

Project Assistance Completion Report

GRENADA

Relief and Reconstruction

(543-0010)

RONCO Consulting Corporation  
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Washington, D.C. 20006

Prepared by:  
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June 17, 1987

Project 543-0010: Relief and Reconstruction

Background Data:

Authorization 4-27-84, Amended 9-30-86  
Obligation: 5-2-84, Amended 9-30-86  
PACD: 12/31/84, Current: 5/23/87, Proposed: 11/23/87 1  
Implementing Agencies: Ministries of Health, Works, Civil  
Aviation and Telecommunications  
Major Contractors: Plessey Airports International, Morrison  
Knudsen International, Northern Telecom, Continental  
Electronics

Financial Data:

Authorized: ESF Grant: \$2,150,000, amended to \$11,285,000  
Obligated: " " " " " "  
Cumulative Disbursements (to 3-31-87): \$11,173,000

Project Purpose and Rationale:

Purpose: To repair, replace or rehabilitate private, commercial and public infrastructure and equipment damaged or destroyed in the course of the joint OECS, Caribbean and U.S. rescue operation carried out in Grenada in October 1983.

The major activities under this cluster project were funded as follows:

Output	Estimated (U.S.\$)	Actual (U.S.\$)
Airport Claims	\$1,800,000	\$1,743,617
Civilian Claims	2,100,000	1,983,264
Telephone Exchange	400,000	246,756
Radio Grenada	800,000	780,292
Richmond Hill Repairs	85,000	77,385
Mental Health Facility	3,900,000	6,321,686

1 Funds for the various sub-projects were obligated independently. PACD's exist for each sub-project, and there is no single authorizing document for the entire project.

\$9,085,000 2

\$11,173,000

In what follows, these sub-projects will be discussed in turn. Since this is a project assistance completion report rather than a final evaluation, remarks will be minimal, although lessons learned will be drawn from available documentation and from discussions in which the evaluator participated.

Project Status:

**Airport Claims:** Claims for damages resulting from the October 1983 military intervention totaling \$1,743,617 were paid, and replacement equipment was installed as well as all repair work completed at Point Saline International Airport.

**Civilian Claims:** Under a PASA arrangement, the U.S. Army paid all legitimate outstanding civilian claims resulting from the Intervention. A total of \$1,983,264 in claims was paid. This was done through the setting up and operation of a Claims Office on Grenada through which claims were processed and paid. A.I.D. was involved because the DOD was at that time restricted from using their funds to pay civilian claims directly.

**Westerhall Telephone Exchange:** During the Intervention, the Telephone Exchange at Westerhall was severely damaged. Under an IQC contract, Teleconsult, Inc. of Washington, D.C. provided specifications for repairs to be made to the telephone exchange, and under a competitively awarded contract with Northern Telecom Inc. of Virginia, the repairs were carried out. This contract included the supply and installation of digital switching equipment for the Central Office Telephone Exchange. This meant that in addition to repairing the 300 single-party telephone line exchange at Westerhall, automatic-dial telephone services between lines within the Westerhall area were provided with connections to the St. Georges exchange. The total funds expended were \$246,756.

**Radio Grenada Station:** The station of Radio Grenada was also destroyed during the Intervention. As part of this project, Teleconsult, Inc. also provided specifications for the repairs to the radio station. Continental Electronics of Dallas, Texas was awarded the contract to "engineer, furnish, transport and install 20KW radio transmitter at Quarantine Point in Grenada with

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2 In May 1985, A.I.D./ Grenada staff estimated that the hospital would cost closer to 5 million dollars U.S. than to the official \$3.9 million estimate provided after Lee Wan had made its proposal.

specified components". The Grant Agreement provided for site preparation, training for the key staff which would operate the facility, spare parts and related equipment. These activities were completed at a cost of \$780,292.

The telephone exchange and radio station repairs were both evaluated by the RDO/C Evaluation Officer and an RDO/C Engineer. They carried out these evaluations in 1986 over several days, but to date have not formally written up their findings (see attached notes. These two sub-projects were essentially "commodity drops" in which, having agreed to make repairs and replace equipment, that is what A.I.D. did. Further support beyond repairs to damaged facilities was not envisioned.

Richmond Hill Repairs: As an interim measure in anticipation of "a more comprehensive project...to address mental patient care problems requiring longer term efforts", repairs were made to the damaged facility at Richmond Hill. This sub-project funded rehabilitation activities, including the provision of additional sleeping quarters for patients, repair of office and storage facilities, and repairs to water, sewage and electrical services. A.I.D. also undertook to provide beds and bedding under this sub-project. Once these repairs were completed, some patients were rehoused in an expanded facility. Others were re-evaluated and released, and still others were moved as a temporary measure to the geriatric facility at Richmond Hill. These repairs were accomplished using local contractors who were selected on a competitive basis, and cost a total of \$77,385.

#### Grenada Mental Health Services Sub-Project (543-0010.6):

After the Intervention, a commitment was made to the government and people of Grenada that A.I.D. would provide a new mental hospital for the Island to replace the damaged Richmond Hill facility. A.I.D. included this activity in the reconstruction program for Grenada. The original concept was to rebuild at Richmond Hill. Experts insisted, however, that this was an unsound approach and pushed for a new facility. Although alternatives to the very expensive proposal for a new, modern, 108-bed facility were suggested, personnel involved with activity believed that a modern, model facility should be designed and completed since mental illness is an important problem in the Caribbean in general and on Grenada in particular.<sup>3</sup> These

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<sup>3</sup> The PP for phase one indicates that mental illness is listed as fifth among the ten most important medical problems in the clinics and hospitals of Grenada in the 1983-85 Health Sector Plan. The A.I.D.-funded consultant psychiatrist who was first brought in to discuss steps to be taken to replace the Richmond Hill facility, noted that Grenada has one of the largest mental

persons--including those involved from the GOG's Ministry of Health--believed that such a facility could then serve as a model for the region, and be used at a later date in a region-wide training program.

While everyone agreed that a new facility was needed, some people continued to question whether this type of elaborate, very modern and expensive facility provided the best and most readily maintainable approach to mental illness and care of the mentally ill on Grenada. The project authorization for Phase I of the sub-project, which authorized \$800,000, stated that the project was designed to: a) assist the MOH in the design of an inpatient psychiatric facility to replace the destroyed Richmond Hill Mental Hospital; and b) upgrade the MOH institutional capacity to best utilize the facility within the existing hospital and community-based mental health services delivery system. Support was to include resources for 1) designing the mental health replacement facilities; 2) improvement of community mental health services, and 3) pharmaceutical procurement and administration. The project was also to fund short and long-term technical assistance for staff development.

The attached unofficial chronology which was prepared for A.I.D./W by RDO/C in July 1986 when questions arose about continuing cost increases for the construction of the mental health facility, indicates that there were a number of individual steps which caused short and longer delays in project design and implementation. A Memorandum to DA/A.I.D. from the DA/LAC summarizing these delays points out that in the early phases of design and project start-up,

"The Mission's circuits were overloaded at the time. During this period, work on the airport started, the mission had accepted the preparation of the Infrastructure Revitalization project as its highest priority, and was implementing components of the relief project (e.g., Westerhall Telephone Exchange, the radio station, war claims, etc.) Additionally, the Mission was preparing the Agricultural Development Project and a host of SDA and OPG projects under difficult conditions. Further, because of competing priorities, high priority was not assigned the mental hospital until September [1984]" (Manager to Manager Memo 5/29/85).

Aside from these general circumstances, there seems to have been some problem in identifying the most appropriate and available A&E firm to do the design for the mental hospital facility. In

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inpatient censuses per population in the Eastern Caribbean.

the view of A.I.D. officials interviewed, the firm ultimately selected under the SBA 8(a) minority business program did not have prior overseas experience, and felt strongly that it must provide for adherence to U.S. construction standards. Thus, prior ideas about using Butler-type buildings, or other less-expensive construction approaches were dropped in favor of reinforced concrete buildings, meeting U.S. standards of hurricane and earthquake-proof quality which were considered to meet minimum life-safety standards for a mental health facility. While it is certainly desirable that structures housing mental patients--or indeed any patients--be as sturdy as possible, it is worth noting that the buildings that form the mental health facility complex are the only ones on the Island meeting these standards except for the radio transmitter

Another aspect of design and construction that led to significant delays seems to have been site selection. Initially, consultants, GOG personnel and local A.I.D. staff had discussed a variety of sites. In fact, the acute psychiatric facility, located on the grounds of the General Hospital at Rathdune, was agreed to early. A variety of possibilities were proposed for the location of the facilities for longer-term inpatient care. Mount Gay, the one ultimately selected, was recommended because of its proximity to the General Hospital, to St. Georges, and to a variety of necessary services. During the start-up phase of implementation, it turned out that Mt. Gay had certain characteristics that would make construction there both more difficult and more expensive. Alternative sites had even more problems, however, and in hindsight, now that everything is completed, the Mount Gay site proves to be an excellent one. As the chronology shows, this decision was made in April 1985, after the A&E firm had evaluated alternative sites, and the cost implications of Mt. Gay and conventional construction had been discussed.

By this time, A.I.D. had determined that given delays already experienced, it would be wise to contract on a sole-source basis with Morrisen-Knudsen, already present on the Island, and thus to avoid the significant further delays that would have ensued if the contract were competed. A waiver allowing this was signed in May 1985. A Contract was then let with Morrison Knudsen, the engineering firm that had completed the Point Saline International Airport and was thus already present with personnel and equipment on the Island.

At the time this contract was let, it was estimated that construction would be completed by February 1986. Due to heavy rains during the latter half of 1985, according to A.I.D. documentation, there were considerable delays in site clearing operations at Mount Gay. By October, 1986, work was progressing on schedule, but the quarterly report for that period indicates that the "cost of facilities has increased and an

additional \$2.2 million in funding has been made available to finance construction activities". (The original MK proposal for construction was \$3,222,474; MK always maintained that the figure was too low).

In all, six structures were completed at the Rathdune and Mount Gay sites. The 26-bed acute psychiatric unit at Rathdune was finished by November, 1986, and the multi-structure facility at Mount Gay providing an additional 80 beds was completed in December 1986 and commissioned in April, 1987. The project has provided Grenada with a modern mental hospital facility which is seen as providing a model for the region.

Throughout project implementation, attention has been given to the other aspects of mental health care on Grenada in addition to the construction and equipping of the new facilities. As summarized in an early fact sheet,

"in addition to the physical infrastructure the project will provide human resources to permit improved mental health care from diagnosis, through treatment, to re-integration into the community. Mental illness prevention will also be an area for project assistance efforts. This approach addresses the broader needs of the mental health system and should thus contribute to improvement in the capacity within the Ministry of Health to provide more effective delivery of mental health services to the Grenadian population".

In addition to the design and construction of the treatment facilities, the project did provide technical assistance for improvement of community mental health services as well as associated on the job training. This was partly funded through the activities of Project Hope under another project (538-0149). Further, training opportunities were made available through the Mission's participant training funds. These combined programs provided for training in mental health services delivery systems management, for mental health nurses, nursing attendants, a medical records officer, community mental health workers, community health aides, activities therapy specialists and a hospital administrator. The project also emphasized pharmaceuticals use and management, and in coordination with the Project HOPE activity provided for a two-year supply of psychotropic drugs. Equipment provided included a 16-seat bus and a 6-seat 4x4 Twin Cub vehicle for transportation of both patients and staff.

In early 1986 A.I.D. asked Project HOPE, already implementing assistance to the health sector on Grenada, to provide technical assistance and commodities to "move mental health practices from custodial care to more modern therapy" (HOPE, 2/87). In commenting on the prior activities of Project HOPE in this area, a memorandum prepared in September 1986 concerning staffing and

recurrent cost implications of the mental health program as envisaged indicates the potential problems that operating this model, modern set of facilities and the attendant program on the basis of U.S. standards were likely to engender:

"The plan [being devised] would seem to place an unrealistic demand on the MOH budget within a few years. Thus, for example, the current number of Ministry personnel employed for mental health services stands at approximately 125 persons (from doctors to maids and gardeners). To manage the facilities at an optimal level, HOPE is projecting the need for over 360 employees, or nearly a 200% increase in staff in the next 3-4 years. Such a plan is surely outside the limitations of the Ministry's budget. Other recurrent costs (utilities, supplies, equipment, etc.) are still being reviewed and projected but preliminary looks suggest the costs are perhaps equally astronomical.

"The HOPE health economist is preparing an analysis of the potential for some measures of cost recovery through the introduction of user fees in the hospital and health care facilities. Such a program would appear to be absolutely essential if the government is to have the ability of operating their health facilities even at reduced, more realistic levels". (G. Washchuck, 11-25-86).

A review of Project HOPE's May 1987 revised proposal "To Assist Grenada to Achieve Self-Reliance in the Development of an Appropriate and Affordable Health System" during the period 7-87 through 6-90 yields the following points in this regard:

- o The total recommended support from HOPE to the staffing pattern for the health care system is 501 person months of assistance, of which 173 person months are for mental health;

- o the proposed duration of assistance to the mental health program is through September 30, 1988;

- o under the Health Administration component, the mental hospital along with the general hospital will receive assistance "to improve the outputs from current and future human resources applied to the delivery of health services in each facility. Resource control, decision making capability and accountability will also be improved within the MOH. In-service management development will be provided by the HOPE Health Administrator.

- o specific targets under the above component include assistance in development of resource management strategies and expenditure control for 1987 budgets with productivity

measures, and assistance with monitoring of budget performance and departmental budgets for 1988.

o under the health economics component, the goal is to "address the issues of health care financing, human and fiscal resource management, and the need/demand factors of Grenada's health services".

o specific objectives under the above component are to develop a systematic approach to budgeting and cost accounting in the MOH, conduct cost benefit or cost effectiveness analysis as necessary and train MOH staff in same, and promote and evaluate alternative financing options of Health Services--revision of fee schedule, means testing, analysis of opportunities for prepaid health care, and recommendations for insurance options.

For the Mental Health component specifically, the goal is to provide TA for improvement of mental health services through the development of a comprehensive mental health program, integrating both the inpatient and outpatient services in the community.

The Inter-Caribbean cooperation component is also relevant for the mental health program including the proposal for topping off of salaries for 24 months for the psychiatrist. Funding requested for the mental health program per se is \$201,223 and for the general program, \$1,398.775, or a total of \$1,600,000 U.S. through September 30, 1988.

This seems a very reasonable price tag for what should probably go a long way to meeting the rather ambitious program objectives. However, aside from the recommendations for cost-effectiveness and alternative cost recovery approaches, the problems outlined in the September 1986 memo from A.I.D. do not seem likely to be completely ameliorated by this proposal.

An interview with the Granadian Hospital Administrator yielded the information that the British Manpower Specialists who have been called in by the Government to make recommendations regarding the retrenchment in the civil service has already visited the Mental Hospital and will be there again. Regarding staffing needs and costs, the Administrator pointed out that before the new facility was created, all the services provided at Richmond Hill--the Sanitorium, Carlton House, the Richmond Home and the Mental Hospital, operated with one staff establishment, and staff were rotated among the four facilities. Since the sanitorium now has only four patients, the 10 nurses assigned there may be reassigned to the new Mental Hospital. This move would not add to the numbers on the MOH establishment.

With regard to other operating costs and recurrent expenditures,

the Administrator indicated the budget for 1987 was based on a later move to the new facility, and that it was not anticipated that there would be maintenance costs to be met by Granadian maintenance personnel from the MOH in association with settling in, as there have been. Discussing training and retraining for existing staff, it was pointed out that training requires staff time as well, and at the outset may require more rather than fewer staff. As we toured the hospital, we were made aware of a number of gaps in the present staffing pattern, including the post of occupational therapist and that of trainer.

The Administrator indicated that the staffing and budget plans that had been elaborated with Project Hope assistance had been rejected by the Ministry, and that they had been "sent back to the drawing board," and had not yet had a response to their latest proposal.

During a tour of the facilities, the Administrator itemized some design features that are now felt to be inappropriate by the staff. These include the unprotected open spaces in which the nurses stations are placed, the low fencing (which is being raised), and the mixing of patients of both sexes, as well as staff of both sexes, which is contrary to what was done in the past. We asked what the acceptance rate of these new ideas had been by the staff before moving into the facility, and the Administrator agreed that it might have been 75%. He said that the patients appear to be largely satisfied with the surroundings, and that they had brought groups of patients to the new facility during the day to get them accustomed to them prior to the move.

The main problem in addition to getting used to the new setting and the new ways of doing things that it represents, appears to be funding and personnel available for maintenance and operations. There was a list of repairs needed, and equipment that was not functioning, or functioning improperly that seems to be about average for settling in to a newly-constructed facility of this size. The problem is that maintenance staff at the Ministry are stretched, and that funds for unusual repairs are lacking.

Although A.I.D. had provided some funds for on the job training of maintenance personnel in electric and plumbing work for precisely this purpose, these funds had not been exhausted, by the May 23 1987 PACD. The PACD is now recommended for extension for other reasons through November 23, 1987. Since the principle was accepted that funds should be made available from the project to continue this training so that repairs will be finished, and a trained staff remain in place.

and since these funds have not yet been de-obligated, it is suggested that the PACD be extended to put these repairs in place. This will not, surely, cause the MOH to believe that it

will always be able to come to A.I.D. for funding when something goes wrong.

Lessons Learned:

1. Under emergency conditions, A.I.D. is good at mobilizing financial and human resources to address discrete needs, especially for the renovation or repair of damaged infrastructure. High levels of dedication, as of the A.I.D. Grenada staff and contractors, despite red tape and bureaucratic hurdles on the USG and host government sides, lead to excellent results, especially where construction or commodity procurement are involved.

2. Under the same kind of conditions, and especially where political factors intervene, it is difficult for even such dedicated staff--and despite equivalent dedication on the part of host government counterparts--to design and implement "softer" projects effectively that call for intensive understanding of local social and cultural factors, and require delicate judgment calls. The pressures are such that, once proposed, projects take on a life of their own, especially if there are going to be visible, infrastructure components.

3. The result may be that despite excellent intentions, steps taken to speed things up beyond normal bureaucratic constraints, and agreement at each step in the process, the recipient government is left with a recurrent cost burden that it is simply unable to meet. In a sense, the higher the standards, as with the mental hospital facilities, the harder they may fall given the increasingly harsh realities of LDC finances. Over-design is a risk that foreign aid donors always face, but which is exacerbated under highly politicized programs. What may be designed to be "minimum" health/safety standards in the U.S. may well turn out to be costly to maintain in a developing country. At some point, A.I.D. might need to determine what is good enough given local conditions and standard, and build to those design criteria.

# memorandum

DATE: June 4, 1987 *RMJ*  
REPLY TO: Brinley D. Selliah, GE  
ATTN OF:  
SUBJECT: Engineering Inspection Notes - Radio Grenada-Westerhall Telephone Exchange  
THRU: James *D. Baird*, C/ENGR  
TO: William Erdahl, USAID/Grenada

Radio Grenada: July 1-2, 1987 *6?*

Persons Seen : Rawle Howard, Manager, Radio Grenada  
Dalton Lashley, Chief Engineer  
Alan Palmer, Assistant Engineer

The following are from my notes:

1. The technical part of the project was as expected. USAID delivered what was promised.
2. However, what was ultimately received was not what the people in Radio Grenada expected due to the following:
  - (a) They expected a replacement of the broadcasting complex but that was not done.
  - (b) Engineers in Grenada did not know anything about the request for the transmitters, etc.
  - (c) The whole deal seemed to have been a matter between Continental Transmitter Electronics, the suppliers and the U.S. Government.
  - (d) The transmitter was containerized and had insufficient space for operating purposes. There was no space for the storage of spares.
  - (e) There are several maintenance problems due to the wires not being buried properly.
  - (f) There are no toilets in the area.
  - (g) The road needed to be paved.

- (h) There is no voltage regulator, therefore someone has to be there always.
  - (i) The electricity line voltage is 440V. However, the transmitter operates on 220V. There is a transformer for stepping down the voltage, which could go at any time.
  - (j) The ground radials are a big problem. They are exposed and should be covered up properly.
  - (k) The present building for broadcasting in St. Georges is no good. There are many sources of interference such as electricity lines and electricity motors (not suppressed) nearby.
  - (l) The studio equipment was a present from the army (excess property), old and needs replacing.
  - (m) The transmitter container was placed facing the prevailing wind so the rain got into the tubes and played havoc. They do not have the equipment to turn the container around. However they have got over the problem by an ingenious modification.
3. Notwithstanding the above the following advantages did accrue to radio transmitting in Grenada:
- (a) Adequate coverage - better than the Cuban transmitter.
  - (b) The quality of the transmitter is excellent. Best transmitter they ever had - 40% increase in audiences, Canouan and Petit Martinique completely saturated.
  - (c) The standby generator is 250 kVA which is sufficient.
  - (d) All the equipment has been designed to withstand hurricane forces.
  - (e) Automatic transmitter.
  - (f) They were given plenty of spares.
  - (g) The manufacturer of the transmitter gave Radio Grenada a top bill of health for maintenance.
  - (h) The engineering personnel at the transmitter are sufficient for operation and maintenance - 2 engineers and 3 technicians.
  - (i) The engineering personnel at the broadcasting station are sufficient for operation and maintenance - 2 technicians.
4. The following came up during discussions:
- (a) Radio Free Grenada is a government department and as such has no control over its future from a maintenance point of view.

- (b) GOG has given insufficient funds for maintenance.
- (c) There is no self generating income.
- (d) The question of financing maintenance on a continuing basis has not been addressed.
- (e) USAID/Grenada told Radio Grenada that US\$75,000 was still available. Radio Grenada tried to make use of the money but nothing came of it due to the bureaucracy of the government. USAID/Grenada says that the money was already deobligated when the GOG wrote to AID in August, 1985.
- (f) Ms. Dow of the Prime Minister's Office said that she had the plans for the additions at the transmitter site - toilets, workroom and stores. They have real cash flow problems. There was no plan for maintenance and therefore this had been requested from Radio Grenada.

Westerhall Telephone Exchange: July 3, 1987 C

Persons Seen : John Brathwaite, Chief Technical Officer  
Sal Richards, Assist. Technical Officer

The following are from my notes:

1. They used to have 300 single party lines. Now they have 600 lines equipped with a capacity to go up to 800 lines. Of the 600 lines they had 340 old lines in operation.
2. The layout was as follows:
  - (a) 3 peripheral bays.
  - (b) Digital announcer.
  - (c) Control equipment bay.
  - (d) Network and bus extenders.
  - (e) Power supply from 24 lead cadmium batteries. Rectifier 220V to 50V.
  - (f) The standby generator was 20 kVA and made in East Germany and working well.
3. What they have now is much more trouble free and far superior to anything they had before. They used mechanical switches before which gave trouble.
4. Northern Telecon were the manufacturers. The exchange has been so wired that when requested, Northern Telecon can telephone from the States, get into the system and diagnose the fault, which made maintenance operations easy.
5. The building was sufficient for their needs.

6. One air conditioner had been removed to another exchange.
7. Maintenance was reasonably good.

CHRONOLOGY  
GRENADA MENTAL HEALTH SERVICES PROJECT

EVENT	DATE
Richmond Hill Mental Hospital Bombed	Oct. 25, 1983
USAID provides relief and assistance from Disaster fund	Nov-Dec 1983
Initial Disaster survey Team Report by the DOD which covered the "civil actions" needed in the short and long term re: public health, water, electricity, medical care, reconstruction of personal and public property, and food supplies	Nov. 8, 1983
Psychiatrist Janice Stevens financed by OFDA visited Grenada and made preliminary recommendations to AID regarding mental health services requirements in Grenada. Worked with Grenadian architect in developing preliminary design for replacement facility	Nov. 1983
Draft report on MH System/Janice Stevens	Nov. 23, 1983
Negotiations with DOD concerning fund for combat damage	Jan-Feb 1984
McFarlane to Shultz/Weinberger memo instructing State to prepare plan "on how we can best effect repairs to the hospital..." Plan to President by 2/19/84	Feb. 17, 1984
Plan on completion of airport and combat damage repair forwarded to President	Feb. 28, 1984
Secretary's memo to President requesting "Determination to Permit Assistance for Grenada from funds earmarked for Lebanon" \$40 M	Mar. 12, 1984
Presidential Determination No. 84-5 Economic Support Fund Assistance for Grenada	Mar. 26, 1984
C.N. #268 for Relief and Reconstruction Project (including mental hospital \$800,000) sent to Hill (normal expiration date - 15 days hence)	Mar. 30, 1984
Remaining Grenada C.N.'s to Hill	Apr. 6, 1984
Kasten/Mcpherson letter placing hold on #268 pending notification of all Grenada activities and additional information	Apr. 10, 1984

Kasten/McPherson letter lifting hold in C.N.'s #268/69	Apr. 20, 1984
Authorization 1st phase \$800,000 of which \$265,000 in "Construction Design" signed by LAC/AA	Apr. 23, 1984
Ed Powers, House Appropriations sub-Committee on Foreign Operations informs AID of committee objections to mental hospital notification	Apr. 1984
PID dated 4/25/84 - facility = 800,000 Equipment = 150,000	Apr. 25, 1984
Holtaway/R. Brown, ARA/CAR briefing of Sub-Committee staffers on all Grenada notifications	Apr. 25, 1984
McPherson/Holtaway note requesting advice on impact of continued CN hold in both House and Senate	Apr. 3, 1984
AID/W advises PP and make up of Assessment Team on Mental Health	May 1984
Holtaway/McPherson note with info provided by field. "Although the mental hospital portion of the "claims" CN remains controversial on the House side (Ed Powers)... Administrator serves as principal contact with Powers and Bond.	May 14, 1984
Administrator informs LAC hold on CN's lifted	Late May 1984
PP Team recruited and awaiting instructions	Apr-May 1984
PP Team developed draft PP which included preliminary architectural sketches	Jun. 17-Jul. 1, 1984
AID/Washington Engineer supervised rehabilitation of Richmond Hill Facility	Sept. 16-Oct. 6, 1984
AID/Washington received 1st draft PP (budget figures were inadequate to meet needs)	Late Sept. 1984
\$50,000 Authorization Under the Relief and Reconstruction Project (0010) for Richmond Hill Interim Facility Enhancement	Sept. 20, 1984
PROAG signed with the GOG for \$50,000	Sept. 20, 1984
PP reviewed informally in AID/W (budget figures remained inadequate)	Oct. 1984
Meeting with DAA/LAC to review PP plans for construction: conventional vs. excess property rigid frames construction; decision taken for Phases approach to Project	Oct. 9, 1985

Meeting with DAA/LAC and Architect Dorsett to plan trip by Bowles and Dorsett to evaluate Richmond Hill, Mt. Gay and Rathdune sites and use of prefab buildings	Oct. 11, 1984
LAC/DR made preliminary revisions of draft PP to reflect two phase approach, including drafting a new summary project description, cost table, and made additional notes on what changes would be needed in technical analysis to reflect revised conceptual designs	Oct. 1984
Dorsett and Bowles TDY to Grenada to evaluate sites and use of 20-year old excess property prefab buildings. Requested that sitetopo maps and soil borings be completed ASAP	Oct.18 - Nov.7, 1984
\$35,000 Amendment No. 1 to Authorization for Richmond Hill Interim Facility Enhancement	Oct. 19, 1984
AID/Washington received 2nd PP Draft. No final approval of excess property use or final concept drawings had been prepared. Dorsett and Bowles preparing study	Oct. 24, 1984
Administrator McPherson visited Richmond Hill Facilities	Oct. 28-29, 1984
LAC/DR Engineers reviewed alternative conceptual designs on 13th, 16th and 20th	Nov. 1984
PP Guidance Cable sent to field	Nov. 7, 1984
\$800,000 Authorization in ESF under the 1984 Relief and Reconstruction Project for Phase 1 of the Mental Health Services Sub-Project	Nov. 23, 1984
Mission reported Mt. Gay site almost in accessible and preparation of topographic maps and soil borings would be delayed	Dec. 6, 1984
SOW for completion by Clyde Dorsett sent from AID/W	Dec. 6, 1984
Assessment of Mental Health services in Grenada by team from the American Psychiatric Association	Dec 12-13, 1984
Architect's trip to Grenada to review final concepts of schematic designs using butler type buildings	Dec. 18-24, 1984
Mt. Gay site determined to have subsurface soil and rock conditions which could result in major cost implications	Dec. 31, 1984

Meeting with AID Rep. Habron and AID/W representatives. Jan 8, 1985  
Topo maps and borings indicate problems with  
Mt. Gay site, i.e. expensive rock excavation,  
sewerage disposal problems and access road-bridge  
costs. Architect Dorsett's work stopped until  
further evaluation of Mt. Gay site can be made by  
an 8 (a) A & E firm.

Architect Dorsett's Report "Design Directives  
Architectural Program" completed Jan. 9, 1985

Lozano White firm selected as top ranked 8 (a)  
A & E Firm (nine firms evaluated) SBA approval  
of AID 8(a) contract with Lozano White requested Jan. 14, 1985

Cable 025770 from AID/W discusses site selection  
and 8(a) design contract Jan. 28, 1985

Habron met with GOG Minister of Health to approve  
PROAG - 8(a) firm contract delayed until this  
approved. Mission requested GOG to identify  
sites other than Mt. Gay. Jan. 28, 1985

Cable Grenada 0507 to AID/W on 8(a) firm SOW which  
includes final site selection Feb. 5, 1985

PROAG signed with the GOG for \$800,000 Phase I Feb. 6, 1985

AID learns Lozano White firm is not certified  
8(a) firm - this confirmed by SBA Feb. 7, 1985

C.P.'s met by the Newly Elected Government in Grenada Feb. 20, 1985

Lozano White was informed that A.I.D. could not wait  
until they receive 8(a) certification. Lee Wan,  
the No. 2 ranked firm, was requested to send  
proposal. SBA approval requested for A.I.D. to  
contract with Lee Wan. Feb. 22, 1985

Letters on site clearing at Mt. Gay to facilitate  
soil testing Mar. 1985

Topo maps, soil data, schematic drawings sent to  
Lee Wan Mar. 7, 1985

SBA approval received to contract with Lee Wan Mar. 12, 1985

Meetings in Grenada with RDO/C Personnel to devise  
strategy to expedite construction Mar. 15, 1985

Mission proposes AID/W obtain waiver to negotiate  
turn-key contract with Morrison-Knudsen to save  
time. Mar. 22, 1985

Lee Wan preliminary cost proposal received	Mar. 25, 1985
Meeting with Jim Holtaway RDO/C Director and AID/W representatives-conclusion: (1) 8(a) firm Lee Wan to be used with C. Dorsett; (2) Request waiver to negotiate sole source contract with M.K. for construction to save time	Mar. 26, 1985
LAC/DR/ENGR meeting to resolve how Dorsett would work with Lee Wan	Apr. 2, 1985
Lee Wan revised proposal received	Apr. 5, 1985
Cable State 103763 - Dorsett to finish work in Lee Wan's office	Apr. 6, 1985
Lee Wan, Dorsett, LAC/DR/ENGR meeting to coordinate work	Apr. 9, 1985
Bridgetown 111547 discusses Lee Wan and option of sole source for MK, site selection	Apr. 12, 1985
Lee Wan arrives Grenada	Apr. 15, 1985
A & E Design Firm evaluated the sites in Grenada and evaluated the feasibility of using Butler Buildings vs. conventional construction	Apr. 15-20, 1985
Revised proposal received from Lee Wan	Apr. 29, 1985
Lee Wan report submitted: estimated cost of construction \$3,323,798	May 2, 1985
Waiver for Construction of Grenada Mental Hospital signed by Acting Administrator, Jay Morris	May 6, 1985
Memo from John Lamb on inadequacy of Butler hut design	May 9, 1985
Lee Wan contract signed	May 16, 1985
RDO/C Grenada estimates that under best case scenario construction cost will be \$4.9 million (informal)	May 17, 1985
GOG comments on preliminary design by Lee Wan	May 27, 1985
Letter - John Lamb to Lee Wan on preliminary design sketches by Lee Wan	May 28, 1985
MKI proposal to construct - estimated cost \$4,421,888	May 31, 1985
Bridgetown 04654 on estimates and design/construction schedule for completion 2/86	Jun. 4, 1985

AID Project Manager assigned	Jun. 7, 1986
CN for additional \$3,100,000	Jun. 1985
Grant Agreement Amendment #1 to \$3,900,000	Jun. 11, 1985
MKI revised proposal to construct - estimate \$3,648,109	Jun. 20, 1985
MK proposal for construction contract \$3,222,474	Jun. 24, 1985
Lee Wan memo on field trip 5/23 - 5/24	Jul. 2, 1985
Authorization for additional 3.1 million Mental Health	Jul. 8, 1985
Construction contract signed by MKI	Jul. 16, 1985
Project Manager visit to Lee Wan to speed up design and review process	Jul. 22, 1985
Preliminary drawings delivered to MKI	Aug. 7, 1985
MKI letter on incompleteness of drawings and potential delays	Aug. 14, 1985
Road drawing and hospital cost estimates received from Lee Wan	Sep. 18, 1985
Major discrepancies in quantities reported by MKI	Sep. 20, 1985
Construction drawings received	Oct. 18, 1985
Revisions made as checking proceeds	Nov.- Dec. 1985
MKI revised estimate \$4,959,139	Dec. 6, 1985
New estimate sent out in November report	Dec. 16 1985
Dwight Ink, LAC/AA visits Grenada. Advised by RDO/C Grenada that construction contract was grossly underfunded and there would be a large overrun	Jan. 14/15, 1986
Telegram to Washington and Bridgetown advising slowed progress due to rain.	Jan. 24, 1986
MKI revised estimate \$5,058,142	Mar. 1986
PIO/T increasing financing to \$3,498,000 (funding from 543-0010.6)	Apr. 7, 1986
Delivery Order's increasing contract to \$3,498,000	Apr. 17, 1986
Shift to keep Delivery Orders in balance	May 22, 1986

CN forward requesting \$1.66 million, raising total to \$4,883,000 - overhead costs shifted 60/40 to IR Project	May 22, 1986
MKI revised estimate \$5,522,938	Jun. 6, 1986
Project Grant Agreement Amendment to \$4,900,000	Jun. 10, 1986
MKI revised estimate \$5,478,555	Jun. 19, 1986
MKI revised estimate \$5,586,994	Jul. 10, 1986
Meet with Peter Orr, RDO/C Grenada to discuss cost overrun	Jul. 18, 1986
Meet with RDO/C Staff/Mr. Erdahl to Washington, D.C.	Jul. 25, 1986
Project Grant Agreement Amendment to \$5,285,000	Jul. 25, 1986
Decided to put CN forward	Jul. 25, 1986
Investigation team appointed	Jul. 25, 1986
Notification of pending shortage.	Jul. 29, 1986
Amendment Contract to \$4,883,000	Aug. 1986

RDO/C  
July 31, 1986