

AID 1380-1X (7-71)	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT	1. Cooperating Country Jerusalem West Bank	Page 1 of 10 Pages
		2. PIO/T No. 298-144-3-6278601	3. <input checked="" type="checkbox"/> Original or Amendment No. _____
PIO/T	PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES	4. Project/Activity No. and Title 298-0144 Mt. of David Crippled Children's Hospital - (Holy Land Christian Mission)	

DISTRIBUTION	5. Appropriation Symbol 72-1171079		6.A. Allotment Symbol and Charge 779-62-298-00-69-71		6.B. Funds Allotted to: <input checked="" type="checkbox"/> A.I.D./W <input type="checkbox"/> Mission <sup>10 p.</sup>																																		
	7. Obligation Status <input checked="" type="checkbox"/> Administrative Reservation <input type="checkbox"/> Implementing Document				8. Funding Period (Mo., Day, Yr.) From 7/15/77 to 9/30/79																																		
	9.A. Services to Start (Mo., Day, Yr.) Between 7/15/77 and 8/15/77				9.B. Completion date of Services (Mo., Day, Yr.) 9/30/79																																		
	10.A. Type of Action <input type="checkbox"/> A.I.D. Contract <input type="checkbox"/> Cooperating Country Contract <input type="checkbox"/> Participating Agency Service Agreement <input checked="" type="checkbox"/> Other Grant Agreement																																						
	10.B. Authorized Agent SER/COM/ROD/NE																																						
	<table border="1"> <thead> <tr> <th colspan="2">Estimated Financing</th> <th>(1)</th> <th>(2)</th> <th>(3)</th> <th>(4)</th> </tr> <tr> <th colspan="2"></th> <th>Previous Total</th> <th>Increase</th> <th>Decrease</th> <th>Total to Date</th> </tr> </thead> <tbody> <tr> <td rowspan="2">11. Maximum A.I.D. Financing</td> <td>A. Dollars</td> <td></td> <td>701,650</td> <td></td> <td>701,650</td> </tr> <tr> <td>B. U.S.-Owned Local Currency</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">12. Cooperating Country Contributions</td> <td>A. Counterpart</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B. Other</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Estimated Financing		(1)	(2)	(3)	(4)			Previous Total	Increase	Decrease	Total to Date	11. Maximum A.I.D. Financing	A. Dollars		701,650		701,650	B. U.S.-Owned Local Currency					12. Cooperating Country Contributions	A. Counterpart					B. Other			
Estimated Financing		(1)	(2)	(3)	(4)																																		
		Previous Total	Increase	Decrease	Total to Date																																		
11. Maximum A.I.D. Financing	A. Dollars		701,650		701,650																																		
	B. U.S.-Owned Local Currency																																						
12. Cooperating Country Contributions	A. Counterpart																																						
	B. Other																																						

13. Mission References	14. Instructions to Authorized Agent  SER/COM/ROD/NE is requested to negotiate a specific support grant with Holy Land Christian Mission to provide the services described herein:  <div data-bbox="917 1108 1356 1481" style="border: 1px solid black; padding: 5px;"> <p>FUNDS AVAILABLE</p> <p>Date: 7/28/77</p> <p>Project No: 298-0144</p> <p>Appropriation No: 627-601</p> <p>Project Class: 4170</p> <p>Allotment: 779-62-298-00-69-71</p> <p>Amount: 701,650</p> <p>Agency: W</p> </div>
------------------------	--

15. Clearances - Show Office Symbol, Signature and Date for all Necessary Clearances.	
A. The specifications in the scope of work are technically adequate L. K. Knutson, NE/TECH/HND <i>L. Knutson</i> 7/1/77	B. Funds for the services requested are available A. McMillian, NE/DP <i>A. McMillian</i>
C. The scope of work lies within the purview of the initiating and approved Agency Program E. Leonard, NE/TECH/HND <i>E. Leonard</i>	D. R. Cohen, NE/DP <i>R. Cohen</i>
E. J. Holtway, NE/ME <i>J. Holtway</i> 7-1-77	F.

16. For the cooperating country: The terms and conditions set forth herein are hereby agreed to	17. For the Agency for International Development Signature: <i>J. Holtway</i> Title: Director, NE/TECH	18. Date of Signature 7/28/77
Signature and date:		
Title:		

AID-1300-1X (7-68) CONTINUATION SHEET  FORM SYMBOL	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT  TITLE OF FORM	<input checked="" type="checkbox"/> Worksheet <input type="checkbox"/> Issuance	PAGE 2 OF 2 PAGES
		1. Cooperating County	2.a. Code No.
		2.b. Effective Date	2.c. <input type="checkbox"/> Original OR <input type="checkbox"/> Amendment No:
		3. Project/Activity No. and Title	

Indicate block numbers.      Use this form to complete the information required in any block of a PIO or PA/PR form.

A. The Project

1. Setting

The Mount of David Hospital originally began as a rehabilitation center for polio cases which had been operated on in other facilities after an outbreak of polio in Jordan in 1952. In 1967, a small operating theatre was constructed. Because of the pressing need for a free children's orthopedic facility to cope with the unusually large number of congenital hip and club feet problems, polio and misset bones from indigenous practitioners the current hospital facility was renovated in 1970 and opened in 1971.

Mount of David is the only free orthopedic medical facility in the West Bank. There are no limitations or priorities for admittance based on religion or race, although the majority of the patients are Arab and poor. Priority is given to younger children where surgical intervention can be most effective. Emergency cases are also admitted in such cases as car accidents.

The current hospital facility is in an old building with limited space. Approximately 100 beds are packed in one long ward with curtains for dividers. A separate rehabilitation area exists. In 1976, 576 patients were admitted with an average stay of 43 days, (about triple the time in most western countries). Due largely to the success of the hospital in treating children and to the increased awareness of this by the population, the waiting list for admittance composed of those with the most critical surgical needs stood at 2100 at the end of 1976.

It is clear that the demand for surgical correction exceeds the current ability of the hospital to provide services. The Holy Land Christian Mission is currently raising money to eventually build a hospital which will both have more beds and which will be more functional than the current facility. A parallel effort is needed to increase utilization of the current facility to reduce the length of in-hospital stay and number of readmittances.

The current length of stay is exceedingly long because of two principal factors. The first is lack of education or ignorance on the part of the patient's parents. These uneducated people look upon modern medical care and procedures with suspicion and misunderstanding. Because they do not understand the value of post-operative patient care, the patients after dismissal do not receive the home physiotherapy needed.

AID-1000-1X (1-68) CONTINUATION SHEET  FORM SYMBOL _____ TITLE OF FORM _____	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT	<input checked="" type="checkbox"/> Worksheet <input type="checkbox"/> Issuance	PAGE <u>3</u> OF <u>   </u> PAGES
		1. Cooperating County _____	2.a. Code No. _____
		2.b. Effective Date _____	2.c. <input type="checkbox"/> Original OR <input type="checkbox"/> Amendment No: _____
		3. Project/Activity No. and Title _____	

Indicate block numbers.

Use this form to complete the information required in any block of a PIO or PA/PR form.

Children are often returned to the hospital with casts or braces completely broken. For this reason the children are kept at the hospital through enough post-operative weeks to give them at least a chance when they return to their home environments. In spite of this, 30% of admittances in 1976 were readmittances.

The second principal factor affecting length of stay is caused by the poverty level of the population being treated. Even if the parent is willing to bring a child in for post-operative physiotherapy, the distances and lack of public transportation are a major deterrent. For example, a shoemaker who makes 40I £ (approximately \$4) a day and who lived in Bethany, just across Jerusalem, would have to pay 25I £ each way for his wife to take his child in for treatment. The farther the patients have to come, the greater the problem. Again, the only solution to date has been to keep the patient in the hospital as long as possible.

Project Purpose and Description

The principal purpose of the proposed project is to increase the number of people who can benefit from the hospital's services and experience.

The Holy Land Christian Mission proposes to increase the number of cases which can be treated by reducing the hospital length of stay and the necessity to readmit so many children. This will be accomplished by a two-pronged effort to deal with the causes behind the long length of stay.

1. Ambulatory Physiotherapy Clinics (APC's)

Approximately 40% of the patients come from the northern section of the West Bank (Nablus, Jenin), 35% from the south (Hebron, Gaza) and the rest from the Jerusalem-Jerico area. By establishing two permanent satellite centers, one in the north and one in the south, parents could bring their children in for follow-up treatment without the great time and expense they must currently incur. The hospital would still serve the central service area.

These centers would also serve as a base of contact with local community organizations to help in outreach and in follow-up for children who do not return for rehabilitation. Of course, these centers would not be limited to only ex-Mount of David patients.

AID-1300-1X (7-69) CONTINUATION SHEET  FORM SYMBOL	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT  TITLE OF FORM	<input checked="" type="checkbox"/> Worksheet <input type="checkbox"/> Issuance	PAGE <u>4</u> OF <u>    </u> PAGES
		1. Cooperating County	2.a. Code No.
		2.b. Effective Date	2.c. <input type="checkbox"/> Original OR <input type="checkbox"/> Amendment No: _____
		3. Project/Activity No. and Title	

Indicate block numbers.

Use this form to complete the information required in any block of a PIO or PA/PR form.

The type of physiotherapy treatment available in the centers will include short-wave diathermy, massage, wax baths, infra-red treatment, traction, whirlpool, e.g., the same treatment as is presently available in the hospital. (At some future point it is hoped that vocational training can be added.)

Physiotherapy would be provided by three physiotherapy aides from each satellite service area who will receive an eighteen month course at the hospital. Since these aides will clearly not be available until after this period, a mobile unit working out of the central hospital will provide a physiotherapist and an aide three days a week to each center. The vehicle will later be used for supervision of the centers and backup for the high staff turnover pattern which is endemic in this region among trained personnel. New physiotherapy aide programs will begin every 6 months.

The exact locations of the two centers is still to be determined. It is hoped that the two central municipalities (one north, one south) will actively participate by requesting the centers and providing in-kind services. This route is preferred to just going out and setting up the centers because of the greater community involvement which would occur.

2. Home Visitor-Outpatient Program

A number of children who are not yet truly ambulatory, due to size or weights of casts and braces could be released earlier if home treatment and follow-up were possible and if they could be transported for major treatments to the nearest center. They would be able to go to the central or satellite centers with a parent. A multi-purpose service vehicle will be used to transport physiotherapy aides to patient homes and, to a lesser extent, to bring patients into one of the physiotherapy centers.

3. Dissemination of Information

In the course of dealing with large numbers of club feet and CDH (congenital displasia of the hip), problems quite common in the Eastern Arabic countries, the surgeons at Mount of David found that the standard Western medical techniques for dealing with these problems were not workable. Multiple surgical interventions standardly used in the West to correct club feet were not workable since it requires a series of readmissions which were not followed through by parents. A single incision technique was developed by Dr. A. F.

AIC-1300-1A (7-68) CONTINUATION SHEET  FORM SYMBOL      TITLE OF FORM	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT	<input checked="" type="checkbox"/> Worksheet <input type="checkbox"/> Issuance	PAGE <u>5</u> OF <u>    </u> PAGES
		1. Cooperating County	2.a. Code No.
		2.b. Effective Date	2.c. <input type="checkbox"/> Original OR Amendment No: <u>    </u>
		3. Project/Activity No. and Title	

Indicate block numbers.      Use this form to complete the information required in any block of a PIO or PA/PR form.

Zuaiter, Medical Director of the hospital, to provide the correction in one operation. In the case of CDH, the Western methods were unsuited to a population which sits on the ground in a squatting position rather than on a chair. A pelvic ostetomy was developed which permits the necessary rotation.

The Holy Land Christian Mission feels that the results of the research done by the Mount of David Hospital to date and the resulting new techniques could have a great impact on the treatment of the crippled, particularly in the Eastern countries, where the same problems are faced, but also in the Western. With the short term assistance of a medical illustrator, a statistician, and an editor/compiler, the hospital's chief surgeon will be able to pull together the already existing detailed case histories (including existing photographs of the techniques) in a form for publication in the accepted medical journals in the West and then dissemination to the Arabic countries.

C. Conditions Expected at the End of the Project

- two satellite Ambulatory Physiotherapy Clinics functioning, one in the north and one in the south, staffed by trained physiotherapy aides.
- an upgraded central physiotherapy facility at the Mount of David Hospital.
- a fully functioning home visitor physiotherapy program.
- six trained physiotherapy aides.
- articles published in accepted medical journals detailing the principal medical advances which have been created by Mount of David surgeons to cope with the special problems in the poor Arab settings.
- a doubling of admittance for treatment at the hospital by reducing the average length of stay by half.

D. Project Design and Implementation

1. Implementation

The project activities will be carried out by the current administrative and medical staff of Mount of David with the addition of three



CONTINUATION SHEET

FORM SYMBOL

DEPARTMENT OF STATE  
AGENCY FOR  
INTERNATIONAL DEVELOPMENT

TITLE OF FORM

Worksheet  Issuance

PAGE 7 OF 7 PAGES

1. Cooperating County

2.a. Code No.

2.b. Effective Date

2.c.  Original OR Amendment No: \_\_\_\_\_

3. Project/Activity No. and Title

Indicate block numbers.

Use this form to complete the information required in any block of a PIO or PA/PR form.

- h. No. of operations prior six months 708
- i. No. of admittances prior six months 303
- j. Average patient stay 42.8
- k. No. of A.P.C.'s 0
- l. No. of home visits minimal

2. Critical events (to be addressed in monthly and six month reports).

- a. Vehicles ordered
- b. Vehicles arrived
- c. Vehicles operational
- d. Equipment ordered
- e. Equipment arrived
- f. Physiotherapy aide program begun (yes or no)
- g. No. of students in program
- h. No. of students graduating
- i. Physiotherapists (3) hired
- j. Physiotherapists in place
- k. Home visits begun
- l. Work on Medical papers begun
- m. Technical advisors on papers in place
- n. Technical advisors on papers finished
- o. Center location identified
- p. Centers renovated
- q. Centers opened

3. Critical events (six months report only)

- a. Same items as "Conditions at start of project."
- b. Disbursements by line item

4. Evaluation will be conducted in accordance with Annex 2 Option (b) of the PVO guidelines. It will, of course include the key indicators of reduced length of stay, number of admissions, and number of operations. We request that A.I.D./W provide Mount of David on a brief TDY basis, someone familiar with the project to assist in developing outlines for the two evaluations. This could be done just after the first year of the project, when the initial activities are completed and Mount of David staff will have time to review what has occurred.

5. The Grantee shall submit progress reports every 6 months.

E. Project Support

Holy Land Christian Mission (Mt. of David Crippled Children's Hospital)

AID-1800-1X (7-69) CONTINUATION SHEET  FORM SYMBOL	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT  TITLE OF FORM	<input checked="" type="checkbox"/> Worksheet <input type="checkbox"/> Issuance	PAGE 2 OF 2 PAGES
		1. Cooperating County	2.a. Code No.
		2.b. Effective Date	2.c. <input type="checkbox"/> Original OR Amendment No. _____
		3. Project/Activity No. and Title	

Indicate block numbers. : : Use this form to complete the information required in any block of a PIO or PA/PR form.

will be expected to operate in the field with no administrative or logistical support from the U.S. Embassy.

The Mission and Hospital are free to consult with Embassy and Consulate General personnel as needed in addition to submitting the regular reports as required under this Grant Agreement.

F. Procurement

1. Funds provided hereunder will be used to purchase 2 vehicles, surgical and hospital support commodities, braces, and other items as specified in the Budget.
2. Funds provided hereunder may be subgranted in whole or in part to Mt. of David Crippled Children's Hospital.
3. Source and origin for the purchase of the vehicle and commodities will be the U.S.

G. Budget

A.I.D. Financed

<u>Personnel costs incl. housing benefits</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
U.S. Technicians	\$ 18,650		
Third Country	18,000	\$ 36,000	\$ 18,000
Local Personnel	<u>1,250</u>	<u>5,500</u>	<u>1,250</u>
	\$ 37,900	\$ 41,500	\$ 19,250

Commodity Costs

Equipment <sup>for</sup> centers	\$150,000
Equipment <sup>for</sup> M.O.D.H.	115,000
2 vehicles	35,000
Surgical Supplies	180,000
Brace kits	<u>40,000</u>

AID-1900-1K (7-69) CONTINUATION SHEET  FORM SYMBOL	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT  TITLE OF FORM	<input checked="" type="checkbox"/> Worksheet <input type="checkbox"/> Issuance	PAGE <u>9</u> OF <u>    </u> PAGES
		1. Cooperating Country	2.a. Code No.
		2.b. Effective Date	2.c. <input type="checkbox"/> Original OR Amendment No: <u>    </u>
		3. Project/Activity No. and Title	

Indicate block numbers.

Use this form to complete the information required in any block of a PIO or PA/PR form.

Total	\$520,000		
<u>Other Costs</u>			
Maintenance, insurance, gasoline, etc. for vehicles	\$ 12,000	\$ 24,000	\$ 12,000
Remodeling of centers	30,000		
Remodeling of M.O.D.H. physiotherapy	<u>5,000</u>		
	\$ 47,000	\$ 24,000	\$ 12,000
Total     \$701,650	\$604,900	\$ 65,500	\$ 31,250

Mt. of David Contribution to Project

	<u>1 year</u>	<u>2 year</u>	<u>3 year</u>	<u>Total</u>
Rent	\$ 3,750	\$ 7,500	\$ 3,750	\$ 15,000
Additional Personnel	15,000	35,000	35,000	85,000
Training	10,000	5,000	-	15,000
Feasibility study on Clinic sites	5,000	-	-	5,000
Adm./records audit	7,500	10,000	2,500	20,000
	<u>\$ 41,250</u>	<u>\$ 57,500</u>	<u>\$ 41,250</u>	<u>\$140,000</u>

The Grantee may not exceed the total amount of the Budget, but may adjust, as reasonably necessary, any of the line items in the budget without obtaining prior written approval of the Grant Officer, provided such adjustments do not result in an increase in the grant total of the budget.

It is recognized that the total funds required for this project will be \$841,650, of which \$701,650 is being provided by AID/W with this grant. The Holy Land Christian Mission will provide \$140,000 in support of the A.I.D. financed activities under this grant.

CONTINUATION SHEET

DEPARTMENT OF STATE  
AGENCY FOR  
INTERNATIONAL DEVELOPMENT

Worksheet  Issuance

PAGE 2 OF 2 PAGES

1. Cooperating Country

2.e. Code No.

2.b. Effective Date

2.c. Original OR No: AUG Amendment No:

3. Project/Activity No. and Title

FORM SYMBOL

TITLE OF FORM

Indicate block numbers.

Curriculum Development for Students

Advertise for Classes

Graduate Aids

Advertiser or Physiotherapists Arrive

Physiotherapists Arrive

Technical Advisor for Dissemination

Papers submitted for publication

Order Vehicles

Vehicles Arrive

Home Visitor Begin

Order Vehicles

Vehicles Arrive

Home Visitor Begin

A.I.D.'s Operating at centers

Evaluation

GRANT

Order Equipment

Equipment Arrives

Renovation at Mount of David

Municipal Negotiations

Renovation Begin

Center Visits

SEPT

OCT

NOV

DEC

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEPT

OCT

NOV

DEC

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEPT

OCT

NOV

DEC

.

.

.

JUN

1977

1978

1979