

Leb/WRF
Amendment Number
1

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
 C = Change
 D = Delete

DOCUMENT CODE
3

COUNTRY/ENTITY

Lebanon

3. PROJECT NUMBER
268-0342

4. BUREAU/OFFICE

AID LINE #

5. PROJECT TITLE (maximum 40 characters)
Lebanon Relief Activities

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
10 18 85

7. ESTIMATED DATE OF OBLIGATION
(Under "B." below, enter 1, 2, 3, or 4)

A. Initial FY 1984

B. Quarter 3

C. Final FY 85

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	10,000		10,000	10,000		10,000
(Grant)	10,000		10,000	10,000		10,000
(Loan)						
Other						
U.S.						
Host Country						
Other Donors						
TOTALS	10,000		10,000	10,000		10,000

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROXIMATE DATE OF ACTION/PURPOSE	B. PRIMARY TECH 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) ESF	920	940	5,000		5,000		10,000	
(2)								
(3)								
(4)								
TOTALS			5,000		5,000		10,000	

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
B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To provide immediate financial assistance to the private, voluntary and international organizations working in relief in Lebanon following the hostilities of the fall and winter of 1983-84.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify) 935

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)

This amendment adds \$5 million to the grant for a LOP total of \$10 million dollars.

17. APPROVED BY

Signature
[Signature]
Title
W. Antoinette Ford
Assistant Administrator
Bureau for Near East

Date Signed
MM DD YY
10 4 1 3 8 4

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

April 13, 1984

PROJECT AUTHORIZATION

Name of Country: Lebanon

Name of Project: Lebanon Relief
Activities

Project Number: 268-0342

1. Pursuant to Part II, Chapter 4, Section 531 of the Foreign Assistance Act of 1961, as amended (the "Act"), I hereby authorize the Lebanon Relief Activities Project (the "Project"), involving planned obligations of not to exceed an additional Five Million United States Dollars (\$5,000,000) to a new total of not to exceed Ten Million Dollars (\$10,000,000) over a one-year period from the date of this authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process to assist in financing the foreign exchange and local currency costs of the Project. The planned life of the Project is one year from the date of the initial obligation.

2. The additional funds will support three subactivities administered and implemented by the Bureau for Near East and USAID/Lebanon: 1) \$1,000,000 will be contributed to the International Committee of the Red Cross (ICRC) for its Lebanon 1984 appeal for \$15,000,000 to provide short term assistance to displaced persons in Lebanon resulting from the recent hostilities; 2) \$500,000 will be contributed to the United Nations Secretary General's 1984 appeal for \$10,000,000 to provide short term assistance to these displaced persons; and, 3) \$3,500,000 will be provided to finance additional relief assistance to these persons by international organizations, U.S. private and voluntary organizations (PVO's), and local PVO's active in Lebanon relief activities.

3. All assistance and procurement agreements executed for this Project shall be subject to the following essential terms and conditions, together with such other terms and conditions as A.I.D. may deem appropriate:

a. Source and Origin of Goods, Nationality of Services

All goods and services financed by A.I.D. under the Project shall have their source and origin in AID Geographic Code 935 (Free World). To the maximum extent practicable, consistent with the objectives of the Project, goods and services will be of U.S. or Lebanese source and origin.

Ocean shipping financed by A.I.D. under the Project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.



W. Antoinette Ford
Assistance Administrator
Near East Bureau

2

drafted: B. Janigian, GC/NE, 9/26/83, 0138m (page 8/9)

Revised: NE/ME:03/14/84

Clearance:

LKButler, NE/ME LB

GKamens, NE/ME GKamens

MWilliams, GC/NE MW

CJohnson, NE/DP CJ

ELeonard, AA/PPC/PB EL

BLangmaid, DAA/NE BLangmaid

World Rehabilitation Fund, Inc.

400 EAST 34TH STREET, NEW YORK, N Y 10016 / TEL (212) 340-6062 / CABLE NYUMEDICRUSK

WASHINGTON OFFICE / 1125 15TH STREET, N.W. ROOM 804, WASHINGTON, D.D. 20005 / TEL (202) 728-6261

May 5, 1984

FILE -
268-0305
WRF
Hand carry

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Mr. Lee Twentyman
Acting Director/Near East Bureau, Lebanon
Agency for International Development
U.S. Department of State
Room 4450
Washington, D.C. 20523

Dear Mr. Twentyman:

It was a great pleasure to see you again and I appreciate your making the time in your busy schedule to see Marty Schor and myself. Following our meeting, I have had meetings with Dr. James Garrett, Dr. Steve Malafatopoulos, Mr. Joseph La Rocca, my father, and other members of our Board of Directors, as well as professionals at the Institute of Rehabilitation Medicine regarding the situation in Lebanon. As a result of this, and with a sense of urgency, we feel it was important to submit the attached proposal for an emergency program in rehabilitation for Lebanon. I think we all agree that a serious problem exists, exacerbated by events of the last several months. Further, this proposal can form the basis of discussion for our meeting with you on May 16th.

This proposal for a six-month program for Lebanese, using Cyprus ^{if possible,} as the training site for obvious reasons, has a sense of urgency to which we feel compelled to react. The total amount \$382,980 seems most reasonable since the bulk of the funds (\$200,000) is for necessary equipment. Moreover, the WRF will be advancing a significant amount of funding (\$64,375) in addition to its funding of the preliminary exploration of the Cyprus locale as a training site.

The WRF feels that this proposal is most pragmatic and based on earlier evaluations of the situation in Lebanon from many sources. The level of training and skills of those who would participate and the practical and proven experience of the World Rehabilitation Fund in implementing rehabilitation programs in other countries that have suffered from the aftermath of major wars, are vital. The Fund is in a position to provide targeted, high level expertise on an emergency basis, which is precisely what is required to meet the present and obvious emergency situation in Lebanon.

We are ready to "move" on this proposal as soon as we have an affirmative response from AID. In fact, we feel that realistically this program can be initiated by July 1, 1984 if this turns out to be feasible for all concerned.

Sincerely,

Howard A. Rusk, Jr.
Howard A. Rusk, Jr.
President

Att...

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Handwritten notes:
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② Amman
③ Damascus
④ Cairo
⑤ Jerusalem
⑥ Baghdad
⑦ Tehran
⑧ Moscow
⑨ Havana
⑩ Havana

AN EMERGENCY PROGRAM FOR REHABILITATION IN LEBANON

Rehabilitation Needs

In the 1974-75 civil war, over 1000 men, women and children received injuries that resulted in the loss of one or more limbs, and 200 more suffered spinal cord injuries resulting in partial or total paralysis.

During the Israeli invasion in 1982, there were an additional 800 persons whose limbs were amputated, and over 200 persons who sustained spinal cord injuries resulting in major paralysis.

The number of persons receiving similar injuries in the fighting that has gone on from 1982 to the present is not known, but a reasonable estimate is that it far exceeds the 2200 in the 1974-1982 period.

The existing rehabilitation facilities have been able to serve only a small fraction of these 5000 people, many of whom are children. The facilities have been closed from time to time due to the destruction of their equipment and plant facilities in fighting in their neighborhoods. In the meantime, these thousands of Lebanese people go unattended. With each day that they go unattended their disabilities become more severe and incapacitating.

It is the purpose of this proposal to provide emergency rehabilitation services to as many disabled men, women and children as possible, principally amputees, who are not now being served or who have not at any time been serviced by a rehabilitation facility.

We propose to utilize the Tripoli Center, the Ouzai Center, the Al-Kafaat Center, the Cortbawi Center and the American University Hospital Rehabilitation Department in a consortium arrangement to provide these emergency rehabilitation services, and to utilize the Ministry of Health in the planning, case finding and follow-up service. The foregoing facilities would be asked to set aside a certain number of rehabilitation beds for the accelerated emergency rehabilitation program. Special training would be provided staff of these facilities involved in the program, and essential equipment would be provided to the facilities as well.

We will seek to reach the disabled, especially children, in all areas of Lebanon and not solely in the Beirut and other metropolitan areas. The disabled would be screened by a rehabilitation team and sent for service to the facility best able to provide the services in keeping with each individual's needs. Stay in the rehabilitation facility would be kept to the absolute minimum, and returned to the family at the earliest possible date. The family would be instructed on how to provide the essential follow-up.

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- 2 -

Preparatory Work on Proposal

In addition to the prior missions to Lebanon by Mr. La Rocca and Mr. Smats, the WRF is arranging for Dr. James Garrett to visit Cyprus during the week of May 20, 1984 for the purpose of evaluating its potential as a training site for the Lebanese (and Middle East) program. Along with visits to such rehabilitation facilities as exist there, he will also discuss these possible programs with governmental and private agency representatives in order to develop as extensive programs as possible.

An integral part of this visit will be an invitation to Lebanese rehabilitation experts (Baroudy, Aouad, Shwayri, Boulos, Maqua) to discuss emergency needs as they see them for rehabilitation. More specifically, they will be asked to:

- identify the needs of the disabled that could be met immediately, (eg. artificial limbs and braces)
- identify existing general health services in their community that could give immediate support to such a program (eg. referral, clinics)
- identify potential leadership at the basic community level (eg. family of disabled persons, interested persons) that could identify, assess, refer, motivate, instruct, supervise, support and follow-up.

These assignments, to be completed within one month, would form the basis for a community rehabilitation model that would be used to meet the most immediate needs of the disabled.

Proposed Program

Since time is of the essence, it will be necessary to telescope what has many qualities of an evolutionary process into a time span of six months. Hopefully, the previous work of the WRF and the cooperation the Fund has always received from experts in the field, along with its own staff and consultants, will make this procedure and plan work.

Leadership Training

It is proposed to conduct a ten (10) day training program for leadership personnel, covering:

1. Translation of the Community Based Rehabilitation Services concept into an Operational Method. This involves the following stages:

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- 3 -

- a) integration and coordination of government and non-government organizations at the national and local levels;
 - b) structuring of community participation through community preparation/organization;
 - c) development of local manpower and technology;
 - d) creation of a referral system to provide rehabilitation services appropriate to the nature and level of disability; and
 - e) cost-maintenance of the program
2. Recent Developments in Rehabilitation Medicine with emphasis on meeting the immediate needs of the disabled
3. Training Workshops and Project Implementation including the use of the WHO Manuals and other curricular materials and teaching techniques. Special emphasis will be given to:
- a) medical evaluation of clients;
 - b) assessment of clients with regard to his/her priority problems or needs;
 - c) selection of the appropriate training package;
 - d) training of family members; and
 - e) evaluation and feedback sessions of local supervisors.
4. Monitoring, Documentation, Evaluation -
For the leadership training program, the trainees would be:
- from each of the following rehabilitation facilities (Cortbawi, Ouzai, Al-Kafaat, Tripoli, AUB) the medical director, a prosthetist/orthotist, and a physical therapist;
 - from the Ministry of Health or its equivalent, the Minister or his high-ranking nominee;
 - total trainees would number sixteen (16)

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- 4 -

Orientation to Rehabilitation

This would be a five (5) day training program utilizing lectures to discuss the types, causes, prevention and rehabilitation of major disabilities, and using demonstration workshops and role playing to familiarize the trainees with the proper application of rehabilitation techniques. Heavy emphasis would be placed on mobility but coverage would also be given to visual disorders, speech and hearing disorders, and difficulties with learning.

The trainees would be those identified in step two of the tasks assigned to the five rehabilitation specialists, under the Preparatory Work on Proposal section of this project. They would hopefully be the medical director and chief nurse from each of the five general hospitals or health centers in the area of each of the major rehabilitation facilities (eg. Cortbawi). It would be expected that these trainees would, on return, become responsible for local management and be the conduit between the rehabilitation centers and the local community.

Training the Trainers

A demonstration two (2) week training program on Orientation to Rehabilitation as outlined above, would be conducted for two (2) teams of four (4) local supervisors from two (2) communities selected by the aforementioned specialists in step three of the Preparatory Work section of this proposal. While the orientation course would be more or less the same as outlined in the previous section, it would proceed at a slower pace with greater emphasis on demonstration of techniques and upon appropriate (the simplest possible) technology. Emphasis would also be placed on teaching methods since these "local supervisors", actually community volunteers, would be involved in training families in prevention, early detection and simple rehabilitation of the most prevalent disabilities and the social preparation of selected communities.

In addition to the "local supervisors", the trainees would be five (5) individuals identified by each rehabilitation facility or local hospital or health center as its training specialist.

The Training Program and Related Matters

The training of lay volunteers who may not necessarily have medical-related backgrounds demands a more adequate preparation for the transfer of the necessary knowledge and skills if they are to perform disability prevention and rehabilitation tasks with greater competence. One cannot depend solely upon institutionally-based approaches in rehabilitation service delivery.

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- 5 -

Such services reach only 1 - 2 percent of the total number of disabled persons in need. However, those institutional services should be developed to their maximum and that is also involved in this project. To accomplish this would cost about \$200,000 to meet immediate needs, ie, \$40,000 to each Center (ie, Cortbawi, Ouzai, Al-Kafaat, AUB, Tripoli). Such funds would be used as incentives for equipment needs to assure better cooperation as well as capacity to make the training program work. WRF will assure that any personnel available to use any such equipment are thoroughly familiar with its use. If not, instruction will be provided within the training program.

We would also propose, as part of this project for emergency service, that two prosthetists/orthotists who come from Lebanon but went to Saudi Arabia be returned to Lebanon with WRF funds. They would be employed at AUB so that that facility could immediately expand its program, with special emphasis on children. Since these P/O's have already been trained by the WRF, they could go into immediate production.

The training program outlined in previous sections, would require a professionally trained experienced staff composed of broad-gauged rehabilitation specialists. This would lend greater credibility with regard to the actual transfer of simple rehabilitation intervention techniques and skills. Maximum consideration would be given to the use of Lebanese personnel as well as to experts identified by WHO from outside of the US. Use would also be made, for curricular purposes, of materials already developed, eg. WHO manuals, Philippine and Indian guides, curricula in US medical and rehabilitation-related training programs.

May 5, 1984

<u>BUDGET</u>	<u>AID</u>	<u>WRF</u>
<u>Project Staff Involvement</u>		
Project Director - Dr. James F. Garrett	- o -	5,000
Project Coordinator - Joseph La Rocca	3,000	5,000*
Contributed Services of US and other Staff (30 days @ \$125)	- o -	3,750*
Effort by NYU Staff-Reimbursed for Involvement in Consultation and Training (80 days @ \$125)	10,000	- o -
Total	<u>\$13,000</u>	<u>\$13,750</u> ✓
<u>Travel and Per Diem for Training</u>		
Leadership Training - 16 trainees @ \$50 per day for 12 days	9,600	- o -
Travel Beirut - Cyprus for 16 trainees at \$300	4,800	
Orientation to Rehabilitation- 10 trainees @\$50 per day for 7 days	3,500	- o -
Travel Beirut - Cyprus for 10 trainees at \$300	3,000	- o -
Training the Trainers - 13 trainees @ \$50 per day for 12 days	7,800	- o -
Travel Beirut-Cyprus for 13 trainees at \$300	3,900	
Total	<u>\$32,600</u>	- o -
<u>Instructional Costs</u>		
Leadership Training 5 staff at \$50 per day for 12 days	3,000	- o -
Travel N.Y. or equivalent -Cyprus for 5 staff @ \$2,000	10,000	- o -
Consultation fees @\$125 per day for 5 staff for 10 days	- o -	6,250*
Orientation to Rehabilitation 5 staff @\$50 per day for 7 days	1,750	- o -
Travel N.Y. or equivalent - Cyprus for 5 staff @\$2,000	10,000	- o -
Consultation fees @ \$125 per day for 5 staff for 5 days	- o -	3,125*

Donated Services

	<u>AID</u>	<u>WRF</u>
Training the Trainers - 5 staff @ \$50 per day for 12 days	3,000	- 0 -
Travel N.Y. or equivalent - Cyprus for 5 staff @\$2,000	10,000	- 0 -
Consultation fees for 5 staff @\$125 per day for 10 days	- 0 -	6,250*
Total	<u>\$37,750</u>	<u>\$15,625</u>

Equipment and Service Costs

Rehabilitation Equipment for Cortba wi, Ouzai, Al Kafaat, AUB, Tripoli @\$40,000 each	200,000	- 0 -
Services of two prosthetists/orthotists at AUB	- 0 -	30,000
Total	<u>\$200,000</u>	<u>\$30,000</u>

Related Costs

Curricular materials - 5 Consultants @\$125 per day for 20 days	12,500	- 0 -
WRF staff	- 0 -	5,000
Domestic Travel and Per Diem - 10 trips for 2 days each (travel @ \$130 each, per diem @\$100 each for 20 days)	3,300	- 0 -

Foreign Travel for Project Staff

4 trips @\$2,000	8,000	- 0 -
Per diem for 4 staff @\$50 per day for 25 days each trip	5,000	- 0 -
Local Staff for Coordination	7,000	- 0 -
Total	<u>\$35,800</u>	<u>\$5,000</u>

Staff Support @20%

63,830	- 0 -
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GRAND TOTAL

<u>\$382,980</u>	<u>\$64,375</u>
------------------	-----------------

contingency

May 5, 1984

12 -

1,000,000

11

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May 18, 1984

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Ede Lis

Mr. Lee Twentyman
Acting Director/Near East Bureau, Lebanon
Agency for International Development
U.S. Department of State
Room 4450
Washington, D.C. 20523

Dear Lee:

On behalf of the World Rehabilitation Fund, I wish to express our appreciation for the meeting last Wednesday. The sense of urgency to proceed to help the handicapped people of Lebanon has been shared by all of us and we are particularly gratified that our proposal, as outlined in my letter to you of May 5, 1984, has been approved in principle. In that regard, this is to confirm the consensus that our proposal will be considered with the following two conditions:

- (1) that the AID component of the budget will be \$400,000;
- (2) that during the precontract period, the WRF will host a meeting of several of the leading representatives of the institutions referred to in our proposal, on Thursday, May 24th, in Nicosia, Cyprus. All expenses for this meeting which will review the needed steps to implement the program will be borne by the WRF.

As agreed, those institutions mentioned in our proposal were not meant to be exclusive of others who may play significant roles in the provision of services to the disabled. As part of our understanding, we will be in direct contact with you regarding the appropriate institutions to be involved, which will be mutually agreed upon as part of the final steps prior to initiating the stated projects within our proposal.

We look forward to implementation of this program as soon as possible due to our shared sense of the emergency conditions that exist within Lebanon.

With best wishes,

Gratefully,

Howard A. Rusk, Jr.
President

cc: Ms. Kris Loken

12

UNCLASSIFIED
Department of State

OUTGOING
TELEGRAM

PAGE 01 STATE 001065 2045 105257 AID1762
ORIGIN AID-00

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ORIGIN OFFICE MEME-03
INFO NEPD-04 AAHE-01 NEDP-03 PPPB-02 GC-01 GCFL-01 GOME-01
PPDC-01 /017 A2 1006

INFO OCT-00 SS-00 EE-06 NEA-07 BSO R

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UNCLAS STATE 001065

AIDAC

E. O. 12356: N/A

TAGS:

SUBJECT: NEAC APPROVAL OF AMENDMENT TO HEALTH SECTOR
REHABILITATION PROJECT 268-030

1. ON DECEMBER 22, 1983 NEAC REVIEWED SUBJECT PROJECT AMENDMENT AND APPROVED THE AUTHORIZATION OF DOLLARS 14,000,000 TO IMPLEMENT THE ACTIVITIES DESCRIBED IN THE PROJECT PAPER AMENDMENT. HOWEVER, USAID SHOULD ADDRESS THE FOLLOWING CONCERNS, AS NECESSARY, PRIOR TO OBLIGATION OF FUNDS AND/OR DURING THE IMPLEMENTATION OF THE PROJECT:

A. NEAC CONCLUDED THAT THE PRESENT SECURITY SITUATION IN LEBANON REQUIRED THAT OBLIGATION AND IMPLEMENTATION OF PROJECT BE UNDERTAKEN IN A STEP BY STEP MANNER IN CONJUNCTION WITH A CONTINUOUS PROCESS OF MISSION REVIEW AND CONSULTATION WITH AID/W. IT WAS AGREED THAT SHOULD THE SITUATION REQUIRE IT OBLIGATION AND/OR IMPLEMENTATION UP THRU CONTRACT EXECUTION COULD BE HALTED AT ANY TIME.

B. NEAC CONCLUDED THAT PRIOR TO THE SIGNATURE OF THE GRANT AGREEMENT TO OBLIGATE FUNDS, ADDITIONAL CLARIFICATION OF THE PROPOSED COVENANTS IS REQUIRED.

THE MISSION, IN CONSULTATION WITH THE APPROPRIATE GOL AUTHORITIES SHOULD CLARIFY EXACTLY WHAT WILL CONSTITUTE GOL ASSURANCES OF ADEQUATE FUNDING AND STAFFING FOR THE SUBJECT HOSPITALS. IN ADDITION, THE NEAC RECOMMENDED THAT EACH COVENANT INCLUDE A TIME FRAME FOR COMPLETION SO AS TO FACILITATE BOTH USAID MONITORING AND GOL COMPLIANCE WITH THE TERMS OF THE COVENANTS.

C. NEAC ALSO NOTED THAT DURING PROJECT IMPLEMENTATION IT MAY BECOME NECESSARY FOR THE MISSION TO CONSIDER ADDING TO THE MINIMAL LEVEL OF TECHNICAL ASSISTANCE WHICH THE PROJECT NOW PROVIDES. NEAC SUGGESTED THAT SUCH ADDITIONAL T. A. COULD BE PROVIDED BY AID/W TDY OR UNDER AN IQC OR SOME OTHER APPROPRIATE CONTRACTING MODE DEPENDING ON THE SPECIFIC REQUIREMENT THAT DEVELOPS. NEAC NOTED THAT, IN THE EVENT IT IS NEEDED, ADDITIONAL FUNDS FOR SUCH T. A. COULD BE MADE AVAILABLE UNDER THIS

PROJECT:

D. THE FINAL CONCERN OF THE NEAC RELATED TO A SUGGESTION THAT THE MISSION REVIEW AND CLARIFY, PRIOR TO OBLIGATION OF FUNDS, THE CRITERIA TO BE USED IN THE EVALUATION OF THE PROJECT. THE NEAC NOTED THAT PROJECT EVALUATION SHOULD FOCUS ON THE PROVISION OF FUNCTIONAL HOSPITALS AND ON THE USAID AND GOL INPUTS REQUIRED TO ACHIEVE SUCH A GOAL.

2. FYI AID/W WILL POUCH COPIES OF THE FINAL APPROVED PROJECT PAPER AMENDMENT AND THE SIGNED AMENDMENT TO THE PROJECT AUTHORIZATION ASAP. WE WILL ALSO MOVE AHEAD WITH CONTRACTING THE SELECTED A AND E FIRM REQUIRED FOR THE DEVELOPMENT OF AN IFB AND FOR THE SUPERVISION OF THE SUBSEQUENT MANUFACTURE AND PROCUREMENT OF THE HOSPITALS AND REQUIRED EQUIPMENT. IN ADDITION WE PLAN TO DEVELOP A DETAILED CONTRACTING SCHEDULE TAKING INTO ACCOUNT WHETHER PREQUALIFICATION OF MANUFACTURERS IS REQUIRED AT THIS TIME. WE WILL ADVISE MISSION ASAP OF THE RESULTS OF THIS EXERCISE. AID/W WILL ALSO NOTIFY CONGRESS OF THE PROJECT AMENDMENT AND WILL, UPON EXPIRATION OF THE CR, HAVE THE PROJECT AUTHORIZATION AMENDMENT SIGNED. WE WILL KEEP YOU ADVISED OF OUR PROGRESS IN THESE MATTERS. END FYI. SHULTZ

UNCLASSIFIED

13

World Rehabilitation Fund, Inc.

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May 5, 1984

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DEVELOPMENT

Eda Lissi

Mr. Lee Twentyman
Acting Director/Near East Bureau, Lebanon
Agency for International Development
U.S. Department of State
Room 4450
Washington, D.C. 20523

Dear Mr. Twentyman:

It was a great pleasure to see you again and I appreciate your making the time in your busy schedule to see Marty Schor and myself. Following our meeting, I have had meetings with Dr. James Garrett, Dr. Steve Malafatopoulos, Mr. Joseph La Rocca, my father, and other members of our Board of Directors, as well as professionals at the Institute of Rehabilitation Medicine regarding the situation in Lebanon. As a result of this, and with a sense of urgency, we felt it was important to submit the attached proposal for an emergency program in rehabilitation for Lebanon. I think we all agree that a serious problem exists, exacerbated by events of the last several months. Further, this proposal can form the basis of discussion for our meeting with you on May 16th.

This proposal for a six-month program for Lebanese, using Cyprus as the training site for obvious reasons, has a sense of urgency to which we feel compelled to react. The total amount \$382,980 seems most reasonable since the bulk of the funds (\$200,000) is for necessary equipment. Moreover, the WRF will be advancing a significant amount of funding (\$64,375) in addition to its funding of the preliminary exploration of the Cyprus locale as a training site.

The WRF feels that this proposal is most pragmatic and based on earlier evaluations of the situation in Lebanon from many sources. The level of training and skills of those who would participate and the practical and proven experience of the World Rehabilitation Fund in implementing rehabilitation programs in other countries that have suffered from the aftermath of major wars, are vital. The Fund is in a position to provide targeted, high level expertise on an emergency basis, which is precisely what is required to meet the present and obvious emergency situation in Lebanon.

We are ready to "move" on this proposal as soon as we have an affirmative response from AID. In fact, we feel that realistically this program can be initiated by July 1, 1984 if this turns out to be feasible for all concerned.

Sincerely,

Howard A. Rusk, Jr.
Howard A. Rusk, Jr.
President

Att...

14

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AN EMERGENCY PROGRAM FOR REHABILITATION IN LEBANON

Rehabilitation Needs

In the 1974-75 civil war, over 1000 men, women and children received injuries that resulted in the loss of one or more limbs, and 200 more suffered spinal cord injuries resulting in partial or total paralysis.

During the Israeli invasion in 1982, there were an additional 800 persons whose limbs were amputated, and over 200 persons who sustained spinal cord injuries resulting in major paralysis.

The number of persons receiving similar injuries in the fighting that has gone on from 1982 to the present is not known, but a reasonable estimate is that it far exceeds the 2200 in the 1974-1982 period.

The existing rehabilitation facilities have been able to serve only a small fraction of these 5000 people, many of whom are children. The facilities have been closed from time to time due to the destruction of their equipment and plant facilities in fighting in their neighborhoods. In the meantime, these thousands of Lebanese people go unattended. With each day that they go unattended their disabilities become more severe and incapacitating.

It is the purpose of this proposal to provide emergency rehabilitation services to as many disabled men, women and children as possible, principally amputees, who are not now being served or who have not at any time been serviced by a rehabilitation facility.

We propose to utilize the Tripoli Center, the Ouzai Center, the Al-Kafaat Center, the Cortbawi Center and the American University Hospital Rehabilitation Department in a consortium arrangement to provide these emergency rehabilitation services, and to utilize the Ministry of Health in the planning, case finding and follow-up service. The foregoing facilities would be asked to set aside a certain number of rehabilitation beds for the accelerated emergency rehabilitation program. Special training would be provided staff of these facilities involved in the program, and essential equipment would be provided to the facilities as well.

We will seek to reach the disabled, especially children, in all areas of Lebanon and not solely in the Beirut and other metropolitan areas. The disabled would be screened by a rehabilitation team and sent for service to the facility best able to provide the services in keeping with each individual's needs. Stay in the rehabilitation facility would be kept to the absolute minimum, and returned to the family at the earliest possible date. The family would be instructed on how to provide the essential follow-up.

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- 2 -

Preparatory Work on Proposal

In addition to the prior missions to Lebanon by Mr. La Rocca and Mr. Staats, the WRF is arranging for Dr. James Garrett to visit Cyprus during the week of May 20, 1984 for the purpose of evaluating its potential as a training site for the Lebanese (and Middle East) program. Along with visits to such rehabilitation facilities as exist there, he will also discuss these possible programs with governmental and private agency representatives in order to develop as extensive programs as possible.

An integral part of this visit will be an invitation to Lebanese rehabilitation experts (Baroudy, Aouad, Shwayri, Boulos, Maqua) to discuss emergency needs as they see them for rehabilitation. More specifically, they will be asked to:

- identify the needs of the disabled that could be met immediately, (eg. artificial limbs and braces)
- identify existing general health services in their community that could give immediate support to such a program (eg. referral, clinics)
- identify potential leadership at the basic community level (eg. family of disabled persons, interested persons) that could identify, assess, refer, motivate, instruct, supervise, support and follow-up.

These assignments, to be completed within one month, would form the basis for a community rehabilitation model that would be used to meet the most immediate needs of the disabled.

Proposed Program

Since time is of the essence, it will be necessary to telescope what has many qualities of an evolutionary process into a time span of six months. Hopefully, the previous work of the WRF and the cooperation the Fund has always received from experts in the field, along with its own staff and consultants, will make this procedure and plan work.

Leadership Training

It is proposed to conduct a ten (10) day training program for leadership personnel, covering:

1. Translation of the Community Based Rehabilitation Services concept into an Operational Method. This involves the following stages:

16

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- 3 -

- a) integration and coordination of government and non-government organizations at the national and local levels;
 - b) structuring of community participation through community preparation/organization;
 - c) development of local manpower and technology;
 - d) creation of a referral system to provide rehabilitation services appropriate to the nature and level of disability; and
 - e) cost-maintenance of the program
2. Recent Developments in Rehabilitation Medicine with emphasis on meeting the immediate needs of the disabled
3. Training Workshops and Project Implementation including the use of the WHO Manuals and other curricular materials and teaching techniques. Special emphasis will be given to:
- a) medical evaluation of clients;
 - b) assessment of clients with regard to his/her priority problems or needs;
 - c) selection of the appropriate training package;
 - d) training of family members; and
 - e) evaluation and feedback sessions of local supervisors.
4. Monitoring, Documentation, Evaluation -
For the leadership training program, the trainees would be:
- from each of the following rehabilitation facilities (Cortbawi, Ouzai, Al-Kafaat, Tripoli, AUB) the medical director, a prosthetist/orthotist, and a physical therapist;
 - from the Ministry of Health or its equivalent, the Minister or his high-ranking nominee;
 - total trainees would number sixteen (16)

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17

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- 4 -

Orientation to Rehabilitation

This would be a five (5) day training program utilizing lectures to discuss the types, causes, prevention and rehabilitation of major disabilities, and using demonstration workshops and role playing to familiarize the trainees with the proper application of rehabilitation techniques. Heavy emphasis would be placed on mobility but coverage would also be given to visual disorders, speech and hearing disorders, and difficulties with learning.

The trainees would be those identified in step two of the tasks assigned to the five rehabilitation specialists, under the Preparatory Work on Proposal section of this project. They would hopefully be the medical director and chief nurse from each of the five general hospitals or health centers in the area of each of the major rehabilitation facilities (eg. Cortbawi). It would be expected that these trainees would, on return, become responsible for local management and be the conduit between the rehabilitation centers and the local community.

Training the Trainers

A demonstration two (2) week training program on Orientation to Rehabilitation as outlined above, would be conducted for two (2) teams of four (4) local supervisors from two (2) communities selected by the aforementioned specialists in step three of the Preparatory Work section of this proposal. While the orientation course would be more or less the same as outlined in the previous section, it would proceed at a slower pace with greater emphasis on demonstration of techniques and upon appropriate (the simplest possible) technology. Emphasis would also be placed on teaching methods since these "local supervisors", actually community volunteers, would be involved in training families in prevention, early detection and simple rehabilitation of the most prevalent disabilities and the social preparation of selected communities.

In addition to the "local supervisors", the trainees would be five (5) individuals identified by each rehabilitation facility or local hospital or health center as its training specialist.

The Training Program and Related Matters

The training of lay volunteers who may not necessarily have medical-related backgrounds demands a more adequate preparation for the transfer of the necessary knowledge and skills if they are to perform disability prevention and rehabilitation tasks with greater competence. One cannot depend solely upon institutionally-based approaches in rehabilitation service delivery.

18

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- 5 -

Such services reach only 1 - 2 percent of the total number of disabled persons in need. However, those institutional services should be developed to their maximum and that is also involved in this project. To accomplish this would cost about \$200,000 to meet immediate needs, ie, \$40,000 to each Center (ie, Cortbawi, Ouzai, Al-Kafaat, AUB, Tripoli). Such funds would be used as incentives for equipment needs to assure better cooperation as well as capacity to make the training program work. WRF will assure that any personnel available to use any such equipment are thoroughly familiar with its use. If not, instruction will be provided within the training program.

We would also propose, as part of this project for emergency service, that two prosthetists/orthotists who come from Lebanon but went to Saudi Arabia be returned to Lebanon with WRF funds. They would be employed at AUB so that that facility could immediately expand its program, with special emphasis on children. Since these P/O's have already been trained by the WRF, they could go into immediate production.

The training program outlined in previous sections, would require a professionally trained experienced staff composed of broad-gauged rehabilitation specialists. This would lend greater credibility with regard to the actual transfer of simple rehabilitation intervention techniques and skills. Maximum consideration would be given to the use of Lebanese personnel as well as to experts identified by WHO from outside of the US. Use would also be made, for curricular purposes, of materials already developed, eg. WHO manuals, Philippine and Indian guides, curricula in US medical and rehabilitation-related training programs.

May 5, 1984

107

<u>BUDGET</u>	<u>AID</u>	<u>WRF</u>
<u>Project Staff Involvement</u>		
Project Director - Dr. James F. Garrett	- o -	5,000
Project Coordinator - Joseph La Rocca	3,000	5,000*
Contributed Services of US and other Staff (30 days @ \$125)	- o -	3,750*
Effort by NYU Staff-Reimbursed for Involvement in Consultation and Training (80 days @ \$125)	10,000	- o -
Total	<u>\$13,000</u>	<u>\$13,750</u> ✓
<u>Travel and Per Diem for Training</u>		
Leadership Training - 16 trainees @ \$50 per day for 12 days	9,600	- o -
Travel Beirut - Cyprus for 16 trainees at \$300	4,800	
Orientation to Rehabilitation- 10 trainees @\$50 per day for 7 days	3,500	- o -
Travel Beirut - Cyprus for 10 trainees at \$300	3,000	- o -
Training the Trainers - 13 trainees @ \$50 per day for 12 days	7,800	- o -
Travel Beirut-Cyprus for 13 trainees at \$300	3,900	
Total	<u>\$32,600</u>	- o -
<u>Instructional Costs</u>		
Leadership Training 5 staff at \$50 per day for 12 days	3,000	- o -
Travel N.Y. or equivalent -Cyprus for 5 staff @ \$2,000	10,000	- o -
Consultation fees @\$125 per day for 5 staff for 10 days	- o -	6,250*
Orientation to Rehabilitation 5 staff @\$50 per day for 7 days	1,750	- o -
Travel N.Y. or equivalent - Cyprus for 5 staff @\$2,000	10,000	- o -
Consultation fees @ \$125 per day for 5 staff for 5 days	- o -	3,125*

Donated Services

20

	<u>AID</u>	<u>WRF</u>
Training the Trainers - 5 staff @ \$50 per day for 12 days	3,000	- 0 -
Travel N.Y. or equivalent - Cyprus for 5 staff @\$2,000	10,000	- 0 -
Consultation fees for 5 staff @\$125 per day for 10 days	- 0 -	6,250*
Total	<u>\$37,750</u>	<u>\$15,625</u>
 <u>Equipment and Service Costs</u>		
Rehabilitation Equipment for Cortbawi, Ouzai, Al Kafat, AUB, Tripoli @\$40,000 each	200,000	- 0 -
Services of two prosthetists/orthotists at AUB	- 0 -	30,000
Total	<u>\$200,000</u>	<u>\$30,000</u>
 <u>Related Costs</u>		
Curricular materials - 5 Consultants @\$125 per day for 20 days	12,500	- 0 -
WRF staff	- 0 -	5,000
Domestic Travel and Per Diem - 10 trips for 2 days each (travel @ \$130 each, per diem @\$100 each for 20 days)	3,300	- 0 -
 <u>Foreign Travel for Project Staff</u>		
4 trips @\$2,000	8,000	- 0 -
Per diem for 4 staff @\$50 per day for 25 days each trip	5,000	- 0 -
Local Staff for Coordination	7,000	- 0 -
Total	<u>\$35,800</u>	<u>\$5,000</u>
Staff Support @20%	63,830	- 0 -
GRAND TOTAL	<u>\$382,980</u>	<u>\$64,375</u>

auditing
May 5, 1984

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World Rehabilitation Fund, Inc.

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May 18, 1984

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Eda Lisi

Mr. Lee Twentyman
Acting Director/Near East Bureau, Lebanon
Agency for International Development
U.S. Department of State
Room 4450
Washington, D.C. 20523

Dear Lee:

On behalf of the World Rehabilitation Fund, I wish to express our appreciation for the meeting last Wednesday. The sense of urgency to proceed to help the handicapped people of Lebanon has been shared by all of us and we are particularly gratified that our proposal, as outlined in my letter to you of May 5, 1984, has been approved in principle. In that regard, this is to confirm the consensus that our proposal will be considered with the following two conditions:

- (1) that the AID component of the budget will be \$400,000;
- (2) that during the precontract period, the WRF will host a meeting of several of the leading representatives of the institutions referred to in our proposal, on Thursday, May 24th, in Nicosia, Cyprus. All expenses for this meeting which will review the needed steps to implement the program will be borne by the WRF.

As agreed, those institutions mentioned in our proposal were not meant to be exclusive of others who may play significant roles in the provision of services to the disabled. As part of our understanding, we will be in direct contact with you regarding the appropriate institutions to be involved, which will be mutually agreed upon as part of the final steps prior to initiating the stated projects within our proposal.

We look forward to implementation of this program as soon as possible due to our shared sense of the emergency conditions that exist within Lebanon.

With best wishes,

Gratefully,

Howard A. Rusk, Jr.
President

cc:Ms. Kris Loken

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