

PD-AAA-151

3390

~~FY82~~

180-0001

UNCLASSIFIED

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION
AGENCY

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

PROJECT PAPER

POLAND/PROJECT HOPE OFG: 180-0001

AUGUST 1982

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT DATA SHEET		1. TRANSACTION CODE <input checked="" type="checkbox"/> A = Add <input type="checkbox"/> C = Change <input type="checkbox"/> D = Delete	Amendment Number _____	DOCUMENT CODE 3
2. COUNTRY/ENTITY POLAND		3. PROJECT NUMBER 1810061		
4. BUREAU/OFFICE Near East		5. PROJECT TITLE (maximum 40 characters) Poland/Project HOPE OPG		
6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY 0 2 2 8 8 4		7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4) A. Initial FY 8 2 B. Quarter 4 C. Final FY 8 2		

8. COSTS (\$000 OR EQUIVALENT \$1 =)						
A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	5,000		5,000	5,000		5,000
(Grant)	(5,000)	()	(5,000)	(5,000)	()	(5,000)
(Loan)	()	()	()	()	()	()
Other U.S.						
1.	5,760		5,760	5,760		5,760
2.						
Host Country		2,020	2,020		2,020	2,020
Other Donor(s)						
TOTALS	10,760	2,020	12,780	10,760	2,020	12,780

9. SCHEDULE OF AID FUNDING (\$000)									
A. APPRO- PRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) FSE	920	570		0	0	5,000	0	5,000	0
(2)									
(3)									
(4)									
TOTALS				0	0	5,000	0	5,000	0

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)	11. SECONDARY PURPOSE CODE
12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)	
A. Code PVQU	
B. Amount 5,000	
13. PROJECT PURPOSE (maximum 480 characters)	

To provide emergency medical relief to hospitals, especially drugs, pharmaceutical and hospital supplies, spare parts and medical equipment in order to correct the deterioration of medical services which has occurred as a result of serious shortages of the items in Poland.

14. SCHEDULED EVALUATIONS	15. SOURCE/ORIGIN OF GOODS AND SERVICES
Interim MM YY MM YY Final MM YY	<input checked="" type="checkbox"/> 000 <input type="checkbox"/> 941 <input type="checkbox"/> Local <input checked="" type="checkbox"/> Other (Specify) 935
16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)	

17. APPROVED BY	Signature <i>Kenneth A. Shepper</i>	18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
	Title Director, NE/TECH	
AID 1590-4 (8-79)		MM DD YY 0 8 0 6 8 2

u

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

ASSISTANT
ADMINISTRATOR

PROJECT AUTHORIZATION

Name of Entity: The People-to-
People Health
Foundation, Inc.
(Project Hope)

Name of Project: Poland/Project
Hope OPG

Number of Project: 181-0001

1. Pursuant to Section 540 of the Foreign Assistance Act of 1961, as amended, (the "Act") I hereby authorize the Poland/Project Hope OPG Project (the "Project") for the People-to-People Health Foundation (Project Hope, the "Grantee") including planned obligations of not to exceed Five Million United States dollars (\$5,000,000) in grant funds over an eighteen month period from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to assist in financing the foreign exchange costs for the Project.
2. The Project consists of support for the purchase, transportation and distribution of medical supplies for Poland.
3. The Project Grant Agreement which may be negotiated and executed by the officer to whom such authority is delegated in accordance with A.I.D. regulations shall be subject to the following essential terms and covenants and major conditions together with such other terms and conditions as A.I.D. may deem appropriate:
 - a. Goods and services, except for drug products and ocean shipping, financed by A.I.D. shall have their source and origin in A.I.D. Geographic Code 935 ("Special Free World") except as A.I.D. may otherwise agree in writing. Non-drug pharmaceutical products manufactured outside the United States shall not infringe on U.S. patent rights.
 - b. Drug products financed by A.I.D. shall have their source and origin in A.I.D. Geographic Code 000 ("United States") except as A.I.D. may otherwise agree in writing.

b

c. Ocean shipping financed by A.I.D. shall, unless A.I.D. otherwise agrees in writing, be only on flag vessels of the United States.

4. Based on the justification set forth in the action memorandum to this authorization, the Grantee is specifically authorized without prior approval of A.I.D. to procure and export pharmaceuticals from the U.S. Food and Drug Administration Controlled Substance Schedules 2, 3, 3N, 4 and 5, and from the A.I.D. Commodity Eligibility Listing Part IID4.

Charles W. Johnson for

W. Antoinette Ford
Assistant Administrator
Bureau for Near East

8/27/82

Date

181-0001

181-0001

PROPOSAL

OPERATIONAL PROGRAM GRANT

FOR

POLAND

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

July 23, 1982

J

TABLE OF CONTENTS

	<u>PAGE</u>
A. PROJECT PURPOSE AND DESCRIPTION	1
B. PROJECT BACKGROUND	7
C. PROJECT ANALYSIS	11
D. PROJECT DESIGN AND IMPLEMENTATION	13
E. ILLUSTRATIVE BUDGET	21
F. CONDITIONS	23

2

A. PROJECT PURPOSE AND DESCRIPTION

Purpose and Target Group

The purpose of this project is to provide emergency relief of drugs, pharmaceutical and hospital supplies, spare parts, and critically needed equipment to selected hospitals in Poland. During the past six months the shortages of these goods have increased at an alarming rate. Routine medical care can no longer adequately be offered to the population. Because of the scarcity of drugs and supplies, only emergency cases can be treated on a reliable basis.

Teams of HOPE physicians and nurses have observed first hand the severe problems of providing adequate medical care caused by the increasing scarcity of necessary drugs and supplies. The health professionals of Poland are unable to provide adequate health care for their people under present circumstances. The suffering is especially acute among the high-risk groups, particularly mothers and children.

The emergency relief provided under this project will be directed toward newborns, infants, children and mothers. It appears that mortality rates have already risen significantly among the high-risk maternal/child health sub-groups of the population. As the shortages of vital medicines, supplies and equipment continue, infant and child mortality will increase, reversing the downward trend of the past decade.

11

.HOPE, working with Polish hospital personnel, has selected 19 hospitals to receive the bulk of the emergency relief. Our agreement with the Polish Ministry of Health provides for assistance to hospitals which provide care primarily for newborns, infants, children and mothers.

Top priority will be given to the American Children's Hospital in Krakow. We believe it is extremely important that this highly visible American humanitarian presence be maintained and that it continue to provide a high level of quality medical care to children of that region.

General Description

The project will provide necessary drugs, pharmaceutical and hospital supplies, spare parts and selected hospital equipment to the following 19 hospitals:

<u>Hospital</u>	<u>City</u>	<u>No. of Beds</u>
Klinika Poloznictwa i Perinatologii Instytut Matki i Dziecka	Warszawa	105
Instytut Poloznictwa i Ginekologii Akademii Medycznej	Bialystok	135
Instytut Pediatrii Akademii Medycznej	Bialystok	214
Wojewodzki Szpital Zespolony	Gdansk	781
Wojewodzki Szpital Zespolony	Kielce	603
Instytut Poloznictwa i Ginekologii Akademii Medycznej	Krakow	336
Instytut Pediatrii Akademii Medycznej (American Children's Hospital)	Krakow	312
Szpital Miejski, ul. Skarbowa 1	Krakow	100

<u>Hospital</u>	<u>City</u>	<u>No. of Beds</u>
Instytut Poloznictwa i Ginekologii	Lublin	263
Instytut Pediatrii	Lublin	120
Wojewodzki Szpital Zespolony	Lodz	1,042
Instytut Poloznictwa i Ginekologii Skademii Medycznej	Poznan	368
Wojewodzki Szpital Zespolony	Poznan	145
Wojewodzki Szpital Zespolony	Rzesz	976
Klinika Poloznictwa i Perinatologii Akademii Medycznej w Katowicach	Tychy	120
Wojewodzki Szpital Zespolony	Krosno	428
Wojewodzki Szpital Zespolony	Nowy Sacz	575
Wojewodzki Szpital Zespolony	Przemysl	750
Wojewodzki Szpital Zespolony	Tarnow	<u>652</u>
TOTAL BEDS		8,025

We are hopeful of meeting approximately 70% of the priority needs of these hospitals during the coming year. The requirements have been defined by American professionals serving with HOPE and by Polish hospital professionals. These priority requirements have been grouped under seven categories.

1. Drugs

Many infants and children are currently untreated or inadequately treated. Mortality and morbidity among high risk infants and children are dramatically increasing. Expectant mothers, likewise, are at greater risk.

2. Disposable and Consumable Supplies

This is an area of serious shortage, since Poland is almost totally dependent on the West for supply of these items. Many of these single use supplies are being used over and over again. Such items as syringes, needles, catheter systems, I.V. tubing, tape, bandages, surgical gloves and endotracheal tubes are included in this area. Every effort will be made to introduce non-disposable items where possible (for example, glass syringes, metal stopcocks, etc.).

3. Sutures

Once again, almost total dependence on Western sources exists. This shortage is a major cause for the elimination of all surgery except the most urgent. Traumatic surgery (accidents, etc.) in many instances must be delayed or performed inadequately.

4. Laboratory and X-Ray Departments

Good medical care requires adequate diagnostic capability. Shortages of X-ray film, developing solutions, laboratory reagents and other essential supplies (even glass pipettes and test tubes) are making even simple diagnosis impossible.

5. Spare Parts and Small Equipment

Much equipment which supports the hospital and clinics is not functioning as a result of an inability to obtain spare parts. Most equipment already purchased from the West requires hard currency for replacement parts. Lack of currency has also resulted in a deficiency of the most basic tools required by

health professionals. Stethoscopes, sphygmomanometers, thermometers, otoscopes, ophthalmoscopes, suction pumps, flashlight batteries, simple operating room instruments, and minor anesthesia equipment are good examples.

6. Intravenous Solutions

We plan to initiate and supplement the development of hospital capability for in-house production of solutions. Project HOPE has done this at the American Children's Hospital where almost all needed solutions are produced by the hospital. There does not appear to be much of a raw material shortage in this area if properly developed. Some solutions from the West are needed, but it is felt that the majority of need can be met by hospitals with this approach.

7. Sterilization/Sanitation

As a result of the shortages of equipment, many disposable items are being used repeatedly. This is going to continue for a significant period of time. The permanent equipment is lacking spare parts and replacement items. Improvement of sterilization systems is essential. Higher rates of hospital infection, as well as serious outbreaks of hepatitis, have shown the urgent need for this improvement. The improvement of these systems will require purchases of some sterilization equipment, as well as detergents, disinfectants, mattress covers, and other similar items.

Project HOPE will direct and control the procurement process, including the delivery of materials to the specific hospitals. The benefit of receiving these materials will be felt directly by the Polish people. The emergency relief supplies will be distributed through the approved hospitals at no cost to the patients.

There is no way in which the current emergency situation can be improved except with outside assistance. The provision of the emergency relief materials will assist with the stabilization of the economic and health care systems. We believe that the health authorities in Poland will be able to take the necessary steps to provide for the continuing basic needs of the system once this crisis is met.

B. PROJECT BACKGROUND

Project HOPE has been working with the American Children's Hospital in Krakow since 1975. Together with the American Schools and Hospitals Abroad, a division of AID, our efforts have been directed in the areas of medical education, equipment procurement, and construction.

Through an exchange between American medical personnel and Krakow's Institute of Pediatrics, HOPE has been involved in more than twenty teaching programs, including assisting with the establishment of the 312 bed hospital as one of the major centers for pediatric congenital heart surgery in Eastern Europe. The American Children's Hospital serves all the Southeastern Poland and is a center of referral for special cases from other areas of the country.

HOPE educators have worked with Polish professionals in establishing training programs in the following disciplines:

Anesthesiology	General Pediatrics	Obstetrics/ Gynecology
Biochemistry	General Surgery	Oncology
Cardiac Surgery	Hospital Administration	Perfusion
Cardiology	Immunology	Pharmacy
Community Health	Intensive Care Medicine and Nursing	Plastic Surgery
Dentistry	Medical Maintenance	Radiology
Endocrinology	Neonatology	Sanitation and Housekeeping
Gastroenterology	Neurosurgery	
Gastrointestinal Surgery		

Many universities, teaching hospitals and major clinics have been involved with HOPE in implementing the educational programs. Polish physicians in the Exchange receive additional training in the United States. Plans are to extend the training programs and to include more intensive training in areas already started. The following institutions are illustrative of those working with HOPE:

Children's Hospital of Philadelphia

Children's Hospital Medical Center (Harvard University)

Primary Children's Medical Center (Salt Lake City, Utah)

Duke University

Vanderbilt University

Oschner Clinic (New Orleans)

University of North Dakota

University of Minnesota

Children's Hospital (Washington, D.C.)

University of Virginia

Henry Ford Hospital (Detroit)

St. Jude's Children's Hospital

Columbus Children's Hospital

University of West Virginia

Women and Infants Hospital of Rhode Island

Children's Hospital of San Francisco

Children's Hospital of Los Angeles

City of Houston Health Department

Children's Hospital Medical Center (Oakland)

The procurement of equipment has been directed toward upgrading the American Children's Hospital in Krakow as a teaching institution and as a tertiary care referral center. Existing equipment is also replaced as indicated by age and state of repair.

The construction component of our project has been the addition of a Pediatric Rehabilitation Center attached to the Children's Hospital. Construction is proceeding.

At the urging of the State Department, all of these programs (education, equipment procurement and construction) are continuing despite the advent of martial law. At this point, we have experienced no difficulty with the existing Polish Government and our programs are progressing successfully.

Economic Crisis

The economic crisis in Poland began to effect the health care system dramatically in mid-1981. Beginning in June, 1981, Project HOPE was asked to develop a program for all of Poland to meet the drug and medical supply shortages. This request and subsequent agreement were unique in that they represented a cooperative effort between the Solidarity Labor Union and the Ministry of Health. Project HOPE, working with the Polish American Congress and with the support of American pharmaceutical and hospital supply industries, delivered three million dollars worth of drugs and supplies between June and December, 1981. The distribution of these supplies was under the jurisdiction of

the Ministry of Health, and verification of their delivery and use was monitored by the Solidarity Labor Union. On December 13, 1981, when martial law was imposed, these shipments were suspended.

Project HOPE has been intimately involved in the Polish health care system since 1975. We have seen the recent rapid deterioration of that system caused by the economic and political situation in that country. For this reason we feel the acute need to add an emergency relief component at this time to our ongoing programs to protect the most vulnerable groups in Polish society with the delivery of critical drugs and hospital supplies.

C. PROJECT ANALYSIS

The drugs, pharmaceutical and hospital supplies, spare parts and selected equipment will be provided to the nineteen hospitals defined in the Project Description. These hospitals were selected because they provide care for newborns, children and women. They, also, are regional hospitals in character and, thus, a greater number of women and children will benefit because of their area-wide coverage.

The beneficiaries of this emergency relief are the poorest of the Polish people who have no place to turn for medical care except to the State run hospitals. Within this group of the economically deprived, those who suffer most are the newborns, infants, children and mothers. It is precisely this sub-group who will receive the full impact and benefit most from our relief effort.

The relief materials procured under this project will be those most scarce in the selected hospital and that most contribute to saving the lives of the target group. The specific selection of the most critically needed materials has occurred as a joint effort between the professional staff of Project HOPE and the competent professional staff in the selected Polish hospitals. This same selection process will continue, once AID funds become available, to define those materials most needed to provide care for the mothers and children.

Project HOPE has recently completed a similar supply mission for Poland as described in the background statement. This, plus our long-term presence in health care programs in Poland provide the expertise and manpower within the Foundation to manage a relief operation of this kind and magnitude. The Ministry of Health is very involved in the project and will put all its resources behind the project. By working with the Ministry, the project enjoys all the necessary logistical and technical support required for complete success. This includes the professional personnel for selection of priority needs, the transportation facilities for transfer of materials to the individual hospitals and the professional personnel, including pharmacists, to handle the distribution directly to patients. Pharmacy is a well developed profession in Poland. Each of the medical schools in Poland functions as an independent academy of medicine and maintains separate faculties of medicine, dentistry and pharmacy.

D. PROJECT DESIGN AND IMPLEMENTATION

Implementation Plan

Project HOPE will be responsible for the conduct of the project. No sub-grants or contracts are envisioned.

The activities of the project can be divided into four major components:

1. Definition of Need
2. Procurement of Commodities
3. Shipment and Delivery of Commodities
4. Supervision, Verification and Control

I. Definition of Need

A team of HOPE professionals visited the selected Polish hospitals in June, 1982 to define the initial needs and to establish a continuing process for the identification of need. With our Polish counterparts it was agreed that the most urgent needs fall into the following seven categories as described in the General Description of the project:

- a. Drugs
- b. Disposable and Consumable Supplies
- c. Sutures
- d. Laboratory and X-Ray Departments
- e. Spare Parts and Small Equipment
- f. Intravenous Solutions
- g. Sterilization and Sanitation Supplies

Specific needs were defined within the categories by the HOPE team visiting the selected hospitals and working with the professional staff of the hospital. The initial shipment of drugs and supplies was for more than \$700,000 and these supplies have been received, already, by the hospitals in Poland. This initial shipment was procured using private donations received by our Foundation.

After the OPG is approved, the team of HOPE professionals will again visit the selected hospitals and define specific needs within the seven categories as before. A general inventory of needs will be defined for one year and a very specific inventory will be defined for the first quarter. At the beginning of each following quarter the HOPE team will revisit each of the hospitals to confirm, in cooperation with the hospital staff, the needs for the following quarter. In this manner, we believe the real needs can be defined and we can be assured that all of the commodities will be most effectively utilized to meet the most urgent personal health needs of the target population.

The HOPE teams will consist of pediatricians, obstetricians-gynecologists, nurses, allied health specialists, engineers and administrative personnel. Team members will be both HOPE staff and consultants. Many of the consultants will be volunteers.

II. Procurement of Commodities

The normal procurement process employed routinely by the Foundation will be used for this project. Equal attention will be given to cost

and quality. The most important factor, however, will be the appropriateness of the commodity to meet the specific need in the individual Polish hospitals and specifications will be developed with this in mind.

Because of the nature of this relief mission certain waivers from standard AID procedures will be required. These waivers are listed and defined at the end of this implementation plan.

III. Shipment and Delivery of Commodities

The individual suppliers will ship the commodities to the Foundation's Dulles terminal facility in Herndon, Virginia. At this HOPE materials handling facility, all commodities will be received and repacked for each individual hospital in Poland.

As indicated above, each shipment will be subdivided into the commodities for each hospital. In this way the shipment does not need to be broken down from the time it leaves our facility until it is received at each recipient hospital. Our staff members confirmed that the initial shipment was delivered to the individual hospitals within 48 hours of leaving our Dulles terminal facility.

The Ministry of Health will be responsible for receiving each shipment in Poland and transporting the subshipments to each recipient hospital

as addressed. The following protocol will be followed for the delivery of commodities in Poland:

- A. Five packing lists will be attached to the inside of the lid of each box, or the first of a group of boxes. The recipients of these packing lists will be:
 - a) Customs
 - b) Ministry of Health
 - c) Hospital receiving the shipment
 - d) The top church official of the region, or appointed representative
 - e) Project HOPE office at the American Children's Hospital, Institute of Pediatrics, Krakow.

- B. The copy to be returned to the Project HOPE office in Krakow will be signed by:
 - a) The Director of the receiving institution
 - b) The Director of Pharmacy or Medical Stores of the receiving institution, whichever is appropriate
 - c) The church's representative.

- C. These signed packing slips will be forwarded by the Project HOPE office in the American Children's Hospital to Project HOPE Headquarters in the U.S.A. monthly through the American Consulate in Krakow.

D. If the Project HOPE copies, signed as directed above, are not received by the Project HOPE office at the American Children's Hospital in Krakow within a reasonable amount of time (2-3 weeks), future shipments to that hospital may be suspended.

Once the commodities are received by the specific hospital, they will be dispensed for patient care in accordance with that institution's established procedures.

IV. Supervision, Verification and Control

Each activity (definition of need, procurement of commodities, and shipment and delivery of commodities) has the built in supervision and control of Project HOPE's established systems. The prime concern then is to be assured that the goods are delivered to the designated hospital and used as intended once they leave the HOPE Dulles terminal facility.

The protocol for the delivery of commodities in Poland will assure this verification. The Catholic Church, the most reliable and independent non-governmental agency in Poland today, through the offices of the Primate of Poland, has formally agreed to confirm the actual receipt of delivered materials to the designated hospitals.

Project HOPE has a permanent office in Krakow. Project HOPE representatives, in addition to the church, will also verify with the hospitals the receipt and proper utilization of the commodities. This

will involve medical, nursing and pharmacy personnel of Project HOPE. A good deal of this supervision and verification will occur at the time the HOPE teams are visiting Poland to define and verify program needs. Other sporadic visits will be made as required.

We are especially pleased that pharmacy is a very well developed field in Poland and the national pharmacists in the hospitals operate well established systems which have proved, in our experience in Krakow, that they are capable of managing drugs carefully and rationally.

The fact that we have a permanent materials handling facility in Herndon, Virginia enables us to support the hospitals in a controlled pattern. No hospital will receive too many commodities at any one time and thereby receipt and utilization can be more effectively monitored.

Evaluation and Project Accomplishments

Our implementation plan indicates in some detail how we will ensure the proper functioning of this emergency relief effort. Control exists at several points; 1) definition of need by joint teams of HOPE and Polish professionals, 2) proper purchasing through HOPE's established procurement process, and 3) shipment and delivery utilizing the HOPE materials handling facility, the Ministry of Health, the Catholic Church of Poland and the individual hospitals. Verification of the proper use of the commodities will be conducted by the hospitals utilizing their established systems as well as by intermittent but continuing visits by HOPE professionals.

A key component of the control of the proper utilization of the commodities will be our ongoing educational programs, described in the Project Background, conducted at the American Children's Hospital in Krakow. Using those facilities as a base, we will continue to provide orientation programs for Polish physicians, nurses, pharmacists, engineers, etc., as required for the proper utilization of the relief materials.

Request for Waivers

The Waivers of A.I.D. rules and regulations considered necessary for the good conduct of the project are described below:

1. Standard Provisions 9 and 10-B.(c)(2) (iii) concerning transportation on ocean vessels should be waived with regard to all gross tonnage which shall be transported to the Cooperating Country on ocean vessels provided by the Cooperating Country at no cost to the Grantee or the U.S. Government.
2. Standard Provisions 10-A.(c) and 10-B.(a)(b) and (d) should be waived with regard to any commodities which, due to rules and regulations applicable to air and sea transportation of commodities, cannot be shipped from the United States; and with regard to equipment and supplies which must be purchased outside the United States in order to provide interchangeability with existing systems and practices.

3. Standard Provision 10-B.(c)(2)(ii), concerning prior approval for air charter, should be waived with regard to any full charter flight which is used solely to transport medical supplies and equipment to Poland in connection with this program.
4. Blanket prior written authorization for the purchase of Schedule 2, 3, 3N, 4, 5 and pharmaceuticals should be granted in accordance with the requirements of Standard Provision 10-A.(b). Project HOPE is licensed by the Federal Drug Administration to export Schedule 2, 3, 3N, 4 and 5 drugs under DEA Registration Number PP0178776.
5. A Waiver allowing single source acquisition (AID Handbook 13, paragraph 1U) and Small Business notification (Standard Provision 10A.(f)) should be granted because of the short time requirements existing in this emergency procurement situation.
6. Standard Provision 8(a). concerning prior written concurrence for travel outside the United States should be waived. This waiver is required to allow HOPE to utilize volunteer U.S. Technicians in various aspects of the proposed project. The lack of travel flexibility could seriously hamper HOPE's effort to conform the travel schedules to the needs of the necessary medical volunteers and thus endanger the evaluation and verification aspects of the program.

E. ILLUSTRATIVE BUDGET

	<u>Total</u>
A. Personnel	
1. U.S. Technicians	
a. Salaries and Wages	\$ 121,000
b. Benefits	24,000
2. Third-Country Personnel	None
3. Local Personnel	<u>None</u>
Total Personnel Costs	<u>145,000</u>
B. Training Cost	None
C. Commodity Costs	
1. U.S. Procured	3,840,000
2. Third-Country Procured	500,000
3. Locally Procured	<u>None</u>
Total Commodity Costs	<u>4,340,000</u>
D. Other Costs	
1. U.S. Shipping Costs	190,000
2. Transportation	85,000
3. Per Diem Allowances	15,000
4. Other Costs, Communications, Shipping Materials, Office Supplies, etc.	<u>225,000</u>
Total Other Costs	<u>515,000</u>
TOTAL BUDGET	<u>\$ 5,000,000</u>

NOTE: This budget has been prepared with the expectation that the \$4,340,000 in commodity costs included above will be supplemented with commodities valued up to \$5,760,000 which will be furnished through HOPE's Gift-In-Kind Program. In the event any of the personnel costs or other costs are not required, we anticipate using those funds for Commodities. In the event a lesser amount of Third-Country Commodities are required we anticipate using those funds for U.S. Procured Commodities.

F. CONDITIONS

In addition to the funds provided by AID through their OPG and the infrastructure provided by Project HOPE, we believe that we can obtain, through private sources, the equivalent value of any contribution made to this project by the Government of the United States. We already have the support and participation of the Polish American Congress as well as many large American hospital supply and drug companies.

This program also has a great deal of support from the Government of Poland. The Polish Government is pledged to provide duty free entry of all commodities, transportation on LOT Polish airlines and Polish ships for commodities, and transportation within Poland to the prescribed hospitals, housing and per diem for HOPE personnel responsible for administering and supervising the program.

This proposed project has been approved by the Polish Government, as indicated by the attached contract.

Dr William Walsh
President
Project HOPE
Millwood, Virginia
USA

Dear Dr Walsh:

I am once again pleased to work with Project HOPE on a program of medical supply, equipment and drug relief. It is understood that this program will be directed toward the support of the attached list of hospitals. The Ministry of Health and Social Welfare agrees to provide the following:

- a/ transportation on LOT Polish Airlines and Polish Ships,
- b/ duty free entry of all materials,
- c/ internal transportation to agreed upon hospitals,
- d/ international and domestic transportation on LOT Polish Airlines of personnel related to administering and supervising the program,
- e/ housing and per diem for personnel related to administering and supervising the program.

It is further understood that:

- a/ these donations will be distributed through the agreed hospitals to the patients at no cost,
- b/ The Catholic Church through the offices of the Primate of Poland can confirm to Project HOPE actual receipt of delivered materials to agreed upon hospitals,
- c/ delivered materials will be distributed to designated hospitals as addressed and when no particular hospital is addressed materials will be distributed equally among the agreed upon hospitals,
- d/ Project HOPE representative can at any time personally verify with hospitals receipt of delivered materials.

The Ministry of Health and Social Welfare looks forward to working on this effort with Project HOPE and is pleased that this program will in part involve the Polish American Congress in Chicago. We thank you for your continued effort at the Pediatric Institute, Medical Academy at Kraków and we are now pleased that your efforts can be shared with others as well

Please accept, Dear Dr Walsh, assurances of my highest consideration.

Sincerely

Professor Stanisław Mlekodaj, M.D.
Undersecretary of State at the
Ministry of Health and Social
Welfare

Attachements:

1. List of hospitals
2. Protocol for receiving shipments

25

K r a k ó w

Instytut Położnictwa i Ginekologii Akademii Medycznej
Dyrektor prof. dr hab. Andrzej Miecznikowski
ul. Kopernika 23

Liczba łóżek pol.gin. - 336
noworodków - 103

Instytut Pediatrii Akademii Medycznej
Dyrektor prof. dr hab. Jan Grochowski
ul. Wielicka 265

Liczba łóżek - 312

Szpital Miejski, ul. Skarbowa 1
Dyrektor

Oddziały: wewnętrzny, kardiologiczny, rehabilitacja

Liczba łóżek ok. 100.

L u b l i n

Instytut Położnictwa i Ginekologii
Dyrektor prof. dr hab. Henryk Żrubek
ul. Staszica 16

Liczba łóżek pol.gin. - 263
noworodków - 123

Instytut Pediatrii
Dyrektor doc. dr hab. B. Niewiedziol
ul. Staszica 11.

Liczba łóżek - 120

Ł ó d ź

Wojewódzki Szpital Zespolony
ul. Pabianicka 62

Ordynator pol.gin.dr med.
Miroslaw Lewy

Liczba łóżek ogółem: - 1042
w tym: gin, pol. - 123
noworodków - 92

P o z n a ń

Instytut Położnictwa i Ginekologii Akademii Medycznej
Dyrektor prof. dr hab. Witold Michałkiewicz
ul. Polna 33

Liczba łóżek pol.gin. - 368
noworodków - 132

Wojewódzki Szpital Zespolony
ul. Lutycka
Ordynator oddziału gin.poł. doc. Józef Kuczyński

Liczba łóżek poł. gin. - 145
noworodków - 96

R z e s z ó w

Wojewódzki Szpital Zespolony
ul. Chopina 2
Ordynator oddziału gin.poł. doc.dr hab. Tadeusz Zaczek

Liczba łóżek ogółem: 976
w tym: poł.gin. 160
noworodków 100
dziecięcych 90

T y c h y, ul. Cicha 27

Klinika Położnictwa i Perinatologii Akademii Medycznej w Katowica
/Wojewódzki Szpital Zespolony/.

Kierownik Kliniki prof.dr hab. Adam Cekański

Liczba łóżek poł.gin. - 120
noworodków - 55

K r o s n o

Wojewódzki Szpital Zespolony
ul. Wandy Wasilewskiej 9

Liczba łóżek ogółem: 428
w tym: poł.gin. 65
noworodków 51
Ordynator poł.gin. dr med. Leonard Aryko.
dziecięcych 40

N o w y S a c z.

Wojewódzki Szpital Zespolony
ul. Młyńska 5
Dyrektor dr Zbigniew Kutyla.

Liczba łóżek ogółem: - 575
w tym: poł.gin. - 80
noworodków - 50
dziecięcych - 102

28

Protocol for receiving shipments

1. Five packing lists will be attached to the inside of the lid of each box, or the first of a group of boxes. The recipients of these packing lists will be:
 - a/ Customs
 - b/ Ministry of Health
 - c/ Institute receiving the shipment
 - d/ Curia of the region, or the appointed representative
 - e/ Project HOPE office at the American Children's Hospital, Institute of Pediatrics, Kraków,
2. The copy to be returned to the Project HOPE office in Kraków will be signed by:
 - a/ The Director of the receiving institution
 - b/ The Director of Pharmacy or Medical Stores of the receiving institution /whichever is appropriate/
 - c/ Curia's representative.
3. These signed packing slips will be forwarded by the Project HOPE office in the American Children's Hospital to Project HOPE Headquarters in the USA monthly through the American Consulate in Kraków.
4. If the Project HOPE copies, signed as directed in paragraph 2, are not received by the Project HOPE office at the American Children's Hospital in Kraków within a reasonable amount of time /2-3 weeks/, future shipments to that institute may be suspended.