

DOCTORS OF THE WORLD-USA



Tuberculosis Partnership Project - Romania

**Project Sites: Bucharest Sector 5
Ilfov County
Neamt County**

Cooperative Agreement No: GHS-A-00-03-00016-00

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Annual Report – Year 1

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**Susan Youll
USAID/GH/HIDN/NUT/CSHGP
Room 3.7-74
Washington, DC 20523-3700**

Authors:

**Alka Dev
Dr. Gazmend Zhuri
Dr. Bogdan Pana
Vandana Tripathi**

ACNRONYMS

| | |
|--------|---|
| CHN | Community Health Nurse |
| DIP | Detailed Implementation Plan |
| DOT | Directly Observed Therapy |
| DOTS | Directly Observed Therapy strategy |
| DOW | Doctors of the World-USA |
| DPH | Department of Public Health |
| GFATM | Global Fund to Fight AIDS, Tuberculosis, and Malaria |
| GP | General Practitioner |
| HQ | Headquarters (of DOW) |
| ICRC | International Committee of the Red Cross/Red Crescent |
| IEC | Information, Education, and Communications |
| IUATLD | International Union Against TB and Lung Disease |
| JD | Job Description |
| KAP | Knowledge, Attitude and Practice |
| M&E | Monitoring and Evaluation |
| MOE | Ministry of Education |
| MHF | Ministry of Health and Family |
| MOJ | Ministry of Justice |
| MOU | Memorandum of Understanding |
| NTP | National TB Control Program |
| OSI | Open Society Institute |
| PHE | Peer Health Educators |
| PR | Principle Recipient (for GFATM funds) |
| PSI | Population Services International |
| RCRC | Resource Center for Roma Communities |
| RHM | Roma Health Mediators |
| RRC | Romanian Red Cross |
| USAID | United States Agency for International Development |

INTRODUCTION

With support from USAID's Child Survival and Health Grants Program, Doctors of the World-USA (DOW) began implementation of its TB Control Partnership Project in Romania in October 2003. DOW was awarded \$1,699,890 to support its work with the National TB Control Program (NTP) and other stakeholders to reduce TB morbidity in Romania. During the first year of implementation, DOW redeveloped major aspects of the project design due to the Romanian Ministry of Health and Family's successful application to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) for TB. The focus of the DOW project changed from strengthening the NTP's capacity to building a TB health education strategy as well as building a community-based DOTS project in the project sites.

DOW successfully leveraged USAID funds during Year 1. DOW was awarded two further contracts from (a) the Open Society Institute, to target health education and outreach to Roma communities, and from (b) the GFATM through a sub-contract with the Romanian Red Cross, to develop an incentives model to increase treatment adherence. These additional contracts are enabling DOW to implement a more comprehensive and community-based program, with a wider range of partners, and are also helping to meet DOW's commitment to a 25% cost share.

As detailed in this report, DOW's key first year accomplishments include: partnership building with six governmental and non-governmental partners; completing and widely sharing the results of a comprehensive baseline assessment that is the first Romania-focused dataset of its kind; collaborative strategy development for national TB and DOTS health education; identification and training of community health workers, including Peer Health Educators and Roma Health Mediators; and development of a project model to be implemented in partnership with the Romanian Red Cross to deliver incentives to the poorest TB patients and their families to encourage treatment adherence. Key factors which facilitated these successes include: strategic collaborations that are directly responsive to partners' institutional needs and mandates; effective mentorship from a PVO (PSI) with extensive experience and contacts in the Romania; partnership with local community-based organizations; and engagement of staff with established credibility amongst vulnerable communities.

DOW looks forward to building on these achievements in Year 2 of the TB Control Partnership Project in Romania.

I. PROJECT HIGHLIGHTS AND MAJOR ACHIEVEMENTS

Overall Accomplishments

Partnership Building

Doctors of the World-USA (DOW) has established partnerships with several non-governmental and governmental bodies, which will support the project and assist with implementation. Although the initial partnership was established with the MHF at the central level (and after much negotiation – see Section II), other letters of support and MOUs were needed over the course of the project design and initial implementation phases. The building of these

partnerships required detailed discussions regarding the scope of activities affecting each partner specifically, and the intended impact on target populations covered under each partner's mandate.

The following partners were identified as key implementers for DOW's proposed activities:

Ministry of Health and Family (MHF)/National Tuberculosis Program (NTP): For central level support for DOW's health sector activities, which would allow for DOW to approach other departments within the Ministry (such as the Department of Public Health, noted below) and work closely and directly with the NTP. A Memorandum of Understanding (MOU) with the MHF and NTP was signed by the Minister of Health, the NTP Manager, and DOW's Executive Director, enabling all further partnerships in Romania, noted below:

Ministry of Education (MOE): For central level support for DOW's education sector activities, which would allow DOW to work with Ministry staff on developing training for school-based TB health education curricula for teachers.

Ministry of Justice (MOJ): For central level support for DOW's work within the prison systems to support soon to be released prisoners in continuation phase treatment for TB. DOW would then continue to work with these individuals as they enter the civilian health sector.

Department of Public Health (DPH) (Bucharest, Neamt and Ilfov): For local government support for DOW's health sector activities, in order to have access to General Practitioners, Family Medicine Nurses, and Community Health Nurses.

Romani CRISS: For support of DOW's activities targeting Roma populations in the project sites. This NGO works closely with the MHF in implementing health sector activities targeting Roma and can provide technical assistance to DOW to integrate TB into existing health education and training activities.

Romanian Red Cross (RRC): For joint implementation of the incentives distribution project, funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). DOW will develop the methodology for the distribution of incentives, while RRC will provide the logistical and human resource support for distribution and monitoring and evaluation.

The key factor contributing to the success of partnerships to date has been the degree to which DOW project activities support the partner's existing or planned strategy for TB control and/or broader health education objectives. Accordingly, the most successful partnerships, defined as those with the highest level of collaboration and cooperation, have been with the DPH, MOE, and MOJ. In each of these cases, the partner has a strong commitment (and government mandate) to integrate TB into their framework, which has facilitated DOW's ability to have open discussions, gain feedback, develop work plans, and implement activities accordingly.

The second factor contributing to the success of a partnership has been the capacity and budget of the partner. Partner capacity includes human resources (number of staff and level of training), long-term organizational goals and strategy, computer proficiency, level of outreach to

beneficiaries, and current financial resources. The capacity factor has been especially relevant for the two NGO partners – Romani CRISS and the Romanian Red Cross. Both partners have a wide network of trained community-based workers, which can be utilized for outreach services; and, although they are not paid directly by the organizations, volunteers/community-based workers report to and are monitored by their respective organizations.

| Partner | Agreement/ MOU signed | Letter of Support | Date signed |
|--------------------|--------------------------|----------------------|----------------|
| MHF & NTP | YES | | January 2004 |
| MOE | YES | | September 2004 |
| MOJ | YES | | May 2004 |
| DPH Bucharest | | YES | May 2004 |
| DPH Neamt | | YES | August 2004 |
| DPH Ilfov | | YES | May 2004 |
| Romani CRISS | YES | | May 2004 |
| Romanian Red Cross | YES | | October 2004 |

Baseline Assessment

In order to gather a fuller picture of the baseline situation regarding TB in the target population, DOW completed primary and secondary baseline assessments. The primary assessment focused on the collection and analysis of data using knowledge, attitude, and practice (KAP) surveys administered within the target groups, while the secondary assessment focused on the collection and analysis of TB data for the target groups, including incidence and treatment success rates. The KAP surveys were administered to TB patients, their families, vulnerable groups, and providers at the primary care and community levels. The results of these surveys were analyzed in a detailed survey report and summarized in the Detailed Implementation Plan (DIP) for the project. Results were also presented in person to the following groups and/or conferences:

- Workshop with NTP to communicate results and related project activities – *March 2004*
- Workshop with health providers including pneumologists at TB dispensaries, general practitioners (GPs), nurses in TB dispensaries, community health nurses (CHNs, only in Ilfov), and Roma Health Mediators in Neamt and Ilfov counties and Sector 5 – Bucharest. (Objective 2) – *April-June 2004*
- Meeting with MHF and the Roma Representative to the Minister of Health to present the findings from Roma communities – *May 2004*
- Presentation of the KAP survey results from the penitentiary system to MOJ/Medical Department of the penitentiary system during the Medical Department-organized “Amara Health Promotion Conference” – *April 2004*
- Presentation on primary care health workers (GP and nurses) and their approach in DOTS at CALASS 2004 Bucharest – XV Congrès de l’ALASS, “Latin Association for Study of Hospital Services” – *September 2004*
- Discussion of results with Roma Health Mediator (RHM)/Peer Health Educator (PHE) trainers from Romani CRISS – *August 2004*

- Poster presentation of KAP findings from health care providers and Late Breaker Session presentation of KAP findings from patients and vulnerable groups at the 35th Annual IUATLD Conference in Paris – *October 2004*

It was important to present the results of the KAP surveys to each partner in order to share findings but also to build consensus for the planned project activities. The results of the surveys provide evidence for the approach used for different target groups and the role of each partner in contributing to improving treatment success rates for the beneficiaries. For example, the dataset was especially useful in discussions with the NTP as it clearly outlined areas where a health education intervention would directly impact treatment-seeking behavior and treatment adherence through improved knowledge.

As a result of this wide sharing of baseline assessment data, DOW has also been invited by a local medical review, the Romanian peer reviewed journal *Medicina Moderna*, to write about DOW's strategy for training health workers to provide TB health education.

Conducting a successful baseline assessment and having the opportunity to present findings widely was facilitated, in part, by the current lack of data regarding community-based DOTS in Romania. At this time, DOW's is the first dataset of its kind to be systematically gathered, analyzed, and presented in Romania.

Accomplishments by Objective

Table of Progress Toward Objectives
Period: October 2003 to September 2004

| OBJECTIVES | PROGRESS | COMMENTS |
|--|-----------------|--|
| <i>Objective 1:</i> Develop a national TB and DOTS health education strategy with the MHF. | Yes | This health education strategy will build the capacity of the DPH to collaboratively develop and carry out TB health education campaigns with the NTP. |
| <i>Objective 2:</i> Strengthen and develop the knowledge and skills of health providers to communicate and support patients in completing TB treatment. | Yes | Developing the knowledge and skills of GPs regarding TB will be an activity that is integrated into the NTP's training model for GPs. GP associations will assist in the planning for training. |
| <i>Objective 3:</i> Strengthen and develop TB knowledge in vulnerable groups, along with systems and approaches, to support treatment completion. | Yes | Developing specific and focused health education materials and approaches for vulnerable groups will be an activity integrated at several levels of health service delivery from TB hospitals to GP clinics to community health workers' visits. |
| <i>Objective 4:</i> To increase treatment adherence for TB patients by providing incentives for treatment completion. | Yes | This will be a pilot model that will provide much needed food incentives for TB patients, as well as allow the NTP to assess the viability of incentives for Romania. |

Objective 1: Develop a national TB and DOTS health education strategy with the MHF.

Following the approval of the DIP, DOW began to work toward the establishment of a working group in partnership with the DPH on the development of a national health education strategy for TB and DOTS for the general Romania public with an emphasis on vulnerable groups, especially poor Romanians and Roma. To facilitate the success of the working group, DOW partnered with its mentor organization, Population Services International (PSI), to prepare a health education and communications strategy, which detailed the plan to be employed by the working group toward achieving the benchmarks listed under this objective. In collaboration with the DPH, members of the working group were identified and invited and included representatives of all partner institutions and organizations. The first meeting of the working group was held on October 28, 2004 at the DOW office in Romania. Members were presented with a draft of the strategy and asked to provide input into the working model. It was suggested that after the initial meeting, the working group should divide into subgroups to address approaches for the specific target groups named under this strategy.

Key recommendations of the working group were:

- A separate working group should focus on development of the TB health education curricula and training protocols for teachers
- For the incentives project, the NTP's inputs will be useful for development of the distribution methodology and the health education training for RRC volunteers
- For training GPs in health education delivery, GP associations will be valuable partners



Health Education Working Group – First Meeting at DOW Office in Romania

Other activities that contributed outcomes toward this objective, in which DOW was a participating member, included:

- The World TB Day NTP/WHO Regional Office press release on World TB Day in March 2004
- Evaluation of the existing TB IEC practices and materials through PSI mentoring and contribution

DOW also began to meet with representatives of the MOE to initiate the draft of the TB section of the guidelines for the Romanian schoolteachers project in DOW sites. This draft will be finalized by Quarter 2 of Year 2 and implemented for the subsequent school year (Year 2, Quarter 4).

Factors that assisted progress toward this objective include PSI's mentorship, based on their experience working with DPH in past health education campaigns. PSI was able to advise local DOW staff on coordinating a working group, creating a strategy for developing a TB health education campaign, and involving stakeholders in planning and eventual implementation. Another factor contributing to progress was the NTP's strong commitment to the development of such a strategy. The NTP is committed to seeing TB health education activities come to fruition, and will be reviewing and approving all health education materials. The NTP has therefore agreed to participate in the working group; this has helped garner support from the other government partners.

Objective 2: Strengthen and develop the knowledge and skills of health providers to communicate and support patients in completing TB treatment.

The major activities completed under this objective included presentation and discussion of the baseline KAP survey results with central level NTP staff and health providers in the project sites.

The meetings with the health providers consisted of:

- Introduction of the DOW activities that will be implemented through partnership with MHF, NTP, and local health authorities.
- Presentation and discussion of the baseline KAP survey, with focus on the results from health care providers in project sites.
- Detailed explanation of the role of the GPs, CHNs, and RHMs in monitoring continuation phase treatment under DOTS.
- Discussion of the role of local health providers in TB health education of TB patients and their families.

Plans were made to involve health providers in the following activities in order to provide information and distribute materials, help eliminate misconceptions about TB, and raise awareness of the importance of treatment completion:

- Training of GPs in providing TB health education to TB patients and their families, to capitalize on GPs' good access to patients and family members.

- Training of CHNs in TB health education and defaulter tracing, especially of women.
- Training of RHMs/PHEs in TB health education as they can more easily access and mobilize Roma communities.

DOW was also invited to attend the NTP Managers' meeting for the European region and the 2nd Annual Inter-Agency Coordination Committee Meeting, organized by the WHO Regional Office for Europe. The main objectives of the meetings were to:

- Discuss the current TB situation in the WHO European Region
- Assess the progress made since the last programmed managers meeting, with particular emphasis on the global TB control targets to be reached by 2005
- Identify the successes and constraints to the implementation of the "DOTS Expansion Plan to Stop TB in the WHO European Region 2002-2006" and to formulate priority actions in order to achieve the WHO targets by 2005
- Assess the progress made in the implementation of DOTS Plus and TB/HIV activities
- Discuss the possibility of establishing the European Partnership to Stop TB, with consideration of communication and advocacy for TB
- Determine the collaboration and resources necessary for TB activities in the region and solicit feedback from partners

DOW has benefited from attendance at these meetings; by participating in EU-level priority setting discussions, DOW can ensure that its programming is implemented within a regionally acceptable framework as well as informed by interagency collaboration.

Due to the NTP's involvement with the GFATM, few activities have yet been directly implemented under this objective. However, DOW has initiated planning meetings with the NTP to work with the local GP Associations in implementing training activities, and activities will be conducted in the second year.

Objective 3: Strengthen and develop TB knowledge in vulnerable groups, along with systems and approaches, to support treatment completion.

The trainings of RHMs and PHEs were held in September 2004 in two one-week sessions with approximately 20 trainees in each session. The training agenda was developed by two trainers from Romani CRISS who have been in charge of creating the national training for all RHMs in Romania in collaboration with the MHF. Local DOW staff were instrumental in the development of the training manual, especially the TB sessions. DOW staff also led the TB session at the training. The training sessions were based on the RHM training model developed by Romani CRISS and the MHF to train mediators to liaise with Roma communities on: (a) administrative and access issues, such as social assistance programs; (b) medical issues (including family planning, pediatrics, hygiene, infections, first aid, domestic violence, and the rights of patients); and (c) interpersonal communication skills.

DOW proposed to identify RHMs from the project sites who could be trained in TB and continuation phase treatment under DOTS. Due to the limited number of RHMs, and because they are all women, it was decided that PHEs (including men) would also be identified and

trained in providing community members with TB-related information as well as following up with default TB patients. The PHE model was based on a similar project implemented by DOW in Kosovo to improve the health status of minorities. The training sessions focused on:

- Communication skills with community members
- Health mediator techniques
- Health mediator legislation
- Community visits & work
- General health knowledge
- Tuberculosis care and support (including DOTS)
- Reproductive health (this component was added due to the requirements of the cost share funds from OSI)

The trainees also made field visits to a local Roma community in order to:

- Learn how to assess and describe social structures of the community, and to approach and communicate with the community
- Put into practice methodologies for providing feedback and information in a community setting
- Receive more hands-on training from local RHMs

In all, 40 trainees were identified from the project sites and invited to the trainings. Of these, 19 participants were from Neamt County and 21 from Ilfov County and Bucharest – Sector 5.



A group of PHE trainees during field visit to a local Roma community

Of the participants, eight were men and 32 women; four were current RHMs and 36 were new PHEs. The main TB-related responsibilities of these trained health workers will be to:

- Maintain a catalogue of their designated Roma community
- Identify TB patients and prepare a register of visits to families with serious TB problems
- Mobilize TB patients and suspected TB cases to seek appropriate care
- Explain chronic and infectious diseases, including TB and HIV/AIDS, to community members
- Meet weekly with mothers and young women to discuss personal hygiene, proper nutrition, prevention of infectious diseases, and accessing social assistance
- Assist patients to access services, accompany patients to clinic visits, and ensure feedback of results to patients
- Keeps record of TB cases with treatment follow-up

The results of pre- and post- evaluation tests showed improvement in the trainees' TB health education and communication knowledge and skills. DOW has signed three-month contracts with each of the Peer Health Educators to deliver community-based health education messages. OSI has also asked DOW to monitor the implementation of the RHM/PHE model closely as other Eastern European countries with Roma populations are proposing to replicate the model in an effort to address Roma health issues. DOW's evaluation of this component of the program will provide the only dataset showing the efficacy and lessons learned from initial implementation of the RHM/PHE model.

Factors assisting these activities included good collaboration with the local partner, Romani CRISS, especially the health trainers who work closely with RHMs in Romania. They were well informed about the communities and were able to collaborate with DOW in identifying the appropriate community members to be invited to the meeting and in organizing an effective meeting in a short time. The DOW Roma Health Education Coordinator, who is Roma himself, knows the communities quite well and has also been an asset to the program in meeting with community leaders and gaining their approval.

Objective 4: To increase treatment adherence for TB patients by providing incentives for treatment completion, including coupons for transportation, food, and hygiene products.

DOW developed a project model to be implemented in partnership with the RRC to deliver incentives to the poorest TB patients and their families in order to encourage treatment adherence during the continuation phase of TB treatment. Patients are often unable to adhere to the recommended treatment due to financial and other constraints, which were explored during the baseline assessment. Patients may use the money they have for food to pay for transport to the TB facility or they might suffer from increased side effects due to poor nutrition during the treatment phase. This objective is supported by the NTP under GFATM funding and is also an important component of the NTP's national TB control strategy for Romania, as at present there are no incentives distribution models for TB patients in Romania.

The project will be carried out by RRC and DOW as partners and consists of incentives distribution to TB patients and to doctors who administer DOTS from Bucharest, Ilfov and

Constanta counties. Incentives for patients will be granted in the form of coupons (for food only).

RRC and DOW will work together to implement the project, using their expertise in the respective areas. RRC will procure the coupons and tickets and distribute them to patients and doctors by means of RRC's network of volunteers. RRC will monitor the purchased and distributed coupons and tickets. RRC volunteers will also be involved in health education of TB patients and family members under DOW's TB health education strategy.

In the incentives project, DOW will create an incentives distribution methodology for patients and doctors, train volunteers and doctors in the methodology, and monitor results of the project. DOW will develop a system for monitoring and evaluation of the incentives, as well as the treatment outcomes of patients receiving incentives in order to encourage treatment completion; this monitoring and evaluation is crucial to determining and providing evidence of project success.

The two partners will perform joint monthly monitoring visits, with the preparation of a final dissemination conference. In accordance with GFATM funding allocations, the project will be implemented for 15 months beginning in October 2004, and DOW will be a subcontractor to the RRC.

Factors supporting progress toward this objective include the intensive collaboration that DOW engaged in to develop the project implementation plan and timeline for the project. DOW's technical assistance to RRC has led to the creation of a strong partnership between the two organizations.

Phase Out Plan

DOW is implementing each activity in partnership with a government branch at the central level. Furthermore, in each project site, DOW is also working closely with local stakeholders, including local government officials, politicians, community/Roma leaders and health providers in order to create a base of supporters who will be involved in project implementation, either directly or by allowing access to the available resources (as in the case of local mayors and Roma leaders). In doing so, DOW is also working to develop activities that are grounded in baseline assessment data to create informed and evidence-based practices. At the same time, activities are being developed so that they complement existing frameworks, as in the case of training community health nurses and Roma Health Mediators who will integrate TB education into their existing scope of work. In the case of the MOE, MOJ and the DPH, DOW is working with the staff on meeting their own mandates for TB-related activities, for example inclusion of TB education into school curricula. DOW is helping these government branches to achieve their own objectives toward an integrated approach that deals with TB appropriately.

On the other hand, if activities cannot be integrated into an existing project or government activity, DOW is combining implementation with advocacy from the initial stages. This is especially true in the case of the Peer Health Educator model which is being funded through OSI matching funds. DOW is using matching funds to enhance the RHM model established by

CRISS and now being managed by the MHF. DOW has expanded this model to include men and developed a comprehensive training curriculum which can be used to train capable individuals from within the Roma community to provide community based health education and follow-up care. The new male PHEs are also better able to reach men, an important target group for TB care, as the traditional RHM's are all mandated to be women. In Roma societies, where gender roles follow traditional patterns, it is important to have an approach that reflects realities within the community, and allows community members to be accessed appropriately. DOW is advocating with the MHF (with positive initial response) to integrate PHEs into the RHM model.

The phase out of activities will be conducted in cooperation with the government partners as models and curricula developed by DOW will be handed over in the course of project implementation. It is hoped that by Year 3, DOW will not be leading implementation, but rather assisting the partners to monitor and evaluate the functionality of the approaches created through the life of the project.

II. CHALLENGES AND PROPOSED SOLUTIONS

There are no major factors that are currently impeding progress toward overall objectives as the project was discussed in much detail with the NTP before the DIP was written and submitted for approval. The details of these negotiations are presented in the DIP, as the project changed considerably from the activities in DOW's original proposal, in order to accommodate the GFATM-funded activities to be undertaken by the NTP. Revisions to the initial proposal and negotiations with MHF on the MOU caused initial delays in project start, KAP survey, and its timely implementation, but the DIP was submitted by the deadline. In its new role, DOW is charged by the NTP with implementation of community-based DOTS and TB health education activities, to complement the GFATM workplan.

At present, however, there are some ongoing constraints that are actively being addressed by DOW. Most of the constraints have to do with the time required to present planned activities to the partner and negotiate an appropriate level of contribution from each member. These challenges are summarized below:

NTP: The constraint is in meeting with the NTP to plan activities. Currently, the NTP staff at the central level are involved with implementing initial phase GFATM activities to secure the first allotment of funds. Staff have been hard to reach and unresponsive when they are overworked with GFATM demands. TB county coordinators, on the other hand, have been quite cooperative, which has made planning of activities possible. However, county coordinators are not apprised of the NTP's plans regarding the GFATM activities and thus cannot assist in integration of DOW activities into the larger framework. DOW is addressing this constraint by inviting NTP participants to join the health education and incentives working groups, and creating a culture of joint collaboration across all partners. DOW is also taking an active role in maintaining communication channels across partners, hosting meetings, ensuring timely distribution of minutes, and follow-up with issues.

RRC: The Romanian Red Cross is subcontracting DOW to develop and implement an incentives distribution training model, as well as provide monitoring and evaluation of the distribution activities. In order to secure funding from GFATM for this, DOW and RRC had to work together intensively to prepare the individual proposals. Although DOW is a subcontractor of RRC, the Principal Recipient (PR) was involved in negotiations with both organizations to develop complementary proposals that would create a succinct project. DOW had to provide considerable technical assistance to RRC for the proposal for a substantially smaller proportion of the awarded funding. RRC did not receive assistance from the ICRC delegation until the last stages of project development. DOW is concerned that our local staff will need to provide ongoing technical assistance to RRC staff in project planning and implementation in order to secure this performance-based funding. DOW is addressing this by assisting the RRC to hire appropriate and qualified staff members to manage the project. DOW will train these staff and involve them in any capacity building activities. This will build the capacity of the RRC to create and implement similar incentive distribution programs in the future.

Romani CRISS: There is some concern that the local Roma NGO partner, CRISS will lose its health trainers in the near future. The organization is experiencing internal problems and current staff capacity is challenged. DOW has worked closely with the health trainers (who are regional experts as well) and is prepared to continue to work with them as consultants should they leave CRISS. DOW will also offer to assist CRISS in locating others who can be trained to fill the gap. However, given CRISS' internal problems, this may be unlikely at present. This issue is discussed further in Section III below.

III. TECHNICAL ASSISTANCE

TB Health Education

DOW has sought technical assistance from the mentor organization, PSI, in the development of a health education and communication strategy that details the role of each partner in the implementation of health education activities. The PSI Regional IEC/BCC Consultant has worked closely with the DOW team in Romania to develop the training curriculum for RHMs and PHEs for the training that took place during September. The consultant also provided technical assistance to DOW staff on developing a communication strategy paper, the TB health education working group meeting agenda and objectives, and TB communication materials. She will also attend the TB health education working group meetings as a facilitator and provide technical assistance to DOW staff in editing the report of the pre-test survey for communication materials. However, the consultant is only contracted to work with DOW until December, at which point she will leave Romania (and PSI). At this time, DOW will need more focused technical assistance to develop the TB health education materials for the different target groups. In order to accomplish this, DOW plans to employ the TB health education consultant who worked with DOW in Kosovo and has been providing assistance in the completion of KAP surveys with minority communities there. She will work with the Romania team to provide assistance on implementation of the strategy developed with PSI. The DOW Romania team will continue to need technical assistance in this area in order to ensure that appropriate protocols are being followed.

Romania has the largest Roma population in Europe, estimated at 2.5 million people. The Romanian application for EU accession (scheduled for 2007) has propelled the government to prepare a national plan aimed at improving the situation of the Roma. This plan was adopted in 2001 and is known as the “Strategy of the Government of Romania for the Improving the Roma Condition.” It addresses discrimination and poverty faced by Roma communities in Romania. A 2004 monitoring report, published by OSI and RCRC,¹ finds that three years after its adoption, the Strategy continues to ignore or exclude the knowledge, skills, and experience that Roma groups could provide.

There is a need for the Romanian Government to implement and support the Strategy at the local level by providing smaller projects with the necessary resources to be sustainable and to be scaled up where appropriate, and also draw lessons from the local level to improve policy at the national level. DOW is implementing one such local project in Romania in partnership with the local Roma NGO, Romani CRISS. However, due to the demands on the NGO employees’ limited time and the lack of adequate resources to support RHM and PHEs, CRISS is dependent on DOW to provide stipends, training materials, and monitoring support. Furthermore, the low priority given to Roma health issues at the county level (especially in Neamt county) challenges DOW’s ability to implement activities in a timely manner. Technical assistance is required in both monitoring local level Roma initiatives, as well as in maintaining a strong advocacy role with local government officials at each project site. CRISS will not be able to provide this support, therefore DOW plans to ask OSI for technical assistance in this area as they provide matching funds for Roma-related health activities. OSI has also asked DOW to prepare an evaluation of the RHM model developed in Romania, in order to determine its impact and replicability for other countries in central and eastern Europe.

IV. SUBSTANTIAL CHANGES

There are no substantial changes from the Detailed Implementation Plan and no changes will be required to the Cooperative Agreement. However, one objective has changed somewhat in focus. Under Objective 4, DOW will no longer conduct Activities 4.3 and 4.4 (as presented in the DIP). Instead, DOW will focus on the development of the incentive distribution methodology and in training RRC volunteers, TB county coordinators and specialists to implement and monitor the model (as described in Section I of this report). The two activities will be implemented by RRC. This change was made after a careful assessment of each partner’s capacity, as it was determined that RRC had the human resource capacity as well as the required funding to procure and distribute the incentives. Due to quarterly reporting requirements of the GFATM contract, DOW also felt that coordinating the procurement of the incentives would divert staff capacity away from other programmatic objectives. The extent of negotiations with the Principle Recipient of the GFATM funding and RRC also delayed the

¹ A Romanian member of the Soros Open Network with a mission to contribute to the improvement of living conditions of the Roma communities in Romania.

implementation of project activities scheduled for Quarters 3 and 4 of Year 1 to Quarters 1 and 2 of Year 2.

V. DIP CONSULTATION REPOSENSE

During the DIP consultation, the following information requests were made:

1. Organizational chart identifying all partners and reporting relationships.

Follow-up: An organizational chart was included in a revised version of the DIP. At present, information flow between partners has occurred mainly through meetings and presentations organized by DOW. It is proposed that a working group will advise each area of technical intervention, with representatives from each partner organization or institution. The working groups will be in charge of developing and approving the implementation strategy, while DOW will implement the activities. DOW has emerged as an important implementing partner in the integration of community-based DOTS into national TB control activities.

2. Description of how DOW and PSI operate together; communication between HQ offices and other details at the field level in addition to what is included in the annex.

Follow-up: A description of the mentoring agreement was included in Section E2 of the final submitted DIP. Since DIP submission and approval, the PSI team in Romania has been instrumental in mentoring DOW to develop the TB health education and communications strategy and will continue to provide technical assistance to this effect until December 2004. At that point, based on the availability of remaining funds in the mentoring subcontract, and the expertise of the new PSI staff in Romania, another technical assistance plan will be created. DOW headquarters continue to maintain communications with the PSI headquarters in Washington, DC. A meeting between the two organizations is planned for November 2004 to discuss PSI's TB control technical assistance needs.

VI. FLEXIBLE FUND SUPPORT

Not applicable: This project does not receive any Flexible Fund Support.

VII. PROGRAM MANAGEMENT SYSTEM

Financial Management System

The program is financially managed at the country level with backstopping from headquarters. The DOW Romania country office has employed a Finance Coordinator who maintains all financial records, payment, projections and advance requests, financial reports, compliance with donor requirements, procurement, and payroll for the country office. The Finance and Administration Director at HQ provides backstopping for this position, as well as management and tracking of HQ staff costs funded under the approved budget. All expenses are approved by

a supervisor, prior to purchase of services and/or equipment and supplies, and expenses are monitored on a monthly basis. No advances to the field are made without the program manager's review and approval. At present, no factors have influenced this area positively or negatively. It is possible that fluctuation in the exchange rate may have an impact on project costs.

Human Resources

International and headquarters human resource management is conducted at HQ and contracts for employment are renewed annually. All job descriptions (JDs) are prepared with input from the Program Manager at HQ, as well as the Program Director and the Finance and Administration Director. Positions are advertised locally for local hires, as well as on the DOW website. All local staff are hired with an initial 3-month contract, which is extended to 6 months after the initial probation period ends. Contracts are renewed twice annually thereafter. Due to an extensive JD preparation process, staff qualifications and expected duties are clearly defined. The Field Project Director supervises all staff directly, and he reports to the Program Manager at HQ via weekly progress reports.

Since project inception, six new staff have been hired: five for the field office and one for headquarters. The field staff include: a Project Coordinator, who assists the Field Project Director in all aspects of the project implementation and partner negotiations; two Health Education Coordinators, one of whom is Roma, to focus on the development of the health education strategy and activities; one Finance Coordinator; and one part-time driver. The HQ position was the Program Manager, who is the technical backstop for the project. In the next few months, two more positions will be added: a Monitoring and Evaluation (M&E) Coordinators to monitor the GFATM funded incentives distribution activities, and an Assistant Project Director for the DOW office in Neamt county.

Monitoring of the GFATM funded incentives component of the project will provide some challenges, as extensive quarterly financial reporting is required. The DOW Finance Coordinator in Bucharest, who has been working 60% LOE, will increase to 80% LOE in order to closely monitor the finances of this project.

Communication system and team development

Daily email contact is maintained between headquarters backstops and field offices. Agendas are prepared for each meeting that project staff organize and are distributed in advance, as are minutes following the meetings. Maintaining communications with partners has been a challenge due to workload and time management issues. The NTP staff, in particular, have been significantly occupied with the GFATM workplan and deliverables. However, in recent meetings and discussions this concern has been addressed and the NTP Supervisor has agreed to improve communications with DOW staff. Inter-partner communication is mostly maintained by DOW.

The DOW local office has 24-hour access to high speed Internet as well as fax, scanning, and photocopying services. Certain partner staff do not utilize emails and in this case personal

communication is maintained. The use of mobile phones to maintain communication with colleagues and partners is important in Romania.

The Program Manager from HQ visits the field office on a quarterly basis, at which point meetings with partners are also arranged. Initially this was important for determining roles and responsibilities for the activities detailed in the DIP and now this provides an opportunity to monitor the project activities and any potential setbacks.

The participation of the Romania staff in the DIP workshop as well as the IUATLD conference in Paris has also allowed for greater teambuilding within DOW and provided opportunities for DOW staff to strengthen their technical capacity in TB and in program management. A financial refresher training is planned for the Finance Coordinator for December 2004 by the HQ finance backstop.

Local partner relationships

A summary of the local level partnerships is included in Section I of this report. In terms of the partners' assessment of DOW, it has been noted that DOW could improve its communication with partner staff. It is clear that DOW needs to maintain a central role in updating each partner about project progress and in calling for planning and review meetings. Furthermore, in the absence of scheduled meetings, brief monthly reports need to be made to the key partner, NTP, via email. The DOW Program Manager will also take a more active role in updating the NTP staff on key developments and activities. In the perception of all government partners, the proposed activities seem delayed due to the process and time involved in DIP preparation and approval. The partners would like to see more concrete activities (and financial resources) devoted to their particular needs. Examples of partner requests include expectation of financial support for World TB Day activities and financial and logistical support for local health facilities.

PVO coordination/collaboration in country

In addition to the PSI mentorship, described earlier, DOW has also collaborated with John Snow International's (JSI's) local Romania staff to design the training module for the RHMs. The JSI country director was also an important resource in informing DOW of the relevant deadlines and procedures in applying for GFATM funds to the MHF. (This information was supposed to be publicly announced, but the announcements were often difficult to locate in the local press.)

Other relevant management systems

After receiving the CSHGP funding, DOW was accepted as a member of the CORE Group. Since joining, DOW has been an active participant in the membership meetings (Spring and Fall 2004), as well as in the TB and HIV working groups. DOW HQ staff also attended the TB Training Workshop, organized by the TB working group in September 2004 on the Project HOPE campus in Virginia.

Organizational capacity assessment

Because the project and project office have only been operational for one year, DOW did not perform an organizational capacity assessment related to the Romania CSHGP during Year 1. However, during Year 2, a formal mid-term review will be conducted, which will also consider financial and management systems.

VIII. TIMELINE OF ACTIVITIES FOR NEXT YEAR

Please find in the table below a timeline of activities for Year 2 (October 1, 2004 to September 30, 2005). As described in Section IV, the only significant change to the original workplan/timeline concerned implementation of activities related to Objective 4. Implementation was delayed during Year 1 to accommodate contract negotiation and partner/project discussions, but has begun at the beginning of Year 2, as reflected in the timeline below.

**Timeline of Activities for Year 2:
October 2004 – September 2005**

| Major Activities | Time Frame | | | | | | | | | | | |
|---|------------|-----|-----|-----------|-----|-----|-----------|-----|------|-----------|-----|------|
| | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | |
| | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Jul | Aug | Sept |
| <i>Project Objective 1: Develop a national TB and DOTS health education strategy with the MHF</i> | | | | | | | | | | | | |
| 1.1 Develop NTP and DPH's capacity to collaboratively disseminate TB information to general Romanian population to increase TB knowledge | | | | | | | | | | | | |
| 1.1.1 Development of working groups by target population | | | | | | | | | | | | |
| 1.1.2 Health education needs assessment | | | | | | | | | | | | |
| 1.1.3 Development of IEC strategy | | | | | | | | | | | | |
| 1.2 Launch mass media campaign around World TB Day targeting vulnerable groups as well as general population | | | | | | | | | | | | |
| 1.2.1 Produce materials for World TB Day | | | | | | | | | | | | |
| 1.2.2 Execution of World TB Day IEC Campaign | | | | | | | | | | | | |
| 1.3 Train primary and secondary school teachers in TB and in training other teachers | | | | | | | | | | | | |
| 1.3.1 TB Training Curriculum development | | | | | | | | | | | | |
| 1.3.2. TB Materials for scholars developed | | | | | | | | | | | | |
| 1.3.3. Specific materials for scholars for World TB Day | | | | | | | | | | | | |
| 1.3.3 Train teachers in delivery of TB messages | | | | | | | | | | | | |
| <i>completing TB treatment</i> | | | | | | | | | | | | |
| 2.1 Development of IEC strategy | | | | | | | | | | | | |
| 2.1.1 Hiring of DOW Training Coordinator | | | | | | | | | | | | |
| 2.1.2 Develop the training curricula for and train GPs and Family Medicine Nurses in the delivery of health education messages and improved DOTS outreach and promotion | | | | | | | | | | | | |

| Major Activities | Time Frame | | | | | | | | | | | |
|---|------------|-----|-----|-----------|-----|-----|-----------|-----|------|-----------|-----|------|
| | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | |
| | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Jul | Aug | Sept |
| 2.1.3 Train GPs and nurses in relevant TB and DOTS health education protocol using curricula developed in collaboration with NTP and local stakeholders | | | | | | | | | | | | |
| 2.2 Develop and implement a TB case management system (involving community health nurses and Roma Health Mediators) to ensure high-risk patients complete treatment | | | | | | | | | | | | |
| 2.2.1 Formation of case mgt team | | | | | | | | | | | | |
| 2.2.2 Review of patient KABP survey data | | | | | | | | | | | | |
| 2.2.3 Develop the TB IEC and BCC curricula for community health network providers including community health nurses, Roma Health Mediators and Peer Health Educators | | | | | | | | | | | | |
| 2.2.4 Refreshment training of Roma health mediators in basic DOTS knowledge on second phase treatment, including TB treatment access, referrals, follow-up and patient support in Bucharest (Sector 5), Ilfov and Neamt | | | | | | | | | | | | |
| 2.2.5 Train community health nurses in basic DOTS knowledge on second phase treatment, including TB treatment access, referrals, follow-up and patient support in Bucharest (Sector 5) and Ilfov | | | | | | | | | | | | |
| 2.2.6 Train community health nurses in basic DOTS knowledge on second phase treatment, including TB treatment access, referrals, follow up and patient support in Neamt County | | | | | | | | | | | | |
| 2.2.7 In Neamt, advocate with MHF and Neamt Public Health institutions to identify additional community health nurses for the county | | | | | | | | | | | | |

| Major Activities | Time Frame | | | | | | | | | | | |
|---|------------|-----|-----|-----------|-----|-----|-----------|-----|------|-----------|-----|------|
| | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | |
| | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Jul | Aug | Sept |
| <i>Project Objective 3: Strengthen and develop TB knowledge in vulnerable groups, along with systems and approaches, to support treatment completion.</i> | | | | | | | | | | | | |
| 3.2 Develop strategies to implement Information Education Communication (IEC) and Behavior Change and Communication (BCC) activities to increase continuation phase DOT compliance for Roma populations | | | | | | | | | | | | |
| 3.2.1 Design collaborative advocacy strategies | | | | | | | | | | | | |
| 3.2.2 Conduct community based health education sessions | | | | | | | | | | | | |
| 3.3 Develop strategies to implement Information Education Communication (IEC) and Behavior Change and Communication (BCC) activities to increase continuation phase DOT compliance for ex-prisoners | | | | | | | | | | | | |
| 3.3.1 Recruit nurse case managers | | | | | | | | | | | | |
| 3.3.2 Develop training curriculum for planned nurse case managers | | | | | | | | | | | | |
| 3.3.3 Train Nurse Case Managers | | | | | | | | | | | | |
| 3.3.4 Create referral linkages between prison staff and nurse case managers | | | | | | | | | | | | |
| 3.3.5 Assign newly released prisoners to nurse case managers in Bucharest and Neamt | | | | | | | | | | | | |
| 3.3.6 Provide patient education, counseling, follow up | | | | | | | | | | | | |
| 3.4 Develop strategies to implement Information Education Communication (IEC) and Behavior Change and Communication (BCC) activities to increase continuation phase DOT compliance for TB patients with support for their families | | | | | | | | | | | | |

| Major Activities | Time Frame | | | | | | | | | | | |
|---|------------|-----|-----|-----------|-----|-----|-----------|-----|------|-----------|-----|------|
| | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | |
| | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Jul | Aug | Sept |
| 3.5 Initiate a policy level dialogue with NTP at the national level and with TB County Managers at the county level to develop a system for case managers | | | | | | | | | | | | |
| <i>coupons for transportation, food and hygiene products</i> | | | | | | | | | | | | |
| 4.1 Workshop with NTP staff, TB County Coordinators and Local Health authorities to assess scope of incentives and provision to patients in Ilfov and Bucharest and Constanta | | | | | | | | | | | | |
| 4.1.1 Gather existing information on incentive programs for TB in Romania | | | | | | | | | | | | |
| 4.1.2 Create working group with NTP and other stakeholders to collaboratively develop incentives strategy | | | | | | | | | | | | |
| 4.2 Review and finalization of the Incentives Reporting Form by DOT providers, including TB specialists, TB nurses and County Coordinators | | | | | | | | | | | | |
| 4.2.1 Incentive delivery, Bucharest, Ilfov, Constanta , by RRC in partnership with DOW, for monitoring and training | | | | | | | | | | | | |
| 4.3. Workshop with NTP staff, TB County Coordinators and Local Health authorities to assess scope of incentives and provision to patients in Neamt County | | | | | | | | | | | | |
| 4.3.1. Set up procedures and rules for incentives in Neamt County | | | | | | | | | | | | |
| 4.3.2. Training case management team for incentive distribution | | | | | | | | | | | | |
| 4.3.3. Monitoring incentive distribution- Neamt county | | | | | | | | | | | | |

IX. KEY ISSUES, RESULTS, SUCCESSES, OR METHODOLOGIES

Because DOW's Detailed Implementation Plan for this program was approved within the last quarter of Year 1, full program implementation also only began in the last quarter. As a result, DOW does not have sufficient results, successes, key issues or innovative methodologies to report at this time that would be of interest to the greater development community.