

PDABE-352

**THIRD QUARTERLY REPORT
PRIMARY HEALTH CARE PROJECT
ROMANIA**



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

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

**On behalf of:
World Vision Romania**

April 30, 1992

World Vision Primary Health Care Project Third Quarterly Report

January—March 1992

Executive Summary

The main goal of the Primary Health Care Project (PHC) is to improve the health status of communities in the Cluj area through self-help and better utilization of existing resources. This will require a change of attitude on the part of communities, away from dependency on government health services encouraged under the previous regime and towards self-reliance, both individually and as a community. WV's approach for achieving this is based on the introduction of PHC strategies which have been proven effective in other parts of the world. To date, the project is entering a phase when the substantive work begins:

- The newly appointed PHC project manager, Dr. Virginia Canlas, arrives in mid-April. Meanwhile, the PHC technical coordinator has made all the necessary contacts and preparations for the project to become fully operational. The office is fully equipped and running. The staff consists of a PHC technical coordinator (Laurel Stevens, a qualified nurse), an administrator, and a translator.
- Dr. Virginia Canlas and Dr. Fe Garcia, a WV staff member, are expected to come to Cluj to run seminars for doctors who are to be active in the project. These will cover the evolution and purpose of PHC; details of different elements in a PHC program; Knowledge, Attitudes, and Practice (KAP) surveys; and Health Information Surveys (HIS).
- Preparations were made to carry out a baseline survey which is to be completed by mid-May 1992. The KAP component of this survey is to be completed by the end of April. The questionnaires are ready for Dr. Canlas's review and will then be tested at one of the project sites and the necessary copies will be made and distributed.
- Discussions were held to plan activities cooperatively with the Medical Faculty of the University of Cluj, the regional government, and medical students. At least 25 medical students are ready to assist with the KAP survey. Professors from the medical university and staff from the local MOH fully support the program.
- Three project sites were selected according to the local MOH representatives' recommendations: two villages (Măguri-Răcățau and Feleacu) and a district on the outskirts of Cluj (Zorilor). The next year, the project will begin activities in two more sites. Laurel Stevens visited the first three sites for a preliminary survey and needs assessment.

At the beginning of April, the WV Program Director, Mr. Loc Le-Chau, also visited one of these sites, meeting the personnel at the dispensary and some community members, to whom he presented the PHC emphasis away from the top-down approach and towards the participation of the community in health care prevention and promotion.

- The Gifts-In-Kind (GIK) (mostly medicines) recently received and inventoried were distributed. Laurel Stevens then visited the hospitals and dispensaries which had received these GIK and found them satisfactory.
- Following the discussions with the Cluj MOH on appropriate health promotion materials, the translator is working on two pieces of educational literature.
- Laurel Stevens visited again the School of Nursing in Cluj, to which she provided some Canadian curriculum materials. She is helping the deputy director get a management education grant in Great Britain. She also reestablished contact with International Teams, Ecce Homo, Medecins Sans Frontieres, Asklepios, and the German Red Cross.

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1. Section I—Introduction

1.1 Description

For the past year WV has been running a program for improving the care and conditions of children in orphanages in Romania. The Primary Health Care Project (PHC) is an extension of WV's existing program. Its primary goal is to strengthen the infrastructure of the Ministry of Health (MOH) in the Cluj district of Romania through the introduction of PHC strategies which have been proven effective in other parts of the world.

The concept of health promotion, community participation, and disease prevention will be pursued vigorously with the partnership of the provincial Ministry of Health, the University of Cluj, other private voluntary organizations already working in the province, and especially with the communities themselves.

The project was designed with input from Dr. Milton Amayun, World Vision Relief and Development's International Health Programs Director, a PHC expert with 12 years' field experience who visited Romania in June 1991, and from the Romanian MOH. It aims to provide health care services to a total of 15,000 beneficiaries; 2,500 mothers, 5,000 children and 7,500 others.

The project activities are being carried out within the existing structure of the MOH service. They will strengthen the indigenous organization, rather than setting up a new structure.

1.2 Location

The project is based in the Transylvanian city of Cluj-Napoca, the county capital city of the Cluj Județ (county), working in five locations throughout the Județ designated by the Romanian MOH. These locations were selected as having inadequate health care coverage and include four rural and one urban community.

Cluj-Napoca has a population of around 320,000, making it the sixth largest city in Romania. A large area of suburban horticulture surrounds the city. Hungarians are the largest ethnic minority.

The location was selected on the basis of the openness of the provincial MOH and of the University of Cluj in collaborating with WV in the introduction of PHC in the health strategy of the Județ. A secondary reason is the existing activity of WV Romania with orphanages in the area and with the University of Cluj.

2.

Section II—Progress Against Objectives

There have been no major changes in approach or content since the last Detailed Implementation Plan submitted June 25, 1991. However, in the light of the results of initial findings and experience, and because of severe difficulties in recruiting a suitably qualified and experienced project manager, it was anticipated that:

- The project will focus initially on three sites only, and introduce the other two the following year. Five sites will still be covered by the end of the project, but the phasing of introduction will be altered. Three of the sites initially selected have been changed on the advice of the Romanian health authorities.
- The delays caused by the lack of a project manager have forced the time frame to be put back. Some activities—such as negotiations with Romanian authorities, enlisting the support of the Faculty of Medicine, preparing health education materials, visiting the future project sites and providing GIK—have been able to proceed, but other activities are behind the original schedule by six to nine months.

The following progress is reported against the objectives set in the Project Information Management form for Fiscal Year 1992. So far the activity has been mostly of a preparatory, organizational nature, owing to objective circumstances. On the other hand, thorough preparation is also regarded as the key to future success. Some progress has been made towards all six goals. Substantial progress has been made towards Goals 1, 4, and 6.

2.1 Goal 1: Develop a pilot health education strategy and a health information system for monitoring health activities.

The health education strategy has been planned so as to have a heavy emphasis on preventive care and training for self-help, both at the medical professional level and in communities. It includes the baseline survey, quarterly collection and analysis of data, feedback to reporting units, and the use of data for planning. It has been established that all health education activities will be planned and carried out in cooperation with the director of health for the Judet, and where appropriate with the director of paediatrics, the director of obstetrics and gynecology, and the professor of primary health care at the Medical Faculty of the University of Cluj. All community training will be carried out by Romanians. The local community is also called upon to play a major part in the implementation of the project.

2.1.1 Set up the office in Cluj.

The office is now open and running. The staff consists of a technical project coordinator, a site administrator, and a translator.

2.1.2 Train the Romanian office staff in their respective positions.

Laurel Stevens provided appropriate orientation for the translator. Marius Radu, the site administrator, received appropriate training at the Bucharest office and will assist in training other staff.

2.1.3 Build good relationships with the Cluj MOH, the Faculty of Medicine and the Medical Students' Association by determining their goals and needs in PHC and by establishing and maintaining good communication on project matters through frequent interaction (suggested bi-monthly or more frequently, dependent on the MOH).

Fruitful discussions were held to plan activities cooperatively with the Medical Faculty of the University of Cluj, the regional government, and representatives of the medical students.

Dr. Ghilezan, vice rector of the Medical University until recently, was very supportive of the project, offering a place to hold the teaching sessions and assistance in planning and delivering them. He received a computer from WV for the Oncology Hospital, a tool which will improve the present filing and record-keeping techniques. The original plan was for WV to help set up a PHC curriculum in the University, but since there already is one, WV's contribution will consist in updating the present PHC curriculum.

Prof. Maier, the former rector of the Medical University in Cluj, was very appreciative of the GIK donated by WV to hospitals and dispensaries. In his opinion, WV has been the most serious NGO operational in Cluj.

The PHC curriculum was discussed by Laurel with the newly appointed rector, Prof. Dr. Pascu, who has already given his formal approval for the PHC project. The next necessary step will be to work out an agreement with the Ministry of Education and Science in Bucharest.

Dr. Stamatiu, university professor in public health, discussed the teaching sessions with Laurel. He was highly interested in the KAP surveys, a total novelty to him. Updating the PHC curriculum was also tackled; he pointed out the lack of proper facilities locally, which may slow down its application in Romanian medical schools. He also requested teaching

aids for his classes (slides, TV/video cassette player set with teaching videos) if possible.

Prof. Stamatiu informed Laurel Stevens that on Monday, April 20, a meeting would be held with the doctors working in the county dispensaries, on which occasion the work of WV would be presented. A doctor to work full-time in the PHC project as Romanian counterpart of the project manager will also be identified.

Dr. Ossianu, assistant director of the main hospital in Cluj, introduced Laurel to Dr. Vinereanu, the director of the hospital. They both read the WV reports and the description of the PHC project. They were already acquainted with some of WV projects of which they were highly appreciative. Dr. Ossianu helped Laurel Stevens get an appointment with the director of the MOH of Cluj, Dr. Camelia Banu, and arranged a visit at one of the sites.

Dr. Camelia Banu, director of the Cluj MOH, who was one of the participants in the Cleveland Management seminar, was eager to be updated on the progress and perspectives of the PHC project; after having been briefed, she expressed full support and also suggested an additional environment project.

Dr. Lupea (obstetrician, gynecologist, head of the obstetrics section at the County Hospital) regretted not being able to work with the PHC project, as he was too busy at his hospital. Instead, he offered statistics on newborn problems for the whole Cluj County. He recommended collaboration with the obstetricians who are responsible for each dispensary, which they visit once a month for the more difficult cases.

Laurel Stevens was informed by the president of the Medical Students' Association that over 25 students are looking forward to be involved in the PHC program. During talks with the students, some good suggestions were made on what the villagers needed to know and how they could be taught. Their opinion was that village life is quite simple, as is the level of thinking, and information must be presented on that level. Prof. Stamatoiu welcomed the idea of having several of his students involved as volunteers in the preliminary survey, yet dismissed the idea of them receiving credit for their work, as practicum is never done in the villages. Laurel will raise the issue again after the project is in action.

Laurel Stevens also established contact with the School of Nursing in Cluj. She delivered a Canadian PHC university curriculum and a description of responsibilities of nurses and nursing assistants to Dr. Brenda, the

director, as she had been asked. Laurel also applied for assistance for the director to be able to attend a management course in England. A British nurse spent three weeks carrying out an assessment of the School of Nursing, and Laurel held discussions with her to exchange information.

2.1.4 Design the health education program with a built-in Health Information Survey (HIS).

It was agreed that the public education program would focus on fundamental issues such as nutrition, treatment of common childhood diseases (colds, measles, and mumps), good hygiene practices, contraception, smoking, maternal care, stress control, family planning and pre- and post-natal care. Although Romania has a medium infant mortality rate when compared to other nations, it has the third highest infant mortality rate (22 per 1,000) in Europe.¹

2.1.5 Arrangements were made for Dr. Fe Garcia, a WV staff member, to come to Romania at the end of April to run a series of seminars for doctors in Cluj who are to be active in the project. These will cover the evolution and purpose of PHC; details of different elements in a PHC program; Knowledge, Attitudes, and Practice (KAP) surveys; and Health Information Surveys (HIS). She will collaborate with the PHC project director, Virginia Canlas.

Dr. Milton Amayun also gave ongoing advice and assistance from the World Vision Relief and Development Office in the U.S. to help in the design of the program.

2.1.6 Select the five sites where the project is to be implemented as suggested by the MOH.

The sites originally selected in consultation with the Ministry of Health were: Poieni, Iara, Măguri-Răcățău, and Fizeșu-Gherlii as rural sites; and one urban site in Cluj-Napoca city. Following initial investigations, Poieni, Iara, and Fizeșu-Gherlii will not be included, and instead Feleacu and Zorilor (a district in Cluj) will be included. The project will operate initially at Măguri-Răcățău, Feleacu, and Zorilor. A year after initiating activities at these sites, the project will begin activities in the remaining two sites.

¹ Source: United Nations Statistical Chart on Children: Early Child Development and Learning Achievement 1990. Albania has the highest IMR (Infant Mortality Rate) at 39/1,000 followed by Yugoslavia with 25/1,000.

The following Target Populations have been identified at the sites assessed:

Location	Women	Children	Total
Măguri-Răcățău	1,500	950	3,038
Feleacu	890	1,200	5,900
Zorilor	--	11,310	
New sites (2)			

Initial relationship-building in the first three sites, Măguri-Răcățău, Feleacu, and Zorilor, was carried out through community visits; community health committees will be formed with the assistance of the local clinics and communities. It has been established through initial research that in the rural villages of Cluj, a strong sense of community still exists, and there is good potential for cooperation in such committees.

As a result of her survey visits to the first three sites where the project is to be implemented, Laurel Stevens provided descriptions of each:

1. Măguri-Răcățău is a village in the mountains, 40 kilometers from Cluj, with a population of 3,038. The dispensary has two general practitioners and a pediatrician (no dentist) and covers a territory of 320 square kilometers. It also has an obstetric extension out of the hospital in Cluj which does deliveries. Approximately 1,500 women, 950 children, and 872 families are treated there. Mining and small-time farming are the occupations of the residents. The greatest health needs lie in three areas: women, children, and those with chronic diseases.

Prenatal checkups and immunizations are done according to a specific schedule. One of the biggest problems in prenatal care is finding the mothers in the summer: all the families go up into the mountains to take their flocks and herds to pasture, and the doctor is still (under the present system) obligated to go and find her when she does not turn up for her checkups. Postnatal checkups and teaching are done in the home by the doctors and nurses for six weeks following delivery, with the staff traveling by private car or "ambulance"—a van with a stretcher in the back. (The ambulance is also used to transport patients when necessary.)

The dispensary is very happy to work with WV.

2. Feleacu is a village situated 7 kilometers from Cluj with a population of 5,900 people in six villages; there are approximately 890 women, 1,200 children, and 840 people age 60 and older. The greatest health needs are respiratory problems in children, urinary tract infections in women, and arthritis in the elderly. Most people work in Cluj as postal workers, factory workers, and porters at the doors of large institutions. Women run the small farms around the houses. Prenatal checkups and immunization programs are done, with the doctors traveling by horse and cart to the other villages.

The dispensary is staffed by two general practitioners, a pediatrician, a dentist, a nurse, and four nurses aides. The doctors and the dentist work there Monday to Friday until 2 p.m.; the rest of the time is covered by the nurses/nurses aides. They were also glad to collaborate in the project.

The needs survey at both sites revealed that needs cover a very wide area, from sterilizers and instruments to bandages.

The third site, called Zorilor, is a district of Cluj where there are 11,310 children. A survey is programmed for early April.

2.1.7 Complete the baseline survey and write a report.

The baseline survey will be completed by the end of April, 1992, after proper training has been accomplished by Virginia Canlas and Fe Garcia. It consists of two parts: an analysis of clinical data made available with the cooperation of local medical leaders and a community-based Knowledge, Attitudes, and Practice (KAP) survey. The schedule for KAP has been planned:

- April 22: Training seminar given by Virginia Canlas;
- April 23: Pre-test in a village (other than a project site);
- April 24: KAP review and changes as necessary;
- April 25, 26: Photocopying;
- April 29, 30: Actual survey at two sites: Feleacu and Măguri-Răcățau.

The exact needs and activities in point of knowledge, attitude, and practice appropriate to each site have partly been determined during the preliminary visits at the sites; a more specialized survey will reveal priorities and strategies for addressing these needs in a cost-effective

manner. It is expected that key areas will include contraception, provision of medical and laboratory supplies, and health education materials.

The staff of the local clinics mentioned earlier will be trained in preventive health care. WV will provide part of the materials and equipment necessary to implement activities, the rest being supplied by the local communities. These clinics will be centers for service delivery.

- 2.1.8 Complete the health education program based on the results of the baseline survey and in conjunction with the Cluj MOH.
- 2.1.9 Develop a strategy in conjunction with the MOH to phase the health program into the provincial MOH program.
- 2.1.10 Assist the implementation of the program by giving back-up support, helping in the analysis and use of data, teaching seminars with expatriate medical professionals if requested, and other ways suggested by the MOH.
- 2.1.11 Continue working relationships with other NGOs in Cluj.

Laurel is in regular contact with Ecce Homo (a Romanian relief organization that is helping poor families) and International Teams of Canada by holding information exchange meetings. She has also renewed contact with the Red Cross, Medecins Sans Frontieres, Operations Christmas Child, and Asklepios.

2.2 Goal 2: Establish five community health committees in one urban and four rural sites.

- 2.2.1 Determine whether the sites chosen are suitable based on the results of the baseline survey.
- 2.2.2 Work with the MOH in forming health committees at each site. Some preparation has been done in Laurel Stevens's preliminary visits.
- 2.2.3 Develop and carry out a training program for the committees.
- 2.2.4 Build on relationships begun by the survey through scheduling regular visits and having good interaction and good communication, so that interest and cooperation remain high. Inform the committees of the location of the WV Cluj office.

2.3 Goal 3: Support the training of 30 community facilitators who will lead their communities in health promotion.

2.3.1 Ask local health authorities, local NGOs, the church, the political leadership, and women's groups to participate actively in the identification and recruitment of suitable volunteers.

Some preparation has been done in Laurel Stevens's preliminary visits.

2.3.2 Assist the Cluj MOH in formulating a training program based on information from the sites.

2.3.3 Assist the Cluj MOH in implementing the training program by assisting in teaching sessions, helping supervise practical application sessions, and doing periodic evaluations of the program with the MOH.

2.4 Goal 4: Equip and support five service delivery centers.

2.4.1 Obtain warehouse facilities and set up a distribution system.

Warehouse space was found and a distribution system was set up, so when the first GIK shipments arrived they were distributed in an efficient manner.

2.4.2 Develop and carry out a survey of the needs of the dispensaries at the five project sites.

So far, Laurel Stevens has visited two of the villages and concluded that they have a wide range of needs: equipment, instruments, and medication.

2.4.3 Based on the survey, requisition, inventory, and deliver the supplies.

One shipment of Gifts-In-Kind—a 20-foot container (mostly pediatric, cardiac, dermatology, and urology medication, as well as surgery materials)—was received and inventoried at the warehouse, and 98 percent distribution was achieved.

By way of follow-up, Laurel Stevens visited the medical units that received GIK: the Cardiovascular Surgery Hospital, the Urology Surgery Hospital, the Pediatric Hospital, the Christian High School, the Dermatology Hospital, and the urology section of another hospital. Through Laurel, WV donated to the pediatric hospital some medication which was urgently

needed for five children with serious burns; as a result, four of them were saved and are well now.

2.5 Goal 5: Collaborate with the Cluj Faculty of Medicine in the development of a PHC training curriculum.

- 2.5.1 Assist the implementation of the program by holding seminars taught by visiting expatriate doctors for both the staff involved in teaching and the students (if the staff wish), and by developing a system for periodic evaluation of the program.

Arrangements were made for Virginia Canlas, the PHC project manager, and Fe Garcia, a WVRD staff member, to run seminars for doctors in Cluj who are to be active in the project (doctors from the local MOH, from the dispensaries at PHC sites, and others) and students.

- 2.5.2 Encourage the participation of volunteers, both faculty staff and students, in the WV PHC program for better understanding of PHC, for practical experience, and for developing leadership in PHC in Romania.

Prof. Stamatoiu, 25 medical students, and the doctors working at the local dispensaries have volunteered to assist in the project. As a first step, all the volunteers involved in the KAP will receive proper training by the end of April.

2.6 Goal 6: Produce at least three items of health promotion literature.

- 2.6.1 Assist the Cluj MOH in identifying appropriate PHC literature to be translated.

Discussions with the Cluj MOH on materials revealed the need to first translate educational literature on child care. Other areas determined for covering in the future were: contraception, smoking, maternal care, nutrition, and stress control.

- 2.6.2 Recruit and hire writers/designers, and possibly translators, and prepare the first draft.

One translator was hired to translate appropriate health promotion literature in use in other countries. Two pieces of educational literature on post-natal child care are now on the first draft.

- 3.6 Finalize the hiring of a secretary; train her.
- 3.7 Collaborate with the School of Nursing. Meet with the British nurse for mutual briefing. Help the director, Dr. Brendea, obtain a grant for management training in England.
- 3.8 Present the project in Cluj to the newly appointed WV director; review the PHC strategy and plan of action with him, in the light of the actual conditions and developments in the field.

4.

Section IV—Program Problems/Concerns

The new director's site visit convinced him that the best approach to such a project would be to have it more community-oriented and less university/MOH-oriented. Therefore, WV should share its commitment of providing the appropriate support through GIK to the village dispensaries with the local community.

The main idea is to mobilize and actively involve the village members to put half of the money together. The church priests, school teachers, and the mayors will be the main resources of this approach. The activity, the director pointed out, must work from the bottom.

As soon as the new project manager is installed, the project must proceed rapidly to make up for delays in the early stages.

5. **Section V—Appendices**

The following items are attached:

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

Appendix 1
World Vision Romania Staffing Chart
Alphabetical Listing

Name (Country)	Position/Location	Start Date	Complete Date ¹
Dana Alexandru (Romania)	Book-keeper/Bucharest	11/90	Ongoing
Radu Avranescu (Romania)	MERP Assistant/Bucharest	12/90	Ongoing
Simona Baban (Romania)	Administrator/Constanța	9/91	Ongoing
Jeff Baird, MA, PhD (USA)	Psychologist/Cluj	1/7/91	1/93
Barbara Bascom, MD, FAAP, FAACP & DM (USA)	ROSES Project Manager/Bucharest	10/1/90	9/30/93
James Bascom, MD, FACS (USA)	MERP Project Manager/Bucharest	10/1/90	9/30/93
Michael Birchmore, RNMH (UK)	Nurse/Bucharest	6/91	6/92
Sue Birchmore, CEng, MIMechE (UK)	Technical Writer/Bucharest	6/91	6/92
Alina Bodea, MD (Romania)	Site Administrator/Bucharest	11/01/90	Ongoing
John Bratoloveanu, PhD (Australia)	Developmental Care Worker/Iasi	2/91	1/93
Cristian Bucurescu (Romania)	Travel Officer/Bucharest	1/91	Ongoing
Anișoara Carol (Romania)	Church Liaison Officer/Bucharest	8/91	Ongoing
Dorina Condurachi (Romania)	Accountant/Bucharest	5/91	Ongoing
Rachel Cooke, RGN (UK)	Nurse/Constanța	9/91	9/92
Jean Doloway, PT MS (USA)	Physical Therapist/Craiova	8/91	8/92
Oana Dumitriu (Romania)	Social Assistant Trainee/Hirlau	7/91	10/91
Pamela Forsyth, RN, MPH/MSN (Australia)	Regional Clinical Manager/Bucharest	2/2/91	2/92
Melissa Griffin (USA)	Physical Therapist/Timisoara	2/2/91	8/1/91
Rebecca Gurney, RGN (UK)	Volunteer nurse/Constanța	10/91	4/92
Beverley Halsey, RN (USA)	Nurse/Constanța	12/91	12/92
Vincent Hinders, MA (USA)	Programme Planning and Development Officer/Bucharest	10/29/90	10/92
Alison Holness, PhD (USA)	Physical Therapist/Bucharest	1/14/91	12/13/91
Karen Homer (Canada)	Communications Officer/Bucharest	2/91	2/92
Catalin Hrisafi (Romania)	GIK Assistant/Bucharest	1/92	Ongoing
George Ionița, MD (Romania)	Dental Project Manager/Bucharest	5/91	Ongoing
Ionuț Iosub (Romania)	GIK Manager/Bucharest	7/91	Ongoing
Beverly Irwin (USA)	ROSES Operations Manager/Bucharest	12/17/90	9/93
Viorel Ispas (Romania)	Purchasing Assistant/Bucharest	10/90	Ongoing
Claire Anne Jacobsmeier, MSW (USA)	Social Worker/Hirlau	3/01/91	9/30/91
Iolanda Jelea (Romania)	MERP Assistant/Bucharest	5/91	Ongoing
Loc Le-Chau (USA)	Programme Director/Bucharest	4/92	Ongoing

Name (Country)	Position/Location	Start Date	Complete Date ¹
David Lloyd (Australia)	HSP Consultant, Administration/ Planning/Hirlau	6/91	6/92
Gloria Lloyd-Jones, AIWO/MFC (Australia)	HSP Manager/Hirlau	6/91	6/92
Şerban Lungu (Romania)	Warehouse Assistant/Bucharest	3/92	Ongoing
Heather Macleod, RN (NZ)	Nurse/Craiova	6/91	6/92
Olympia Macovei, MD, MPH (Romania)	Romania Counterpart/Iasi	11/1/90	Ongoing
Michelle Mahoney (USA)	Occupational Therapist/Bucharest	7/91	7/92
Liviu Manaila (Romania)	MERP Assistant/Bucharest	10/90	3/92
Graham Nance (Australia)	Social Worker/Bucharest	3/91	3/92
Jenny Nance (Australia)	Volunteer educator/Bucharest	3/91	3/92
Mihaela Oala, MD (Romania)	Medical/Clinical Programme Assistant/Bucharest	6/91	Ongoing
Luminiţa Oancea (Romania)	P.A./Bucharest	9/90	Ongoing
Kenneth Placke, MSW (USA)	Social Worker/Hirlau	8/91	8/92
Dorel Plescan (Romania)	Administrator/Cluj	4/91	Ongoing
Otilia Pop (Romania)	Personnel Assistant/Bucharest	5/91	Ongoing
Marius Radu (Romania)	PHC Administrator/Cluj	1/92	Ongoing
Peter Rawls (USA/France)	Administrative Manager/ Bucharest	11/91	4/92
Jane Schmidt (USA)	Occupational Therapist/Timişoara	1/92	1/93
Helen Schwieger (Australia)	Administrative Manager/ Bucharest	10/90	10/91
Amy Seiple (USA)	Volunteer caregiver/Cluj	1/92	5/92
David Sleight (USA)	Finance Officer/ Bucharest	10/91	10/92
Linda Smith, MS-ccc-sp (USA)	Speech/Language Therapist/Iasi	9/91	9/92
Laurel Stevens, RN (Canada)	PHC Project Coordinator	9/91	9/92
Stefan Toma, MIM, MA (USA)	Country Representative/ Bucharest	4/25/90	2/92
Liviu Duvall Uncrutiu, MD, DDS (USA)	Paediatric Nurse/Cluj	2/91	1/92
Marilena Vasile (Romania)	Book-keeper/Bucharest	11/91	Ongoing
Dineke van Veluwen (Netherlands)	Nurse/Constanţa	2/92	2/93
Marigold Vercoe, RN (Australia)	Nurse/Constanţa	1/91	--
Linda Waterston, RN (S. Africa)	Nurse/Timisoara	8/91	8/92
Margaret Whilesmith (Australia)	Social Trainer of the Handicapped/Hirlau	10/91	10/92

Name (Country)	Position/Location	Start Date	Complete Date ¹
Andrew Whitelock (USA)	Intern/Cluj	10/91	10/92
Rodica Zanescu (Romania)	Book-keeper/Bucharest	11/91	Ongoing

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

APPENDIX 2
FY 92 SECOND QUARTER FINANCIAL SUMMARY

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

PIPELINE ANALYSIS THROUGH MARCH 31, 1992

	GRANT BUDGET -----	TOTAL EXPENDITURES -----	REMAINING FUNDS -----
Personnel Costs	62,400	14,590	47,810
Travel	35,700	2,602	33,098
Supplies	8,867	400	8,467
Consultants	10,050	174	9,876
Workshops/ Seminars	28,500	0	28,500
Other Direct Costs	5,400	54	5,346
Evaluation	15,750	0	15,750
Total Direct Costs	----- 166,667	----- 17,820	----- 148,847
Indirect Costs	33,333	3,564	29,769
Total Costs	----- 200,000	----- 21,384	----- 178,616
Total Cash Match	277,237	1,778	275,459
Donated Commodities	525,000	0	525,000
Indirect Costs	38,146	218	37,928
Total Matching Contribution	----- 840,383	----- 1,996	----- 838,387
Total Grant	----- 1,040,383 =====	----- 23,380 =====	----- 1,017,003 =====

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Appendix 3—PHC Life-of-Project Goals

1. Develop a pilot health education strategy with a health information system for monitoring health activities.
2. Formulate five community health committees in one urban and four rural sites.
3. Support the training of 30 community health facilitators who will lead their communities in health promotion.
4. Equip and support five service delivery centers.
5. Collaborate with the Cluj Faculty of Medicine in the development of a PHC training curriculum.
6. Produce at least three items of health promotion literature.

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APPENDIX 4

Abbreviations

<u>Abbreviation</u>	<u>Meaning</u>
GIK	Gifts-In-Kind
HIS	Health Information Survey
KAP	Knowledge, Attitudes, and Practice
MOH	Ministry of Health
NGO	Non-Governmental Organization
PHC	Primary Health Care
USAID	United States Aid for International Development
WV	World Vision
WVRD	World Vision Relief and Development

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