't lie. I know my Birth Mommy very well. After all, I spent nine months close to her heart.

I wish President Clinton knew how sad I am because some Very Big People over there where he is wouldn't let me

spend my first Christmas with my new Mommy and Daddy in America.

Some Very Big People at something called State said my Birth Mommy was wrong that she broke the law. But she said she had the right to give me a better life in America, instead of sending me to a baby house where there's little love. I'm proud of her.

When I was four months old, they said I couldn't go to America because they had to interview my Birth Mommy face to face. Why did they wait sixteen weeks before talking to her? I've done a lot of growing up in those four months.

For my first six months, I was with a beautiful Foster Mommy who really knew how to love me and care for me. Then, some Bad People called the newspapers and spread rumors to hurt the Nice People who helped rescue me and my Birth Mommy.

All of a sudden, the Bad People came into our home and took me away from my Foster Mommy and put me into a big

baby house. They said it was to protect me. But I felt safer with my Foster Mommy. I cried a lot when I lost her. Why did the Bad People not even let my Foster Mommy come to see me? I bet she's sad.

Three different times I had my diaper bags packed for America. Then, each time somebody or something made a change at the last minute so that I couldn't go.

Now Really Big People over here in Hungary are stopping me. For months they said once my U.S. visa was OKed, they would let me go. I meet all the American rules, so why can't I be with my new family?

I'm very scared because the Really Big People in Hungary and Romania are saying that maybe they'll have to send me to a cold baby house in Romania—instead of going to America.

My little friends are scared too. We say prayers every day that maybe soon we'll be on our way to America to live with our new Mommys and Daddies.

HELP FREE CHRISTINA JOY (and her friends) TO COME TO AMERICA

Call or fax President Clinton at The White House

White House Phone (202) 456-1414, Fax (202) 456-2461, White House Press Office (202) 456-2100, Fax (202) 456-2362

This petition has been placed by Parents Coalition for Adoption Rights, P.O. Box 103, Grand Central Station, New York, NY 10017. Telephone (212) 614 1047. Christina Joy is one of a group of Romanian orphans of Hungarian and other ethnic background trapped in Hungary since October 1992, awaiting their U.S. visas and Hungarian exit permits. This petition, written by one of the adopting families, describes the actual story of her plight.

FOR UPDATES, CALL 1-900-454-8392
 Cost of call \$3.00* Parental consent if under 18

NATIONAL NON-GOVERNMENTAL ORGANISATION WORKSHOP

PROTECTING ROMANIA'S CHILDREN changing from emergency assistance to improved systems of care

Secretariat: RICH Str Ministerului 1-3 Sc. C Sector 1 București Tel+Fax: (40-1) 13 75 44

The National Non-Governmental Organisation (NGO) Workshop entitled "Protecting Romania's Children. changing from emergency assistance to improved systems of care" took place at the Sala Palatului, Bucharest, during the period 9-13 November 1992

The Workshop was organised and financed by the Romanian Government, the United Nations' Children's Fund (UNICEF), the American Agency for International Development (USAID), and the European Economic Community (EEC/PHARE)

The Romanian Information Clearing House (RICH) provided the secretarial services

More than 1200 guests participated in the Workshop directors of childcare institutions, district and national level representatives of the Ministry of Health (MS), the State Secretariat for the Handicapped (SSH), the Ministry of Education and Science (MIS), the Ministry of Labour and Social Protection (MMPS), the Department for Local Public Administration The Romanian authorities were also represented by participants from the Ministry of Internal Affairs, the Ministry of Justice, the Ministry of Defence, the Committee for the Support of Childcare Institutions (CSIOC), the Romanian Adoptions Committee (CRA), the Institute for Mother and Child Protection (IOMC), the Institute of Educational Science, and the Parliamentary Commission for Social Protection

The majority of those present were representatives of 183 NGOs, of which 63 were Romanian and 120 foreign

The following NGOs made formal presentations Aids Care Education and Training, Adoption Centre, AMURT, Asociația Adolescentul, Asociația Română Anti-SIDA, Asociația Română pentru Acțiune de Caritate, Asociația Speranța, Bethany Social Services, Brooke Foundation, Danish Red Cross, Dutch Red Cross, Equilibre, Federația Română Sportul pentru Toți, Free Romania Foundation, Fundația "Copiii Noștri", Fundația H pentru învățămînt la distanță, Health Aid UK, Holt International Children's Services, Liga Română pentru Sănătate Mintală, Medecins du Monde, Médecins sans Frontières Olanda, "Mesagerii Sănătății", Mișcarea de Planificare Familială Vrancea, Norwegian Red Cross, Pretenii României, Project Concern International, Pro-Vita, Red Barnet, Romanian National Committee for UNICEF, "Salvați Copiii", Societatea de Educație Contraceptivă și Sexuală, Societatea Română "Speranța", Teddy Bear Project, The Romanian Orphanage Trust, The Romania Project UK, US Peace Corps, World Vision

The complete list of participating NGOs is annexed

At the official opening of the Workshop, the Romanian Prime Minister, Mr Theodor Stolojan, stressed that the period of emergency child care which followed the revolution of December 1989 must be replaced by a policy of long-term assistance, based on a well-defined legal framework. The Prime Minister added that although a change of political system is impossible without social costs, it is our duty to minimise these costs Childcare policy should be formed in such a way that, as a priority, the child can grow up within his own family, or failing that, within a replacement family

a m. Theme. Child protection policy the legal frameworkOrganiser Ministry of Labour and Social ProtectionChairperson: Silvia Pasti, Director General, MMPS

Presentations were made by government representatives responsible for the administration of current legislation concerning child protection, specifically The Family Code, Law no 3/1970 regarding the protection of certain categories of minors, adoption legislation

The speakers (Silvia Pasti (MMPS), Constantin Mirea (MMPS), Zitta Herghelegiu (Dept. for Local Public Administration), Elena Constantinescu (CRA)) agreed that, although the legal framework needs to be refined, there is still plenty of scope for improvement regarding the application of the present legislation. The lack of a social-work network is particularly felt.

The following NGOs spoke

- Prof Dr Virgiliu Radulian (Romanian National Committee for UNICEF) the social cost of transition should not be borne by children,
- Valentin Oancea (Salvați Copiii) a correct legal framework is necessary for NGOs,
- Gary Westwater (The Romanian Orphanage Trust) a project for the protection of minors within the family framework,
- Carmen Bejan (Equilibre) a project with street children

Two major issues emerged during the ensuing discussions

- the necessity of a legal framework, in order to integrate the present legislation more explicitly into the spirit of the Convention on the Rights of the Child, to avoid parallelisms of responsibility, and to lay down the operating conditions for NGOs,

- the need for more time for discussion in the Workshop programme, in order for participants to express their own points of view

p m. Theme: Alternatives to InstitutionalisationOrganiser Committee for the Support of Childcare InstitutionsChairperson: Dr Alexandra Zucrăvescu, Executive Secretary

Yves Gilardi (EEC consultant) and Cristina Fulga (CRA) summarised the present situation, showing that, although conditions in the institutions have greatly improved in comparison to December 1989, it would be better if every child lived in a family situation. The fragmented system of childcare and the repeated movement of the child from one institution to another are factors which do not favour normal childhood development.

Ileana Maican (CSIOC) specified the distinctions between the prevention of institutionalisation and de-institutionalisation, stressing the role of social workers in both cases.

Gabriela Coman (CSIOC), Cristina Călina (CRA), and Rodica Mitulescu (MMPS) presented "family-type" alternatives for institutionalised children: reintegration into their natural families, national and international adoption, and foster families.

The NGOs "Salvați Copiii" (București, Timiș, Mureș), Adoption Centre, The Romanian Orphanage Trust, Holt, Project Concern International, Teddy Bear Project presented programmes for the de-institutionalisation of children.

The presentation and discussion conclusions were summarised by Rosemary McCreery (UNICEF) although the institutions will continue to exist, they must be seen as a temporary protection measure, and to respond more exactly to the needs of each individual child. The motto "Services for Children" not "Children for Services", should be observed.

Organiser Ministry of Health

Chairman Dr Alin Stănescu, Director General, MS

a m. While opening the day's proceedings, Dr Alin Stănescu underlined the following points

- NGOs play an important role, not only with material help, but also in training of personnel and the promotion of new activities in childcare institutions,

- The Ministry of Health has chosen three themes of prime importance for presentation and debate in the Workshop health education, family planning and sex education, HIV/AIDS

Theme 1: Health Education

Dr Emanoil Stoicescu (MS) made a general presentation of worldwide priorities in health education, and their specific implications for Romania.

Presentations continued in three separate workshops

1) Proposals to formalise the training of the trainers for health education

Presentations were made by the following NGOs

- Aids Care Education and Training
- Federația Română Sportul pentru Toți
- Salvați Copiii (Timiș)
- Liga Română pentru Sănătate Mintală
- Médecins du Monde

2) The role of NGOs in health education Current programmes Cooperation with government institutions - accumulated experience

Presentations were made by the following NGOs

- Asociația Română Anti-SIDA
- Mesagerii Sănătății
- The Romania Project UK
- Pretenii României
- Pro-Vita - Mama și Copilul (Cluj-Napoca)
- Mișcarea de Planificarea Familială Vrancea
- Salvați Copiii/Bethany Social Services (Timiș)
- AMURT
- Teddy Bear Project

3) Non-formal channels of health education. The role of personalities in the communities in health education. NGO involvement

Presentations were made by the following NGOs

- Mesagerii Sănătății
- World Vision
- Romanian National Committee for UNICEF

Conclusions Theme 1:

- Health education should be undertaken at school,
- The success of a good programme depends on and presupposes a knowledge of the local epidemiological, behavioural, educational and economic realities

Theme 2: Family Planning and Sex Education

Dr Denise Ionete (MS) presented the situation regarding family planning and sex education in Romania during the last decade, and the emergency measures taken in the last three years

This was followed by three workshops:

1) Role of the mass-media in health education and family planning programmes

Conclusions reached medicine and health affairs in general should be brought much more to the

attention of the mass-media, at both local and national level

2) Health education and sex education information, education and counselling for family planning

Presentations were made by the following NGOs ■ SECS

■ Mișcarea pentru Planificarea Familială Vrancea

Conclusions reached: clear legislation is necessary for family planning, a good level of communication should exist between the organisations involved in this field

3) Health education for children and teenagers

A presentation was made by the NGO Asociația Adolescentul

It was agreed that health education should be introduced as a school subject, with a prepared programme

Conclusions Theme 2:

■ Family planning services should be accessible and of high quality,

■ NGOs can play an especially important role in the field of family planning and sex education

p.m. Theme 3: Infection HIV and AIDS

Dr Laurențiu Zolotușcă (MS) presented the epidemiological aspects of the infection HIV and AIDS, followed by the difficulties encountered by the National AIDS Programme. Reference was made to the rights and obligations of persons/children infected with HIV and AIDS

Three workshops followed

1) Integration of NGO activities in the National AIDS Programme

Presentations were made by the following NGOs ■ ARAS

■ Mesagerii Sănătății

■ Romanian National Committee for UNICEF

■ Salvați Copiii (București)

2) NGO plans and current programmes for children infected HIV/AIDS - accumulated experience

Presentations were made by the following NGOs ■ Asociația Speranța (Constanța)

■ Médecins Sans Frontières Holland

■ Health Aid UK

3) Methods of communication, information and education relating to the National AIDS Programme

Presentations were made by the following NGOs ■ ACET

■ Salvați Copiii

■ ARAS

Conclusions Theme 3:

■ Tackling the HIV/AIDS situation is not solely the responsibility of the health sector the social services should assume an important role,

■ Western experiences should not be automatically imposed, the policy should be worked out by Romanian specialists,

■ The role of social workers is extremely important,

■ The mass-media should be better informed and used

Organiser Ministry of Education and Science
Chairman Sorin Cnstea, Secretary of State, MIS

a m Theme: Integration of protected children into the school system

The morning session was devoted by the Ministry of Education and Science to the debate of the theoretical conceptions and principles of the theme, while the afternoon session was devoted to current programmes and practicalities

The morning session was opened by Sorin Cnstea (MIS) who stressed the need for the democratisation of education Prof Emil Păun presented the principle of equal chances for all, but pleaded in favour of positive discrimination, which gave rise to a series of discussions which were poorly received by the foreign experts present Dr Vasile Teodorescu (MIS) drew attention to the fact that in the field of education a long-term approach is necessary that ensures an education for all Traian Vrășmaș (MIS) stressed that the education process is one of reciprocal adaptation between child and school When discussing institutionalised children, it is important to remember that the prevention of institutionalisation and the reduction in the number of residential children, both normal and with special needs, are priorities Elena Obreja (MIS) noted that the Romanian educational system is not open or flexible enough with regard to children with special needs

During the discussions, the following points were raised

- a change of mentality among those involved in education is necessary for the integration of HIV/AIDS children in play-schools and schools,
- for the integration of gypsy children in schools, the support of both the gypsy community and the educational system is necessary

Rodica Șovar (MIS) and Dawn Kovacsy (US Peace Corps) then presented the early education pilot project for children aged 0-6, produced with the support of UNICEF Prof Emil Verza spoke about training, through the university system, of specialised personnel for psychopedagogy and social work

p m. Theme: Programmes and experiences in educational and community evaluation and integration

Presentations were made in two sections, describing programmes and experiences in educational and community integration

Section A

Presentations were made by

- Brooke Foundation
- School Inspectorat Arad
- Red Barnet/School Inspectorat Dolj
- Fundația H pentru învățămînt la distanță
- Societatea "Speranța"

Section B

Presentations were made by

- Médecins du Monde/The Institute of Educational Science
- School Inspectorat Sibiu (Mediaș)
- School Inspectorat Timiș (School nr 22)
- ARAC
- Salvați Copiii (Timiș)

The conclusions reached in these sections were there should be one teacher per group of ten children, maternal emergency assistance from the NGOs is not a solution, it must be continued by self-help, the children's files are impersonal and do not contain sufficient information about the child and his family situation, social integration of the handicapped should start at the earliest age, in stages, and in suitable social circumstances, there is a need for a new pedagogical approach orientated towards educational integration

Conclusions for Day III:

- A sustained policy of integrated education has shown real results at ground level,
- On the other hand, school integration has proved much more difficult, because of the economic disarray, a lack of trained personnel, and a negative public opinion regarding marginalised categories of society. There have however been various local successes due to individual perseverance
- During the debates, special emphasis was placed on the training of personnel and on the necessity of reforming the school system. The condition *sine-qua-non* for success in reforming the school system is a training process which does not end once the diploma has been awarded, but which carries on throughout subsequent activities

THURSDAY, 12 NOVEMBER 1992

DAY IV

Theme. Policy of special protection for disabled children

Organiser: State Secretariat for the Handicapped

Chairperson: Rodica Munteanu, Secretary of State, SSH

Maria Coman (SSH) presented the strategies for meeting the provisions of the Convention on the Rights of the Child in Romania, with reference to the recuperation and integration of children with special needs. Difficulties are experienced in applying the existing legislation, due to the lack of social assistance available for handicapped children. Several practical proposals were made for the future:

- creation of a network of day-centres in order to prevent institutionalisation,
- training and in-service training for personnel,
- continued collaboration with the NGOs, also between Romanian and foreign NGOs

Dr. Suzanna Vladimirescu (SSH) described the role of the doctor in the "cămin spital", and spoke in favour of de-institutionalisation.

Dr. Elizabeta Suceavă (Free Romanian Foundation) emphasised the need for general evaluation of the institutionalised child's welfare, as well as for the training and in-service training of staff.

Manus Topală (Project Concern International) presented a reintegration programme for the handicapped, using occupational therapy.

In the afternoon, the programme continued in two sections.

Section A

Theme: Improving the living conditions of disabled children in institutions of care and special education

- Presentations were made by the following:
- ISTH Bihor/ Fundația Evanghelică Alsterdorf/ AACC
 - Norwegian Red Cross
 - EquiLibre

Section B

Tema: Alternatives to the institutionalised care of disabled children, prevention of institutionalisation, individual experiences

- Presentations were made by the following:
- Dutch Red Cross
 - Danish Red Cross
 - EquiLibre
 - Societatea "Speranța"
 - Fundația "Copiii Noștri"

Conclusions for Day IV

- A much stronger accent must be placed on the preparation of families to meet the needs of a

handicapped child, the aim being for the child to remain at home,

- The main alternatives to institutionalisation are the day-centres for rehabilitation, and special "protected" workshops,
- A much better cooperation is necessary between the governmental and non-governmental sectors

FRIDAY, 13 NOVEMBER 1992

DAY V

A The first part of the day was divided into three round-table discussions of three themes which are of specific and equal interest to all the Ministries involved in childcare

1. Evaluation of institutionalised children

Moderator: Dr Alin Stănescu, Director General MS

An evaluation which is both professionally correct and morally responsible is an issue of great importance. In this way the interests of the child can be best served.

Brândușa Predescu (CSIOC), Liliana Ibrim and Cristina Călina (CRA) showed that in order to anticipate the needs and interests of the child, the socio-juridic aspects of the evaluation should also be borne in mind (the child's identity, family situation). Albertine van der Zee (Teddy Bear Project) suggested that a good evaluation of the child's needs would also make possible a better adaptation of the institution to the requirements of the child.

All speakers agreed that the transfer of a child from one institution to another does not favour the child's development.

2. Training and in-service-training of personnel involved in child protection

Moderator: Dr Elizabeta Georgescu, MIS

Rodica Șovar (MIS) spoke of the need for specialised teachers and paediatric nurses, in order to combine medical and educational care. However, efforts to transfer personnel from the educational to the health sector have encountered difficulties because the staffing and work systems are not compatible.

Ecatenna Vrășmaș (MIS) underlined the importance of practical training and experience for teachers. The value of a teacher's theoretical training depends entirely on how well he can communicate with the child.

Gheorghe Sacaleros (MIS) referred to the way in which some NGOs work entirely on their own initiatives regarding training programmes. He called for cooperation and coordination.

3. Management of child institutions

Moderator: Dan Cristescu, SSH

The importance of good institute management and administration was noted, and the impact of these on the development and well-being of the children. It was deemed necessary that the institutions should not be managed empirically, rather following the principles that govern an effective management. The importance of training and selection of staff was underlined by Gunnar Olesen (Danish Red Cross). Ileana Maican (CSIOC) made the point that a good institution director should think of the possibilities for each child after the child leaves the institution, in other words, to prepare him for the future. Experiences and programmes for improving institute management were presented by the organisations World Vision, The Training Trust, Fundația H pentru învățămînt la distanță and Centrul Școlar nr 1 București.

B Romanian Information Clearing House (RICH)

Dr Monica Pâslaru (RICH) and Dr Gary Gleason (UNICEF consultant) presented the aims, activities and staff of RICH. RICH is the focal point for contact between all organisations which work in the field of child protection, and the Romanian authorities. The various services which RICH offers were presented. The importance of NGOs providing and updating information was stressed. RICH edits a trilingual newsletter entitled "The care of Romanian children".

WORKSHOP CONCLUSIONS AND RECOMMENDATIONS

1. Workshop participants found the opportunity afforded for the presentation of Government policies and programmes and NGO experiences and projects useful. However, the programme and the mode of presentation did not allow enough dialogue between the various government and non-government organisations. Future meetings should be organised around more concrete and specific themes. The title "National NGO Workshop" was considered inappropriate.
2. There are parallelisms, gaps, and confusions in the field of child protection, created by the number of different administrative structures.
3. It is necessary to move away from medical towards social models of child protection, and from emergency assistance to improved systems of care as in medicine, prevention is better than cure. Protection should be multi-sectoral and integrated in order to address the needs of the whole child.
4. It was stressed that the child must be considered a person with his own individual identity and rights in full. Although Romanian legislation is generally in accordance with the principles of the Convention on the Rights of the Child, the laws need to be more widely explained and better applied in the superior interest of the child. Correct application of existing legislation is a priority.
(e.g.: the existence of some children without any legal identity, and the fact that in practice, HIV/AIDS children are not admitted into the school system, even though they are entitled to be.)
5. Although the living conditions of institutionalised children have improved, the present priority is now a corresponding improvement in the professional skills of the staff, and a better organisation of the daily work programme. A change of attitude is necessary among adults regarding the treatment of children. All these depend on training and in-service-training of personnel. Social work has become a crucial factor, especially for children without families and to prevent institutionalisation.
6. Health education is a priority. It was agreed that means of communication are under-used, especially the mass-media, in promoting this type of education. The Government, the NGOs and the mass-media should coordinate their efforts to educate both the public and specialists in problems regarding family planning and HIV/AIDS.
7. All NGO representatives agreed that a legal framework is necessary to govern NGO activities and their relationship with other structures. The NGOs should be careful to avoid overlapping and entering in competition with each other.
8. A closer cooperation is necessary between the governmental authorities (both at central and local level) and the NGOs in order to improve efficiency. The activities of these two sectors should be complementary.
9. RICH and the services which it offers should be better used as an information distribution centre.

ANNEX 1 + 2 (LISTS OF NGOs PARTICIPATING AND OF PRESENTATION ABSTRACTS)

~~REMOVED~~ AVAILABLE ON REQUEST!

Best wishes - Juro -

World Vision Children of Romania Project End of Project Report

October 1990 - December 1992

Executive Summary

World Vision's activities in Romania started in early 1990, shortly after the fall of the communist regime, with relief distributions in the short term (mostly gifts-in-kind products). Meanwhile, WV began to examine possible ways to play a role in the reconstruction of the Romanian health service. Children in institutions were identified as a particularly vulnerable group in need of assistance, and there were a number of factors in favor of making them a major focus of any work World Vision would do in Romania. Since its founding in 1950, World Vision has retained a special interest in children's well-being, and has built up considerable experience in this field.

It was on this potential for rehabilitating developmentally delayed children that the Romanian Orphans Social and Educational Services (ROSES) project concentrated. By placing western-trained child development specialists within institutions, not only could they help a number of children directly, but the Romanian staff would have the opportunity to observe the degree of improvement of which the children were capable and the methods by which it was achieved. Both by example and by training, the western professionals would aim to pass on their skills to their Romanian counterparts. A university-associated component was also designed to promote sustainability at the higher learning level through activities such as supporting professional societies, providing library resources, and setting up links between Romanian professionals and institutions with U.S. and other international professional associations. Also, the project had initially been planned to extend over two years, from October 1990 to September 1992, yet WV estimated that an extra year will be needed to fully carry out the objectives and ensure sustainability beyond the life of the project.

The overall objective of ROSES was

"To provide direct professional care to up to 15,000 orphans via teams of child development specialists, as well as counseling, training and assistance to Romanian orphanage staff professionals and paraprofessionals."

The project was developed in selected orphanages in six cities: Bucharest, Iași, Timișoara, Cluj, Constanța, and Craiova. Teams of expatriate specialists were placed at each site, including Social Work, Psychology, Pediatric Nursing, Mental Handicap Nursing, Physiotherapy, Occupational Therapy, and Speech Therapy. The exact form the project took varied from site to site to suit both the local conditions and the particular skills of the project staff there.

By October 1991, it was becoming evident that, while the direct services component of ROSES was making steady progress, the achievements of activities in cooperation with external academic organizations were, with a few exceptions, more nebulous. Attempting to manage such very different types of activity within the same organization was causing distractions resulting in the fragmentation of operations. World Vision began to explore different possibilities for working more effectively.

From January to March 1992, a formal appraisal of activities, was carried out with the help of an external consultant and expert advisors from World Vision International Office. There was also a change of organizational leadership during the quarter and a new Director, Loc Le-Chau, took over. To resolve the impasse, a new organizational structure was developed, to start at the beginning of April 1992. The plan for the new structure was to build on World Vision's established strengths in direct clinical interventions, training and education of staff, and development of community care-givers' programs. The key strategy was to define two functional areas of the project. The **direct services component** of the project included therapeutic interventions, institutional development and activities supporting sustainability, such as training Romanian staff and professionals, while the **university-associated services component** promoted sustainability at the higher-learning level through activities such as supporting professional societies, providing library resources and setting up links between Romanian professionals and institutions with US and other international professional associations.

It was agreed that World Vision would manage directly the first component renamed "The Children of Romania Project" (COR), while an associated entity — the Brooke Foundation — was created to manage the second under the overall coordination of World Vision. The functional division disentangled the different strands of activity, allowing World Vision to concentrate on its areas of strength in direct services to the institutionalized children, leaving the Brooke Foundation to specialize in dealing with academic bodies. The Brooke Foundation would receive private funding from World Vision, and be accountable to World Vision for achieving objectives agreed between the two organizations.

The mission statement for the World Vision Children of Romania (COR) Project (formerly ROSES) was to assist Romanians in developing and implementing improved health care services for institutionalized children and children at risk of institutionalization, to the extent feasible. To meet this goal, programs in orphanages centered on the placement of expatriate child development professionals working full-time with orphanage staff. Professional disciplines over the project life included Social Work, Psychology, Pediatric Nursing, Mental Handicap Nursing, Physical Therapy, Occupational Therapy and Speech/Language Pathology. These professionals carried out direct interventions for a selected case-load of children, and educated Romanian staff and student health professionals through modelling and formal and informal instruction.

The project design concentrated on building an in-country knowledge base, improving the skills of institution staff, and developing effective ways to use existing resources such as volunteers, local medical schools and overseas universities. This aimed to complement

actions already being taken by the Romanian government, such as the doubling of staffing and budget allocations and the reopening of departments in schools and universities to support children with special needs

During the two years of the project, the emphasis gradually shifted from emergency-relief towards development, and from the medical approach to a holistic approach to meet the needs of the developmentally delayed children in the institutions. The project also progressed towards greater community involvement, with small-scale local initiatives by church and other community groups. Project achievements included

- ▶ 855 initial and 496 follow-up developmental assessments were carried out with the orphanage populations, areas of need were identified and adequate programs of interventions were designed
- ▶ Direct interventions reached 1,130 children, and indirect interventions, another 1,483. The therapy and development programs organized both for individual children and groups, included intensive physical and psychological therapy, self-care skills, nutrition, early infant stimulation, social work, behavioral modification, music group, gross motor group, social work program, pre-kindergarten group, care-givers program, stimulation/education, outdoor activities. Children made significant gains, many of them reaching developmental milestones in a spectacular way.
- ▶ Informal training was carried out with 329 staff and students, and formal training benefited 498 staff and students, of which 101 were WV care-givers. Subjects included therapy (physical, speech, respiratory, occupational), behavior modification, developmental assessment, child psychology, early childhood education, living skills, weaning and nutrition, hygiene and nursing, children's rights, etc.
- ▶ To improve local staff in management and structuring, training in case conferencing was carried out. Weekly meetings were held with management staff and infirmiere, to discuss issues in the orphanage. Case conferences were also initiated.
- ▶ Three new project proposals were written to continue the program at some sites after September 1992, focusing on handicapped children living in the community (Craiova) and on the prevention and care of AIDS (Constanța).
- ▶ In the orphanages in Bucharest, Cluj and Iași the 101 care-givers provided more individual attention to the institutionalized children, with very good, measurable results. The successful Care-Givers Program was expanded and refined so as to continue for at least another year.
- ▶ Project issues were currently discussed during the COR professional staff's quarterly meetings. Management and monitoring were provided by Pam Forsyth, COR Region Manager and later COR Project Manager, and medical consultancy was ensured by Dr. Richard Frisbee and Dr. Mihaela Oală.

In September 1992, a USAID evaluation team analyzed project achievements extensively, giving a positive appreciation to the work carried out and recommending ways for its effective continuation so as to ensure sustainability

Gifts-in-Kind Inputs

World Vision leveraged the grant total of \$608,000 with \$8,055,581 of gifts-in-kind (GIK) and \$642,434 of private cash for a total project cost of \$9,306,015. The types of GIK products included developmental toys, shoes, pharmaceuticals, medical supplies, physical therapy equipment, educational textbooks and journals, and many other products. The Consortium proposal outlined types of products World Vision would anticipate using in the project. In fact, World Vision successfully procured, warehoused, transported, shipped, and distributed GIK products valued at more than the amount estimated in the proposal.

The proposal GIK list also provided the direction and framework for World Vision GIK staff to approach potential donors to tell them of the compelling situation in Romania and express a need for assistance. GIK provided an excellent opportunity for the organization to leverage our cash resources and to make a much more broadly-based impact on the institutionalized populations.

World Vision receives gifts-in-kind products from many corporations and private donors. World Vision values GIK at "fair value," which is a reasonable and prudent valuation normally based on wholesale or other adjusted price. World Vision does not value GIK on a full retail or list price basis.

A general overview by project sites is recorded on the following pages.

COR ACHIEVEMENT INDICATORS

| COR Project, Cluj - Achievement indicators | |
|--|--|
| Situation at start of project | Changes achieved at end of project |
| <p>Children had no individual therapy programs</p> <p>There were no volunteer care-givers working at the orphanage, and there was strong resistance to non-staff personnel working with the children</p> <p>Systematic care planning was weak, and the multidisciplinary approach was not used</p> <p>There were no kindergarten classes</p> | <p>A total of 57 children have therapy programs</p> <p>28 community caregivers and 4 extra educators are working regularly at the orphanage</p> <p>Weekly case conferences were introduced and are held regularly</p> <p>35 children go daily to different classes depending on their developmental level</p> |
| <p><u>Sugari II</u> Only 10 of the 26 children could walk</p> <p>The average mental age of 24 children in selected for individual therapy, tested March 1991, was 6.42 months, for average chronological 48.58 months</p> <p>No children had been outside for 10 years</p> <p>No children ate solid food 50% were bottle fed and 50% spoon fed</p> <p>No children used any sort of language</p> <p>No children were toilet trained</p> <p>The physical condition of the section was poor. Rooms were gloomy, with paint peeling off the walls</p> <p>Supervision by the infirmiere was poor. There was little interaction with the children, and they were usually left unattended</p> | <p>22 children in Sugari II walk, including stairs</p> <p>The average mental age of 24 children receiving individual therapy, tested March 1992 was 15.08 months, an improvement of 8.66 months, from 13% to 25% of chronological age. Some individuals showed large improvement, the upper 50% improved 12.33 months, from 15% to 33% of chronological age</p> <p>22 children in Sugari II go to the park daily</p> <p>70% of the children eat solid food, feeding independently</p> <p>40% have a vocabulary of 20 words. Most others babble and say a few words</p> <p>19 of the 26 children use a potty</p> <p>The whole section has been repainted in bright colors, with new flooring and lighting</p> <p>The infirmiere agreed to a consistent program for the children, which they adhere to 80% of the time as estimated from spot checks and from observations at work</p> |
| <p><u>Sugari Parter</u> The average mental age of 13 children selected for therapy, tested March 1991, was 5.9 months, for average chronological age 31.6 months</p> <p>No children of 15 months to 3 years were potty trained</p> <p>No children took solid food. All were either bottle fed or cup fed</p> <p>No infants were held when being fed</p> | <p>The average mental age of children receiving therapy, tested October 1991, was 14.15 months, an improvement of 8.25 months, from 19% to 32% of chronological age. Some individuals showed large improvements, the upper 50% improved by 13 months, from 20% to 42% of chronological age</p> <p>All 8 children aged 15 months to 2 years are able to use a potty</p> <p>Children one year old upward eat from a spoon</p> <p>All infants up to one year (about 15) are held while being bottle fed</p> |

COR ACHIEVEMENT INDICATORS

**COR Project, Constanța Pediatric AIDS Ward -
Achievement indicators**

| Situation at start of project | Changes achieved at end of project |
|---|---|
| <p>50 children died in the first 3 months of 1991, a mortality rate of 17 a month</p> <p>Many of the children appeared in very serious condition Many were dehydrated Many appeared malnourished and suffering from wasting syndrome</p> <p>There were sometimes 2 children to a cot when the ward was overcrowded</p> <p>The children suffered from a range of infections, including tuberculosis, hepatitis, pneumonia, septicaemia, herpes and gastroenteritis, common symptoms in children with AIDS</p> <p>Even children who were relatively well were not allowed out of their cots to play There was no play room</p> <p>Children were not toilet trained</p> <p>Children were hospitalized when diagnosed HIV positive even when not actually sick</p> <p>Staff were reluctant to touch the children for fear of infection</p> <p>Many of the children were prop-fed with bottles filled with gruel or sugared milk</p> <p>There were some disturbing practices, such as strapping children down for injections and using adult size drip sets with large bore syringes</p> <p>Drugs were not calculated by the child's weight and large doses were used Storage was poor, with drugs kept in direct sunlight</p> <p>Infirmiere received little training, and had insufficient knowledge of good child care practices or the management of pediatric AIDS</p> | <p>At March 1992, the mortality rate was around 4 a month, a decrease of 13 a month In June 1992, there were no deaths</p> <p>Except for children in the last stages of AIDS, the children are well-nourished Few of the children are dehydrated</p> <p>Each child has his or her own cot</p> <p>Infections are under control</p> <p>A playroom was opened April 1991 By November 1991, many children were becoming mobile with baby walkers, and ward staff were actively encouraging children to walk</p> <p>The toileting program progressed to the point where, in November 1991, the older children would spontaneously ask for the potty when they needed it</p> <p>In December 1991, Dr Mintz, a visiting consultant, reported positive changes in the management of AIDS Fewer HIV-positive children were hospitalized, instead introducing outpatient care There was also a less fear of HIV infection through touching infected children, leading to increased physical contact with children</p> <p>By March 1992, most of the children had been weaned from bottles and were spoon fed, either by the staff or independently</p> <p>Nursing practices have become more acceptable Large-bore needles are used only when butterflies are not available When the WV nurse returned after a week's holiday in March 1992, improvements had been maintained in her absence The children were still kept clean and well-fed, with no increase in diaper rash or infections</p> <p>Drugs are kept in closed containers protected from sunlight</p> <p>There was 100% attendance on Rachel Cooke's training course for infirmiere It proved so popular the nurses also requested in-service training</p> |

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COR ACHIEVEMENT INDICATORS

**COR Project, Constanța Postcura III
Achievement indicators**

| Situation at start of project | Changes achieved at end of project |
|--|--|
| <p>There was little documentation on the children</p> <p>The future of the unit was insecure due to government health spending cuts. The unit was under-staffed</p> | <p>January 1992, Beverly Halsey began progress charts on 21 of the children</p> <p>WV funding has kept the unit open, and has enabled more staff to be employed, improving child/carer ratios</p> |
| <p><u>Upstairs Section</u></p> <p>No children walked independently</p> <p>The children were fed exclusively on liquids</p> <p>Very few of the children vocalized</p> <p>There was little interaction between the children</p> <p>Most children did not know how to play with toys</p> <p>Children were left in their cots much of the time</p> | <p>Of the 43-45 children in the 2 sections, 31 attend pre-school 26 children walk independently, and 16 with help</p> <p>13 children are spoon fed, and 25 feed independently</p> <p>All children vocalize, and some are beginning to use words</p> <p>Many of the children play together</p> <p>Play with toys has improved, and fine motor skills are improving</p> <p>Children are taken out of their cots, and are taken outside in good weather. Staff try to help children to walk rather than carrying them</p> |
| <p><u>Downstairs Section</u></p> <p>There were poor nursing practices, such as using the same bath water for a group of children and failing to change diapers sufficiently frequently</p> <p>The children's teeth were not cleaned</p> | <p>Nursing practices are better when expatriate staff are on duty</p> <p>A tooth-brushing program has been started</p> |

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COR ACHIEVEMENT INDICATORS

| COR Project, Craiova - Achievement indicators | |
|---|--|
| Situation at start of project | Changes achieved at end of project |
| <p>Staff interest in WV's activities was variable and there was some reluctance to accept new practices</p> <p>Systematic care planning was weak, and the multi-disciplinary approach was not used</p> | <p>By February 1992, the WV staff noted that staff were showing an increased interest in WV's work, asking questions and making some changes in their own care practices</p> <p>The orphanage's first case conference was organized on February 11, 1992, and they are now held fairly regularly</p> |
| <p><u>Parter (Ground Floor)</u></p> <p>Children were very active, but with little verbalizing</p> <p>The children's environment lacked stimulation. Cots and woodwork were white, and there were no drapes at the windows</p> <p>Educators and other staff tended to concentrate on older children to the detriment of younger children</p> <p>Feeding times were extremely noisy. Children ate from deep metal bowls</p> | <p>There has been a marked increase in general communication and verbal play</p> <p>All cots are painted bright colors. The windows have been painted and drapes hung</p> <p>Staff have improved slightly in paying attention to more children, but still do not give equal time to all</p> <p>Children are more settled at mealtimes. They now have shallow scoop plates</p> |
| <p><u>Premature Unit II</u></p> <p>Children were never turned on their stomachs, and were turned on to their backs immediately if rolled over by WV staff</p> <p>Children had no cot beads or other stimulation</p> <p>There were no name labels on cots and babies were switched from cot to cot</p> <p>Children were never allowed on the floor for play</p> | <p>Infirmiere will accept having children on their stomachs. A study shows approximately 50% of children prone</p> <p>The majority of cots have beads, but the infirmiere are still inconsistent in putting them within reach of babies</p> <p>Babies now have name tags and remain in the same cot. This is also done well in the Quarantine Section</p> <p>There are mats in every room. In one room, the babies are put on the floor regularly for play</p> |
| <p><u>Etaj II (Second Floor)</u></p> <p>Children were left in their cots all day</p> <p>All children were bottle fed</p> <p>The environment was bare, colorless and lacking stimulation</p> | <p>More equipment has been provided, and staff put children into seats/walkers. They will now allow WV/TRUST workers to put children on the floor for play</p> <p>Deep bowls are increasingly used, but mealtimes are still hurried</p> <p>All cots and hallways have been painted and more toys are available, although they still tend to go missing</p> |

COR ACHIEVEMENT INDICATORS

| COR Project, Timișoara Achievement indicators | |
|---|---|
| Situation at start of project | Changes achieved at end of project |
| <p>Staff from Orphanage Number 2 reported that children from Number 1 (the WV site) generally were unable to feed themselves or walk independently when they were transferred there at 3 years</p> <p>The children made few sounds except crying</p> <p>Stereotypic behaviour, self-stimulation, self-injury, apathy, passivity and dull expressions were common</p> <p>Children were not allowed soft toys in bed, and were not helped to sit up</p> <p>Only a few favourite children were ever allowed out of bed. They were never allowed on all fours to crawl</p> <p>Very few children had the opportunity to go outside</p> <p>Bottle-fed babies were not held</p> <p>Most children were fed in bed, often using one bowl and spoon for 2 - 3 children. They were not taught to feed themselves</p> <p>Children were not given drinks between meals</p> <p>There was little effort to teach children to walk</p> <p>There was very limited interaction between staff and children, except for favorites</p> <p>The Premature Unit had insufficient equipment such as incubators and phototherapy lights</p> <p>Used syringes, needles and swabs were left where children could take them. Blood sample sites were left to bleed</p> <p>Staff were wary of outsiders and resistant to suggestions for change</p> | <p>Of 106 children, 51 vocalize, 12 use one or more words, 30 feed independently; 25 walk with help, 37 walk independently</p> <p>Children verbalise far more, produce a variety of sounds, and attempt to imitate specific sounds/words. Some use several words. Happy laughter is common</p> <p>Stereotypic and other disturbed behaviour patterns have decreased. Children are brighter, more out-going and more alert</p> <p>Rules have been relaxed to allow soft toys, and children's positions are now changed to prone and sitting</p> <p>All children spend some time out of bed each day, although favorites still have more opportunities. Crawling is common. Staff are beginning to take babies into the hall or playroom, and permission has been given for a daily stimulation program with children being taken out of bed</p> <p>All children in Section B go outside at least once a week in fine weather. There is now a fenced-in garden with playground equipment</p> <p>Some staff now hold babies for feeding</p> <p>On weekdays, spoon-fed children, almost without exception, sit at tables or feeding chairs. They each have their own bowl and spoon. In Section B, all children over 1 year are taught to hold their spoons. A feeding program was started in Section A in February 1992, 12 children now feed independently</p> <p>Staff now understand the importance of liquids, and cups have been provided in all rooms</p> <p>Walking rails have been set up and efforts to teach walking at an earlier age have started</p> <p>Staff now talk and sing to children, and show more warmth</p> <p>WV supplied fifteen incubators and phototherapy lights</p> <p>Disposal of needles and other hazardous items immediately after use has improved. Sample sites are covered with a plaster</p> <p>WV and orphanage staff now have an open and friendly working relationship</p> |

COR ACHIEVEMENT INDICATORS

| COR Project, Bucharest Achievement indicators | |
|--|--|
| Situation at start of project | Changes achieved at end of project |
| <p>In January 1991, Denver screening of children in Pavilion Five showed significant delays in four areas of the test, with the greatest delays in language</p> <p>Most children were bottle fed, and only two could feed themselves. There were not sufficient resources such as cutlery, cups and plates available to begin teaching children to feed themselves</p> <p>Only one girl - five years old - was toilet trained, and none of the children were able to dress themselves</p> <p>All the children wore diapers - pieces of heavy cotton, 1 foot square, which urine soaked straight through. Their teeth were not cleaned. There were small baby baths, also used to wash diapers and rinse away faecal matter without disinfecting afterwards. The children's hair was sometimes found to be hard and matted because vomit had dried in it</p> <p>The children were housed in a limited living space - four main rooms, three of them dormitories with up to eleven cribs in each, and one a play room 3 m by 15 m for 25 children, with no facilities for dividing the group into smaller units for working with the children</p> <p>The majority of the children had no program of daily activities, although 1 - 2 went to the gym twice a week and large groups of children would often go outside to play</p> <p>The children went out of the orphanage only for visits to the hospital or a doctor</p> <p>There were no volunteer care-givers working at the orphanage, and there was strong resistance to the idea of non-staff personnel working with the children</p> <p>Several children had diagnoses which did not correspond to their observed condition</p> <p>There was little follow-up of children's families and no systematic program for re-integration into families</p> | <p>Follow-up screening showed significant gains</p> <p>In early 1992, the WV community care-givers began a program for introducing spoon-feeding. 20 children are now spoon fed, 5 feed themselves with a spoon and 4 finger feed themselves</p> <p>A toilet training program is in progress, with one child fully trained to date</p> <p>Hygiene practices have been improved by WV's provision of a washing machine, diapers are now washed in this instead of in the baby baths</p> <p>A storage room was identified and converted into a therapy room. However, this is used only by WV staff, who are only allowed to use it when the orphanage staff judge it to be warm enough</p> <p>All 50-55 children in Pavilion 5 2 receive therapy from WV staff and/or volunteer care-givers. Some orphanage staff have also started providing therapy</p> <p>The children have a regular program of outings to broaden their experience and have been to the park, the zoo, the circus, a film and other places</p> <p>14-25 community caregivers work regularly in the orphanage, of which 3 are on 5 2. Numbers have fluctuated, the highest at any one time being 25</p> <p>WV staff have alerted the orphanage to several cases of misdiagnosis, and at least one has been amended in the child's records</p> <p>With a Romanian social worker, Graham Nance has established a program of one family home visit and one office interview weekly. 2 - 3 children are about to return to their families</p> |

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BUCHARLEST

Since December 1990 500 children, 0-6 years Direct interventions 97 children
 at risk groups: Down's Syndrome, Hypotonia, Cerebral Palsy, Congenital limb malformation, Microcephaly

Staff

Bodea, MD, Training Coordinator **Rodica Sburătură** and 4 care-givers
Graham Nance, MSW, Social Worker **Jenny Nance**, Volunteer educator
Mike Birchmore, RNMI, Nurse **Michelle Mahoney**, Occupational Therapist

Bucharest Accomplishments since project start

1. Sustainable comprehensive health, and rehabilitative services for mentally delayed children in institutions, at risk of institutionalization

The Denver II (DII) test was identified as development screening tool and training in its use was carried out. DII tests were performed on orphanage children. Reassessments revealed significant gains as a result of applying various rehabilitation and development programs.

Michelle Mahoney self-care (tooth brushing, toileting, dressing and grooming), feeding, early infant stimulation,
Mike Birchmore multidisciplinary team meetings deficit with principles of care and children's rights; individual care plans for behavioral modification program, intensive care (11);
Graham Nance music group (32), gross motor group (12), assisted a Romanian educator with the music group, shared responsibility for Saturday and other outings (15), social work program (6) including home visits and office interviews with parents,
Jenny Nance pre-kindergarten group (12), shared responsibility for Saturday and other outings,
Lina Bodea care-givers program, structured care tasks and stimulation/education for 66 children, utilized Partners in Learning program,
Lison Holness intensive treatment to severely handicapped children (8)
Rodica Sburătură educational sessions with 14 three year old children and care-givers.
The Care-givers Program included 50-60 children from Pavilion 5 and other sections and up to 25 care-givers. Activities Saturday morning outings, post-operative care of children with PCI project, spoon feeding, developmental assessments, stimulation and education ("Partners" play activities), living skills, physical therapy, speech therapy, etc. Individual files and Monthly Educational Record forms were kept. All these led to improvement in care-givers' skills, time organizing and reporting. A complete list of target children's medical/mental problems was drawn up in order to achieve complete diagnosis and prescribe individual therapeutic plans.

The care-givers program envisaged as a important strategic issue

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| | Detailed Accomplishments since project start |
|---|--|
| <p>II: the skills and positive attitudes of ment, medical and direct care of staff in orphanages by providing formal educational opportunities for rsonnel.</p> | <p>All clinicians held meetings with volunteer care-givers to explain their roles and expertise and offered help Visiting consultants such as Dr Durt Fdeistein, Gale Haradon, Dr Nma Scribanu, Dr Joe Sparling, etc , provided specialized advice and seminars <i>Alison Holness</i> conducted classes for Romanian staff and also staff from TROP and VSO on respiratory therapy, positioning and PT <i>Craham Nance</i> and <i>Alina Bodea</i> presented seminars to infirmiere on toilet training and behavior modification. <i>Craham Nance</i> presented teaching session organized by the VSO group, submitted an infirmiere in service training program to Dr Mihai and a Social Assistants Program to Dr Gancevici; worked together with and trained the orphanage social assistant <i>Mike Fuchmore</i> organized multidisciplinary team case conferences, worked with 2 psychologists concerning children with behavioral problems, gave lectures to nursing students at the Christiana Hospital on the code of conduct, children's rights, confidentiality, aromatherapy, etc Dr Gancevici gave approval for nursing students to work at the orphanage <i>Michele Mahony</i> used the stimulation group as learning experience for care-givers and staff, provided training to 3 educators in occupational therapy, gross motor assessment, development and treatment, and prepared written information on these and other subjects (translated and available for use by orphanage and WV staff), worked with gym class instructor in kindergarten, initiated coor ranning with the PT department <i>Tr Alina Bodea</i> provided formal and informal tr uning to the care givers, Bianca Mihai was assigned by the MOH the task of setting up a formal in service training course for infirmiere She asked permission to multiply and use the care givers' training package prepared by Alina for the care givers, in the national infirmiere course Also, Graham provided advice and materials (translated by Alina)</p> |
| <p>III: omanians in planning, organizing and ntation of improved health care which will support orphanage s and be sustainable after September</p> | <p>Weekly meetings were held with Director Gancevici to discuss issues in the orphanage Meetings were held between Dr Gancevici, Leo Le Chau, Pam Forsythe, Mihaela Oală and COR professional staff to discuss progress and plans. The WV team worked out and agreed upon improved terms of collaboration with the orphanage Dr Gancevici, Dr Bodea, Pam Forsyth and Dr Oală prepared a presentation for the national NGO Forum to be held in November. As the COR team is gradually grading out, the Care-givers Program is grading up, based on the significant gains noticed</p> |
| <p>IV: ooperatively with other gencies who support or provide are services for institutionalized or children at risk of malnutrition.</p> | <p>WV collaborated with PCI, providing 16 volunteer care givers for post operative care of children, under WV's guidance Occasional meetings were held with the other NGOs working at the orphanage with a view to more efficiently coordinate support work.</p> |

since January 1991, 210 children, 0-5 years Direct interventions 86 children

Staff

ard, PhD, Child Psychologist Andrew Whitelock, Intern

| | Cluj Accomplishments since project start |
|--|---|
| <p>I: sustainable comprehensive health, and rehabilitative services for mentally delayed children in orphans, or those at risk of malnutrition</p> | <p>Jeff Baird employed the Bayley scale of child development as a screening tool, which revealed developmental delays in all children 46 children were tested and retested every 6 months. Comparison of Bayley test results were made for testing March 1991 and follow up March 1992. Findings: average mental age of in Sugari II receiving individual therapy showed improvement of 8.66 months, from 17% through 25% to 32% of chronological age. Some individuals showed large improvement; the upper 50% improved 12-33 and later by 13 months, from 15% through 33% to 42% of chronological age. Bayley scores were translated into Romanian and used in a psychological report for each child's file. Romanian staff have used the reports to determine future placements and plan activity programs.</p> <p>86 children had independent living skills and developmental programs</p> <p>6 psychology students gave therapy to 2 children each, twice per week over a year, under Jeff's supervision.</p> <p>Money was donated by La Cañada Church through WV to fund 4 educators as of August 1991. The children working with WV educators showed improvements in 2 major areas: speech and socialization.</p> <p>Programs were carried out with the participation of volunteers (17 in April, 32 in September 1992, 4 of which are experienced educators) under Jeff's supervision, weekly meetings (group and individual) with care-givers and educators provided orientation on individual children and program development.</p> <p>The program of holding, turning and speaking to infants, aimed at promoting early development, was implemented. Hygiene was stressed.</p> <p>Psychological therapy was provided to specific individuals to assist hyperactive, withdrawn or aggressive children. Progress in mental and motor development were noticeable.</p> <p>Most children spent time out daily and outings expanded outside the orphanage.</p> |
| <p>II: the skills and positive attitudes of management, medical and direct care of staff in orphanages by providing formal and informal educational opportunities for personnel</p> | <p>Informal training benefitted 60 persons and formal training 145 (of which 10 were WV expats).</p> <p>25 staff were given informal teaching regularly in dealing with aggressive behavior, the hygiene program was discussed with staff and implemented. Jeff taught a child psychology course to 35 psychology students from Cluj University for a year, covering disruptive behavior, anxiety disorders, autistic disorders, mental retardation, common developmental problems, depression/suicide and psychological report writing. In the final examination most of them got grade A, and 2 grade B.</p> <p>Formal training was also carried out by a British physical therapist who, under Jeff's direction, worked in the orphanage with a specific case-load, while also teaching the educators in motor development.</p> <p>Through WV, La Cañada Church funded the Orphanage Director and a doctor to attend a one-week conference in Budapest.</p> |
| <p>III: Romanians in planning, organizing and execution of improved health care which will support orphanages and be sustainable after September</p> | <p>Bayley scores were translated into Romanian and used in a psychological report for each child's file. Romanian staff have used the reports to determine future placements and plan activity programs.</p> <p>The Orphanage Director gave authority to WV staff to direct infirmiers' activities. Working standards were drafted in the discussion with infirmiers, and adhered to 80% of the time even in absence of WV staff.</p> <p>Under Jeff Baird's supervision, the interdisciplinary team made significant progress: each section held its own interdisciplinary team meeting every two weeks, with the participation of section physician, head nurse, psychologist, educator, nurse, care givers and NGO staff. Their agenda usually contained one specific case and general strategies.</p> |

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ROMANIA

1001

| | Key Accomplishments since project start |
|--|--|
| <p>V operatively with other agencies who support or provide are services for institutionalized or children at risk of maltreatment.</p> | <p>La Cañada church provided two volunteers, Amy Selpie and Andy Whitelock, to assist Jeff Baird in his work. Also, la Cañada church members and a Holland group visited the orphanage in April 1992 to set up plans for the summer in collaboration with WV. The La Cañada volunteers funded 30,000 \$, set up outdoor play equipment, refurbished some rooms and began building a play/education room in the attic, the Holland group painted and repaired several rooms.</p> <p>The case conferences initiated by WV were attended by the other NGOs working at the orphanage, with a view to more efficiently coordinate support work.</p> |

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R V ROMANIA

005

CONSTANȚA - AIDS WARD, MUNICIPAL HOSPITAL

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R 1 ROMANIA

since January 1991

capacity, 47; high fluctuation, total of 336 children over the year, 23 died and 162 were discharged/transferred
its HIV positive, clinical AIDS

Staff

Cooke, Paediatric Nurse

| | Constanța/MH-AIDS Ward Accomplishments since project start |
|---|---|
| <p>I: sustainable comprehensive health, and rehabilitative services for terminally delayed children in wards, or those at risk of malnutrition</p> | <p>The physical and mental condition of the children was very serious owing to AIDS affliction and neglect. Programs were designed so as to improve this condition as much as possible.</p> <p>The weaning and nutrition program showed good results. Children gained weight, skin and hair condition improved, and incidence of infections fell. WV supplied supplementary foods and Rachel introduced vitamin rounds. Nutritionist and chef liaised daily with Rachel for advice on preparation and nutritional values. In summer the children were provided with extra fluids, taken orally instead of intravenously.</p> <p>Rachel treated children for cradle cap, with excellent results, and taught medical assistants how to carry out treatment. She carried out one-to-one therapy especially with the severely developmentally delayed children.</p> <p>The mobilization program made good progress, with increased numbers of babies sitting, and older children walking. They had shoes and socks. Ward staff fully participated. All children not sick were out of their cots daily; in July 1992, out of 44 children, 35 were fully mobile, 7 needed assistance, and 2 were not mobile.</p> <p>A play program was initiated and enhanced as a group of 8 volunteers from "Help International" and the ward infirmiers joined in; focus was on stimulation and organizing programs.</p> <p>In March 1992, mortality rate was around 4/month, compared with 15/month when WV began working in Constanța, while in May and June no deaths were registered. 2 major factors in reducing death rate were better nutrition and infection control.</p> |
| <p>II: the skills and positive attitudes of ward, medical and direct care of staff in orphanages by providing formal educational opportunities for personnel.</p> | <p>Teaching through modelling was initiated and carried on and staff began applying lessons learned on setting up proper drugs round, improving control of used needles, and regularly keeping growth charts.</p> <p>Dr Mark Mintz of the University of New Jersey twice visited the Constanța facilities where WV works, presenting lectures and providing consultant services on Paediatric AIDS. He reported positive changes in management of AIDS: lessening tendency to hospitalize asymptomatic HIV positive children, instead introducing outpatient care; lessening fear of contracting AIDS through contact with infected children, leading to increase in physical contact between care-workers and children.</p> <p>Rachel Cooke developed a training curriculum and supervised teaching of care for terminally ill children. In April formal teaching sessions (11 units) were introduced for the 18 infirmiers in this facility. The unit dealing with grieving/dying child aroused considerable interest as it was perceived as a new concept, the infirmiers agreed to start a support group at least once a month. Rachel designed the test paper, the certificates and the result sheet, and marked the papers. After an evaluation of the course, on August 17, the 18 infirmiers sat the test paper and did well in the exam. They suggested having a follow-up of the course and expressed their eagerness to put into practice what they learnt. On August 21, Pam Forsyth distributed the prizes donated by U.K. friends. Dr Mătușă suggested that a new education program be set up by Rachel for the medical assistants in November.</p> |

| | Constanta/MII AIDS Ward Accomplishments since project start |
|--|--|
| <p>III: Romanians in planning, organizing and initiation of improved health care which will support orphanages and be sustainable after September</p> | <p>WV staff worked alongside local staff to raise awareness through modelling of hygiene and nursing standards. Changes of practice were noted on storage of drugs. Children are kept clean and well-fed, with no increase in diaper rash or infections. Attitude changes observed among Romanian staff, eg holding HIV positive children, which they were previously reluctant to do.</p> <p>Weekly informal discussion meetings were introduced.</p> <p>A record-book was introduced to enter admissions and departures, as well as growth charts for individual children's files.</p> <p>An Operating Agreement was signed with the Director of the Municipal Hospital in July 1992, sealing good collaborative relationships developed since the start of the program.</p> |
| <p>IV: cooperatively with other agencies who support or provide care services for institutionalized children or children at risk of institutionalization.</p> | <p>Good collaborative relationships developed with RAA. While WV initiated the toilet training program, RAA committed themselves to build new bathrooms. Other activities which occasioned mutual support developed within the education and the nutrition programs.</p> <p>It was possible to enhance the play program as a group of 8 volunteers from "Help International" and the ward infirmiers joined in, focus was on stimulation and organizing programs.</p> <p>A group of volunteers</p> |

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007

CONSTANTA - POSTCURA III

since January 1991 43 60 children, HIV positive, asymptomatic, in two sections (referred to as "downstairs" and "upstairs")

Staff

Halsey, Nurse

Dineke van Veluwen, Paediatric Nurse

| | Constanta PC3 Accomplishments since project start |
|--|--|
| <p>I: sustainable comprehensive health, and rehabilitative services for mentally delayed children in clinics, or those at risk of malnutrition</p> | <p>The children in the PC3 were assessed with the DII screening test and reassessed every six months. In August 1992, Jeff Baird, WV psychologist at the orphanage in Cluj, performed 16 Bayley tests on the children in Post Cura III and provided valuable advice.</p> <p>Several rehabilitation and development programs were initiated: play therapy, education, hygiene (bathing, toilet training, toothbrushing), nutrition & hydration, mobilization, etc. Infirmiers took progressively more responsibility. Progress charts were introduced by Beverly Halsey with weekly updates.</p> <p>As a result of programs implementation, of the total 43 HIV+ children aged between 2 and 5 in the two sections (25 upstairs and 18 downstairs) all have their teeth brushed regularly and their bathing program is followed consistently, most children have gained weight due to improved nutrition, children are taken out for walks daily. The following milestones were achieved: 43 can use phrases, 10 ask questions, 15 are conversational, 31 drink from cup, 34 eat from spoon, 25 feed themselves, 43 wash hands, 43 are toilet trained, 43 leave their beds daily, 38 sit unsupported, 37 stand unsupported, 26 walk independently and one with help, and 31 attend pre school. The change in the children's condition is perceived as dramatically improved.</p> |
| <p>II: the skills and positive attitudes of medical and direct care staff in orphanages by providing formal educational opportunities for personnel.</p> | <p>WV staff worked alongside staff to raise awareness through modeling of hygiene and nursing standards. Weekly informal discussion meetings introduced. Interest in children increased and staff tried to promote development consistently. Attitude changes were observed among Romanian staff, as for instance holding HIV+ children, which they were previously reluctant to do.</p> <p>In March, each infirmiera downstairs given charge of group of children, with aim of building relationships and sense of responsibility. Informal work based training given to 22 infirmiere and 11 medical assistants. Beverly continued teaching through role modelling with the staff under her supervision. Formal teaching sessions initiated by Head Nurse Venera Botescu and Dineke benefitted 22 infirmiere and 11 nurses. Dineke gave formal teaching sessions on toilet training, clothing, nutrients, weaning, children's needs and rights, DII, growth, and safety. Beverly developed and trained staff in using a Nursing Care Plan Kardex for daily use by Romanian staff to ensure continuity of care for the children for both physical and daily living needs. The trainees responded positively and applied their new knowledge, they expressed desire to continue learning, and showed excitement and pride in the children's accomplishments as they passed new milestones.</p> <p>Portage training (education tool based on individual stimulation cards) done for all expats and Romanian educators, Portage testing done on all children. Head nurse was taught how to make and use job descriptions and interviews. Presentation of Partners in Learning materials carried out.</p> <p>Along with other Romanian staff, the nurse at the Sunflower Clinic in Constanta was trained in DII and she tested all children with DII.</p> <p>A visiting consultant, Dr Mark Minz who is a specialist in paediatric AIDS at the University of New Jersey, presented lectures and provided consultancy. On his second visit, he remarked the lessening tendency to hospitalize asymptomatic HIV+ children, introducing outpatient care instead, and the lessening fear of contracting AIDS through contact with infected children, leading to increase in physical contact between care-workers and children.</p> |

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| | Constanta PC3 Accomplishments since project start |
|--|--|
| <p>III: Romanians in planning, organizing and implementation of improved health care which will support orphanages and be sustainable after September</p> | <p>When the closing down the facility was impending owing to budget shortage, WV stepped in and ensured financial support, as transfer of the children to the already crowded AIDS ward at the Municipal Hospital was felt to be very damaging to them. New staff were added, Romanian educators hired, job descriptions completed and presented, contracts signed for next year. Ever since, the activity has been supervised by WV in cooperation with the local MoH. The Operating Agreement was signed with the Director of the Municipal Hospital in July 1992.</p> <p>As the facility underwent a process of thorough renovation during the first half of 1992, the children and staff had to put up with some difficulties caused by the temporary moving to an overcrowded section at the Municipal Hospital. When the children and staff moved back to the renovated, much improved PC3 on August 12, the WV site administrator had added some mural paintings and WV had donated food, beds, tables, chairs, mattresses, diapers, etc.</p> <p>Beverly Halsey began progress charts on 21 children and worked together with Dr Borcea to compile a social history for each child, document initial assessment, write daily notes and complete individual files. Beverly also developed a Nursing Care Plan Kardex for daily use by Romanian staff to ensure continuity of care for the children for both physical and daily living needs.</p> <p>All staff participate in individual therapy programs designed by the COR team. The Head Nurse, a very resourceful leader, efficiently supervises all activities.</p> <p>At Pam Forsyth's suggestion, Dr Borcea used questionnaires in the interviews with 48 parents who keep their HIV+ children at home, to whom she provided counselling. Some findings: it is difficult to reach village families, communication must be carefully done through the dispensaries; there is little knowledge about AIDS and how to cope with it, it takes a long time and some money to visit the clinic.</p> |
| <p>IV. cooperatively with other agencies who support or provide care services for institutionalized or children at risk of malnutrition,</p> | <p>Members of Saratoga Church (USA) visited the facility and donated toys and clothing, they offered support on a long term basis.</p> <p>Meetings were held with the other NGOs working at the orphanage with a view to more efficiently coordinate support work. RAA and WV collaborated in the renovation/refurbishing of the facility and in the education and nutrition program.</p> |

19

CRAIOVA

since June 1991 300 children, 0-4 years Direct interventions 100 children

Staff

Heather MacLeod, RN, Paediatric Nurse

Jean Doloway, Physical Therapist

Eileen Blumenthal, Early Childhood Educator/Psychologist

Janet Schilling, Nutritionist

Suzanne Serwin, RN, PCI volunteer (6 weeks)

Grace Caruso, PCI volunteer, Psychologist (6 weeks)

| Craiova Accomplishments since project start | |
|--|--|
| <p>I Provide sustainable comprehensive health, and rehabilitative services for chronically delayed children in homes, or those at risk of institutionalization.</p> | <p>The Premature Unit was selected as main focus of action. The target group for direct interventions included around 100 children, of which 46 were premature, 85 dystrophic and 2 physically handicapped. Screening of children's development was performed using one of the following: the Denver II (DII) test, the Bayley developmental scales, the physical, nutrition, developmental and Hawaii assessments. A system was set up to review children's progress up to 1 year, monthly growth monitoring and 3 monthly DII, thereafter 3 monthly growth monitoring and 6 monthly DII. Specific recommendations for rehabilitation were noted in individual case files for children progressing slowly.</p> <p>Using daily activity charting form, WV staff defined areas of intervention, including feeding, nursing treatments, assessments, brief developmental activities and intensive developmental activities. Objective (problem oriented) charting forms were started for all children.</p> <p>A written summary was submitted to Dr Ristea, Director, detailing areas of focus for future programming and training, based on experience to date: positioning, play, physical contact, feeding.</p> <p>Intervention programs were carried out with target children, with special emphasis on education, positioning, feeding and community outreach. The education program was reinforced in early September by the arrival of early childhood educator Eileen Blumenthal and nutritionist Janet Schilling. The latter conducted a 24 hour nutrition survey to get an overall picture of the children's nutrition needs, concluded at the end of October with a list of supply recommendations and a staff training plan.</p> <p>Heather MacLeod and Pam Forsyth worked on a new Detailed Implementation Plan (DIP) for the Craiova COR Project meant to continue for at least another year with support from WVRD and WV New Zealand, to whom it was submitted for approval. The plan carries on the initial COR goals and objectives, with more emphasis on community outreach.</p> |
| <p>II Increase skills and positive attitudes of personnel, medical and direct care of staff in orphanages by providing formal educational opportunities for personnel.</p> | <p>Newly-appointed educator assigned to work with WV staff and trained in DII. Director asked that work should focus on skills for development of young infants, as WV's work showed importance of early interventions. Before, educators worked with older children. Jean and Heather designed educational materials for this educator, setting out normal child development in 5 areas for 0-16 month olds, also used with the medical students.</p> <p>Victor Iovanel and Dr Ristea given instruction in theory and management of case conferences.</p> <p>Training given to nursing students on practical placement.</p> |

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Craiova Accomplishments since project start

III;
commitments in planning, organizing and
entation of improved health care
which will support orphanage
is and be sustainable after September

First case conference held in February, attended by Director Ristea, psychologist Victor Iovanel, WV team, educator, and the 3
infirmiers in charge of child discussed 5 objectives were selected for development over next 2 months. Group agreed:
Two 30 minute case conferences to be held each week.
- Objectives selected for each child to be written in Romanian and posted in child's room
- Relevant medical issues to be assigned for follow-up each of WV children to be reviewed every 2 months
Dr Ristea requested WV's help to introduce case conferences on 2 other floors

Staff showed increased interest in WV's work, asking questions and making changes in care practices

IV:
operatively with other
agencies who support or provide
care services for institutionalized
or children at risk of
evolution.

Casual cooperation relationships were maintained with the other NGOs, working at the orphanage (especially TROT) with a view to
more efficiently coordinate support work

As the new Craiova proposal was outlined, contacts were more consistent with a group of parents from the local Parents' Association
for Intellectually Handicapped Children (age range 0-7), who will be supported, trained and counselled by the WV staff so as to be
able to keep their children at home

TIMIȘOARA

since May 1991. Orphanage 240 children and 60-70 babes in the Premature Unit
 interventions 106-200 children (fluctuation due to transfers)
 the groups Social and environmental deprivation, congenital malformation, prematurity, cerebral palsy, visual impairments

Staff
 Waterston, Nurse Jane Schmidt, Occupational Therapist
 Griffin, PT (contract ended August 1991)

| | Timisoara Accomplishments since project start |
|---|--|
| <p>I sustainable comprehensive health, and rehabilitative services for mentally delayed children in ons, or those at risk of onalization.</p> | <p>Due to pervasive problems in the orphanage, the whole of it is targeted for intervention, with particular emphasis on the highest risk categories, children with feeding problems and those with unattractive personalities. Case-loads varied as new children were admitted and others transferred. Problem identification and intervention plans for each child were documented in Romanian and English.</p> <ul style="list-style-type: none"> - A testing system was set up in Timisoara meant to review children's progress. Up to 1 year, children had monthly growth monitoring and 3 monthly DII, and later 3 monthly growth monitoring and six monthly DII. All tests performed so far revealed that all children were developmentally delayed and needed stimulation and intervention. - Dr B J Freeman of UCLA, specialized in autism, initiated a pilot study and performed Bayley and Vineland adaptation tests on children from the orphanage, a kindergarten, and the Pediatric Neuropsychiatry Hospital in Lugoj (assisted by Sandra Keller). Follow up showed dramatic gains developmentally in all children, attributed to interventions initiated by WV and continued in the orphanage. <p>The team devised plan goals and objectives for work at the site, covering children's physical living conditions, staff education, team building, clinical development programs, and community involvement. Child development programs included stimulation program for 20-25 children in Quarantine Section; play group; motor recuperation program; hygiene program, nutrition and independent feeding program.</p> <ul style="list-style-type: none"> - As a result of the motor recuperation program, by end November 1991 children were walking independently or with help. Shoes were distributed. - Owing to sustained stimulation, children made good progress towards specific sound production (many attempting words), in expressing themselves and becoming less passive. All showed increased confidence. - The program of independent feeding initiated by Melissa made good progress. Improvements in feeding were noticed in all children, accepting spoons and using them more independently. - A playroom was organized and a developmental stimulation program started 2 days/week for 1 1/2 hrs per session for 3-4 children at a time in the Premature Section. A simple checklist of skills in chart form was devised to track progress. In Section A the infirmiere took initiative 50% of the time to take the children from their beds daily and allow them to play on the floor in the hall, playroom or outside. - Kindergarten preparation program for several children. The psychologist was helped to work toward its implementation, the selected section underwent a whole metamorphosis in view of it. |

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| | Timisoara Accomplishments since project start |
|---|---|
| <p>II p the skills and positive attitudes of ment, medical and direct care of staff g in orphanages by providing formal and il educational opportunities for these el</p> | <ul style="list-style-type: none"> - Melissa Griffin, PT, received authority from the director to lead activities of the 2 educators and develop their role as physical rehabilitation team. In October 1991, they established daily schedule together and designed common evaluation and documentation form. Evaluated and treated children on each section, keeping progress notes. The 2 educators took examination to determine level of understanding and retention, with encouraging results. - Melissa gave presentation to infirmiers on correct use of physical therapy equipment. Noted significant change in attitude compared with earlier presentation; staff very attentive. - Child development video tapes shown to orphanage doctors, educators and psychologists. - Development of materials completed for staff training on self-feeding and positioning for play. 2 student nurses participated in self-feeding program. Agreement obtained to use video recorder to film feeding program for infirmiers's training. - The service-based teaching/training programs in conjunction with the orphanage staff and Hilfe students were carried out through modelling and informal teaching. 15 people received informal training on feeding/self-feeding schemes, the child's right to minimal opportunities for play and movement, organizing wards/sections, hydration, hygiene, stimulation, etc. - Preparation of materials for formal teaching planned to start in October 1992, on introducing feeding from a spoon, teaching child to drink from a cup, positioning child. Small charts referring to motor, social/language, self-feeding, were also produced for use in each salon. <p>WV provided a reference point and frequent consultations to all students present in the sections (from Hilfe and the Romanian Orphanage Trust).</p> |
| <p>III: Romanian in planning, organizing and entation of improved health care , which will support orphanage ts and be sustainable after September</p> | <p>To ensure sustainability and to effect a significant change in attitude and approach to the children, the WV team interrelated on all levels where needs existed in order to multiply the work, and offered all staff assistance, where applicable, on behalf of the children. It was consistently attempted to encourage the development of individual intervention plans for each child to be done by the Romanian staff (infirmiers included). Developing planned intervention activities and documentation were carried out in collaboration with the Romanian staff.</p> <p>Linda Waterston compiled and presented to the orphanage director and head nurse the plan of action for clinical interventions including working with staff to teach improved working practices and build interdisciplinary teamwork, establishing structured development program.</p> <p>A daily schedule for the morning routine for the children in section A was proposed, meant to generate teaching opportunities, it was approved by Dr Nagy, who requested the same to be done in section B. This included a specific time for liquids to be given and a playtime for the children. The head nurse and another nurse were appointed to take responsibility of this program. The WV team and the psychologist prepared a list of outdoor play activities and methods of carrying them out.</p> |
| <p>IV: cooperatively with other agencies who support or provide care services for institutionalized n or children at risk of onalization.</p> | <p>WV collaborated with TROT and Hilfe, providing informal training opportunities for their students.</p> |

WORLD VISION RELIEF & DEVELOPMENT, INC

GRANT NAME ROMANIA COOPERATIVE AGREEMENT (ROSES)
 GRANT NUMBER ANE-0001-1-00-0055 00
 GRANT PERIOD SEPTEMBER 21, 1990 - MARCH 31, 1993

EXPENDITURES THROUGH DECEMBER 31, 1992

| | AID | | | WORLD VISION | | |
|---------------------------------------|----------------|----------------|------------------|------------------|------------------|-----------------|
| | BUDGET | EXPENSES | BALANCE | BUDGET | EXPENSES | BALANCE |
| PROGRAM MANAGEMENT | | | | | | |
| Salaries/ Fringe | 194,700 | 137,932 | 56,768 | 153,500 | 198,126 | (44,626) |
| Travel/ Per Diem | 148,200 | 93,068 | 55,132 | 94,000 | 104,017 | (10,017) |
| Other Direct Costs | 21,366 | 21,328 | 38 | 207,934 | 125,661 | 82,273 |
| Subtotal Management | 364,266 | 252,328 | 111,938 | 455,434 | 427,804 | 27,630 |
| PROGRAM | | | | | | |
| Medical Staff | 60,000 | 146,768 | (86,768) | 132,000 | 149,472 | (17,472) |
| Travel/ Per Diem | 0 | 0 | 0 | 11,000 | 11,000 | 0 |
| Training | 48,000 | 42,365 | 5,635 | 0 | 0 | 0 |
| Commodities | | | 0 | | | 0 |
| Supplies/ Capital Expenditures | 34,400 | 65,205 | (30,805) | 44,000 | 54,158 | (10,158) |
| GIK | 0 | 0 | 0 | 8,000,000 | 8,055,581 | (55,581) |
| Subtotal Program | 142,400 | 254,338 | (111,938) | 8,187,000 | 8,270,211 | (83,211) |
| Subtotal - Management/ Program | 506,666 | 506,666 | 0 | 8,642,434 | 8,698,015 | (55,581) |
| Indirect Costs | 101,334 | 101,334 | (0) | 0 | 0 | 0 |
| Total Program/ Management | 608,000 | 608,000 | (0) | 8,642,434 | 8,698,015 | (55,581) |

10

THE BROWN INTERNATIONAL
Strada Cuza Voda, Nr. 2
Et. 1, Apt. 6
Iasi, Romania
11-21-98 11-70-07 (fax)



JULY REPORT OF ROSES ACTIVITIES

POPULATION STATISTICS ON IASI LEAGANE (SECTION I AND II - ROSES)

Section

I- The population in this leagan has increased significantly (15.5%) from 180 children to 208 children in the 0 - 2 year age range

Economic factors of severe inflation and wide-spread unemployment account for the increase in the number of admissions to this leagan

Section

II- The population in this leagan has increased from 180 children to 187 children in the 2 - 7 year age range. The closing of another section (IB) for reconstruction has necessitated the movement of some of the children to Section II

ROSES STAFF AND PROGRAM STATISTICS

Section

I- 76 children are active in the PSI program (Joe Sparling) supervised by 19 Romanian volunteers and one Romanian psychologist. Children in this program continue to improve and demonstrate more normalized behaviors due to the developmentally appropriate educational activities and the small, consistent staff-child ratio to implement them. Consideration is being given toward continuation of this highly successful pilot program to ensure the stability of the educational progress for this group. Additionally, interest is being shown by the Romanian administration in extending this program to other children in the leagan.

During the warm summer, the children in the PSI program are being taken outside on a daily basis to take advantage of outdoor play activities.

Section

II - The entire leagan population (187 children) are involved in the ROSES program. Four Romanian professional staff (Physical Therapist, Speech Therapist, Pediatrician and

direct service to the children in addition to three Expats (John B , Linda S , Gale H) and one Occupational Therapy student (Beth Gray)

The pilot pre-school program (24 children), which emphasizes a language based experiential approach, initiated in June and continued throughout July. Because the community field trips (i.e. museums, parks, monasteries, markets, stores, public transportation) substantially improved the children's social interaction and language, the Summer morning program became exclusively focused on the community experiences for this older group of children. A sports program was also initiated for these children for the afternoon.

A highlight of July's outings was an all day picnic for the children at Ciric, a local recreational lake and forest area. The children and staff enjoyed splashing in a pool, eating bar-be-que, playing ball games and generally having a great time. Romanians at the picnic spot thought that the children were from a kindergarten instead of an institution.

The Romanian staff's enthusiasm about the progress of the older children resulted in an expanded community program for all the children. Following a planning meeting of both Romanian and Expat personnel, the community excursions for the younger and more developmentally delayed and handicapped children began. The community field trips will continue throughout August to allow all the children in the leagan to experience the Market (buying, preparing, and eating food), Parks (trees, water, motor activities), and Stores (buying and reading books, etc.)

Most of the children in the leagan, who were not on community excursions, were taken outside in the yard every morning for developmental activities instead of being confined inside the building. Beth Gray, the occupational therapy student, initiated a program of outdoor activities for the handicapped children in the Infirmary. She provided an excellent model for interaction with these children which resulted in an improved staff attitude toward inclusion of these children in outdoor activities.

BROOKE FOUNDATION IASI CLINICAL ACTIVITIES

AUGUST REPORT

ORPHANAGE SECTION #1 IASI

Program

The Program and Screening Intervention Project (PSI) continues with good results. Nineteen care givers each work with four children on specific program objectives

Program output- Eight hours of daily activity intervention for 76 children

Teaching and Training

Due to the summer vacation, no students were present during the month of August. Early intervention training was conducted by the training coordinator for six new care givers employed by an NGO at another section of the Iasi orphanages.

ORPHANAGE SECTION #2 IASI

Educational Program

The children in Group 4 continue to explore the community through daily excursions.

Outcome- Significant improvement in language skills for children.

Output- Three hours daily of educational learning activities for 24 children.

Rehabilitation

Observation and consultation by Gale Haradon on several severely disabled children in Group 5 with activity suggestions shared with the care givers for intervention.

Currently no Brooke Foundation specialty expat clinicians are working in the orphanage. Recruitment and screening for a physical therapist and speech therapist is ongoing for Fall employment.

Individualized Intervention

Nineteen care givers continue to work individually with four children on specific intervention programs. During one week in August, small groups of children with

moderate to severe developmental delays experienced community field trips to the local park.

Outcome- Improved staff attitudes toward normalizing children's activities and sensitivity to the tolerance of disabled children toward environmental changes.

Output- Eight hours daily of activity intervention and adult relationships for 76 children.

Educational Activities

Interdisciplinary planning was conducted for training of the care givers. Gale Haradon monitored a workshop given from another NGO to educators and therapists from the orphanage on the topic of Swedish Massage. The purpose of the monitoring was to ensure the appropriateness of the course content for the specific pediatric population in the orphanage.

Training was conducted on use of Peabody Developmental Scales.

MISCELLANEOUS ACTIVITIES

A visit was conducted to Hirslau Camin Spital by Gale Haradon and Olimpia Macovei.

Abstracts were written and submitted by Gale Haradon for the NGO workshop to be held in Bucharest in October.

Planning and introductory meetings were held with Olimpia Macovei and Gale Haradon with the Director and Professor of the Research Institute for Public Hygiene.

BUCHAREST

Gale Haradon held two meetings with Sanda Gandevisci, director of Orphanage #1, for program planning and instruction on computer use for administrative purposes.

Gale Haradon
J. Orntol

MONTHLY REPORT

BARBARA B. BASCOM, M.D.
CLINICAL PROGRAM DIRECTOR
THE BROOKE FOUNDATION

DATE: 1 JULY - 20 AUG., 1992

NARRATIVE SUMMARY.

This report will cover the above stated period, since the time spanned was spent in the USA and represents a variety of ROSES program administrative and development activities. The activities fall into the general categories of program administration, program development, dissemination, and miscellaneous categories.

1 PROGRAM ADMINISTRATION.

1.1 The Brooke Foundation: Organization of USA administrative support office, meetings of the Board of Directors, election of foundation officers, development of roles for members of the Board, recruitment and hiring of support staff, and development and establishing HRD activity through Gloria Sanders through a sub-contract arrangement. Activities spanned the entire period in the USA.

1.2 Orientation of new management personnel, Gale and Howard Haradon. The scope of work for Gale Haradon as Romania Director of Professional Education and Development and program development assistant for ROSES, completed by 17 July when she departed for the Romania.

2. PROGRAM DEVELOPMENT.

2.1 Redesign of the ROSES supplemental grant previously entitled "AAUAP" into a new supplemental proposal entitled the "P E.D.S PROJECT" (Professional Education and Development Support Project) which is divided into major components, each with a principle, and realistically designed to meet the current academic and professional support needs of the ROSES project. The final redesign was a product of extensive planning with the following participants. AAUAP, Bill Jones and Diane Smoyer; Nina Scribanu, MD, and Tawara Taylor from the Georgetown Univ. UAP; Jan Horner-Lanier from Childrens Services International; Jane K. Sweeney from APTA; Errol R. Alden, MD, from AAP; and Joe Sparling, PhD, from SPARKS-Civitan and UNC Frank Porter Graham Center UAP. Additional input was received from Noel Matkin from ASHA and AAA, Dr. Bill Frankenburg from Denver's CU of Health Sciences / Denver Community Child Development (previously Denver Prevention Center), and the American Academy of Cerebral Palsy and Developmental Medicine. An outline of the PEDS Project plan has been submitted to Loc Le Chau and copy is attached (Attachment "A") Jan Horner-Lanier and CSI were selected as coordinator / lead agency in PEDS Project development.

2.2 ROSES Bucharest Site development: A series of meetings with Dr. Nina Scribanu were carried out, including review of the needs determination completed by NS in Sept., 1991, review of WVI - Brooke reorganization documents, and implementation planning sessions at Georgetown University UAP Project components for Bucharest were defined and will include Developmental Medicine - Genetics, Dysmorphology, and Birth Defects; Preschool Special Education and Educator Training; and Rehabilitation - Kinetotherapy - Physical Therapy The Professional Education & Development Support activities and UAP development is supported by the P E.D S Project. Gale Haradon and Jan-Horner Lanier were included in the planning sessions.

2.3 Proposal, Grant, and donor program development contacts were initiated with individuals, professional associations, government and non-government agencies, and potential collaborators in order to expand the base of support for ROSES and several new initiatives which will require funding as ROSES outreach and extension activities. Proposal development for these activities were also initiated

2.4 MSASS collaboration: Areas of active collaboration were defined and the MOU developed for Brooke foundation logistical support and monitoring finalized.

3 DISSEMINATION

3.1 Presentation of ROSES at the International Congress of SW in Washington DC: Co-presenters - Dean Richard Edwards of MSASS, Alice Johnson, PhD, also of MSASS. Three hour intensive seminar complete with original music from AJ. Videotaped in entirety Attended by Romanian social assistants enrolled in CIP.

3.2 Presentation at the DHHS Romania Strategy Task Force meeting in Washington DC. Topic: Program Evaluation - Focus on Qualitative Outcomes

3.3 Presentation to Georgetown University UAP Staff Conference on ROSES and the Romanian UAP.

3.4 In response to invitations, presentations were organized for four October meetings:

(1) Santa Fe International Conference on High Risk Children -- topic PSI; co-presenter Joe Sparling, PhD

(2) American Academy of Cerebral Palsy and Developmental and Developmental Medicine -- International Roundtable and Poster presentation. Co-presener: Gale Haradon, Phd..

(3) American Academy of Pediatrics. Special Presentation of ROSES to the International Section Committee and poster display at International Section meeting. A second

presentation to be made by Dr. Sylvia Stoichescu on the Neonatal Resuscitation Course Outcomes in Romania.

(4) Preparation of Abstracts in response to a call for papers for the RICH - Unicef NGO meeting in Bucharest in Oct. Two abstracts and Poster prepared by Gale Haradon, PhD.. Presentations to be made by Romanian professional collaborators.

4. MISCELLANEOUS:

4.1 Revision of ROSES Goals, Objectives, and implementation plan for the year beginning 30 Sept., 1992. Final revision to be completed in Sept. in Bucharest.

4.2 Review of documentation and preparation re the program evaluation of A.I D. taking place in September in Romania.

4.3 Conferences and role-planning with two new Brooke board members, Dr. Lee Nah Hsu and Atty. Gary Simpson.

MONTHLY REPORT

BARBARA B. BASCOM, M.D.
CLINICAL PROGRAM DIRECTOR
THE BROOKE FOUNDATION

DATE: 24 AUG - 24 SEPTEMBER, 1992

NARRATIVE SUMMARY:

The primary objectives for this time period were to finalize program planning for FY '93 and to conduct the necessary program review for input to the A.I.D. project review and WVI "initial audit". Time was divided between Bucharest and Iasi to achieve these objectives.

GOALS AND OBJECTIVES FOR THIS PERIOD:

PROGRAM PLANNING AND DEVELOPMENT:

1. Completion of ROSES program plan, including revised goals, objectives, and detailed implementation plan ----- 100%

The revised ROSES plan was completed, approved by Brooke foundation, and copies were distributed to WV-Ro, Loc Le Chau.

2. Completion of the plan for Romania based Professional Education and development for the current Academic Year ----- 100%

The curricula for all ROSES formal service-based training courses, University affiliated teaching and training courses, and teaching seminars was finalized. Planning was initiated for a professional meeting / conference in the spring. Planning was completed for the Professional Exchange activities at the AAP meeting in October. Several outreach professional education and development activities were discussed and planning initiated.

3. Initiation of planning for ROSES outreach and extension services ----- 100%

3.1. The ROSES / MERP Prevention / Neonatology combined outreach activity was initiated by placement of volunteer Neonatal Intensive Care Nurse Leslie Iverson in Iasi. Ms. Iverson will complete a needs determination study of a NICU and the infant section of Section I during the first eight weeks of her service.

3.2 The Pediatric delegation from Chisenau attended the project demonstration of ROSES scheduled for the AID Evaluators on 14 Sept.; subsequent meetings were held with the delegation to explore areas of mutual interest and potential collaboration.

PROGRAM ADMINISTRATION:

1. Completion of the logistics and monitoring plan for HSP / MSASS ----- 100%

The plan and budget for the MSASS / HSP Social Work Curriculum Development project was finalized and copies sent to WVRo, Loc Le Chau.

2. Preparation for and completion of A.I.D. ROSES project evaluation activities ----- 100%

After planning meetings at PACT and WVRo, BBB attended and participated in the initial meetings with the evaluation team. The Iasi ROSES team was then given briefings on the evaluation, and a program demonstration day planned for 14 Sept..

The ROSES presentation and discussion day was attended by Ms. Rose Schneider in addition to Wm. Booth, the assigned evaluator. The program agenda is attached to this report. The Section II program agenda was shortened due to the late arrival of the plane and the length of prior discussions. Some further discussion time was mutually requested by Rose Schneider and B. Bascom.

3. Preparation for and completion of the WVI Program Evaluation ----- 90%

The WV program evaluators and evaluation planners met with BF staff to review program implementation plans and to develop the process of reporting and tracking the program. The monitoring and evaluation plan will be completed within the next few days, after final planning meetings with Priya Chandra and WV team members.

Brooke Foundation management consultant DeWayne Wynn and Manager of Program Planning and Development, Priya Chandra, are in Bucharest to assist with the process.

4. Completion of the implementation plan and process for ROSES project components PSI and Denver II ----- 50%

4.1 PSI: The Brooke / Civitan collaborative grant has been successfully negotiated, contract signed and executed. Planning is now completed for PI Joe Sparling, PhD, to travel to Romania with Co-PI Bascom on her return in November. The role of Dr. Alina Bodea in both the current and coming year's PSI activities continues to be clarified and negotiated. A telephone conference with Dr. Sparling was held and a plan of action will be developed during the Santa Fe conference. A meeting was held with Dr. Bodea to ascertain her continued interest in the current and proposed PSI. A MOU with WVRo will be deferred until further clarification and negotiation can take place with Loc Le Chau. See October Goals.

4.2 DENVER II:

4.2.1: Completion of the Master Training Certification for Dr. Cristiana Dragomir and Dr. Alina Bodea: Dr. Dragomir has completed her videotape segment for review by Dr. Gale Haradon and final proficiency scoring by Dr. Frankenburg. Although not yet completed, Dr. Bodea will also prepare a videotape in time for Dr. Haradon's departure 24 Sept. Reasons for delays related to communication and logistic problems which were unavoidable.

4.2.2. The necessary meetings for establishing the official standards and process for Denver II training, appropriate applications, and licensing for production of translated materials was postponed due to key administrators from UNICEF and MOH being out of the country. Meetings have been rescheduled for 22 & 23 Sept..

ROSES PROJECT IMPLEMENTATION:

GOAL I: CLINICAL SERVICE NEEDS DETERMINATION: To delineate the scope and depth of developmental disorders in institutionalized Romanian infants and children and to estimate the clinical service needs of the population.

1. Completion of surveys of
three sites - Iasi Sections 1 &
2 and Bucharest Orphanage #1 ----- 100%

All three sites were surveyed by Dr. Sylvia Asadi in cooperation with the institution directors, using DATA form #1

GOAL II: ROMANIAN PROFESSIONAL DEVELOPMENT NEEDS DETERMINATION

No objectives for this month.

GOAL III: DIRECT SPECIALIZED SERVICES:

To develop and implement exemplary interdisciplinary child development programs at the targeted ROSES sites.

3.1 PSI: Continuation of services to the 76 children provided by trained caregivers under supervision of Gina Scripcaru. Services were provided 5d/wk, 8 hr./day = 184 intervention hrs. for each of 76 children. ----- 100%

3.2 Special Education Preschool: The 28 children from Group IV, Section II received daily special ed. according to the protocols established. The entire group had outdoor and community field trip activities as intended -- 20 community trips. ----- 100%

3.3 Rehabilitation: All children continued to receive daily PT in the therapy room. Consultation to the Education program in motor learning activities was pro-

vided. Nursing and infirmiere staff were instructed re carry over of rehab in daily activities when children were not in PT. ----- 100%

3.4 Dystrophic Developmental Project: New admissions were reviewed and screening initiated for inclusion in the Group 2B&5 project. Planning was initiated for the coming year. Non-structured interventions continued during staff vacations. ----- 100%

3.5 Interdisciplinary Conferences: None scheduled due to staff vacations. The Case conference scheduled for part of the AID tour was canceled due to time constraints.

GOAL IV: SERVICE BASED TEACHING AND TRAINING: To develop and implement service-based teaching and training programs affiliated with Medical University departments, Universities, and other Institutions of Higher Learning.

4.1 Completion of planning for all service-based teaching and training courses for coming academic year ----- 100%

4.2 Initiate review and course plan in rehabilitation with arrival of Timmie Wallace, PT Educator. Arrival in Iasi 17 Sept.----- 100%

GOAL V: NORMALIZATION AND COMMUNITY INTEGRATION OF CHILDREN: To promote the integration of Leaganul children into communities through programs of prevention, normalization, structured transition, and rehabilitation.

5.1 Prevention - A neonatal intensive care Nurse was added to the ROSES team and will provide direct services at Section 1 and through ROSES' extension project to the NICU of Maternity Clinic in Iasi.

5.2 Structured transition:

5.2.1. 18 "graduates" of Section II's Special Education Preschool have been enrolled in community Gradinta.

5.2.2 3 "graduates" of last years Gradinta Transition KG group have been admitted to the 1st grade of the public school in Iasi.

5.2.3 Costin, last years 1st grader will be enrolled in second grade.

5.2.4 All 22 children will continue to receive remedial tutoring in the pm's at Section II. Tutoring will be implemented in collaboration with the community educators.

5.2.5 All ambulatory children continue to attend church regularly at Sft. Andrei. Orphanage based religious instruction continues and the instructor is provided by Sft. Andrei.

5.2.6 The Section II transition group were hosted by the Metropolitan for a weekend Monastery tour and overnight stay at the Monastery.

GOAL VI: INSTITUTIONAL REDEVELOPMENT AND TRANSITION:

To promote the transition of ROSES project sites into sustainable, University affiliated community facilities in Child Development and Developmental Disabilities and to foster and facilitate development of collaborative international Academic activities.

5.1 PAU (Program Affiliate Universitate) Steering Committee Only one meeting was held due to members' vacation and travel schedules. Minutes were recorded as usual, and will be placed on the Section I computer. The PAU implementation plan for academic year 1992-3 was discussed, revised, and approved.

5.2 International Academic activities: Plans and arrangements were finalized for the Romanian participation in the AAP Annual Meeting.

5.3 PSI Coordinator Gina Scripcaru trained 6 Romanian Caregivers for employment by another NGO providing a program at Iasi Section IV.

5.4 Collaborative planning conferences were held with three NGO's (one indigenous) for purposes of joint planning.

5.5 A review conference was held with Tina Masamore of MSASS' Social Work Curriculum Development / HSP project. Planning of monitoring and ROSES student field rotation activities was done.

DISSEMINATION:

1. Complete and submit abstracts for
October R.I.C.H. - UNICEF Conference ----- 100%

2. Complete preparations for Oct. USA
professional meeting presentations ----- 100%

3. The ROSES / MERP teams were invited to attend a Public Health Conference for the School-age Child in Focsani. The conference was attended on 2-3 September. Dr. B. Bascom was invited to make a presentation at the conference. Presentation topic was: Health Related Issues in Education and Special Education.