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PROPOSAL

FOR THE AMENDMENT AND EXTENSION OF

COOPERATIVE AGREEMENT NO. LAC-0000-A-00-4008-00

TO ASSIST GRENADA
IN ACHIEVING SELF-RELIANCE IN THE DEVELOPMENT
OF AN APPROPRIATE AND AFFORDABLE HEALTH SYSTEM

Submitted to
The United States Agency for International Development
St. George's, Grenada, West Indies

The People-to-People Health Foundation, Inc.
Project HOPE Health Sciences Education Center
Millwood, Virginia 22646

March 29, 1985

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1.0 EXECUTIVE SUMMARY

1.1 BACKGROUND

Project HOPE is pleased to submit this application for additional funding of Cooperative Agreement No. LAC-0000-A-00-4008-00. The additional funds will allow Project HOPE to continue and expand programs it began under the original Cooperative Agreement, signed in January, 1984. During the first year of the Cooperative Agreement, Project HOPE provided medical and dental services to the people of Grenada and began programs designed to develop the capacity of the Ministry of Health to deliver health services. The medical and dental services helped bridge the disruptions caused by the military intervention of 1983 and the accompanying loss of Communist aid and physicians. The programs designed to develop the Grenada health services capacity will demonstrate that Grenada can deliver better health services without Communist affiliations. Over the next two years, Project HOPE will assist Grenada in achieving self-reliance in the health sector with the capability of delivering appropriate and affordable health services.

1.2 PROPOSED PROGRAM

Project HOPE requests that Cooperative Agreement No. LAC-0000-A-00-4008-00 be amended to provide additional funding of US$ 2,576,007 and that it be extended through February 28, 1987. In addition, authorization to use the unexpended funds as of February 28, 1985, estimated to be US$ 885,677, is requested.

The goal of the extended project is to continue to assist Grenada in achieving self-reliance in the development of an appropriate and affordable health system while also continuing to provide certain urgent and specific

health services until self-reliance is achieved. To this end various programs will be continued or begun. A University of the West Indies residency program in Grenada, a revised curriculum at the Grenada School of Nursing, in-service training for the Grenadian medical records staff, a continuation of the cytology course, and radiologic technology training will all work to develop Grenadian self-reliance in meeting national health manpower requirements. The development of appropriate and affordable health services will be fostered by programs in health planning, materials management, clinical engineering, pathology, and primary health care. A sanitation and solid waste management program and an adequate health system in Grenada will promote economic growth and development. In addition, HOPE physicians will provide certain medical services until phase-over to personnel resident in Grenada is possible.

1.3 STAFFING PATTERN

Project HOPE has a functioning office in Grenada, and thirteen of the 26 positions to be filled over the next two years are now occupied by HOPE staff working in Grenada. HOPE is in the process now of recruiting the new staff required. We anticipate that a total of 779 person months will be required for the two years of the extended program.

PERSON MONTHS SUMMARY

Medical and Dental Services	102	114	216
Allied Health and Nursing Services	65	90	155
Technical Support Services	56	55	111
Administrative Support Services	12	12	24
Administrative Support Services, Local Hire	72	72	144
UWI Residency Program	33	96	129
TOTAL PERSON MONTHS	340	439	779

1.4 PROGRAM MANAGEMENT

The HOPE Program Director in Grenada, Doctor John Wilhelm is accountable for the direction of the program. Dr. Wilhelm has years of experience working in the Caribbean, specifically with the University of the West Indies. A multi-disciplinary, experienced team of professionals at the HOPE Center and the full resources of the HOPE Center are made available to support this project.

The HOPE Program Director works very closely with key Grenadian officials, and HOPE faculty and staff will have local counterparts. This will not be a "HOPE" project, but rather a project that will supplement and complement the programs of the Ministry of Health, designed to meet the local health needs and priorities as determined through the appropriate national mechanisms.

Project HOPE has a well developed system of internal ongoing program monitoring and evaluation. A critical review will be conducted every quarter and the program plans revised as necessary.

1.5 FINANCIAL PLAN

A total of US$ 2,576,007 is requested in new funds and authorization is requested to use approximately US$ 885,677 of unexpended funds as of February 28, 1985. For the two year period of the proposed program, U.S.A.I.D. would contribute US$ 3,461,684, and Project HOPE would contribute US$ 4,228,217.

1.6 IMPACT

Project HOPE has a proven track record of practical experience in virtually all aspects of health care delivery and manpower training.

The partnership approach which Project HOPE uses will focus on the development of appropriate and affordable health services for the people of Grenada.

Throughout the project, we will strive not only to meet specific, current health needs, but also, and more importantly, to leave behind a capable and self-sufficient Grenadian health service.

2.0 PROPOSED PROGRAM

Project HOPE requests that Cooperative Agreement No. LAC-0000-A-00-4008-00 be amended to provide additional funding for new activities and that it be extended through February 28, 1987. New funding in the amount of US$ 2,576,007 and authorization to use the unexpended funds as of February 28, 1985 estimated to be US$ 885,677, are requested to implement the proposed program.

Under the original cooperative agreement, Project HOPE has provided since February 1, 1984 and will continue to provide health services and technical assistance in collaboration with the Ministry of Health. Through February 28, 1985 224.9 person months of assistance were provided with grant funding. Table 1, on the following page, demonstrates the total person months served in the various areas of assistance.

A complete project evaluation was conducted in December, 1984 by a team appointed by U.S.A.I.D. They recommended that the program be continued. The evaluation stated "To discontinue assistance in February 1985, when the present Cooperative Agreement ends, would be the most cruel option and would result in Grenada having been rescued only to be abandoned to a worse situation than existed before the intervention."

During the first year of the Cooperative Agreement, Project HOPE provided medical and dental services for the people of Grenada and stabilized the health delivery system which had been disrupted by the military intervention. Steps were taken during that year to develop the capacity within the Ministry of Health to deliver health services. During the next two years, Project HOPE will work to assist Grenada to achieve self-reliance in the health sector.

TABLE 1
SUMMARY OF PERSONNEL PROVIDED BY PROJECT HOPE
JANUARY 1984 THRU FEBRUARY 1985

PROJECT HOPE PERSONNEL	TOTAL PERSON MONTHS PLANNED	TOTAL PERSON MONTHS SERVED THRU FEB 85	TOTAL NO. PERSONS WHO WORKED IN THIS POSITION	AV. LENGTH OF STAY PER PERSON PER POSITION	NOTES
MEDICAL & DENTAL SERVICES					
1. Family Practice Physician	24	17.8	5	3.6	1)Second general surgery position was canceled by MOH and was staffed by orthopedic surgeon beginning Oct. 1 at MOH request. 2)Two HOPE anesthesiologists served while the local anesthesiologist was on vacation as requested by MOH.
2. Pediatrician	24	21.3	10	2.1	
3. Internist	12	10	4	2.5	
4. General Surgeon	24	14.5	7	2.1	
5. Orthopedic Surgeon	0	4	2	2.0	
6. OB/Gynecologist	12	13.5	4	3.4	
7. Anesthesiologist	12	13.8	8	1.7	
8. Dentist	24	25	4	6.3	
9. Pathologist	12	11	1	11.5	
TOTAL	144	131.4	45	2.9	
ALLIED HEALTH SERVICES					
1. Medical Tech.	24	23.5	2	11.8	
2. Nursing Services	0	4.0	2	2.0	
TOTAL	24	27.5	4	6.9	
TECHNICAL SUPPORT SERVICES					
1. Supplies Mgmt. Specialist	12	10.5	2	3.5	
2. Sanitarian	12	13.0	1	13.0	
3. Biomedical Clinical Engineer	12	13.0	1	13.0	
4. Health Planner	3	3.0	1	3.0	
TOTAL	39	39.5	5	7.9	
ADMINISTRATIVE SUPPORT SERVICES					
1. Program Director	13	13.5	1	13.5	
2. Project Admin.	13	13	1	13.0	
	26	26.5	2	13.3	

2.1 BACKGROUND STATEMENT

In 1982, Grenada received an estimated $40 million dollars of aid from Communist countries, aid which has obviously ceased. William Wheeler, former U.S.A.I.D. Chief in Barbados said that the Cubans had made a positive image in Grenada with education, medical treatment, and a new airport. In addition to the loss of Communist block aid following the 1983 military action in Grenada, all Cuban teachers and Cuban physicians left the island.

It is vital for the United States' interests in the Caribbean basin that the health services available to the people of Grenada not only be maintained but, more importantly, be improved. The United States must demonstrate that Grenada can achieve greater economic prosperity and deliver more and better health services without Communist affiliations. We must succeed in following through on the American military, political, and lives commitment made on October 25, 1983.

As stated in December 1983 telexes from the United States Embassy in Barbados to the State Department, the previously bad health situation had been made worse by recent events. Many key medical personnel had departed, and medicines and supplies had been drawn down and only partially replaced. The equipment in the health delivery system was worn out. Eastern European supply lines had been broken and dangerous gaps would occur.

The Deputy Administrator of U.S.A.I.D. asked Project HOPE to direct the external assistance in health required during the emergency period and to implement a long-range program to assure the people of Grenada the quality of health care they deserve. A Project HOPE survey team went to Grenada the week of December 5, 1983 to study the situation and to propose the necessary program.

A proposal was submitted by Project HOPE on December 20, 1983. By mid-January an agreement between HOPE and the Government of Grenada had been signed, the Cooperative Agreement had been awarded by U.S.A.I.D., and HOPE had established an office in St. Georges. On February 1, 1984 the HOPE team

of health professionals arrived in Grenada to begin delivering health services and technical assistance. The following is a brief summary of the first year's activities and outputs.

Medical and Dental Services

Urgently needed medical services have been provided at the St. George's General Hospital. In-patient and ambulatory care also have been provided at the Princess Alice and Princess Royal Hospitals. Family practice physicians worked in the two smaller hospitals and in the health centers providing medical care and working with nurse practitioners and public health nurses. Other physicians were assigned to the St. George's General Hospital and rotated to the districts to provide consultation. HOPE physicians were involved in the following:

- In-patient rounds
- Work-ups of new patients
- Night and weekend call
- X-ray review
- Ambulatory consultations
- Continuing education

HOPE dentists worked in clinics in St. George's and in the outlying districts and conducted the following basic activities:

- Extractions
- Fluoride treatments
- School dental health education
- Restorations
- Continuing education for dental nurses

Most of the dentists' time was spent doing extractions. Approximately 500 extractions were performed a week by the two dentists. We

believe that in time the fluoride treatment and dental education programs can reduce dental disease by 50% if continued throughout the entire country.

Allied Health Services

Laboratory services have been improved significantly at the St. George's General Hospital, improving the quantity and quality of care throughout the health system. Tissue specimens which formerly had to be sent overseas can now be processed in the laboratory. Sixty autopsies have been performed. The pathologist made rounds with the clinical specialists and his work has been a tremendous contribution.

Two Grenadians were trained to screen pap smears and a pap smear program was implemented. In February 1984, no pap smears were done; in August, 74 were done and now over 100 per month are being accomplished. Nine laboratory technicians received formal inservice training, and now five of these have entered certificate training programs. Curricula and syllabi for hematology and cytology training programs were prepared, as was a procedure manual for hematology. The blood bank was modernized and a full-time blood procurement officer was appointed for one year by the Ministry with private funds donated through Project HOPE. The Ministry agreed to place this position in its operating budget within one year.

The original plan did not call for nursing input. However, with the agreement of the U.S.A.I.D. project officer, two nurses were assigned in the beginning of January, 1985 to assist the nursing school prepare both graduate nurses and nursing assistants. This nursing school prepares the personnel that are the backbone of the health system, and its strengthening is vital to Grenadian self-reliance in the health sector.

Technical Support Services

An efficient materials management system and clinical engineering program are helping to provide the best utilization of scarce economic resources. The materials management specialists of HOPE accomplished the following:

- An analysis of the present system with recommendations for improvement
- Inventories of various health facilities
- Supply manual
- Storage manual
- Procurement manual
- Stock control manual
- Development of forms and procedures

A clinical engineering service has been created. Medical equipment can now be repaired on the island. The down-time of major hospital equipment has been reduced 30%. One Grenadian electrician is now studying to become a biomedical engineering technician in a program started by HOPE at the College of Arts, Science and Technology in Jamaica. He will head the department in Grenada after the HOPE engineer departs. Also, Grenada is formally included now in the U.S.A.I.D. funded N.I.H. medical equipment maintenance program for the Eastern Caribbean.

The HOPE sanitarian and his counterpart, the Chief Environmental Health Officer, have enjoyed an unusually close working relationship. The HOPE sanitarian and his counterpart presented a paper on solid waste management to U.S.A.I.D. We believe this proposal was funded by U.S.A.I.D. in the amount of US$ 275,000. Other major accomplishments were the establishment of a continuing education program for environmental health officers, a three-month preparatory course for four environmental health officers preparing them for enrollment in a certificate granting program, and supervisory services and technical assistance provided to the Ministry.

Environmental health conditions are an important consideration for the growth of the Grenadian economy.

Only three person months were funded in the plan for health planning. A careful review was conducted of the three-year plan prepared by the previous government. One hundred twenty-five objectives were identified in the plan and target dates established for their achievement. Those canceled were identified also. This makes the plan much more practical and manageable. Recommendations for the establishment of a reliable data base and its importance for planning purposes were also proposed.

Administrative Support Services

Excellent liaison and working relationships have been established with the Ministry of Health and U.S.A.I.D. in Grenada. We are especially appreciative of the support provided to us by U.S.A.I.D. in Grenada and the confidence they have placed in us. Since January, 1985, administrative functions increasingly have been transferred to Grenadian support staff who have assumed responsibility for transportation and logistics, the imprest fund, and other support functions. We believe this is a positive step toward greater dependency upon national resources for project administration.

Project HOPE has been careful to stress self-sufficiency rather than a dependence on U.S. assistance. In addition to in-country interchange, the medical equipment maintenance program in Grenada has been linked with the U.S.A.I.D./N.I.H. regional program and a Grenadian technician has begun an in-depth ten month program at CAST in Jamaica. Using private funds, Project HOPE has sponsored the training of two Grenadians in the Jamaican nurse anesthetist program. This will enable the country to be self-reliant in anesthesiology. A third Grenadian nurse is participating in a ten month operating room nursing administration program in Winchester, Virginia, also supported by private funding. Grenada has begun accepting greater

responsibility by contracting laboratory personnel and two Caribbean dentists, by recruiting surgeons, by sending personnel to regional centers for training, and by exploring a closer link with the Caribbean medical community (University of the West Indies), as the most feasible long-term solution to their medical manpower shortages.

2.2 GOAL AND OBJECTIVES

The Ministry of Health is seeking continuing assistance to assure the development of its infrastructure in areas such as health planning, resources management, environmental health and technical support; to train adequate numbers of appropriate and skilled manpower; to strengthen its primary health care system; and to provide medical services until self-reliance is achieved.

The goal of the project is two-fold:

- To assist Grenada in achieving self-reliance in the development of an appropriate and affordable health system
- To continue to provide certain urgent and specific health services for the people of Grenada until self-reliance is achieved, thus alleviating the disruption of services following the actions of October, 1983.

The following program objectives have been established:

1. To develop self-reliance in meeting national health manpower requirements

2. To develop appropriate and affordable health services

3. To provide assistance in areas of health which will promote economic growth and development

4. To provide certain urgent, selected health services until in-country and regional training programs, and recruitment of Caribbean manpower result in an appropriate phase-over to personnel resident in Grenada.

2.3 PROJECT DESCRIPTION

The most effective way to describe the project is to consider each objective as a separate component.

To Develop Self-Reliance in Meeting
National Health Manpower Requirements

We are most pleased and encouraged by the Ministry's commitment to sending nurse tutors and allied health personnel of all types to regional centers for training. The return of this staff prior to HOPE's staff departure will be a major key to our long-term success.

UWI Residency Program

We agree with the evaluators' statement that the single most important step toward achieving self-reliance in health manpower is for the Ministry of Health to enter into an official agreement with the Medical School of the University of the West Indies. This agreement would include the rotation of residents in Grenada for periods of three months each. We will work toward the establishment of such an agreement and have already reached an agreement in principle. This affiliation should involve all major services and should eliminate, in time, the need for HOPE physicians.

The UWI residency program in Grenada is expected to provide the following end results:

- A pool of young West Indian physicians who wish to remain permanently in Grenada to provide medical care following completion of their residencies, during which time they will have become aware of the opportunities there.
- Enhancement of the level of medical care in Grenada
- A teaching laboratory of the UWI will have been established in a non-campus territory.

The residency program will require a full-time coordinator and we are discussing this opportunity now with West Indian candidates.

To attract well qualified physicians on a permanent basis, an environment in the General Hospital which reflects good standards of medical practice and professional discipline will be necessary . Project HOPE physicians will supervise the UWI residents and contribute toward achieving this environment. We will also work with the Ministry to establish the necessary competent local medical leadership in the General Hospital so that such an environment can be created and maintained.

We will work with the Ministry and the UWI to seek permanent local financing mechanisms to continue the residency affiliation following the U.S.A.I.D./HOPE assistance.

Nursing

The Grenada School of Nursing must also serve a fundamental role in achieving self-reliance in meeting manpower requirements. The School prepares nurse midwives, nurses and nursing assistants. The School wishes to introduce a curriculum which is in keeping with the new Caribbean standards for nursing education and the blueprint for regional nursing

examinations. In the past the curriculum was based heavily on hospital apprenticeship training. There is an acute need for HOPE nurse educators and nurse specialists in both clinical areas and in community based nursing.

The goal of the Grenada School of Nursing, utilizing this revised curriculum, is to produce in a three year program nurse generalists prepared to give appropriate and comprehensive health care in both community and hospital settings. A fourth year will be dedicated to training nurse midwives.

The curriculum has been designed to emphasize health problems specific to Grenada and the Caribbean. A strong primary care focus will expand the traditional role of the nurse as an acute care giver into a provider of promotive, preventive, restorative and rehabilitative services to individuals, families, and communities.

Extensive supervised clinical experiences for students in areas of both community health nursing and hospital nursing will be alternated throughout the general nursing and midwifery programs.

The traditional body of nursing content, i.e., fundamentals, medical-surgical nursing, maternal/child nursing, and psychiatric nursing, will be expanded by the addition of theory in primary health care. Included will be environmental health, community health nursing and physical assessment skills. Emphasis on biological, environmental, psychological and cultural influences on health and health care will be stressed throughout the program.

Instructional and library materials will be provided. HOPE nursing educators will also focus on educational programs for faculty and staff development. The end result will be a nursing school that can prepare the quantity of nursing personnel required in Grenada as well as personnel trained to provide appropriate and affordable nursing care.

Medical Records

The HOPE medical records administrator will provide in-service training for the Grenadian staff in the medical records department. None of the staff has formal training. In addition to this training, our staff members will work with local staff to establish the appropriate policies and procedures for medical records consistent with good standards of medical practice and with the needs of the Ministry for information concerning services rendered. Except for minor modifications required by local peculiarities, the curriculum taught at the Barbados Community College and the medical records department functioning in the Queen Elizabeth Hospital in Barbados will be used as guidelines.

One Grenadian began a two year medical records program in Jamaica in September, 1984 and a second will enroll in a similar program in Barbados in September, 1985. The end result of this program will be a well designed medical records department functioning with trained staff.

Cytotechnology

The establishment of a cytology service in Grenada has produced outstanding results. Other countries in the region now wish to establish similar services. The Ministry wishes to initiate another six month course for seven students from Grenada and other island nations. The HOPE cytotechnologist will conduct the course and after that will work with the graduates to establish cytology screening programs in their countries. Our cytotechnologist will also continue to supervise and support the newly established cytology service in Grenada, with an emphasis on community education.

At the completion of this program component, there should be functioning cytology screening programs in five countries, in addition to the complete cytology service in Grenada, with protocols established for taking and preparing pap smears, and for reading pap smears. Community education programs will also be established.

Radiologic Technology

The HOPE technologist will assist with the extension of X-ray services to the Princess Alice and Princess Royal Hospitals. X-ray equipment was purchased by U.S.A.I.D. for these hospitals, but radiology services are not yet being provided there. In cooperation with the HOPE radiologist, new procedures will be introduced at the General Hospital and in-service training will be offered. Three Grenadian technicians are enrolled in formal training programs, of which one will return in 1986 and two will return in 1987.

At the termination of this program component, a properly trained corp of technicians will provide adequate X-ray services at all three hospitals in Grenada.

To Develop Appropriate and Affordable Health Services

Health Planning

In order for services to be appropriate and affordable, needs, demand, costs and economic capacity must be analysed and services planned accordingly. The focus of the HOPE health planner/economist will be in the following areas:

- Assessment of need and demand for specific health services
- Cost-benefit analyses of health services to be offered
- Study of alternative financing mechanisms, including such things as user fees, insurance schemes, public lottery, etc.
- Implementation of a health plan which considers need, demand, available resources and cost-benefit determinations

- Design and implementation of a budgeting and accounting system to appropriately allocate funds and to examine expenses on a current basis
- Develop a long-range capital expenditure budget and a long-range projection of available recurrent cost funding, based upon projected available public and private resources.
- Recommend structural changes in organization and staffing to utilize available resources more efficiently
- Train local staff to continue the planning and financial functions.

The HOPE public health physician and the HOPE medical records administrator, in collaboration with the health planner/economist, will design a dynamic management information system which can be used for the following purposes:

- Maintenance of a national health statistics system
- Communicable disease surveillance
- Health services reporting
- Budget planning
- Cost accounting

In addition, the HOPE public health physician will assist with direction and supervision of the following services:

- Maternal and child health
- Family planning
- Control of communicable diseases
- Screening, treatment and control of diabetes, hypertension and obesity
- Health education
- Delivering of primary health care
- Nutrition

The end results of the program component should be a computerized information system that provides reliable and useful data and a health system that is planned to provide services that are appropriate in terms of demand, cost-benefit and the economic resources of the country.

Materials Management

The materials management process in Grenada has been analyzed by HOPE and realistic policies and manuals have been recommended. The focus now is to implement an organized, formal system that includes efficient procurement, storage, distribution to users, inventory control, drug formulary control, and the staff training required to make the system function. We believe this system should be computerized.

District pharmacists will receive continuing education in pharmaceutical supply management and a system of supervision needs to be established. These district pharmacists spend up to 50% of their time filling prescriptions written by private physicians at no or very little cost to the patients. We believe the Government must charge patients the major cost of these drugs and will work to establish such a system.

We believe major savings can result from the implementation of an organized, efficient materials management system, with user fees where appropriate, and that this can make services affordable that now are not available. Major needs exist (transportation facilities, storage facilities, etc.) that our program cannot resolve. However, we believe that significant progress can be made, and this program can serve as a pilot project for the design and implementation of any regional program at a later date. We will make every effort to ensure that this program is compatible with any regional program and believe valuable lessons learned will be applicable to such a broader program.

Clinical Engineering

This service is now established in the General Hospital. The HOPE engineer will continue to direct this service until the Grenadian in training in Jamaica returns. Following the departure of our long-term engineer, we plan to provide short-term engineers at appropriate intervals to be certain this service continues to function properly. This continuing HOPE involvement and the U.S.A.I.D. financed Eastern Caribbean program should assure the institutionalization of the clinical engineering service in Grenada.

Pathology

The pathology program contributes to the achievement of almost all of the project's objectives. It is necessary for the development of the laboratories in the Princess Alice and Princess Royal Hospitals. The availability of laboratory services is a key to appropriate health services. We will continue to build upon the excellent program already in progress.

Primary Health Care Services

All of the HOPE nurses, pediatricians, family practice physicians, and public health physicians will contribute to the development of the primary health care services so critical for the development of appropriate and affordable health services. Our assignment of physicians to the districts has been misunderstood by local physicians and the A.I.D. evaluators. The purpose of the HOPE physicians in the community is to develop the primary care system, train nurse practitioners and public health nurses, and develop the proper liaison between the primary and secondary care systems.

The HOPE pediatrician and family practice physicians will work to decentralize health care, promote disease screening and prevention, and organize a proper transfer system to the secondary health system level and back to the community for follow-up of hospital care. They will assist with the revision of screening and treatment protocols, the preparation of referral protocols and the continuing education for nurse practitioners and public health nurses to increase their physical diagnosis and treatment skills. The public health physician will contribute to the direction and supervision of primary health services as described earlier.

The HOPE nurses will be teaching at the nursing school and working to implement a new curriculum which is community oriented and focuses on health promotion and disease prevention. HOPE nursing specialists (including specialists in diabetes, hypertension, community nursing, etc.) will also work in the health centers and medical stations to supervise students, provide in-service training, and to organize and improve nursing practice and administration.

The result of this major effort should be a nurse-directed primary health system, focusing on disease prevention, health promotion, and treatment, with a trained nursing staff supervised by a nurse and physician in the Ministry of Health.

To Provide Assistance in Areas of Health Which Will Promote Economic Growth and Development

A clean, healthy environment will not only have a positive impact upon the health of the Grenadian people, but will also make a positive contribution to economic growth in Grenada. It will make a special contribution to the growth of a tourist industry and will complement the major economic aid provided by the United States for the completion of the airport at Point Salinas.

Fortunately, the sanitation program has been one of our most successful programs in Grenada. The two principle problems in the Environmental Health Division are the scarcity of personnel with management and supervisory skills and scarcity of basic and post-basic trained technical staff.

The HOPE sanitarian will carry out both supervisory and training functions in collaboration with the Chief of the Division.

Up to 35% of the solid waste generated in Grenada is not collected and ends up in drains, on beaches, in the sea, etc., thus presenting a serious public health problem. The HOPE sanitarian assisted with the writing of a solid waste management proposal which the Ministry of Health presented to U.S.A.I.D. Solutions to the problems of collection and disposal are funded in that proposal. Project HOPE proposes to provide a solid waste management specialist to aid with the organization and operation of Grenada's solid waste management program. This HOPE specialist will supervise the solid waste collection and disposal services; develop plans to expand services; explore commercial collections and convert the solid waste management service to a statutory body; develop and conduct training programs for all categories of solid waste workers; and prepare budgets and monitor expenditures.

A Grenadian environmental health officer has been selected for three months of on-the-job training in the solid waste management service in Barbados. This Grenadian environmental health officer, after his training in Barbados, will work as a counterpart to our specialist in the development of the solid waste service in Grenada. The Grenadian will gradually assume more responsibility until the HOPE specialist departs, at which time the Grenadian will assume full responsibility.

At the completion of this program component, Grenada will have a solid waste management program that will handle all waste generated; sanitary land fillings will reclaim marginal lands; the Environmental Health Division will have a solid management and supervisory structure and the scarcity of basic and post-basic trained technical staff will be alleviated.

An adequate secondary hospital in St. George's and the availability of appropriate health services, addressed in other objectives, will also contribute to Grenada's economic growth and stability through the following mechanisms:

- Promotion of the tourist industry
- Attraction of light industry (pool of healthy labor and available health services for employees)
- Increased productivity of Grenadian workers

To Provide Certain Urgent, Selected Health Services until In-Country and Regional Training Programs and Recruitment of Caribbean Manpower Result in an Appropriate Phase-Over to Personnel Resident in Grenada

HOPE physicians will continue to provide medical services primarily at the General Hospital in St. George's. They will work within the structure and organization of the Ministry of Health and will provide both in-patient and ambulatory care.

When the medical residency program with the U.W.I. begins, HOPE physicians will supervise the residents and will be able to devote more time to education and institution building, including medical staff organization and peer review.

As stated in an earlier objective, HOPE pediatricians will work primarily in the community. They will, however, make periodic rounds at the General Hospital and supervise the residents. The HOPE family practitioners will work in the community and at the Princess Alice and Princess Royal Hospitals. They will not work at the General Hospital. Family practice residents will be supervised in the community.

The HOPE obstetricians will concentrate on supervising and teaching midwives in the hospitals and in the community, advising the Ministry in the family planning program, teaching in the midwifery course in the School of Nursing, and assisting with the pap smear program.

HOPE physicians will share on-call services with their Grenadian colleagues.

The end result of this component of the project will be the patients treated, residents and auxiliary personnel trained, and a medical staff organization that creates an environment that will attract young Caribbean physicians to Grenada on a permanent basis. As the Ministry is able to appoint medical staff, HOPE will withdraw its staff.

3.0 PROGRAM MANAGEMENT AND COORDINATION

Project HOPE is fortunate to have an active and distinguished Board of Directors. Regular meetings are held by the Executive/Finance Committee and by the Audit Committee as well as by the full Board. The Foundation prepares a detailed annual budget which is approved by the Board of Directors. Major deviations from the approved budget are approved by the Board of Directors.

Project HOPE has more than a quarter of a century of experience providing health services, technical assistance, training and education in health to countries, their institutions and their people. We work through local institutions and in accordance with local cultural imperatives.

3.1 WORK PLAN

Project HOPE has a functioning office in Grenada which was established in January, 1984. Thirteen of the 26 positions to be filled over the next two years are now occupied by HOPE staff working in Grenada. Thus our work is ongoing.

We are in the process now of recruiting the new staff required to operate the program during the next two years. We expect to have the first of the new staff members in Grenada approximately sixty days following the granting of the appropriate amendment to our ongoing Cooperative Agreement LAC-0000-A-00-4008-00.

The most difficult task is to structure the relationship with the Medical School of the University of the West Indies in Barbados. Discussions with the Dean in Barbados have been conducted and an agreement in principle reached whereby the General Hospital in St. George's will become a teaching hospital of the University of the West Indies and the community will become a teaching laboratory. The establishment of a functioning structure for this affiliation will be one of our highest priorities.

We have a thorough knowledge now of the health system in Grenada. Our Program Director and other staff will use this knowledge to quickly acquaint new staff with their work and to fit new staff immediately into productive work roles.

3.2 STAFFING PATTERN

	Person Months 3/1/85-2/28/86	3/1/86-2/28/87	Total
MEDICAL AND DENTAL SERVICES			
Anesthesiologists, ST	12	12	24
Dentist, LT	1	0	1
Ear, Nose, & Throat Physicians, ST	3	3	6
Family Practice Physicians, ST	5	0	5
Family Practice Physician, LT	7	12	19
General Surgeons, ST	12	12	24
Internal Medicine Physicians, ST	8	12	20
Obstetricians, ST	8	12	20
Orthopedic Surgeons, ST	12	12	24
Pathologist, LT	12	12	24
Pediatricians, ST	3	0	3
Pediatrician, LT	8	12	20
Radiologists, ST	8	12	20
Urologists, ST	3	3	6
TOTAL PERSON MONTHS	102	114	216
ALLIED HEALTH AND NURSING SERVICES			
Medical Records Administrator, LT	8	12	20
Medical Technologist/Cytotechnologist, LT	10	8	18
Nurse Educators, LT	31	36	67
Nurse Specialists, LT	6	24	30
Nurse Specialists, ST	4	4	8
Radiologic Technologist, LT	6	6	12
TOTAL PERSON MONTHS	65	90	155
TECHNICAL SUPPORT SERVICES			
Clinical Engineer, LT	5	0	5
Clinical Engineers, ST	3	3	6
Health Planner/Economist, LT	8	12	20
Materials Manager, LT	12	12	24
Public Health Physician, LT	8	12	20
Sanitarian, LT	12	12	24
Solid Waste Management Specialist, LT	8	4	12
TOTAL PERSON MONTHS	56	55	111

	Person Months 3/1/85-2/28/86	3/1/86-2/28/87	Total
ADMINISTRATIVE SUPPORT SERVICES			
Program Director, LT	12	12	24
Administrative Assistant, LH	12	12	24
Clerk Typist, LH	12	12	24
Driver, LH	12	12	24
Driver, LH	12	12	24
Driver, LH	12	12	24
Secretary, LH	12	12	24
TOTAL PERSON MONTHS	84	84	168
UNIVERSITY OF THE WEST INDIES RESIDENCY PROGRAM			
Coordinator, LT	9	12	21
Anesthesiology Residents (3 mo. ea.)	0	12	12
Family Practice Residents (3 mo. ea.)	8	12	20
General Surgery Residents (3 mo. ea.)	8	12	20
Internal Medicine Residents (3 mo. ea.)	8	12	20
Pathology Residents (3 mo. ea.)	0	12	12
Pediatric Residents (3 mo. ea.)	0	12	12
Radiology Residents (3 mo. ea.)	0	12	12
TOTAL PERSON MONTHS	33	96	129

LT = Long-Term (6 mo. or more)
ST = Short-Term (2 mo. ea.)
LH = Local Hire

PERSON MONTHS SUMMARY

Medical and Dental Services	102	114	216
Allied Health and Nursing Services	65	90	155
Technical Support Services	56	55	111
Administrative Support Services	12	12	24
Administrative Support Services, Local Hire	72	72	144
UWI Residency Program	33	96	129
TOTAL PERSON MONTHS	340	439	779

3.3 PROGRAM MANAGEMENT

Project HOPE has an agreement in force with the Government of Grenada which allows us to work legally in the country and which permits the duty-free importation of project equipment and supplies.

The HOPE Program Director in Grenada, Doctor John Wilhelm, a long-term Foundation employee, is accountable for the direction of the program. Dr. Wilhelm has directed our program in Grenada from its initiation. In addition, he previously worked for HOPE in Jamaica for two years with the University of the West Indies. He will supervise the professional components of the program through delegation of authority and responsibilities to coordinators identified in the various disciplines and through the established HOPE program planning process. (See Section 3.4 for more details about this process.) Regular staff conferences will be held to review progress, resolve problems and provide information and recommendations for the improvement of the project. The productive and efficient use of short-term faculty members will be assured by the assignment of specific responsibilities for orientation and direction to long-term faculty members. The HOPE Program Director will be an involved, hands-on executive who will also carry out certain technical program responsibilities.

Management of administrative activities and the supervision and direction of the administrative support services will be conducted by the administrative assistant, a local-hire Grenadian. Responsibilities will include orientation of all HOPE faculty and staff to Grenada, personnel management, staff travel and logistical support, handling of materials, on-site bookkeeping and supervision of general secretarial and administrative support staff. Support staff will also be hired locally.

The Program Director in Grenada reports directly to the Director of Programs at HOPE Center. Support to the program in Grenada is provided by a multi-disciplinary, experienced team of professionals in the health disciplines, health economics and related disciplines at the HOPE Center.

The full resources of the HOPE Center, including the computer center, library, information retrieval system, word processing, finance division, personnel department and procurement department is made available to support this project.

The HOPE Program Director works very closely with the Minister of Health, the Permanent Secretary and other key Grenadian officials. We do not plan to mount a "HOPE" project, but rather a project that will supplement and complement the programs of the Ministry of Health designed to meet the health needs and priorities of Grenada as determined through the appropriate national mechanisms. We expect that HOPE faculty and staff will have local counterparts. All HOPE activities will be approved in advance by the Ministry of Health. All responsibility for implementation of activities will be turned over to national staff as quickly as they are able to perform them. It is vital that the program conceived be within the economic means of Grenada to continue and that host dependence on out-of-country human resources be minimized.

The HOPE Program Director in Grenada, as well as the responsible persons at HOPE Center, will work to keep U.S.A.I.D./Grenada informed of progress and problems. Also, we will welcome suggestions and new ideas.

3.4 PROGRAM MONITORING

Project HOPE has a well developed system of internal ongoing program monitoring and evaluation in place for each of its field projects. The program process is a key tool in our management and evaluation process. The principal elements of this process are:

- Problem definition
- Goal establishment
- Program design set within a specific time frame:
    - Objectives

Methodologies

Indicators

Financial and material resource allocation

Human resource allocation including role definition

Reporting and evaluation

Included in the program plan will be specific steps leading to HOPE withdrawal and phasing-over to the host of complete responsibility for the programs by a projected date. This prevents HOPE's assistance from becoming a factor that could increase host dependency on out-of-country resources.

This process is executed with the participation of the host country. A program plan is established containing the above elements after the collection and analysis of preliminary data is completed. Once the program is implemented, a critical review of the observed indicators is conducted every quarter. This review provides a mechanism for monitoring and evaluating program outputs. The program plan is revised appropriately when necessary to reflect the current situation and the type and amount of inputs are then adjusted accordingly. This process is dynamic and flexible so as to facilitate appropriate adjustments in program design and resource allocation as the program proceeds.

Project HOPE's Center for Health Affairs, whose primary function is the analysis and interpretation of health policy, constitutes a rich resource of analytical talent, including six Ph.D. health economists and sociologists who can be called upon as resources in the evaluation and analysis of data from our projects.

HOPE also has a computer capability housed in its International Headquarters which has a system offering many of the useful languages (ALGOL, BASIC, COBOL, FORTRAN, PASCAL, etc.). It includes an extensive software library including SPSS and other data base management, statistical and simulation systems. At HOPE Center, all staff generated documents are filed and computer indexed in an on-line retrieval system.

Field Evaluation:

Responsible management and the need to learn from experience require that evaluation of both the process and the product of a project's activities be conducted. If U.S.A.I.D. desires, two field evaluations can take place. The first, the Mid-Project Evaluation, could be conducted in early 1986, and the second, the End-of-Project Evaluation, at the completion of the project. These evaluations can be mutually planned by U.S.A.I.D./Grenada, Project HOPE and the Ministry of Health of Grenada and can be conducted by teams that will include: External Evaluators.

- Representatives of the Ministry of Health of Grenada
- Representatives of Project HOPE
- Representatives of U.S.A.I.D.
- Other representatives and independent consultants as required.

Project HOPE will submit reports to U.S.A.I.D. in compliance with the U.S.A.I.D. reporting procedures established in the cooperative agreement.

4.0 FINANCIAL PLAN

A total of US$ 2,576,007 is requested in new funds and approval is requested to use the estimated total of US$ 885,677 of unexpended funds as of February 28, 1985, as indicated in this proposal.

For the two year period of the proposed program, U.S.A.I.D. would contribute US$ 3,461,684, and Project HOPE would contribute US$ 4,228,217.

4.1 PROJECTED BUDGET

		3/1/85- 2/28/86	3/1/86- 2/28/87	Total
1.	Salaries, Wages, and Benefits	$ 863,712	$1,114,432	$1,978,144
2.	Equipment, Supplies, and Occupancy	173,480	59,894	233,374
3.	Travel, Transportation, and Per Diem (Personnel)	410,272	768,849	1,179,121
4.	Freight	22,800	23,440	46,240
5.	Other Direct Costs	12,100	12,705	24,805
6.	Evaluation	-	-	40,000
	Sub-Total -- A.I.D. Contribution	1,482,364	1,979,320	3,461,684
1.	Donated Services	570,417	601,250	1,171,667
2.	Direct Support Costs	613,195	745,143	1,358,338
3.	Overhead	412,648	485,564	898,212
4.	Gift-In-Kind	400,000	400,000	800,000
	Sub-Total -- HOPE Contribution	1,996,260	2,231,957	4,228,217
	TOTAL PROGRAM COSTS	$3,478,624	$4,211,277	$7,689,901

4.2 EXPLANATORY NOTES

U.S.A.I.D.

1. Salaries, Wages, Taxes and Benefits

A. Salaries, Wages

Calculated for long-term faculty, staff and local hires as listed on the staffing chart.

B. Taxes and Benefits

General benefits are calculated at 21% of salaries and wages of long-term faculty and staff (as indicated on the staffing plan), including health and life insurance, long-term disability, travel/accident insurance, workmen's compensation, pension plan, and social security. A housing benefit of $20,000 per year is calculated for each long-term HOPE faculty and staff member. Relocation to Grenada is included, along with a home leave benefit. Local hire staff benefits are calculated at 4% of salaries and wages.

2. Equipment, Supplies, and Occupancy

A. Equipment, Supplies

This category includes medical equipment, books, and teaching materials plus office supplies. The prime equipment and supply purchases will be to enhance the laboratory capabilities, a key service for better diagnosis and health care and for a quality resident training program, and to establish a teaching laboratory for the nursing school. Also, the purchase of two micro-computers or a small business system is planned, one for the information system and one for the materials management system. Micro-computers now replace the drudgery of data analysis and increase efficiency.

The use of such technology will be demonstrated in the Ministry of Health and appropriate training provided in the use of micro-computers.

B. Vehicles

Two vehicles are planned for purchase in this budget, due to the increase in faculty and the addition of the residency program.

C. Occupancy

This includes insurance for liability protection and property, printing, postage, and lease of office equipment.

3. Travel, Transportation and Per Diem (Personnel)

A. Travel and Transportation

This includes travel for short-term physicians as well as for residents from Barbados, operation of five program vehicles, transportation costs for travel in Grenada, inter-Caribbean travel, and site visits from HOPE Center for supervisory and evaluation purposes.

B. Per Diems

A per diem for food and incidental expenses is calculated at $40/day for short-term physicians. Housing for short-term physicians is based upon a cost of $1,436/month for apartments. A 50% inflation factor is added for the second year. Also included in this category is an honorarium for the medical residency program coordinator and a stipend for each medical resident, calculated at $25,000 per year. Housing for medical residents is included, calculated at the rate of $1,436 per month for this first year with a 50% inflation factor added for the second year. A stipend of $2,000 is included for each of seven cytology students. $10,000 per year is included for other activities to stimulate recruitment and retention of Caribbean personnel.

4. Freight

This line item is to provide for the shipment of goods and materials to Grenada both by air and by sea, based upon the Foundation's past experience.

5. Other Direct Costs

This line item covers telephone, telex, and any other costs which do not fall in the specific categories listed above.

Project HOPE

1. Donated Services

The value of the services of the short-term physicians, as per the staffing chart, calculated value of $92,500 per full-time equivalent (FTE).

2. Direct Support Costs

Calculated at 25% of total direct expenses. These are HOPE Center direct support costs related to this program.

3. Overhead

Indirect costs of the Foundation are calculated at 31.7% of salaries and wages in accordance with the actual indirect cost rate experienced during the Foundation's fiscal year ended June 30, 1984.

4. Gift-In-Kind

The Foundation has a solid record of being able to procure donations of medical supplies, equipment, and pharmaceutical items from American manufacturers. The figure represents a conservative estimate of what Project HOPE expects to receive for Grenada. These would be goods the Ministry of Health needs to support its health delivery system.

4.3 FINANCIAL MANAGEMENT

The Foundation maintains its accounting system on the accrual basis. Revenue is accounted for by source; i.e., public, private, service agencies, and in-kind, and monies become fundable upon deposit. Expenditures are accounted for in budget controlled cost centers and account titles are functionally descriptive. Financial reports are prepared monthly for the Board of Directors and Foundation management comparing actual with budgeted performance. The Foundation's financial statements are audited annually by Deloitte Haskins & Sells, an internationally respected firm of independent certified public accountants. Functional responsibilities of employees are structured to assure sound internal control of Foundation resources.

Accountability for the receipt and expenditure of HOPE funds at program sites is through an imprest system. Each country office is provided a cash fund of $2000 to $75,000 from which local operational expenses and foreign national salaries are paid and into which host country contributions are deposited. Each program site submits a monthly report of imprest account receipts and expenditures to HOPE Center. All expenditures are supported with vendors' vouchers. HOPE Center issues reimbursement checks on a monthly basis to restore on-site bank accounts to the imprest amount.

Monthly employee attendance records are submitted by program offices. From imprest funds reports, the headquarters accounting department compiles a summary of transactions, including budget comparisons, journal entries, accounts payable, and cash receipts.

Accounting records at the program sites consist of duplicate imprest fund reports and local bank records.

Project HOPE has established procurement procedures accepted and approved by U.S.A.I.D.

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ATTACHMENT 1

ATTACHMENT 2

DESCRIPTIVE STATEMENT ABOUT PROJECT HOPE

INTRODUCTION

Project HOPE is the principal activity of The People-to-People Health Foundation, Inc., an independent, non-profit institution. The international headquarters of the Foundation is the Project HOPE Health Sciences Education Center in Millwood, Virginia. An hour's drive from metropolitan Washington, D.C., the Center is close to the vast resources of the National Capital area, and is easily reached from National, Dulles International and Baltimore-Washington International Airports. Offices are also maintained in Washington, D.C. and at sites in the United States and foreign countries where the Foundation has ongoing activities.

PURPOSE AND PHILOSOPHY

The purpose of the Foundation is to explore and implement creative concepts in areas of health services, education, management and policy as these contribute to the health of people around the world. Our purpose is based upon the belief that health is essential for social and economic development and for the dignity of every human being.

HOPE works in the context of local needs and priorities. HOPE believes that the collection and analysis of data, definition of problems, establishment of objectives, implementation of programs, and the evaluation of outputs are tasks to be accomplished jointly with the institutions with whom we work. HOPE programs emphasize training and technical cooperation

with the involvement of local counterparts and host country institutions so they may better resolve their health problems. Project HOPE backstops host officials and offices to assist them in developing their capabilities. In emergency situations, created by natural disasters or man-made crises, Project HOPE provides direct health services to a defined population.

The host country is expected to contribute a significant part of the total cost of the programmed intervention. This makes the partnership meaningful and is a practical approach to assure that the planned program coincides with local needs and priorities.

We believe the principal problems in developing sectors today are inadequate management systems and too few adequately prepared human resources, in addition to very scarce economic resources. The challenge is not to do abstract planning and/or inventive research, but rather to carry out projects leading to the development of management systems, economically feasible health interventions and the preparation of manpower necessary to fill the jobs available in the health sector in order to provide the health services required for economic development in a community and to achieve optimal utilization.

HOPE recognizes the importance of all components of a health system, because it is convinced that each depends upon the other and upon public policy for long-range viability. Activities which result in the most cost-effective utilization of resources and which can be continued within the economic capacity of the host institution(s) are emphasized. Training activities are oriented toward recruiting the underemployed and unemployed and preparing them for permanent health sector jobs. Continuing education and retraining are used to allow persons employed in the health sector to maintain their jobs as changes in technology dictate.

The HOPE philosophy is one of helping the world to care for itself. Pluralistic methods, partnership efforts, and education are the cornerstones of its approaches.

SCOPE OF CAPABILITIES

Project HOPE has capabilities in virtually all health sciences and health services disciplines. These capabilities are made available through projects tailored to individual needs. HOPE offers the advantage of a single organization with the ability to coordinate all aspects of multi-faceted health and development programs. HOPE capabilities may be listed under the following categories:

Health Sciences Education and Training

Curricula design and development
Development of health sciences schools
Formal and nonformal program design and implementation
Faculty training and development
Manpower training
Health sciences library development and textbook distribution

Manpower Development

Physicians/dentists
Nurses/midwives
Health administrators/managers
Allied health professionals
Biomedical engineers and technicians
Environmental health workers and sanitarians
Community health workers
Special educators
Instructional media designers
Health sciences faculty and educational administrators

Health System Planning/Organization

National and regional health planning
Manpower needs assessment

Health needs assessment
Financial analysis and resource appraisal
Budgetary planning
Administration of health systems and services

Health Care Infrastructure

Materials management
Facilities planning
Architectural services
Technology selection
Maintenance/repair systems
Educational materials production center design
Training facility design

Community Health

Primary care
Environmental health
    Environmental sanitation programs
Training of manpower for environmental sanitation
Nutrition
    · Nutrition programs in health care delivery settings
Nutrition programs at the community level
    Nutrition curriculum for health sciences schools
Maternal and child health
Population planning
Community health education
Manpower training

Biomedical Engineering

Graduate and undergraduate engineering program development
Technology selection
Repair and maintenance training for hospital settings
Training of health care personnel in application and use of

technology

Exchange Programs

Program design for fellowships away from the program site
Institution-to-institution exchange management
Exchange of fellows among developing countries
Fellowship awards for selected topics of United States or international health policy issues

Monitoring, Evaluation, Research, and Special Skills

Project design and management
Program evaluation
Systems analysis
Econometrics, and cost-effectiveness and cost-benefit analyses
Demography
Biostatistics and epidemiology
Task analysis
Computer simulation and modeling
Literature search and professional review of the literature
Professional publications
United States health policy analysis
International health policy analysis
Operations research

Activities utilizing professionals from the above fields have been directed especially toward the principal components of a health system:

Education and training
Health promotion and disease prevention
Primary, secondary and tertiary health care
Research
Administration

HOPE works with universities, schools of health sciences, community colleges, health departments and hospitals in both rural and urban settings. Activities range from establishing programs to train and utilize rural health promoters to establishing highly specialized post-graduate medical education programs.

THE DOMESTIC DIVISION

The Domestic Division of the Foundation is comprised of the Center for Health Affairs and the publication, Health Affairs.

The Center for Health Affairs of HOPE concentrates on health issues of concern to the private and public sectors. The Center conducts original research, policy analysis, and provides technical assistance to improve understanding of and develop solutions for health policy problems.

The Center's research agenda covers a broad spectrum of issues within the health field. Of primary interest are studies related to health care financing and organization, private sector health care initiatives, health promotion and disease prevention, and the health needs of the elderly. Other important research topics include medical technology, the physical environment, and the provision of data and information to others in the health sphere.

Health Affairs is a health policy journal dedicated to creating an ever-increasing impact on the formulation and direction of United States health policy. It provides a unique forum for the views of private sector health care leaders, government officials, and the academic community.

THE HOPE CENTER

The Project HOPE Health Sciences Education Center is both the administrative and support base for the Foundation's operations and an international resource for study and the exchange of ideas. Located on 255 strikingly beautiful acres in the foothills of the Blue Ridge Mountains, the HOPE Center provides all of the resources and facilities of a campus environment. The HOPE Center is an environment conducive to the effective examination of problems and development of solutions. It is a place where independent study, conferences, and the exchange of ideas and information can lead to the application of solutions found in one part of the world to the problems found in another.

In order to support activities at the HOPE Center and at program sites, HOPE has the following facilities:

- Conference facilities, including an auditorium seating 100, classrooms for group discussions and complete audio-visual equipment
- Lodging accommodations for 60 persons
- Dining services for up to 100 persons
- Housing and support for HOPE fellows
- Library, including computer access to over 100 major bibliographic data bases
- Faculty with fluency in English, French, Spanish, Portuguese and Arabic (located at the Center and at program offices in Europe, Asia, Africa, South and Central America and the Caribbean).
- Computer center
- HOPE Press
- Word processing capability
- Graphics, artwork and layout
- Telex
- Translation services, libraries and offices at program locations

HOPE Experience in the Caribbean

Project HOPE has a long and enviable history of assisting with the development of health services and of establishing education programs in the health sciences in the Caribbean. Activities were initiated in the Caribbean with the arrival of the hospital ship HOPE in Jamaica in January of 1971. In 1973 HOPE began working with the Barbados Community College to develop a structured health sciences division. In early 1981, at the request of eight less developed Caribbean countries and with the financial support of U.S.A.I.D., HOPE established a technical training program for various health disciplines at the Morne in Saint Lucia with the collaboration of the Government of Saint Lucia. This program was designed to meet critical manpower needs not being adequately met, in the view of the Ministers of Health, by the educational institutions of the more developed Caribbean countries. Since 1980, HOPE has been continuously active in Antigua providing continuing education in medicine, medical technology, sanitation, and nursing, including mental health nursing. In 1983, HOPE initiated a program in Dominica to assist the School of Nursing in implementing a two year course to train primary care nurses.

HOPE's largest effort in the Caribbean has been in Jamaica. Close working relationships were established and continue with the Ministry of Health, the University of the West Indies, and the College of Arts, Science and Technology. Following the stay of the S.S. HOPE in Kingston, as an affiliated hospital of the University of the West Indies, HOPE has continued to provide faculty to work with each institution in many areas, including:

MINISTRY OF HEALTH

- Technical assistance for the development of alternative financing mechanisms for the health system
- Provision of continuing education programs for specific health professions
- Assistance with health planning, health administration, and the provision of continuing education for health administrators

- Establishment of a nurse practitioner training program
- Establishment of a nurse anesthetist training program
- Establishment of a clinical engineering department and hospital maintenance and repair workshops
- Establishment of medical records departments at the Cornwall Regional Hospital and other hospitals and centers in the region
- Establishment of the housekeeping department and training of staff at the Cornwall Regional Hospital
- Major gift-in-kind contributions of equipment and supplies

UNIVERSITY OF THE WEST INDIES

- Establishment of a graduate medical education program within the Faculty of Medicine
- Provision of faculty for the initiation of residencies in seven different medical specialties
- Assistance with the development of the Social and Preventive Medicine Department, including the addition of departmental courses in the undergraduate curriculum, the establishment of a residency in family practice, and the formalization of a curriculum in health education
- Establishment of a Caribbean curriculum for the regional training of radiologic technologists
- Establishment of a learning resource center within the Faculty of Medicine

COLLEGE OF ARTS, SCIENCE AND TECHNOLOGY

- Development of a clinical pharmacy training program
- Development of a medical technology training program
- Development of a clinical engineering technician training program
- Establishment of a division of health related sciences
- Continuing education to prepare health professionals as teachers

The program to establish a division of health sciences at the Barbados Community College to train health workers at the technical level is especially significant and is of great continuing value in meeting the needs of the Eastern Caribbean countries. Training programs in seven different health disciplines were initiated by Project HOPE. Barbados Community College continues today to produce trained health manpower for the Eastern Caribbean without Project HOPE assistance, an excellent example of local institution building. In addition to work with the Barbados Community College, Project HOPE assisted the National Nutrition Center and the Queen Elizabeth Hospital with continuing education and with critically needed services in the areas of pediatrics, nutrition, anesthesiology, microbiology and dietetics. Assistance was also given to the Barbados campus of the Faculty of Medicine of the University of the West Indies to develop a learning resource center. With the Ministry of Education, total communication skills were taught to teachers of the deaf and courses in special education were established within the curriculum of the Erdiston Teacher Training College.

With a grant from U.S.A.I.D., during the past year HOPE implemented an emergency medicine program at the Queen Elizabeth Hospital in Barbados and a training program for emergency medical technicians.

Students from Grenada have participated in the regional training programs in Barbados and in Saint Lucia. In addition to the program initiated in Grenada in January, 1984, HOPE faculty worked on site in Grenada during 1975 in public health sanitation and in medical technology. A continuing education program was conducted for eighteen environmental health officers, and sanitation policy and procedure manuals were prepared for restaurants, hotels and similar institutions. In cooperation with the chief medical technologist on the island, a six month continuing education program was conducted for laboratory technicians. This program included training in blood bank, chemistry, hematology, parasitology, urine analysis, quality control, and laboratory safety.

ATTACHMENT 3

PRELIMINARY ANALYSIS OF FIRST YEAR COSTS

GRENADA PROJECT

1/1/84 - 2/28/85

1.	AID Contribution		$ 843,323
2.	HOPE Contribution		3,322,718
	Direct On-Site HOPE Cash Expenditure	$ 8,661	
	Donated Services	652,349	
	Direct Support Costs	757,183	
	Overhead	386,574	
	Gift-In-Kind	1,517,951	
		$3,322,718	
3.	Total Project Costs		$4,166,041