PD-ABL-897 Final Reports

FINAL Report

Immediate Health Care Development Project/Grenada

USAID Cooperative Agreement LAC 0000-A-00-4008-08

Dates: January 13, 1984 - September 30, 1989

Submitted to:

United States Agency for International Development
Bridgetown, Barbados

Submitted by:

The People-to-People Health Foundation, Inc.

Millwood, VA
22646

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I BACKGROUND

Following the military intervention of Grenada by United States and Caribbean forces in October of 1983 and the subsequent withdrawal of Cuban and Eastern block country assistance, Project HOPE/USAID responded to a request from Grenada's interim government to assist in providing health care. The original goal of the program was to provide emergency medical services to the people of Grenada. Professionals in the major specialties, including dentistry, participated in providing service and raising the standard of care while Project HOPE assisted the Ministry of Health to recruit replacements. One mechanism which was introduced to encourage recruitment was three month rotations of residents in the major medical specialties from the University of the West Indies (UWI) to expose young West Indian doctors to the practice of medicine in a small island setting and assist in providing an improved standard of care.

During 1984, Project HOPE worked with Grenada's interim government to develop a strategy for health infrastructure improvement which would assist in attracting and retaining professionals as replacements for Project HOPE personnel. The program goal was revised to assist Grenada in achieving self-reliance in the health sector through the development of an appropriate and affordable health care system while continuing to provide specific medical services until the recruitment of replacements was accomplished. Emphasis was placed on both in-country and off-island training for support personnel.

Toward this end, during 1985 Project HOPE strengthened its infrastructure team to include a sanitarian, biomedical equipment maintenance engineer, and laboratory personnel by adding a health economist, hospital administrator, medical records administrator, health educator, information manager, nurse educators, a public health physician, materials manager, and a solid waste manager.

In mid-1985, with the USAID-funded construction of the new mental health facilities well underway, USAID requested that Project HOPE add technical assistance in mental health to its program in order to develop the care of the mentally ill from custodial to therapeutic levels with emphasis on community involvement. Project HOPE nursing personnel were immediately onsite and in July, 1986, were joined by a full team consisting of a psychiatrist, activities therapist, psychiatric social worker, and the part-time input of the Project HOPE hospital and medical record administrators already on site.

The Project HOPE hospital administrator, materials manager and HOPE Center Purchasing Department were called upon to procure materials for the new mental health facilities and to assist in the commissioning of both the acute and chronic care units.

To assist in the prevention of professional isolation, project funds were utilized to include Grenada in the interactive telecommunication system of the University of the West Indies (UWIDITE). As a result, Grenada is now able to participate in regional consultation and continuing education. In addition to the monthly clinical conferences, Project HOPE has assisted in the development of the local production of continuing education in the areas of environmental health and AIDS education.

Against a background of excessive demands on a country struggling to restructure after several years of a leftist government, the Ministry of Health created positions for many individuals who completed Project HOPE training and replaced Project HOPE personnel in all medical specialties (Appendix A). During the same period of time, Grenadian junior doctors who trained in both Cuba and the off-shore medical school in Grenada were absorbed into the health care system. The categories of health care workers and the activities which were introduced through the USAID/Project HOPE program and institutionalized by the Ministry of Health are identified in this report under Section III.

Funding outside of the grant provided a variety of complimentary activities (Appendix B).

II INPUTS

Project HOPE began the program in January, 1984 with a long-term physician program director and an administrative assistant. This team was supplemented with Grenadian secretarial and support staff. The professional staff initially consisted of 2-4 month rotations of volunteer physicians in addition to long-term personnel in pathology, medical laboratory, biomedical equipment maintenance, sanitation and dentistry.

At the start of the second year of the program, a Grenadian administrative assistant was identified and long-term Project HOPE staff expanded to include a pediatrician, surgeon, public health physician, health educator, hospital administrator, information manager, nursing educators, medical records administrator, and materials manager.

During the third year, USAID invited Project HOPE to participate in the mental health system. A mental health team arrived in mid-1986 and consisted of long-term Project HOPE personnel in nursing, social work, psychiatry, and activities therapy.

In the middle of year four of the program, as the medical components began to be assumed by the Ministry of Health and emphasis was more concentrated on the development of the health infrastructure, a Project HOPE hospital administrator replaced the physician as program director.

Equipment and supplies were included to support the Project HOPE team. Initially there were extensive gift-in-kind (GIK) donations of pharmaceuticals to replenish the depleted supplies. Subsequent materials and equipment were intended to enhance Project HOPE's work: equipment to upgrade the operating room facilities which resulted in the opening of the second surgical room, orthopedic equipment, GIK dental chairs for outlying clinics, computers to establish the computer center at the Ministry of Health, teleconference equipment to provide linkage into UWIDITE, a complete ward record-keeping system, nursing mannequins to enhance the nursing skills laboratory.

More specialized equipment was provided to allow physicians recruited by the Ministry of Health to replace Project HOPE personnel to utilize their specialized training: gastroscope for internal medicine, colposcope for obstetrics, ultrasound and second general Xray machine for the interim radiologist who will be replaced in 1990 by a Grenadian being trained off-island with funding outside of the grant.

III ACCOMPLISHMENTS

A. Medical/Dental/Nursing

. Project HOPE physicians have been replaced by Ministry of Health personnel in all areas where Project HOPE had been involved: internal medicine, pediatrics, obstetrics, radiology, surgery, anesthesia, family medicine, psychiatry, and by June, 1990 Grenada will assume responsibility in pathology. The process of replacement was gradual and required improvement of many sectors (education, commerce, political stability, sanitation) in order to make Grenada attractive to professionals seeking to resettle or return home.

. Dental services were initially provided by the Project HOPE dentists in collaboration with Grenadian dental nurses. GIK dental equipment (including chairs) were provided to outlying clinics. A fluoride mouthrinse program was initiated in all the primary schools. The Project HOPE dentists were replaced by Grenadian dentists who returned to the island in early 1985.

. New technologies were introduced by young professionals replacing Project HOPE personnel: ultrasound (radiology), gastroscopy (medicine) for the proper investigation of gastrointestinal disorders, and colposcopy (obstetrics) to more appropriately follow-up abnormal pap smears. Invasive cancer of the cervix is the leading cancer in Grenada.

. The role of radiologist was established at the General Hospital. The role was extended to include weekly visits to Princess Alice Hospital in St. Andrews. The Ministry of Health hired a radiologist for two years while a Grenadian (graduate of UWI) was sponsored by Project HOPE to receive off-island training in radiology with funding outside of the grant.

. Rotations in various medical specialties by residents from UWI were initiated to provide care to Grenadians by West Indians. This provided the residents an exposure to the practice of medicine in a small island setting with the hope that upon completion of their training some would settle in the smaller islands. This program assisted in attracting permanent personnel to Grenada to replace the Project HOPE professionals. In the short term, one of the UWI psychiatric residents remained in Grenada and was appointed the consultant psychiatrist in January, 1990. In the longer term it is believed that the exposure to Grenada will result in several of the participants returning to the smaller islands to practice medicine.

. Project HOPE nurse educators assisted the Grenadian faculty at the School of Nursing in implementing the new Caribbean nursing curriculum which included structured clinical supervision of students and the introduction of video production as a means of obtaining culturally appropriate teaching aides. A Grenadian tutor was trained in the preparation of the teaching modules with funds from outside of the grant. The nursing skills laboratory was enhanced with both equipment and training techniques. With funding outside of the grant, two Grenadian nurses were sponsored to regional tutor training programs and have returned to Grenada to assume faculty positions.

. A course was developed and implemented to train a new category of nurse: operating room technician. The course was taught in collaboration with Grenadian instructors who are now capable of repeating the course without Project HOPE assistance.

. Two graduate nurses were sponsored with funds outside of the grant to a nurse anesthetist program in Jamaica. In 1988, the Ministry of Health sponsored two additional nurses for training in Jamaica. The concept of nurse anesthetist has been institutionalized.

. The Project HOPE pediatrician worked with nurse practitioners in the community clinics to upgrade their pediatric skills and jointly developed a procedure manual.

B. Infrastructure

General

. A biomedical equipment maintenance capability was established at the General Hospital during 1984. The hospital provided the room and 2 technicians. Project HOPE provided training, test equipment and, initially, spare parts. Off-island training for two of the technicians was done in collaboration with another USAID program. The biomedical equipment maintenance shop is completely institutionalized.

. The ordering, storage, inventory and accounting of medical supplies and pharmaceuticals were standardized, centralized and computerized. Grenadians were trained as supply and accounts clerks. The transportation for distribution was systematized. Protocols and job descriptions were written. Regional ordering was introduced in collaboration with the OECS procurement program. Assistance was given in the design and implementation of the move to a new central storage facility. Intermittent Project HOPE input continues.

. Chronic disease clinics were established for diabetes and hypertension under the leadership of the Project HOPE public health physician in collaboration with the Medical Officer for Health.

. The health education department at the Ministry of Health was reactivated. Media programming was introduced. Full-time Grenadian personnel now staff the unit.

. The environmental health sector of the Ministry was strengthened and expanded to include port health, food inspection, and solid waste management. Dumps were upgraded to land fill status and a Grenadian manager trained. With funding outside of the grant, 3 young Grenadians were sponsored to the Barbados Community College for basic training. Two have already returned to replace retiring Grenadian personnel.

. The initial role of the Project HOPE health economist was to work with Grenadian counterparts in developing cost-benefit analyses as an information base for health policy decisions, prepare user fee recommendations, and to develop a dialogue between the Ministry of Health and the Ministry of Finance. Additionally initial work was begun on establishing cost centers within the General Hospital and outlining productivity data that needed to be generated on a monthly basis. Later work has resulted in an improved planning and budgeting process for the 1990 budget year

(including some degree of computerization) and the development of a long range planning process for the 1990-1994 period. A Grenadian graduate in economics from UWI was hired by the Ministry as a counterpart.

. A computer center was designed and established at the Ministry of Health. Classes were given to Ministry of Health personnel which included work-related projects to demonstrate computerization as a tool. Data from environmental health, family planning, cytology, and General Hospital statistics are routinely processed through the computer center. Support is given to the budgeting and health planning process. There is one full-time Ministry of Health person staffing the center and others budgeted in the 1990 budget.

. Project funds were utilized to provide teleconference equipment for the inclusion of Grenada in the interactive teleconferencing system of the University of the West Indies (UWIDITE). The major benefit to health in Grenada is to assist in preventing professional isolation. Through participation in monthly clinical conferences as well as continuing education sessions, Grenadians can interact with their colleagues, problem-solve, and obtain consultation. The UWIDITE linkage has application for an even larger audience in Grenada by allowing participation in university level, for-credit programs offered by the University of the West Indies.

Hospital

. A training program was conducted at the General Hospital for the reading of pap smears (cytology) and a cytology section developed within the medical laboratory. The 6 month program received students from five other islands of the Caribbean. Pap smears are no longer sent off-island to be read.

. The section of anatomic pathology (reading of surgical specimens and performing autopsies) was re-established at the General Hospital at the beginning of the program in January, 1984. There is no longer a need to send specimens off-island and results are returned within one week. Specimens from the island of St. Kitts/Nevis are routinely processed and read in Grenada. The Ministry of Health has arrangements to contract a replacement for the Project HOPE pathologist by June, 1990.

. A second operating room at the General Hospital was equipped and opened to enable more surgeries to be performed, decreasing the backlog, and providing more efficient use of nursing time.

. A Grenadian has been trained as an autopsy assistant and two others have been trained in the preparation of specimens (fixing and staining of slides).

. A second major Xray unit was provided at reduced cost to Project HOPE. The unit enhances Grenada's capability and is a backup to the older existing unit which was doing all the cases. The Ministry of Health extensively remodeled the room in which the second machine is housed.

. The technology of ultrasound was introduced into the radiology department and a Grenadian trained in its use over 6 months of project funding and 6 months outside of the grant. Ultrasound is a diagnostic tool which assists in early and more accurate diagnoses and often avoids surgical exploration.

. The Project HOPE hospital administrator, in addition to assisting in the commissioning of the acute and chronic care mental health facilities, worked with the administrators at both the mental health hospitals and General Hospital to develop appropriate management practices, improve organization relationships and communication. A management team approach was established for problem-solving and a committee structure initiated at the General Hospital. Assistance was given to the Ministry to initiate a decentralized administrative model.

. The medical record department at the General Hospital was upgraded to include disease indexing, coding etc. Policies, procedures and training of personnel was done with General Hospital counterparts to establish record rooms at Princess Alice Hospital (St. Andrews) and Princess Royal Hospital (Carriacou). An outpatient record system was developed for clinics at the General Hospital. Record keeping on the patient units of all hospitals was restructured through committee structure.

The Project HOPE medical records administrator became a part of the mental health team and assisted a Grenadian recently returned from training at CAST in Jamaica in the development of the mental health record keeping department. With funds outside of the grant, the lead medical records person at General Hospital was sponsored to the certificate program at CAST (graduating first in her class). She has returned to assume the leadership position for medical records at the General Hospital.

C. Mental Health

. The previous custodial system was replaced by a therapeutic, community-based mental health system of care.

The multifaceted program stressed the improvement of nursing skills, realistic nursing staff:patient ratios, policies and procedures to establish standards for mental health nursing practice, and has developed formalized programs for nursing assistants, community mental health workers and registered nurses. The new category of community mental health worker has been institutionalized in the Grenadian system.

. In mental health the role of a full-time, qualified psychiatrist was institutionalized and a West Indian graduate of UWI appointed as consultant.

. A system of psychiatric social work was institutionalized in order to maintain patients in the community. Two Grenadians have been developed as counterparts in-country and two Grenadians are being sponsored for off-island training with funding outside of the grant.

. The discipline of psychiatric activities therapy was also introduced and is currently being carried on by nursing assistants one of whom received short-term off-island training in New York.

. The HOPE Center Purchasing Department was requested by USAID to procure and ship all equipment and supplies for both the acute and chronic care mental health facilities. This included beds, linens, utensils etc. The on-site Project HOPE hospital administrator and materials manager collaborated in the commissioning of the new facilities.

. A day hospital has been established at the acute psychiatric facility in conjunction with the inpatient care program.

. With funding outside of the grant, two Grenadian mental health nurses are being sponsored to a one year training program in the USA which will earn them the credential to assume the mental health teaching responsibility from the Project HOPE nurses.

. A training program for police has been developed and implemented by the mental health team.

. A community outreach program was developed to include substance abuse, geriatric mental health, and family abuse.

. The mental health model established by Project HOPE in Grenada is now being requested in the neighboring island of St. Vincent. Every measure will be taken to incorporate Grenadian personnel in the assistance to St. Vincent and the participation of St. Vincent personnel in the on-going training programs in Grenada.

IV BENEFICIARIES

The people who have benefited from this joint USAID/Project HOPE program are foremost the Grenadian patients who have received a better quality of care than they were receiving when the project began in January, 1984. There are not only more doctors and support services but there is the availability of more sophisticated diagnostic tools. In addition, as a result of the betterment of Grenada through general development by the first democratically elected government since the revolution, the expectations of the public and the awareness of the professionals are heightened.

This project initially filled in gaps in medical service but simultaneously was setting a new standard of care through the American model of regular ward rounds, concern for the rights of the patient, and emphasis on a team approach. When new, young physicians and recently trained support staff began to serve as replacements for Project HOPE personnel, there was already a climate of change in which new ideas could be fostered. In this sense, the professionals who came to work in Grenada as well as those people trained through Project HOPE programs benefited from the already existing expectations.

The Ministry of Health is only recently beginning to change (and benefit) from the pressures of the local professionals who are demanding respect for themselves, their work, and the people they attend. The Project HOPE hospital administrator, economist, and information manager have been instrumental in assisting the Ministry to absorb criticism and gather data which will direct appropriate action. Decentralization of decision-making and a collaborative approach are new attitudes and often difficult to accommodate.

Finally, the many people who have comprised the Project HOPE team through the almost 6 years of this project have benefited from learning about Grenada and its health care system. They have benefited from watching their expertise and manner be West Indianized and adopted and modified.

V PROBLEMS

An initial problem following the events of October, 1983 was a people shocked and needing time for emotional recovery. This background and the prospect of a formal election process within the year slowed the momentum of the general working staff to move in the direction of change. It should be noted, though, that the interim government provided an atmosphere in which overall strategies in health were developed.

Functional middle management was conspicuously absent. Previous governments had encouraged centralization of decision-making with

the resultant reluctance on the part of the general staff to accept responsibility and be held accountable.

Because of Grenada's past political history and the immense task of restoring a country in ruin, there was understandable hesitation on the part of professionals to return as replacements for Project HOPE personnel. The process could only be addressed after the stability of an elected government was demonstrated and after the development of other sectors began to show signs of success.

VI LESSONS LEARNED

The major lesson learned from this project is that the effort needed to restructure a health care system is extensive and time-consuming. This was especially the case in Grenada where the circumstances which brought the program about did not permit the host country to work through the necessary groundwork which is required before introducing change. Project HOPE was fortunate to work with an enlightened Minister of Health in the interim government in order to utilize the "healing time" to develop a more complete strategy for assistance.

Involvement of residents from the University of the West Indies in Grenada allowed them to practice medicine in a small island setting which is similar to the home islands of many of the residents. Grenadians were able to witness a new standard of care being administered by young West Indians. Initiation of this component even earlier than was done would have been desirable. The effects of the involvement of the residents have benefitted Grenada and will benefit the residents themselves as well as the smaller islands of the Caribbean for many years in the future.

Off-island exposure and formal training was utilized in the Grenada program with emphasis being placed on regional programs rather than programs in the USA. There was great benefit in offering off-island opportunities late in the program to reinforce the applicability of new techniques and to begin a regional dialogue. Opportunities should be sought to foster this dialogue.

Project HOPE POSITIONS PHASED-OVER

Medical/Dental/Nursing

INTERNAL MEDICINE: A West Indian was hired by the Ministry of Health (MOH) in early 1986.

OBSTETRICS: A Grenadian returned home to replace the Project HOPE gynecologist.

FAMILY MEDICINE: Additional district medical officers were hired by the MOH to replace the Project HOPE community physician.

PEDIATRICS: Two consultant level pediatricians were hired by the MOH. One is a UWI graduate and the other a Grenadian.

ORTHOPEDICS: Project HOPE was replaced with a full-time West Indian (1 year). The work is currently being done by the general surgeon.

RADIOLOGIST: The MOH hired a fully-qualified non-West Indian to hold on while the Project HOPE-sponsored Grenadian is in Wales for training (due to return October, 1990).

ANESTHESIA: The MOH hired a young West German, created positions for the two Grenadian nurse anesthetists trained through Project HOPE sponsorship, and has sent two additional nurses off-island for regional training in anesthesia.

GENERAL SURGERY: Project HOPE was replaced by a West Indian general surgeon in October, 1988.

PATHOLOGY: Project HOPE continues in this position while orienting the MOH replacement through April, 1990.

DENTISTRY: Project HOPE was replaced in 1985 by a Grenadian who returned to assume the duties as Chief Dental Officer.

NURSING EDUCATORS: Existing nursing faculty strengthened and two Grenadian nurses sponsored by Project HOPE with funding outside of the grant returned to Grenada to assume faculty positions.

Infrastructure

General

BIOMEDICAL EQUIPMENT MAINTENANCE: Two technicians were trained by Project HOPE and appointed by the MOH to work at the General Hospital.

MATERIALS MANAGER: General staff has been strengthened. The MOH has hired three Project HOPE-trained Grenadians for positions developed by Project HOPE: accounts, inventory control, customs liaison.

PUBLIC HEALTH PHYSICIAN: Activities for the chronic disease clinics were assumed by the Grenadian nurse practitioners. Other responsibilities were carried-on by the Grenadian Medical Officer of Health.

HEALTH EDUCATION: Project HOPE health educator was replaced by a Grenadian who returned frm overseas training program.

SENIOR ENVIRONMENTAL HEALTH OFFICER: The Project HOPE sanitarian was replaced by a Grenadian who returned home from overseas training.

SOLID WASTE MANAGEMENT: A Project HOPE-trained Grenadian was appointed to the position by the MOH.

ECONOMIST: In 1987, the MOH hired a Grenadian with a UWI degree in economics.

INFORMATION MANAGER: The MOH has hired a Grenadian trained by Project HOPE to staff the computer center. A second position is in the 1990 budget.

Hospital

MEDICAL TECHNOLOGY: Technicians in the general laboratory were strengthened. Three Grenadians were retrained as cytologists (for reading pap smears) and two in histology (to prepare and stain slides for microscopic diagnosis).

ULTRASOUND TECHNICIAN: An already existing person in the radiology department was re-trained in the techniques of ultrasound.

MEDICAL RECORDS: Grenadian staff trained and appointed by MOH to new record rooms at Princess Alice Hospital, Princess Royal Hospital, and mental health facilities. Grenadian sponsored by Project HOPE to a regional training program has assumed lead responsibility at the General Hospital record room.

HOSPITAL ADMINISTRATION: The Project HOPE hospital administrator worked in counterpart fashion with existing Grenadian administrators who remain in the administrative positions.

Mental Health

PSYCHIATRY: A UWI senior resident completed his final year of training in Grenada and has been appointed consultant by the MOH beginning January, 1990.

NURSING (psychiatric): Project HOPE in-country training programs have strengthened existing nursing skills, upgraded nursing attendants, and created the category of community mental health nurse (MOH has created positions and hired graduates). Four Grenadian psychiatric nurses have returned home from overseas and been hired by the MOH.

SOCIAL WORK (psychiatric): Two Grenadians have been hired by the MOH. Two are being sponsored by Project HOPE to regional training programs.

ACTIVITY THERAPY: Two Grenadian nursing assistant are performing these tasks. One of them received short-term training in New York in addition to the in-country Project HOPE training.

APPENDIX B

PROGRAM ACTIVITIES FUNDED OUTSIDE OF THE GRANT

1. Grenadian physician (UWI graduate) sponsored for two year certificate in radiology.

2. Two Grenadian nurses sponsored to become nurse anesthetists in the Jamaica nurse anesthetist program.

3. Two Grenadian nurses sponsored to State University of New York for a one year certificate program to qualify them as tutors in psychiatric nursing.

4. Grenadian nursing tutor sponsored to develop video production skills and observe the function of nursing skills laboratory.

5. Two Grenadian nurses sponsored for general nursing tutor training: one to Guyana and the second nurse to Jamaica.

6. Grenadian operating room nurse sponsored to 10 month program in nursing administration in the USA. This nurse has now assumed the position as head operating room nurse at General Hospital.

7. The salaries and benefits of two Project HOPE psychiatric nurses have been covered with funding outside of the grant since 1987.

8. The salary of a Project HOPE nurse who developed and implemented an operating room technician course was covered with funding outside of the grant. Grenadians were incorporated into the teaching in order to continue the program when necessary.

9. Two regional scholarships were given to Grenadians to increase skills in social work.

10. The lead medical record person at General Hospital was sponsored to a one year program at CAST in Jamaica.

11. Since mid-1988, Project HOPE participation in general surgery, pathology and environmental health was covered with funding outside of the grant.

PROJECT HOPE

THE PROJECT HOPE HEALTH SCIENCES EDUCATION CENTER, MILLWOOD, VIRGINIA 22646/(703)837-210

October 31, 1989

Mr. Gene Westlake
M/FM/PAD/CMA
Room 621, SA-12
Agency for International Development
Washington, D.C. 20523
ATTN: Jean Washington

RE: Grant #LAC-0000-A-00-4008-00

Dear Jean:

Enclosed is the final Financial Status Report for Grant #LAC-0000-A-00-4008-00 for the quarter ended September 30, 1989.

If there are any questions, please do not hesitate to contact me.

Sincerely,

Bambi P. Crawford
Accountant

BPC:jms

Enclosures

cc: Carol Becker, USAID, P.O. Box 302, Bridgetown, Barbados

Hariadene Johnson, USAID Representative, U.S. Agency for International Development, St. George's, Grenada, W.I.

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Board of Directors: Joseph E. Abely, Jr., J. Patrick Barrett, Herbert J. Bloom, D.D.S., Ph.D., Robert E. Campbell, Mrs. Edward N. Cole, J. Edward Day, William L. Henry,

Schedule I

The People-to-People Health Foundation, Inc.

LAC-0000-A-00-4008-00

Summary of Financial Activity for the Period July 1, 1989 through September 30, 1989

	HOPE	HEALTH SERVICES PROGRAM	MENTAL HEALTH PROGRAM	TOTAL
Salaries, Wages, Benefits	$-0-	$-0-	$-0-	$-0-
Equipment/Supplies	-0-	-0-	-0-	-0-
Travel/Per Diem	-0-	-0-	-0-	-0-
Freight	-0-	-0-	-0-	-0-
Evaluation	-0-	-0-	-0-	-0-
Other Direct Costs	-0-	-0-	-0-	-0-
Overhead	-0-	-0-	-0-	-0-
Totals	$-0-	$-0-	$-0-	$-0-

Schedule II

The People-to-People Health Foundation, Inc.
LAC-0000-A-00-4008-00
Summary of Financial Activity Cumulative to September 30, 1989

	HOPE	HEALTH SERVICES PROGRAM	MENTAL HEALTH PROGRAM	TOTAL
Salaries, Wages, Benefits	$1,873,301	$2,647,079	$ 634,523	$ 5,154,903
Equipment/Supplies	3,516,428	1,007,867	174,185	4,698,480
Travel/Per Diem	94,641	1,439,993	87,227	1,621,861
Freight	537	139,108	28,667	168,312
Evaluation	-0-	-0-	-0-	-0-
Other Direct Costs	1,080	101,218	528	102,823
Overhead	2,376,378	-0-	294,605	2,670,983
Totals	$7,862,365	$5,335,265	$1,219,735	$14,417,362

FINANCIAL STATUS REPORT

(Follow instructions on the back)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER: LAC-0000-A-00-4008-00

OMB Approved No. 80-R0180

PAGE 1 OF 1 P

3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code)
The People-to-People Health Foundation, Inc.
The Project HOPE Health Sciences Education Center
Millwood, Virginia 22646

4. EMPLOYER IDENTIFICATION NUMBER: 53-0242962

5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER: 534-Grenada

6. FINAL REPORT: [X] YES [ ] NO

7. BASIS: [ ] CASH [X] ACCI

8. PROJECT/GRANT PERIOD (See instructions)
FROM (Month, day, year): January 1, 1984
TO (Month, day, year): September 30, 1989

9. PERIOD COVERED BY THIS REPORT
FROM (Month, day, year): July 1, 1989
TO (Month, day, year): September 30, 1989

10. STATUS OF FUNDS

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	(d)	(e)	(f)	TOTAL (g)
Net outlays previously reported	$	$	$	$	$	$	$13,195,646
Total outlays this report period							1,221,719
Less: Program income credits							-0-
Net outlays this report period (*Line b minus line c*)							1,221,719
Net outlays to date (*Line a plus line d*)							14,417,365
Less: Non-Federal share of outlays							7,862,365
Total Federal share of outlays (*Line e minus line f*)							6,555,000
Total unliquidated obligations							-0-
Less: Non-Federal share of unliquidated obligations shown on line h							-0-
Federal share of unliquidated obligations							-0-
Total Federal share of outlays and unliquidated obligations							6,555,000
Total cumulative amount of Federal funds authorized							6,555,000
Unobligated balance of Federal funds							-0-

11. DIRECT EXPENSE

a. TYPE OF RATE (*Place "X" in appropriate box*) [ ] PROVISIONAL [ ] PREDETERMINED [ ] FINAL [ ] FIXED

b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE

REMARKS: *Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. CERTIFICATION
I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL: William L. Brockschmidt

DATE REPORT SUBMITTED: 10/31/89

TYPED OR PRINTED NAME AND TITLE
WILLIAM L. BROCKSCHMIDT
VICE PRESIDENT, FINANCE

TELEPHONE (*Area code number and extension*): (703) 837-2100

-102

STANDARD FORM 269 (7-76)
Prescribed by Office of Management and Buc
Cir. No. A-110