

ANNUAL REPORT
FOR COOPERATIVE AGREEMENT # EEU-A-00-00-00001-00
Time Period: November, 1999 through October, 2000
Submitted: 11/30/00

INTRODUCTION

During FY 2000, Carelift International focused on the four categories of effort set by the American International Health Alliance (AIHA) Partnership Program. These included women's health initiatives, upgrades of emergency medicine practices, public health activities, and the establishment of primary care programs. Carelift concentrated its efforts on the acquisition and delivery of technology, supplies, and pharmaceuticals to support the discreet goals of each Partnership, with an emphasis on monitoring, diagnostic, critical care, and life-support equipment.

CARELIFT INTERNATIONAL'S CONTRIBUTION

Carelift used USAID's Grant #1 funding totaling \$1.5 million to provide just under \$4.5 million in medical equipment, furniture, supplies, pharmaceuticals, and services to AIHA Partnership projects during FY 2000. Several more shipments to Grant #1 designated recipients are planned. This means that Carelift expects to match USAID's initial grant by 300% by the spring of 2001.

SUMMARY: Grant #1 Progress

A grid, summarizing Carelift's progress made under Grant #1 funding, can be found in Attachment A. The information is provided, in alphabetical order, by Partnership country. The NIS and US Partners are identified, as are the recipient institutions that are the focus of Carelift's Grant #1 activities. See Attachment B for more complete descriptions of each of the (9) Partnerships selected as Grant #1 recipients of Carelift's goods and services.

Four of these projects [(2) in Lviv, Ukraine, (1) in Chisinau, Moldova, and (1) in Moscow, Russia] are identified as "legacy" Partnerships that required tangible goods in order to implement the recommendations made by the US Partners at the close of their Partnership agreement period (1999). Because the need for adding Carelift's program value to these projects was so evident, AIHA and Carelift agreed to collaborate on these projects very early on in FY 2000. This early start allowed Carelift enough advance notice to repair and test inventory, purchase accessories, and harvest specific goods for shipments to the Chisinau's emergency hospital in February and March and to Lviv's perinatal center in April. Late arrival of necessary parts and accessories from the manufacturers delayed the shipment to Moscow's birthhouse until July and delayed the shipment to Lviv's women's center until September.

Discussions between AIHA and Carelift in regard to the selection of the other (5) Partnerships took longer. Both AIHA and Carelift needed to assess the discrete value-added match of Carelift's focus and the Partnership's overall objectives, in addition to gauging their potential readiness to receive and use tangible goods by 2001. The Astana, Chisinau II, Kutaisi, and Mtskheta Partnerships were selected as Carelift targets in late winter and early spring of 2000. At the American Partner's request and with the concurrence of USAID and AIHA, the Minsk Partnership project was added to the list of Carelift targets in August.

Despite the time lag in identifying the (5) additional Partnership targets, Carelift was able to ship goods to all of the new Partnership projects in FY 2000, except Astana. AIHA's Program Officer for Central Asia asked Carelift to delay the Astana shipment until the final decision on the target site of the model primary care center is made. As previously mentioned, additional shipments to primary care clinics in Moldova (the Chisinau II project) are planned for late 2000 and early 2001.

To date, Carelift has sent goods, valued at \$4,463,523, to Grant #1 recipients overseas. The (3) additional planned shipments to Grant #1 Partnership sites will contain approximately \$180,000 worth of goods. \$29,167 in volunteer time and donated services was also contributed to Grant #1 Partners in FY 2000. This means that Carelift has far exceeded its agreement to match the initial USAID financial award by 200% and expects to reach a 300% match by early spring 2001.

During FY 2001, training, monitoring the intended use of equipment and the design of re-supply plans, and evaluations on the full use of the donated goods will be done on those projects that received goods during FY 2000, except for Minsk. The US Partner, the Robert Wood Johnson (NJ) Network has provided the necessary training on the ultrasound equipment shipped to Minsk and is in charge of the drug distribution plan for Polyclinic #11. See the Grant #1 Progress grid in Attachment A that summarizes the training and evaluation schedules for all of Carelift's Grant #1 projects.

Delays in receipt of surface shipments overseas, often running to more than double the (45) day targets, are inhibiting Carelift's ability to properly schedule customs clearances, equipment registration, and training. The July shipment to Moscow continues to be in unconfirmed "enroute" status. Carelift is currently tracing the shipments to Kutaisi, Georgia and the Ukrainian women's center that were due to arrive in October. The Department of State is aware of the slippage in Carelift's surface shipping schedules and has lodged a complaint with its sub contractor, the International Services Corporation.

Due to shipment delays and delays in acquiring parts for the mammography unit intended for the Lviv women's center, only (5) Partnership projects have actually received Carelift's goods during FY 2000. The response from the only continually active American Partner among these (4) projects was heartening. So far, Carelift has received (3) letters of thanks from the lead American coordinator, Andy Greene of the Robert Wood Johnson Health Network, for Carelift's work on the Minsk, Belarus project. With the cooperation of USAID and AIHA, the Minsk project was added to Carelift's work plan in August and Carelift's operations staff put forth extra effort, in a very short time frame, to secure and send the goods needed before the official opening of the Primary Care Center in September. Mr. Greene wrote, "Your [Carelift's] work produced a spectacular start to a Center that will save and improve countless lives."

Carelift was also pleased to have had the opportunity to contribute to the Department of State's "Operation Hope, Moldova 2000 Airlift" with (3) other NGO's. In a letter of commendation from Counterpart, the NGO responsible for shipping the donations to Moldova,

the lead coordinator said, "...I just wanted to thank you for your incredible effort and help on the Moldova 2000 Airlift...the Moldovans were very grateful for this shipment."

At an October reception for the Prime Minister of Moldova, who was on official business in Washington D.C., Carelift was honored as the American NGO who has continually supported (for the past 6 years) improvement of the healthcare delivery systems in that country. The letter of commendation from Moldovan President Petru Lucinschi to Carelift's President and CEO contained this salute, "Specifically, I would like to express my gratitude for your efforts...to develop [the] hospital system in our country, the technological and medical education reforms that you've assisted the Medical University...to implement, and your work to establish family [practice] centers and modern emergency rooms in Moldova."

PREPARATION AND COORDINATION: Grant #2 Activity

In 1999, in preparation for USAID's anticipated focus on primary healthcare projects in the NIS during 2000 and beyond, Carelift emphasized expansion of its donor base in order to acquire larger quantities of appropriate general medical supplies and the low to medium technology used in primary care practice. Affiliations with (3) electronic commerce companies that auction medical assets on the web, Medibuy, Meditrader, and Neofarma GAR, were initiated. These companies offered Carelift a variety of options, the most interesting of which was the possibility of acquiring, as donations, goods that found no buyer. Although a large quantity of donated goods did not materialize as hoped, Carelift continues to gather, in addition to some useful equipment, information about hospital closures and mergers and even more information about the accurate pricing of surplus and refurbished goods.

1999 also saw an affiliation with Shared Services Healthcare Inc. of Atlanta GA, the nation's largest regional, medically related, group purchasing organization. Continuous exchange of information with this organization has resulted in the acquisition of some valuable goods.

In October of 2000, after (6) months of discussion, an affiliation with the Ohio Hospital Association, in collaboration with the State of Ohio's Environmental Protection Agency, was concluded. Having the support of the CEO's of (180) member hospitals and the (6) regional allied hospital associations in Ohio raises Carelift's hopes of obtaining the additional donations that will more than fulfill its Grant #2 obligations.

Mediq PRN, the largest renter of critical care hospital equipment in the world and a long time Carelift supporter, expanded its relationship with Carelift. Mediq will, if the timing coincides with its own regional deliveries to its headquarters in NJ, transport out-of-state donations to Carelift free-of-charge. Mediq also offered to pay up to \$1,000 in monthly domestic shipping costs, when dual (Mediq/Carelift) shipments cannot be coordinated.

The process of identifying tentative target sites for USAID Grant #2 activities began in the spring of 2000. In July, Carelift's leadership attended the AIHA Partnership Conference in Budapest, Hungary during which they had discussions with the potential American and foreign Partners, as well as AIHA program officers. These discussions continued throughout the summer and fall and on 10/2/00, at a meeting at AIHA Headquarters in Washington, D.C., the Partnership projects that Carelift will support, under its Grant #2 funding, were formally identified.

The (11) Grant #2 Partnerships are: Armenia (Armavir, Gegarkunik, and Lori); Kyrgyzstan (Bishkek); Russia (Khabarovsk and Kurgan-Schuche); Ukraine (Donetsk, Kharkiv, Kiev, and Uzhgorod); and Uzbekistan (Fergana-Tashkent). It was also decided that Carelift would extend its work with the (2) Partnerships in Georgia (Kutaisi and Mtskheta-Mtianeti) under Grant #2 funding. Carelift expects to select at least (1) additional Grant #2 target by the spring of 2001 from a list of (5) potential Partnerships. Carelift and AIHA are delaying this decision in order to see how these particular Partnerships are progressing in regard to their FY 2001 work plans.

See the grid in Attachment C that summarizes each selected Grant #2 Partnership's focus, the anticipated equipment and supply needs, the estimated value of each projected shipment, and the proposed assessment, training and evaluation schedules. See Attachment D for a detailed description of these (11) additional Grant #2 Partnership projects and the (2) continuation activities in Georgia. This attachment also highlights Carelift's expected role in these activities.

These particular Partnerships were selected because: Carelift International's contributions of goods and services will directly and specifically add value to the discrete goals of these Partnerships; the projected timeframes of the Partnership goals allow Carelift enough lead time to harvest the needed technology, equipment, furniture, pharmaceuticals and supplies; and the selection of the (2) continuation Partnerships in Georgia and the (3) new Partnerships in Armenia allow Carelift to fulfill the USAID Grant #2 requirement to provide (at least) \$200,000 in goods and services to the Republic of Georgia and \$350,000 in goods and services to Armenia during the grant award period (2001-2003).

Joint AIHA/Carelift assessment trips have been made to Armenia, Kyrgyzstan, Russia, Ukraine, and Uzbekistan. Because of changing Partnership needs, as well as the Partner institutions' capabilities additional Partnerships may be added and/or some of these initially targeted Grant #2 Partnerships may either be dropped entirely or redirected.

WORK PLANS

Before a work plan is designed for a specific Partnership recipient, Carelift wants to insure that the recipient understands the obligations it incurs when it accepts a Carelift donation. To this end, Carelift developed a document titled an "Agreement" form (see Attachment E) which clearly and specifically outlines: the goals and obligations of both parties; waiver of liability and indemnification provisions; and waste handling and disposal standards identified in collaboration with USAID's environmental unit. This document is intended to emphasize to the recipient the importance of maintaining the equipment, designing a re-supply system to sustain the programs that Carelift's donations support, and adhering to good medical waste disposal practices. Monitoring the delivery, installation, and use of the equipment and supplies continues to be the responsibility of Carelift.

The basic steps in developing a work plan for each project revolve around the assessment of: a) the goods needed by the recipient; b) the compatibility of the equipment in-place with Carelift's inventory or ability to harvest; and c) ability of the recipient to sustain the equipment and develop a re-supply system. During FY 2000, although no particular conflict arose,

Carelift spent a great deal of time coordinating the various and changeable “wish lists” from the recipients, the American Partners, and AIHA representatives. To reduce the amount of time spent of acquiring a final “approved” list of goods, Carelift and an appropriate AIHA representative are currently coordinating their assessment travel schedules.

SUPPLY AND PROCUREMENT ACTIVITY

Carelift expects to acquire almost all of the needed technology and equipment through its marketing and harvesting programs. See the revised listings of medical equipment and medical supplies provided in Attachment E (originally compiled by Carelift and now including input from AIHA) that Carelift anticipates shipping overseas.

These generic lists will be tailored to suit the intended recipient after the assessment visits/processes are completed. As a policy, in addition to maintenance packs for each piece of equipment, Carelift will provide six months to one year’s worth of supplies and accessories needed to run the equipment. Testing devices (to insure that the equipment is in fully functioning order) will also be provided, if not already available on-site. These purchases will be coordinated with the recipient to insure that the most reliable and cost-effective supplier of these accessories is selected (by Carelift) initially and is also capable of providing timely support to the on-going supply-chain management system.

Specific purchases for each project cannot be estimated in advance because of the need to coordinate the type of equipment, its manufacturer and series number, and accompanying accessories and testing devices with the recipient to insure compatibility with equipment already in place. See the (3) pie charts in Attachment G. The first graphically shows that in FY 2000, only 2% (less than \$80,000) of the total value of goods shipped (\$4,443,205) was purchased. The second chart indicates the value and percentage of (6) different categories of goods shipped to Grant #1 projects in FY 2000. The third chart depicts the volume of items/boxes shipped to Grant #1 in FY 2000, again by the same (6) different categories of goods.

Because of the shift in FY 2001 to a focus on primary care activities (which require less expensive equipment than the activities targeted in FY 2000), the estimates of the value, volume, category of goods, and donation percentage for the projected FY 2001 and 2002 shipments vary from the FY 2000 numbers. Carelift expects to ship the volume and value of goods that will raise Carelift’s match of USAID Grant #1 and Grant #2 funding (a total of \$3.7 million) up to the minimum level of the agreed upon amount of \$6.5 million.

Since the targeted primary care centers are most in need of general supplies, it is no surprise that the volume in this category of goods is expected to rise considerably. Since there is a secondary market for general medical supplies and equipment and instruments geared to primary care activity in the US, up to 10% of these items may need to be purchased for Grant #2 recipients. The amount of pharmaceuticals sent overseas in coming years will be reduced. Carelift anticipates shipping moderate amounts of antibiotics, blood pressure medicine, and blood thinners to the designated primary care centers and their referral hospitals.

Ms. Susan Rupprecht, Contract Specialist in USAID's Office of Procurement, continues to act as Carelift's Agreement Officer for the extended term of this Cooperative Agreement (1999-2003). Only purchases of items exceeding \$5,000 require advance approval by her office.

TRACKING AND REPORTING

Following the advice of the USAID CTO, Carelift will continue to submit quarterly expense and program reports to the appropriate USAID Departments for review, as required.

DELIVERY

Carelift will retain overall responsibility for clearing customs, following local registration requirements, delivering airfreight to the recipient, and installing equipment, in coordination with the recipient institution. Carelift will designate and hire local representatives to perform these activities during, if not before, the assessment process.

BUDGET ISSUES:

On 9/14/00, the USAID Agreement Officer approved Carelift's budget that described the actual FY 2000 expenses and that projected expenses through 2003. This was the last step in the final approval of the amendments to Cooperative Agreement #EEU-A-00-00-00001-00 which also extended the termination date of the CA from 10/31/01 to 10/31/03. Modifications to the Comprehensive Work Plan are currently under review by the CTO for USAID. When his approval is received, Carelift will be able to draw down on the \$2.2 million addition to the initial USAID financial award of \$1.5 million.

Internally generated timesheets are being used, at Carelift's Operations Center, to identify the direct labor costs attributed to the USAID Partnership projects. Expenses for each line item are being tracked by line item category on a quarterly basis. The comptroller usually meets monthly with headquarters and operations staff and can alert them to variances between budgeted and actual spending patterns. Consequently, any needed planning and purchasing, adjustments can be made quickly. Carelift will request its Agreement Officer's advice, should spending patterns begin to vary widely from the projected budget.

ENVIRONMENTAL CONSIDERATIONS

Medical waste handling and disposal protocols have been developed in collaboration with USAID's environmental unit, based upon World Health Organization (WHO) guidelines, and will be disseminated to each recipient. These are distributed to each recipient institution with Carelift's agreement form, thereby emphasizing early on in the project process the importance of this issue. See Attachment E, which contains a copy of these protocols. A brief, on-site, environmental review will be added to the assessment process, based on an assessment tool developed by the World Health Organization and modified by Carelift International. See Attachment H. If needed, potential ways to improve medical waste handling and disposal will be presented during the technical training workshop sessions. The goals of these presentations are to identify one or two practical handling or disposal methods that will minimize hazards to the public and to suggest delegation of responsibility for implementation of these methods to a reliable person at the recipient institution. Carelift will evaluate the recipient's progress in this area during the evaluation phase of each project.

TRAINING

The engineering and medical staff of the recipient institution may require training on donated equipment testing, installation, maintenance, operation, and supply chain management. The majority of the training is expected to be done through in-country workshops. However, some alternative options may be selected, if appropriate. They are: training at a Carelift-sponsored technical training site overseas; contract with a manufacturer's representative; or an exchange of manuals, instructional materials, and maintenance protocols in the native or secondary language of the recipient's staff.

EVALUATION

See the evaluation tool that Carelift will use as a basis for discussion with the recipients and the collaborating Partners in [Attachment I](#). This outline was discussed with was developed in cooperation with Carelift's CTO at USAID.

MEASUREMENTS OF PROGRESS

USAID will review the five indicators (listed below) to determine if Carelift has successfully fulfilled the terms of the cooperative agreement:

1. \$6.5 million of goods shipped. Carelift will track the value the goods shipped to the NIS via the shipping manifests (containing the value of the goods) submitted to the Department of State, with each transportation request.
2. Major equipment supplied being used effectively and being well-maintained one-year post installation. Carelift's aim is to secure written agreement from the recipient institution to maintain the donated equipment prior to the shipment of the donations. Carelift will make site inspections to evaluate this issue.
3. Supplies delivered and used as intended. An in-country hire will be responsible for customs clearances, equipment registration and ground transportation from the airport to the recipient institution. He/she will notify Carelift of any problems with delivery. For surface freight, the Department of State will deliver "door to door" and has not experienced any losses or theft with their group of current freight forwarding contractors.
4. An on-going re-supply plan for spare parts is in place and working in each recipient facility. Carelift, from past experience, recognizes the importance of a spare parts supply. Measurement of Carelift's success in either supplying enough spare parts to keep the equipment in service for a (minimum) two-year period or assisting the recipient to locate a reliable source for them can best be measured by the number of complaints received from the recipient on this issue. Carelift ships tested and reliable equipment precisely to avoid such complaints.
5. Identified supply sources are able to keep up with the demand. As a policy, in addition to maintenance packs for each piece of equipment, Carelift will provide six months to one year's worth of supplies and accessories needed to keep the donated equipment in regular and intended use. Installation of an effective management supply system at a recipient institution is a priority for Carelift. Consequently, identification of appropriate supply vendors will be made. Carelift will also attempt to include personal computer packages in its shipments to assist the recipient in establishing a reliable supply chain management system, if a PC is not available to the recipient institution's supply manager.

ATTACHMENT A

(Grid: Grant #1)

			Grant #1 Progress		Prepared 11/00	
Country	NIS/US Partners	Focus	Goods Shipped	Value-not audited	Training/ Environment	Evaluation
Belarus	Minsk/Robert Wood Johnson (NJ) Network	Primary Care at Polyclinic #11	ultrasound unit, computers, pharmaceuticals	\$97,489	Training & drug distribution performed by RWJ	10/01
Georgia	Kutaisi/ Atlanta Grady Health System	Women's Wellness Center, 11 Javakhishvili St.	ultrasound unit, monitors, defibrillator, sterilizer, other equipment, instruments, computers, furniture, supplies	\$60,043	1/01	7/01
Georgia I	Mtskheta-Mtianeti/ Milwaukee International Health Training Center	Primary Care Center, 1 Gvindgelia St.	EKG & ultrasound units, incubators, sterilizer, other equipment, instruments, computers, supplies furniture, wheelchairs,	\$76,069	1/01	7/01
Kazakstan	Astana/Pittsburgh Mercy Health Center	Primary Care Center - TBD	(in process) shipment held until site is selected	?	5/01	9/01
Moldova "Legacy"	Chisinau/ Minneapolis Emergency Hospital	ER at Emergency Hospital	EKG monitors, ventilators, anesthesia machine, instruments, C-Arm, electric beds, furniture, computers, supplies, drugs	3,349,698	Training planned immediately following training program in Moscow, 12/00	6/01
Moldova I	Chisinau/E. VA Medical School	Primary Care at Polyclinic #11	instruments, supplies, drugs. Shipment is planned, 1/01.	\$508,066 plus ?	4/01	6/01
Russia "Legacy"	Moscow/Pitt. Magee-Women's Hospital	Saviors Hospital's Women's Health Center	ultrasound units, ventilators, bassinets, resuscitators, monitors, instruments, furniture, wheelchairs, supplies	\$145,596	Closed for "sanitation", 9/00-10/00. Training planned when goods arrive, 12/00	3/01
Ukraine "Legacy"	Lviv/ Buffalo Sisters Hospital	Perinatal Center	EKG and anesthesia machines, monitors, incubators, warmers, sterilizers, centrifuges, other equipment, instruments, electric beds, supplies	\$138,660	Closed for renovations. Training planned when reopen, 3/01	6/01
Ukraine I "Legacy"	Lviv/ Buffalo Health Systems	Railway Hospital's Women's Health Center	mammography unit, monitors, humidifiers other equipment, instruments, supplies	\$87,902	Training planned in conjunction with above	6/01
SUB TOTAL				4,463,523		
OTHER	(Volunteer Time &	Donated	Services)	29,167		
ADD	(Estimate for	Astana &	Moldova II)	180,000		
GRAND TOTAL				4,672,690		
	A:\USAID.WorkPlan	Grant 1.Grid				

ATTACHMENT B
(Grant #1 Partnerships)

Grant #1 Partnership Projects

BELARUS

Minsk, Belarus/New Brunswick, NJ - Primary Health Care

US Partner: The Robert Wood Johnson Health Network, including the Robert Wood Johnson Medical School.

NIS Partner: The NIS partners include the Ministry of Health, Minsk City Health Administration and Policlinic #36.

Partnership Objectives: The overall goal of the partnership is to develop primary care disease prevention and health promotion programs to improve the cardiovascular health of the area's population. Primary care prevention is the model of choice to improve health care and access to health care and to decrease cost.

Carelift International's Objectives: Provide at least one additional shipment of goods to Policlinic #36. Execute program year #2 activities (in coordination with the American Partner): technical training, environmental standards discussion, project evaluation, and (potential) re-supply.

GEORGIA

Kutaisi, Georgia/Atlanta, GA - Healthy Communities/Women's Wellness

US Partner: The Grady Health System, operating under the auspices of the Fulton & DeKalb County Hospital Authority, the Georgia State University (Departments of Nursing and Management), Kaiser Permanente, Fulton County Health Department, and the Rollings School of Public Health.

NIS Partner: The primary partner institution is the Regional Health Care Management Department of the Imereti Region.

Partnership Objectives: The main goal of the Kutaisi-Atlanta Partnership is to establish a Women's Wellness and Primary Care Center in Kutaisi. The partnership will develop and improve access to quality services to meet the identified needs of women in Kutaisi and improve access to services with an emphasis on disease prevention and health promotion.

Carelift International's Objectives: Execute program year #2 activities: technical training, environmental standards discussion, and project evaluation.

Mtskheta-Mtianeti, Georgia/Milwaukee, WI - Primary Health Care

US Partner: The Milwaukee International Health Training Center (MIHTC), the Medical College of Wisconsin, the University of Wisconsin Medical School - Milwaukee Clinical Campus, Marquette University Schools of Nursing and Dentistry, the City of Milwaukee Health Department, the Planning Council for Health and Human Services, the Sixteenth Street Community Health Center, and the Milwaukee County Division of Health Related Programs.

NIS Partner: The Mtskheta-Mtianeti Regional Health Administration, Republic of Georgia. An urban polyclinic serves as the lead partnership institution in Georgia.

Partnership Objectives: The overall goal of the partnership is the design, development and implementation of family- and community-oriented Primary Health Care (PHC) system in the Mtskheta-Mtianeti region of the Republic of Georgia.

Carelift International's Objectives: Execute program year #2 activities: technical training, environmental standards discussion, and project evaluation.

KAZAKSTAN

Astana, Kazakstan/Pittsburgh, PA - Primary Health Care

US Partner: Pittsburgh Mercy Health System leads a consortium that includes: Sto-Rox Health Center, Allegheny County Health Department, Family Health Council Inc., Graduate School of Public Health, University of Pittsburgh, Pittsburgh Police Department, Women's Center and Shelter, Allegheny County Department of Human Services, and the Carlow School of Nursing.

NIS Partner: The Astana City Health Administration is the lead Astana partner. The City Health Administration identified Children's Polyclinic #6 as the site for the new Family Medicine Center.

Partnership Objectives: The overall goal of the partnership is to foster the development of prevention-oriented, family-based primary care, with integrated delivery of social services in Astana.

Carelift International's Objectives: The first shipment of goods to the model Primary Care Center in Astana has not yet been scheduled to depart Philadelphia. Following identification of the target site, goods will be dispatched and program year #2 activities will begin: technical training, environmental standards discussion, project evaluation, and (potential) re-supply.

MOLDOVA

Chisinau, Moldova/Minneapolis, MI - Emergency Medicine

US Partner: Hennepin County Medical Center in Minneapolis, Minnesota.

NIS Partner: the City Ambulance Center, Republican Clinical Hospital, the Medical University of Moldova, and the Ministry of Health in Chisinau, Moldova.

Partnership Objectives: The general areas of partnership focus are emergency medical services, medical education, surgery, cardiovascular medicine and surgery, and nursing education & reform and women's health.

Carelift International's Objectives: Execute program year #2 activities: technical training, environmental standards discussion, project evaluation, and (potential) re-supply.

Chisinau, Moldova/Norfolk & Portsmouth, VA - Primary Health Care

US Partners: Eastern Virginia Medical School (EVMS) is the lead organization. EVMS has formed a consortium with the following institutions: Portsmouth Family Medicine Residency Program - a unit of EVMS, the Norfolk Department of Public Health, a unit of the Virginia Department of Health, and the Portsmouth Community Health Center, Inc.

NIS Partner: The Moldovan partners have also formed a consortium. The members of the consortium are the Ministry of Health of the Republic of Moldova, the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova (SMPU), the City of Chisinau Department of Health, and the Botanica and Kagul District Health Administrations and the Consultative Diagnostic Center of the Botanica District.

Partnership Objectives: Establishment of two model community-based family medicine centers focused on health care delivery, health promotion and disease prevention. The centers will also be used for residency training.

Carelift International's Objectives: Carelift contributed more than \$500,000 in pharmaceuticals to "Operation Provide Hope" that delivered these drugs to various primary healthcare clinics in Moldova in 8/00. A shipment of primary health goods intended for Chisinau's Polyclinic #11 is scheduled to depart Philadelphia in 1/01. Another shipment is planned to supply a new project, a Women's Wellness Center, recently selected as a target project by AIHA, in Kagul. Following the arrival of the goods, program year #2 activities will be scheduled: technical training (if needed in Kagul), environmental standards discussion, project evaluation, and potential re-supply.

RUSSIA

Moscow, Russia/Pittsburgh, PA – Maternal & Child Health

US Partner: Magee-Women's Hospital, Pittsburgh, Pennsylvania.

NIS Partner: Savior's Hospital for Peace and Charity (& Birth House) and the Main Medical Administration of Moscow, Russia.

Partnership Objectives: The general areas of partnership focus are maternal and child health, family planning, consumer and community education, and hospital administration.

Carelift International's Objectives: Execute program year #2 activities after Birth House reopens (closed for "sterilization" from 9/15/00-10/15/00) and goods have arrived: technical training, environmental standards discussion, and project evaluation.

UKRAINE

Lviv, Ukraine/Buffalo, NY – Maternal & Child Health

US Partner: Millard Fillmore Health Systems and the SUNY Buffalo School of Medicine and Biomedical Sciences in Buffalo, New York.

NIS Partner: Lviv Perinatal Center.

Partnership Objectives: This partnership project emphasizes obstetrics and infection control.

Carelift International's Objectives: Following the re-opening of the Perinatal Center (expected date - 2/01 or 3/01) which is now closed for renovation, execute program year #2 activities: technical training, environmental standards discussion, project evaluation, and (potential) re-supply.

Lviv, Ukraine/Buffalo, NY - Multi-Program

US Partner: Millard Fillmore Health Systems and the SUNY Buffalo School of Medicine and Biomedical Sciences in Buffalo, New York.

NIS Partner: Lviv Railway Hospital.

Partnership Objectives: This partnership project emphasizes gynecology and resource center development.

Carelift International's Objectives: Execute program year #2 activities after shipment of goods arrive: technical training (if needed – a similar make of mammography unit is already in place and functioning), environmental standards discussion, project evaluation, and (potential) re-supply.

ATTACHMENT C

(Grid: Grant #2)

Country	NIS/US Partners	Focus	Grant #2 Estimate Anticipated Goods Needed/ Shipping Schedule	Est. Value	Prepared 11/00 Assess & Train (Environment)	Evaluation
Armenia	Armavir/ Galveston TX	1. Primary Care Polyclinic 2. Yerevan Mammo Center 3. Yerevan Emergency Hospital	EKG & ultrasound units, instruments, test kits, furnishings, supplies, computers EKG, ultrasound & mammo units, test kits, furnishings, supplies, computers EKG units, ventilators, defibrillators, monitors, Instruments, wheelchairs, crutches, furnishings, supplies Ship – 1/01, 5/01, 11/01	60K 50K (drug) 60K 75K	Assess – 10/00 Train – 4/01	2/02
Armenia I	Gegarkunik/ Providence RI	1. Sevrans Polyclinic 2. (4) Sevrans Village Dispensaries 3. Sevrans Hospital 4. EMS Center	EKG & ultrasound units, instruments, test kits, furnishings, supplies, computers instruments, furnishings, supplies equipment, instruments, furnishings, supplies EKG units, ventilators, defibrillators, monitors, instruments, wheelchairs, crutches, furnishings, supplies Ship – 4/01, 8/01, 12/01	60K 60K 60K 75K 100K (drug) dispersed among the above	Assess – 10/00 Train – 7/01	2/02
Armenia II	Lori/Los Angeles CA	1. Polyclinic #5 2. Women's Wellness Center	EKG & ultrasound units, instruments, test kits, supplies, computers, EKG, ultrasound & mammo units, incubators, sterilizer, other equipment, instruments, computers, exam lamps and tables, furniture, wheelchairs Ship – 1/01, 4/01, 1/02	60K 60K 50K (drug) dispersed between the (2) projects	Assess – 10/00 Train – 3/01	2/02

Country	NIS/US Partners	Focus	Anticipated Goods Needed/ Shipping Schedule	Est. Value	Assess & Train (Environment)	Evaluation
Georgia	Kutaisi/ Atlanta Grady Health System	1.Resupply Women's Wellness Center 2.Nursing Learning Center	furnishings, computers, test kits, supplies equipment, furniture, computers, supplies Ship – 12/00	5K 5K 50K (drug) dispersed between the (2) projects	Assess - Completed via Grant #1 activity schedule Train – 1/01	7/01
Georgia I	Mtskheta-Mtianeti/ Milwaukee International Health Training Center	1.Resupply Primary Care Center 2.Equip & supply replicate Centers in Dusheti & Kazbegi	furnishings, computers, supplies EKG & ultrasound units, sterilizer, other equipment, instruments, computers, exam lamps and tables, furniture, wheelchairs, crutches, supplies Ship – 4/01	5K 50K (drug) 60K 100K (drug)	Assess - Completed via Grant #1 activity schedule Train – 1/01	7/01
Cyrgyzstan	Bishkek/Reno NV	1. KSMA Family Practice Center 2. (3) Intern Training Centers 3. Nursing Training Centers	EKG & ultrasound units, sterilizer, other equipment, instruments, computers, exam lamps and tables, furniture, wheelchairs, crutches, supplies furnishings, computers, supplies furnishings, computers, supplies Ship –11/00, 7/01,11/01	60K 50K (drug) 15K 15K	Assess – 10/00 Train – 3/01	3/02

Country	NIS/US Partners	Focus	Anticipated Goods Needed/ Shipping Schedule	Est. Value	Assess & Train (Environment)	Evaluation
Russia	Khabarovsk/ Lexington KY	1. Women's Wellness Center 2. Community Health Education Center	EKG, ultrasound & mammo units, incubators, sterilizer, other equipment, instruments, computers, exam lamps and tables, furniture, wheelchairs, crutches, supplies furnishings, computers, supplies Ship – 5/01, 11/01, 7/02	60K 50K (drug) 5K	Assess- 3/01 Train – 7/01	10/02
Russia I	Kurgan & Schuche/Fox Cities WI	1. Maternal Specialty Center 2. Community Learning Center 3. Kurgan City Hospital 4. Schuche Primary Care Center	ultrasound units, incubators, sterilizer, monitors, instruments, computers, exam lamps and tables, furniture, wheelchairs, supplies furnishings, computers, supplies equipment, instruments, furnishings, supplies EKG & ultrasound units, sterilizer, other equipment, instruments, computers, exam lamps and tables, furniture, wheelchairs, crutches, supplies Ship – 5/01, 1/02	60K 50K (drug) 5K 60K 100K (drug) 60K 50K (drug)	Assess – 11/00 Train – 9/01	5/02
Ukraine	Donetsk/ Pitt. PA	1. Resupply Primary Care Cntr. at Hospital #25 2. Resupply Kramatorsk Women's Cntr. 3. Miner's Cntr. 4. Patient Resource Cntr.	furnishings, computers, supplies furnishings, computers, supplies furnishings, computers, supplies furnishings, computers, supplies Ship – 1/01, 9/01, 12/01	5K 50K (drug) 5K 50K (drug) 32,500 12K (drug) 5K	Assess – 11/00 Train – 6/01	2/02

Country	NIS/US Partners	Focus	Anticipated Goods Needed/ Shipping Schedule	Est. Value	Assess & Train (Environment)	Evaluation
Ukraine I	Kharkiv/La Crosse WI	1. Resupply Kharkiv P C Clinic	furnishings, computers, supplies	5K 50K (drug)	Assess – 2/01 Train – 7/01	2/02
		2. Resupply Chuguev P C Clinic	furnishings, computers, supplies	5K 50K (drug)		
		3. Kharkiv Emergency Training Cntr.	EKG units, sterilizer, monitors, instruments, furnishings, supplies	60K 50K (drug)		
		4. Kharkiv Patient Ed. Cntr.	furnishings, computers, supplies	5K		
		5. Chuguev Patient Ed. Cntr.	furnishings, computers, supplies	5K		
		6. Counseling Cntrs.	furnishings, computers, supplies	5K		
			Ship – 4/01, 7/01, 12/01			
Ukraine II	Kiev/Phila. PA	1. Resupply Family Practice Cntr.	furnishings, computers, supplies	5K 50K (drug)	Assess – 10/00 Train – 5/01	9/01
		2. Environment Monitor Cntr.	furnishings, computers, supplies	5K		
		3. Replicate Family Practice Cntr.	EKG units, sterilizer, monitors, instruments, furnishings, supplies	60K 50K (drug)		
Ukraine V	Uzhgorod/ Corvallis OR	1. Resupply Family Med. Clinic	furnishings, computers, supplies	5K	Assess – 11/00 Train – 4/01	3/02
		2. V. Berezny Family Practice Training Site	EKG units, sterilizer, monitors, instruments, furnishings, supplies	60K 50K (drug)		
		3. Resupply Uzhgorod Women's Cntr.	furnishings, computers, supplies	5K 50K (drug)		
		4. Community Ed. Room	furnishings, computers, supplies	5K		
			Ship – 12/00, 1/01, 10/01			

Country	NIS/US Partners	Focus	Anticipated Goods Needed/ Shipping Schedule	Est. Value	Assess & Train (Environment)	Evaluation
Jzbekistan	Fergana & Tashkent/Atlanta GA	1. Resupply the Fergana Emergency Center	furnishings, computers, supplies	5K 50K (drug)	Assess – (Fergana & Tashkent) 11/00 Train – 10/01	5/02
		2. Resupply Fergana Hospital ERs, District & rural Clinics	furnishings, computers, supplies	5K 50K (drug)		
		3. Fergana Nurse Learning Cntr.	furnishings, computers, supplies	5K		
		4. Fergana Poison Control Center	furnishings, computers, supplies	5K 500 (drug)		
		5. Replicate the above in the Tashkent Oblast	EKG units, sterilizer, monitors, instruments, furnishings, supplies	130K 150K (drug)		
			Ship – 6/01, 2/02			
SUB - TOTALS			EQUIPMENT & SUPPLY	1,412,500		
			DRUG	1,412,500		
GRAND TOTAL				2,825,000		
	A:\USAID.Work Plan	Grant.2. Grid				

ATTACHMENT D
(Grant #2 Partnerships)

ARMENIA

Armavir, Armenia/Galveston, TX - Primary Health Care Program

US Partner: The University of Texas Medical Branch at Galveston (UTMB) and the Galveston Partnership for Better Living (GPBL).

US Coordinator (unconfirmed): Ben Raimer, M.D., VP Community Outreach, UTMB, 301 University Blvd., MC: 0103, Galveston TX 77555, Tel: (409) 772-5033, Fax: (409) 772-9935, E-Mail: bgraimer@utmb.edu

NIS Partner: The Armavir Regional Health Care Administration and the Armavir Polyclinic, serving 15 districts in the Armavir Region.

NIS Coordinator (unconfirmed): Larissa Muradyan, M.D., Dir., Armavir Health Care Dept., Tel: (374-2) 64-239

Information Coordinator (unconfirmed): Marine Khachatryan, Tumanyan 3, Armavir, Armenia 377760, Tel: (374-47) 63-066, E-Mail: aiharm@infostack.net

Partnership Objectives: The overall goal of the partnership is to improve health in the Armavir Region related to diabetes, breast cancer, cardiovascular disease/stroke, and disaster preparedness through changes in lifestyles and health provider training.

Carelift International's Objectives: (Anticipated) To provide primary care tools (blood pressure cuffs and gauges, pregnancy kits, and general supplies) to the Armavir Polyclinic. (Potential) May also provide laboratory equipment, if available through donations, and if results of an assessment visit signal that the Polyclinic has the capacity to utilize the equipment and sustain its quality control. If a reliable system of quality control cannot be established, test kits may be sent in lieu of lab equipment. May also provide a mammography unit, depending upon the potential for usage and the current level of coordination between the Polyclinic and the Yerevan City Mammography Center. May provide additional equipment to the Yerevan City Emergency Hospital, if this is an established referral center for the Polyclinic.

Schedules: Assessment (including environmental issues) – 10/00; Shipping – 1/01, 5/01, 11/01; Estimated Total Value of Shipments - \$245,000; Training (including discussion of disposal of medical waste) – 4/01; and Evaluation – 2/02

ARMENIA

Gegarkunik, Armenia/Providence, RI - Primary Health Care Program

US Partner: Care New England (CNE) and Lifespan Health Systems. The CNE System includes three major private, non-profit hospitals - Women & Infants Hospital of Rhode Island, Kent Hospital, and Butler Hospital. Lifespan, a major health system in New England, consists of five hospitals, a large visiting nurse association, and primary care settings in Rhode Island and Eastern Massachusetts. The National Perinatal Information Center (NPIC) will assist these two partners.

US Coordinator (unconfirmed): David Gagnon, MPH., Pres., National Perinatal Information Center, 144 Wayland Ave., Ste. 300, Providence RI, Tel: (401) 274-0650, Fax: (401) 455-0377, E-Mail: dgagnon@npic.org

NIS Partner: The Gegarkunik Regional Health Care Management Department and the Sevrans Polyclinic.

NIS Coordinator (unconfirmed): Rita Zhamgarian, M.D., Dir., Dir. Sevrans Polyclinic, Tel: (374) 762-2623/22650

Information Coordinator (unconfirmed): Anahit Mkhitarian, 169 Narian St., Sevrans, Armenia, Tel: (374-57) 53-740, E-Mail: aihasev@infostack.net

Partnership Objectives: The overall goal of the partnership is to improve health outcomes in the Gegarkunik Marz through the establishment of a model primary care system in the Sevrans Region (one of five Regions in the Marz).

Carelift International's Objectives: (Anticipated) Supply the Sevrans Polyclinic (including its four village dispensaries) with primary care tools and supplies. (Potential) Supply Sevrans Hospital with primary care tools and supplies. Supply the EMS Center (adjacent to the Sevrans Polyclinic) with equipment.

Schedules: Assessment (including environmental issues) – 10/00; Shipping – 4/01, 8/01, 12/01; Estimated Total Value of Shipments - \$355,000; Training (including discussion of disposal of medical waste) – 7/01; and Evaluation – 2/02

ARMENIA

Lori, Armenia/Los Angeles, CA - Primary Health Care Program

US Partner: The UCLA Medical Center.

US Coordinator (unconfirmed): Salpy Akaragian, Dir., International Nursing Center, 10833 Le Conte Ave., CHS 14-176, Los Angeles CA, Tel: (310) 206-9581, Fax: (310) 206-9585, E-Mail: nssa@mednet.ucla.edu

NIS Partner: The Lori Regional Health Care Administration and Polyclinic #5 (serves 17 districts in Vanadzor, capital of the Lori region).

NIS Coordinator (unconfirmed): Yuri Bablumyan, M.D., Head, Lori Region Health Care Dept., Marzpetara, Ayka Square, Tel: (374-2) 572-0256

Information Coordinator (unconfirmed): Armine Petrosyan, Medical Student, E-Mail: aihalor@infostack.net

Partnership Objectives: The partnership will develop community-based primary care services building upon existing services of Polyclinic #5. Practice standards, financial management systems, and administrative guidelines will be developed.

Carelift International's Objectives: (Anticipated) Supply the Polyclinic #5 with primary care tools and supplies. Re-supply the Polyclinic's pharmacy. (Potential) Supply "Women's Wellness" equipment and supplies, if this activity is authorized by the local Ministry of Health.

Schedules: Assessment (including environmental issues) – 10/00; Shipping – 1/01, 4/01, 1/02; Estimated Total Value of Shipments - \$170,000; Training (including discussion of disposal of medical waste) – 3/01; and Evaluation – 2/02

GEORGIA

Kutaisi, Georgia/Atlanta, GA - Healthy Communities/Women's Wellness Program

US Partner: The Grady Health System, operating under the auspices of the Fulton & DeKalb County Hospital Authority, the Georgia State University (Departments of Nursing and Management), Kaiser Permanente, Fulton County Health Department, and the Rollings School of Public Health.

US Coordinator (confirmed): Laura Hurt, Dir., Medical Surgical Nursing, Grady Health System, 80 Butler St., Atlanta GA 30335, Tel: (404) 616-4320, Fax: (404) 616-5058, E-Mail: tblnsg@igc.org

NIS Partner: The primary partner institution is the Regional Health Care Management Department of the Imereti Region.

NIS Coordinator (unconfirmed): Dodo Shelia, Dir. Regional Health Care Management Dept. of the Imereti Region, 3a, Rustaveli St., Tel/Fax: (995-231) 43-743, E-Mail: medo@sanetk.net.ge

Information Coordinator (unconfirmed): Nino Berdzuli, Gynecologist, 11 Javakhishvili St. 160912, Kutaisi, Georgia, Tel/Fax: (995-231) 43-743 E-Mail: aihalor@infostack.net

Partnership Objectives: The main goal of the Kutaisi-Atlanta Partnership is to establish a Women's Wellness and Primary Care Center in Kutaisi. The partnership will develop and improve access to quality services to meet the identified needs of women in Kutaisi and improve access to services with an emphasis on disease prevention and health promotion.

Carelift International's Objectives: (Anticipated) Re-supply the Kutaisi Women's Wellness Center with appropriate tools and supplies. (Potential) Furnish and supply the Nursing Learning Resource Center (location undetermined).

Schedules: Assessment – completed; Shipping – 12/00; Estimated Total Value of Shipments - \$60,000; Training (including discussion of disposal of medical waste) – 1/01; and Evaluation – 7/01

GEORGIA

Mtskheta-Mtianeti, Georgia/Milwaukee, WI - Primary Health Care Program

US Partner: The Milwaukee International Health Training Center (MIHTC), the Medical College of Wisconsin, the University of Wisconsin Medical School - Milwaukee Clinical Campus, Marquette University Schools of Nursing and Dentistry, the City of Milwaukee Health Department, the Planning Council for Health and Human Services, the Sixteenth Street Community Health Center, and the Milwaukee County Division of Health Related Programs.

US Coordinator (confirmed): Frederick Tavill M.D., DPH, Dir. MIHTC, PO Bx 26099, 9200 W. Wisconsin Ave., Milwaukee WI 53226, Tel: (414) 257-6437, Fax: (414) 257-5288, E-Mail: ihtckarn@execpc.com

NIS Partner: The Mtskheta-Mtianeti Regional Health Administration, Republic of Georgia. An urban polyclinic serves as the lead partnership institution in Georgia.

NIS Coordinator (confirmed): Ketevan Loria, M.D., Dir. Mtskheta-Mtianeti Regional Health Dept., 13 Military St., Mtskheta, Georgia, Tel: (995) 732-2082

Information Coordinator (unconfirmed): Khatuna Gogichaishvili, Ophthalmologist, 2 Gvinjilia St. 383400, Mtskheta, Georgia, Tel: (995-732) 2522 E-Mail: phc@access.sanet.ge

Partnership Objectives: The overall goal of the partnership is the design, development and implementation of family- and community-oriented Primary Health Care (PHC) system in the Mtskheta-Mtianeti region of the Republic of Georgia.

Carelift International's Objectives: (Anticipated) Re-supply the model Primary Healthcare Center, 1 Gvindgelia St., and provide laboratory and dental equipment for the Center. (Potential) Equip and supply replicate model Centers in Dusheti and Kazbegi.

Schedules: Assessment – completed; Shipping – 4/01; Estimated Total Value of Shipments - \$215,000; Training (including discussion of disposal of medical waste) – 1/01; and Evaluation – 7/01

KYRGYZSTAN

Bishkek, Kyrgyzstan/Reno, NV - Primary Health Care Education Program

US Partner: University of Nevada School of Medicine (UNSM) has assembled a consortium of partner institutions including: Nevada Rural Hospital Project, Washoe Medical Center, University Medical Center, Clark County Health Department, and the State of Nevada Health Division.

US Coordinator (unconfirmed): Kathleen A. Conaboy, Asst. Dean of Planning & Development, U. of Nevada School of Medicine, Savitt Medical Bldg./356, Reno NV, Tel: (775) 784-1397, Fax: (775) 784-6096, kathleen@med.unr.edu

NIS Partner: The Kyrgyz State Medical Academy (KSMA).

NIS Coordinator (unconfirmed): Arsen Aidairaliev, M.D., Vice Rector & Dir. of International Relations, Kyrgyz State Medical Academy, Akhunbaev St., 92, Bishkek, Kyrgyzstan 720020, Tel: (3312) 544-620/545-859, Fax: (3312) 545-859, E-Mail: kgma@imfiko.bishkek.su

Information Coordinator (unconfirmed): Zhyldyz Ismailova, Research Associate, International Relations Dept., Kyrgyz State Medical Academy, Akhunbaev St., 92, Bishkek, Kyrgyzstan 720061, Tel: (3312) 44-58-42, Fax: (3312) 42-59-38, E-Mail: kgma@imfiko.bishkek.su

Partnership Objectives: The partnership will enhance the quality of education in Family Medicine, Nursing and Health Care Administration by creating model curriculum and faculty development programs that support the goals of the Kyrgyz Republic's Manas health care reform program.

Carelift International's Objectives: (Anticipated) Re-supply the KSMA Family Practice Center's clinical site with primary care tools and supplies. (Potential) Furnish and supply (3) internship sites, when identified. Furnish and supply clinical practice sites for 3rd and 4th year nursing students.

Schedules: Assessment (including environmental issues) – 10/00; Shipping – 11/00, 7/01, 11/01; Estimated Total Value of Shipments - \$140,000; Training (including discussion of disposal of medical waste) – 3/01; and Evaluation – 3/02

RUSSIA

Khabarovsk, Russia/Lexington, KY - Primary Health Care Program

US Partner: The University of Kentucky, the University of Kentucky Center for Excellence for Rural Health, and the Kentucky Department of Public Health

US Coordinator (unconfirmed): Elizabeth Schulman PhD., Asst. Prof., U. of Kentucky, 11 Washington Ave., Rm. 111, Lexington KY, 40536-0003, Tel: (606) 323-1100 X 294, Fax: (606) 257-2454, eschulm@uk.edu

NIS Partner: Khabarovsk Krai Health Department and Pereyaslavka Rayon Hospital and Polyclinic

NIS Coordinator (unconfirmed): Lyubov M. Ostanina, M.D., Head, Public Health Dept., 26 October St., Pereyaslavka, 682920, Khabarovsk Territory, Russia, Tel: (842) 542-1833, Fax: (842) 542-1165

Information Coordinator (unconfirmed): Antonina Goryunova, E-Mail: medical@lazo.khv.ru

Partnership Objectives: To improve the delivery of primary health care to the residents of the Lazo Region, particularly mothers, infants, and children. Education and clinical training, telemedicine, and additional medical equipment will be the methods of intervention.

Carelift International's Objectives: (Anticipated) Equip the (to be renovated) Women's Wellness Center. (Potential) Furnish the Community Health Education and Promotion Center, when identified. (Possible) Supply toys and games for the Community Center.

Schedules: Assessment (including environmental issues) – 3/01; Shipping – 5/01, 11/01, 7/02; Estimated Total Value of Shipments - \$115,000; Training (including discussion of disposal of medical waste) – 9/01; and Evaluation – 5/02

RUSSIA

Kurgan & Schuche, Russia/Fox Cities (Appleton), WI - Primary Care Program

US Partner: ThedaCare (formerly United Health Group) is the lead organization. It includes Appleton Medical Center and the Theda Clark Hospitals, 27 primary care clinics, and a Behavioral Health Division.

US Coordinator (unconfirmed): John Toussaint, Chief Medical Officer, 5 Innovation Court, Appleton WI 54913, Tel: (920) 831-6706, Fax: (515) 283-9366, [E-Mail: John.Toussaint@unitedhealth.org](mailto:John.Toussaint@unitedhealth.org)

NIS Partner: The Kurgan Oblast Administration, Shchuche District Administration, Central District Hospital of Shchuche, and Kurgan City Maternity Hospital

NIS Coordinator (unconfirmed): Vladimir Katanaev, M.D., Health Dept., Kurgan Oblast Administration, Gogol St., 56, Kurgan, Russia, 640024 Tel: (35222) 221-81, Fax: (35222) 225-93

Information Coordinator (unconfirmed): Sergey Kosintsev, Kurgan City Maternity Hospital, E-Mail: komkon3@cefey.kurgan.ru and roddom1@kurgan.isp.ru. Tatyana Chernysheva, Central District Hospital of Shchuche, E-Mail: schcrh@zaural.ru.

Partnership Objectives: To create a successful and replicable model of health care delivery for the Kurgan Oblast. A maternal specialty center (KMH), a primary care hospital (SDH), and the Kurgan Oblast Health Administration (KOHA) will facilitate the improvement of the health care status of women and children and increase the role of nurses in a primary healthcare setting.

Carelift International's Objectives: (Anticipated) Equip the model Maternity Specialty Center (KMH). (Potential) Furnish the Community Learning/ Resource Center, when identified. Equip and supply the Primary Care Hospital (SDH) in Kurgan and a Primary Care Center in the Shchuche District.

Schedules: Assessment (including environmental issues) – 11/00; Shipping – 5/01, 1/02; Estimated Total Value of Shipments - \$385,000; Training (including discussion of disposal of medical waste) – 9/01; and Evaluation – 5/02

UKRAINE

Donetsk, Ukraine/Pittsburgh, PA - Primary Health Care Program

US Partner: Magee Womancare International (MWI) is the lead organization. It consists of five core organizations: Allegheny County Health Department, United Mine Workers of America, University of Pittsburgh Graduate School of Public Health, and University of Pittsburgh Medical Center Department of Family Medicine and Clinical Epidemiology.

US Coordinator (confirmed): Jeanne Cooper, Partnership Coordinator, Magee-Women's Hospital of UPMC Health System, 300 Halket St., Pittsburgh PA 15213, Tel: (412) 641-5796, Fax: (412) 641-1202, [E-Mail: jcooper@mail.magee.edu](mailto:jcooper@mail.magee.edu)

NIS Partner: The Donetsk Oblast Health Administration, the Kramatorsk Central City Hospital, and the polyclinic at Donetsk City Hospital #25

NIS Coordinator (unconfirmed): Evgenyi Latyshev, Head Administrator, City Hospital #25, 314, Kirov St., Donetsk 340020, Ukraine, Tel: (0622) 723-241

Information Coordinator (unconfirmed): Yevgeny Latyshev, E-Mail: yevgen@faho.dn.ua

Partnership Objectives: To develop a model community-based primary care site at City Hospital #25 that will provide family-focused services, women's wellness services, and miner's health services and to develop a model community-oriented women's wellness program at Kramatorsk Central City Hospital

Carelift International's Objectives: (Anticipated) Re-supply the model Primary Care site at City Hospital #25 and the Women's Wellness Center at Kramatorsk Central City Hospital. (Potential) Furnish and equip the Miners Health Center. Equip and supply the (to be developed) Patient Resource Center.

Schedules: Assessment (including environmental issues) – 11/00; Shipping – 1/01, 9/01, 12/01; Estimated Total Value of Shipments - \$159,500; Training (including discussion of disposal of medical waste) – 6/01; and Evaluation – 2/02

UKRAINE

Kharkiv, Ukraine/La Crosse, WI - Primary Health Care Program

US Partner: The La Crosse International Health Partnership is composed of Gundersen Lutheran Medical Center and Franciscan Skemp Healthcare (an affiliate of the Mayo Health System)

US Coordinator (unconfirmed): Sandra McCormick, VP Governmental Relations, Gundersen Lutheran Medical Center, 1910 South Ave., La Crosse WI 54601, Tel: (608) 791-5403, Fax: (608) 782-4457, [E-Mail: 71075.1173@compuserve.com](mailto:71075.1173@compuserve.com)

NIS Partner: The Kharkiv Oblast Health Administration, the Kharkiv Student Polyclinic and the Chuguev Rayon Hospital

NIS Coordinator (unconfirmed): Ludmila Patoka, Deputy Head, Kharkiv Oblast Health Administration, Mayadan Svobody, 9 Derrzhprom, 5th Floor, Kharkiv, Ukraine 3100022, Tel/Fax: (80572) 471-108

Information Coordinator (unconfirmed): Annetta Krivobok, Kharkiv Oblast Student Polyclinic, E-Mail: opokua@online.kharkiv.com. Andrei Skripnik, Cheguev Rayon Hospital, E-Mail: p46asmo@kharkov.ukrtel.net.

Partnership Objectives: To improve the delivery of primary care within two demonstration sites: the Kharkiv Student's Polyclinic and Chuguev Rayon Health System

Carelift International's Objectives: (Anticipated) Re-supply the model Primary Care Clinics in Kharkiv and Chuguev. (Potential) Furnish and equip the Kharkiv Emergency Training Center. Furnish and equip the Patient Education Rooms in Kharkiv and Chuguev and the Learning Resource and Counseling Centers (location unknown).

Schedules: Assessment (including environmental issues) – 2/01; Shipping – 4/01, 7/01, 12/01; Estimated Total Value of Shipments - \$235,000; Training (including discussion of disposal of medical waste) – 7/01; and Evaluation – 2/02

UKRAINE

Kiev, Ukraine/Philadelphia, PA - Primary Health Care Program

US Partner: Under the leadership of the Temple University Center for European Studies, the consortium consists of Temple University (Primary Care Institute and the Departments of Family Medicine, Obstetrics and Gynecology, Health Studies/Public Health and the Health and Services Administration), Widener University Department of Health and Medical Services Administration, the Crozer-Keystone Health System, the Health Federation of Philadelphia, and ELWYN, Inc.

US Coordinator (confirmed): William Aaronson, PhD. Assoc. Dir., Center for European Studies, Temple University, Fox School of Business & Management, 201 Speakman Hall, Philadelphia PA 19122, Tel: (215) 204-8128, Fax: (215) 204-3851, [E-Mail: waaron@sbm.temple.edu](mailto:waaron@sbm.temple.edu)

NIS Partner: The City Health Administration of Kiev, Ukraine and the Central Polyclinic of the Kharkiv District of the City of Kiev

NIS Coordinator (unconfirmed): Volodymyr Zagorodniy, M.D., First Deputy Head, Kiev City Health Administration, 19 Prorizna St., Kiev, Ukraine 252030 Tel: (38044) 229-3933, Fax: (38044) 228-0103, E-Mail: medinar@webber.kiev.ua

Information Coordinator (unconfirmed): Valery Bondar, E-Mail: khartmo@health.kiev.ua

Partnership Objectives: The development and promotion of community based primary health care in the Kharkiv District

Carelift International's Objectives: (Anticipated) Re-supply the model Family Practice Center (FPC). (Potential) Furnish and equip the Environmental Monitoring Center (location unknown). (Possible) Furnish and equip another FPC within the Kharkiv Rayon (if model is successful).

Schedules: Assessment (including environmental issues) – 10/00; Shipping – 3/01, 6/01; Estimated Total Value of Shipments - \$170,000; Training (including discussion of disposal of medical waste) – 5/01; and Evaluation – 9/01

UKRAINE

Uzhgorod, Ukraine/Corvallis, OR - Primary Health Care Program

US Partner: Corvallis Sister Cities Association in collaboration with the Oregon Health Sciences University (Department of Family Medicine), Corvallis Family Medicine, Western Oregon University (Department of Health Education), Benton County Health Department, Good Samaritan Hospital, The Corvallis Clinic, Oregon State University Health Care Administration Program, Benton Hospice, Benton County Community Outreach, and Oregon Academy of Family Physicians.

US Coordinator (unconfirmed): Louise Muscato, PhD., LBCC-AC116G, 6500 Pacific Blvd., Albany OR 97330, Tel: (541) 917-4240/753-7950, Fax: (541) 753-9387, [E-Mail: Lmuscato@hotmail.com](mailto:Lmuscato@hotmail.com)

NIS Partner: Zakarpatska Oblast Hospital, Central Velykoberesnyanska Rayon Hospital, and Zakarpatska Oblast Health Administration

NIS Coordinator (unconfirmed): Ivan Rohach, M.D., Head, Zakarpatska Oblast Health Administration, 4 Narodna St., Uzhgorod 294008 Ukraine, Tel/Fax: (03122) 32-562

Information Coordinator (unconfirmed): Leonid Maharyta, E-Mail: okl@mail.uzgorod.ua. Aleksander Nesterchuk, E-Mail: okl@mail.uzgorod.ua.

Partnership Objectives: To improve access and quality of community-based primary health care and the overall health status of the population in the Transcarpathian Oblast

Carelift International's Objectives: (Anticipated) Re-supply the model Family Medicine Clinic (FMC) and furnish and equip a Family Practice Training site in the Central Velykiy Berezny (VB) Rayon Polyclinic. Re-supply the Women's Wellness Center (WWC) in the Uzhgorod Oblast. Furnish and equip a Community Education Room in the FMC. Furnish and equip another dental operatory in the FMC (if model is successful).

Schedules: Assessment (including environmental issues) – 11/00; Shipping – 12/00, 1/01, 12/01; Estimated Total Value of Shipments - \$175,000; Training (including discussion of disposal of medical waste) – 4/01; and Evaluation – 3/02

UZBEKISTAN

Fergana & Tashkent, Uzbekistan/Atlanta, GA - Urgent Care/Trauma Services

US Partner: The Grady Health System, Emory University, the Rural/Metro Ambulance Service, the Emory and Morehouse Schools of Medicine, the Rollins School of Public Health, Grady Memorial Hospital, and the Georgia Poison Center

NIS Partner: The Republican Center for the Provision of Urgent Medical Aid (RCPUMA) in Tashkent, and its regional affiliate in the Fergana Region

US Coordinator (confirmed): Laura Hurt, Dir., Medical Surgical Nursing, Grady Health System, 80 Butler St., Atlanta GA 30335, Tel: (404) 616-4320, Fax: (404) 616-5058, E-Mail: tblnsg@igc.org

NIS Coordinator (unconfirmed): Makhmud Aliev, M.D., PhD., General Director, Center for Urgent Care, State Scientific Center for Urgent Care, 2 Farkhadskaya St., Tashkent, Uzbekistan, Tel: (3712) 776-994, Fax: (3712) 771-137

Partnership Objectives: To develop a model regional urgent care system that can be replicated nationally

Carelift International's Objectives: (Anticipated) Re-supply the Republic Center of Emergency Medicine in the Fergana Oblast. Re-supply the Emergency Units at District Hospitals and clinics and rural Clinics (unspecified) in the Fergana Oblast. (Potential) Furnish and equip a Nursing Learning Center (location unspecified) and a Poison Control Center (location unspecified) in the Fergana Oblast. Do same as previously described in the Tashkent Oblast.

Schedules: Assessment (including environmental issues) – 11/00; Shipping – 6/01, 2/02; Estimated Total Value of Shipments - \$400,500; Training (including discussion of disposal of medical waste) – 10/01; and Evaluation – 5/02

ATTACHMENT E

(Form: Agreement, with WHO medical waste protocols attached)

AGREEMENTS: CARELIFT INTERNATIONAL and _____
(Name of recipient institution)

1.0 Introduction

Carelift International (“Carelift”), a U.S. PVO working under a cooperative agreement with USAID, will acquire, deliver and install (when necessary) medical equipment and medical supplies, and provide equipment-related training to support American International Health Alliance (AIHA) health partnerships with ministries of health, educational institutions, hospitals and clinics in the Newly Independent States (NIS) and other USAID designees. The goals of improvements and/or modifications of patient care are outlined in a Memorandum of Understanding between the US and NIS partners. Recipient institutions are those hospitals and clinics that have completed the planning and organization phases of their partnership objective and require tangible goods to implement the recommendation of their US partner or USAID.

2.0 Purpose

The purpose of this agreement is to provide a clear and cooperative level of understanding between the recipient institution and Carelift. The mutual major goal is to insure that all of the equipment delivered to a recipient institution is installed (when necessary), in use, and is properly maintained for continuous use in patient care. A secondary goal is that all delivered medical supplies are used, as intended.

3.0 Agreements to Major Obligations

3.1-Waiver and Indemnification Agreements

The recipient institution accepts Carelift’s equipment, supplies and pharmaceuticals in “as is” condition, without representation or warranty of any type. The recipient institution further relieves, releases and agrees to indemnify and hold Carelift, its officers, directors, employees, volunteers, agents, USAID, AIHA, suppliers and contributors, harmless from any loss, claim, suit, demand, damage, or liability of any sort whatsoever, including reasonable attorneys fees and costs, that the recipient or any other person may have or assert anywhere in the world arising out of or in anyway related to a direct or indirect donation or subsequent use of the donated goods or any other Carelift activities under this agreement.

3.2-Environmental Agreements

The recipient institution agrees to comply with appropriate use and disposal procedures concerning donated equipment, supplies, and/or pharmaceuticals to minimize any negative environmental impact. See attached.

3.3-Use, Reporting and Support Agreements

The recipient institution will start using the donated equipment within a month of receipt (or installation, if required) and will report any problems to Carelift regarding the installation or maintenance of such donated equipment. The recipient institution will use the required maintenance protocols and will report to Carelift every six months on the degree of patient use (if a method of capturing such data is accessible) of the donated equipment and performance of the required maintenance protocols for a period of at least one year, starting with the date on which the donations were received (or installed, when required).

3.4-Restriction Agreements

The recipient institution may not sell, barter, trade, or otherwise transfer for value any goods received from Carelift International. Carelift may not charge any fees for delivering these items to the recipient institution.

4.0 Carelift's Responsibilities

4.1-Collaborate with recipient institution to identify a realistic set of needs for technology and supplies to support the goals of the partnership.

4.2-Solicit donations of items in support of these needs from its network of healthcare facilities and corporations in the United States.

4.3-Test (and repair, when necessary) each piece of donated technology to assure it meets manufacturer's specifications prior to shipment.

4.4-Provide technical protocols and operating and service manuals for use by the recipient's staff and/or designated engineer.

4.5-Support installation, training, preventive maintenance, and re-supply programs, when appropriate, in accordance with the goals referred to in Section 4.1 above.

4.6-Provide information and guidelines, and training/technical assistance as needed, for the safe disposal of medical waste for items that represent a possible threat to the environment in the recipient country.

4.7-Refrain from charging any fees for delivering goods or providing services to the recipient institution.

5.0 Recipient Institution Responsibilities

5.1-Collaborate with Carelift to identify a realistic set of needs for technology and supplies to support the goals of the partnership.

5.2-Provide access to Carelift International, or its designee, to inspect donated goods.

5.3-Put equipment and technology into immediate use, as intended.

5.4-Report problems with technology donations to Carelift promptly.

5.5-Agree to implement the preventive maintenance protocols provided by Carelift.

5.6-Commit to establishing a re-supply system, when appropriate.

5.7-Assist in clearing customs and registering technology, when requested.

5.8-Provide a drug distribution plan to Carelift, prior to receipt of any pharmaceuticals.

5.9-Prohibit the sale, barter, trade, or other transfer for value any goods received from Carelift.

Attachment (1): "Management of Waste from Health-Care Facilities" Guide

Note: Equipment maintenance protocols and operating and service manuals (for the donated equipment) will be mailed to the appropriate party under separate cover



DATE: _____

RECIPIENT: _____

(Print name and title and provide signature)

(Provide recipient institution name and full street address)

PHONE: _____

FAX: _____

E-MAIL: _____

Minimal Program for Management of Health-Care Waste

The following outlines the World Health Organization's (WHO) minimal program for health-care waste management. These recommendations are not a substitute for the practices required by local or national authorities.

The basic elements of minimal programs of health-care waste management include:

- Assessment of the quantity and type of waste produced by the health-care facility.
- Evaluation of local treatment and disposal options.
- Segregation of medical waste from general waste.
- Establishment of internal rules for waste handling.
- Assignment of responsibilities for waste disposal within the health-care facility.
- Selection of a suitable treatment or disposal method.

Health-Care Waste Segregation

The four types of health-care waste are:

- General waste (including packaging materials) and uncontaminated waste (including supplies and equipment).
- Wastes (including supplies used in patient care) contaminated by blood or body fluids.
- Sharps (especially hypodermic needles), scalpel blades, and suture needles.
- Pharmaceutical residues (including small quantities of outdated products).

Segregation of waste material can substantially reduce the amount of material requiring special treatment. Hospital and medical personnel at all levels should be trained to separate the waste they produce. Hospital cleaning personnel should: be informed about the potential risks posed by waste handling, be trained in safe handling procedures, and wear protective aprons and gloves.

Waste should be collected daily. General waste should be stored in places convenient for pick up by the municipal trash collection service. Hazardous health-care waste should be stored in a closed room until it can be either incinerated or safely buried.

Pharmaceutical Waste Segregation

Sound management of pharmaceutical products, with a view to waste minimization, is of prime importance. Small quantities of chemical or pharmaceutical waste can be disposed of easily and relatively cheaply. Large amounts may require special and more costly treatment, such as high-temperature incineration. The Chief Pharmacist of the health-care facility should supervise the comprehensive management of pharmaceutical stores.

Pharmaceutical waste is usually collected in the same brightly colored (usually yellow) type of container as the infectious waste and both should be either incinerated or safely buried.

(Rev.7/18/00)

ATTACHMENT F

(Lists: Medical Equipment & Supplies)

MEDICAL EQUIPMENT

- Air Compressors
- Cardiac Monitors
- Defibrillators
- Multi Lead EKG
- Non Invasive Blood Pressure Units
- Ophthalmoscope/Otoscopes
- Peak Flowmeter (Juvenile and Adult)
- Pulse Oximeters
- Scales & Heightmeters
- Stethoscopes
- Ventilators
- Bassinets & Cribs
- Sterilizers (table top)
- Fetal Monitors
- Infant Incubators
- Infant Scales
- Infant Warmers
- Pediatric Exam Tables
- Birthing Beds
- Exam Tables & Lights
- Medical Furniture
- Stretchers
- Wheelchairs
- Diagnostic Ultrasound
- Film Processors
- Portable Fluoroscopy (C-Arm)
- Anesthesia Machines
- Endoscopy Equipment
- Portable OR Lights
- Operating Room Tables
- Electrosurgical Units
- Surgical Instruments
- Laryngoscopes

MEDICAL SUPPLIES

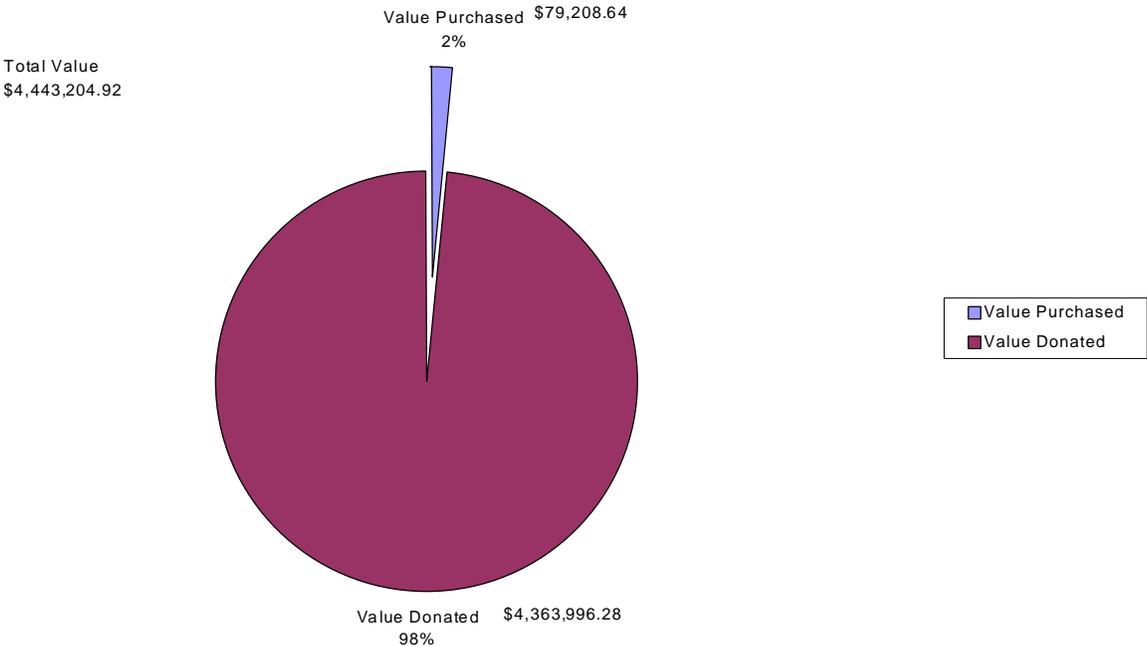
- | | |
|--|--|
| <ul style="list-style-type: none">• Anesthesia Masks• Anesthesia Tubing• Electrosurgical Pencils and Electrodes• Endotracheal Tubes (Adult and Infants)• Gauze/Bandages• Gloves (Surgical and Exam)• KY Jelly• Orthopedic Supplies• Alcohol Wipes• Enteral Feeding Bags and Sets• Blood Pressure Transducer Kits• ECG Electrodes & Paper• Neurological Pen Torches• Face Masks (Adult and Infant)• Foley Catheters• I.V. Administrative Sets• I.V. Catheters• I.V. Prep Kits• I.V. Start Kits• Nasal Cannulas• Ostomy Supplies• Skin Cleaners• OB Pads | <ul style="list-style-type: none">• Surgical Gowns• Masks• Eye Shields• Shoe Covers• Speculum• Sterile Dressings• Surgical Kits & Tape• Medical Bags• Sutures• Suture Removal Kits• Ventilator Tubing• Wound Dressing Kits• Needle Boxes• Resuscitation Bags• Suction Catheters• Test Strips (Blood and urinalysis) & Kits (HIV, STD, pregnancy)• Tongue Depressors• Thermometers• Orthopedic Supplies• Syringes and Needles• Tendon Hammer/Tuning Fork• Vacutainers• X-ray Film• Patient Gowns• Diapers |
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Revised 9/27/00

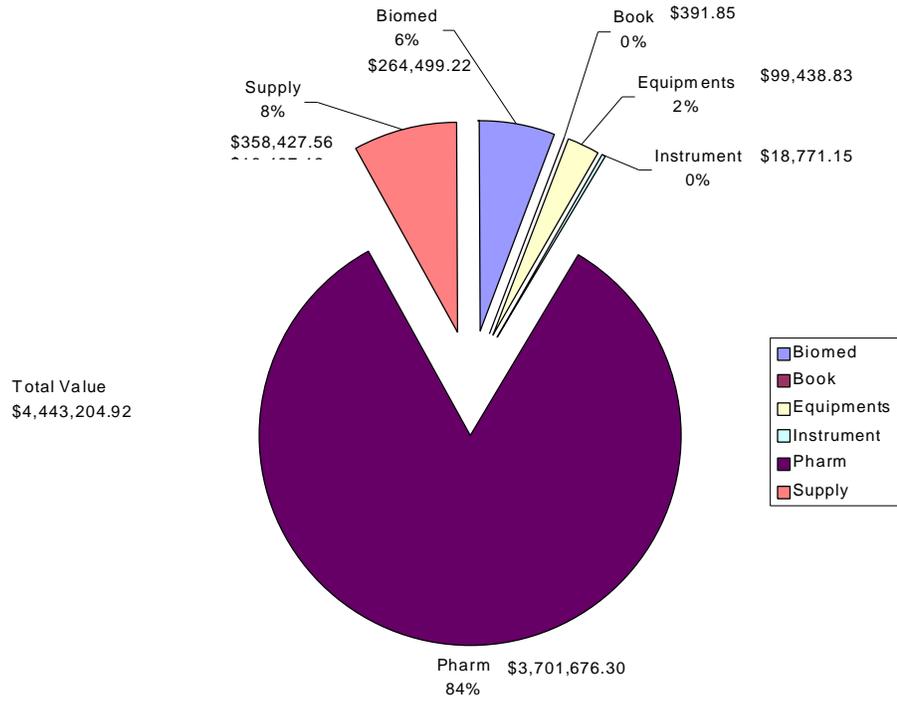
ATTACHMENT G

(Pie Charts: FY 2000 Activity)

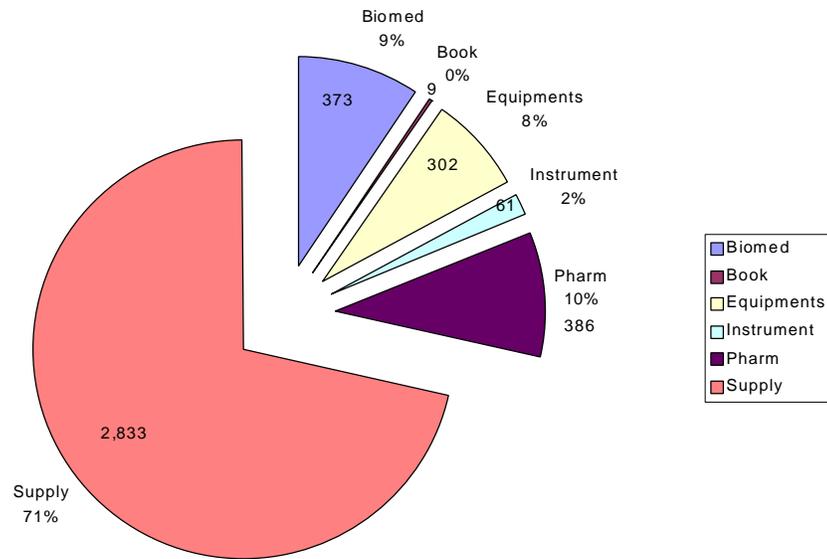
Percentage and Value of Donated and Purchased Items for USAID Shipments



Percentage and Value of Items Shipped for USAID Programs. Sorted By Category



Percentage of Total Product Shipped for USAID Programs



ATTACHMENT H

(Environmental Assessment Tool)

**Carelift International/USAID
Medical Waste Assessment Questionnaire**

The following questionnaire is designed to aid the assessor in determining the extent of management systems and practices used at hospital and healthcare facilities within the USAID Partnership Program.

The purpose of this questionnaire is to assist the Partnership hospital or health-care facility in promoting effective infection control procedures and managing the creation, handling and disposal of infectious waste materials.

Control of infectious waste and contaminated medical waste is important in protecting healthcare workers, patients, and the general public. Minimizing the amount of waste created reduces handling and disposal costs, and allows resources to be directed to patient care.

The following questions are to be addressed by the appropriate staff, health-care provider or director for the facility.

1. Which national or regional regulations are there on medical wastes and infectious waste.
2. What legislation is there for the health and safety of workers?
3. Describe the legislation dealing with public health and infection control.
4. Are there legal requirements to segregate health-care waste?
5. What legislation is there for transportation of hazardous substances and does it affect health-care waste management?
6. What is the law dealing with waste collection and disposal and what, if any, are the specific laws or guidelines dealing with health-care waste management?
7. What international agreements and protocols relating to hazardous and infectious wastes has the Government signed?
8. After having assessed the legal framework in the country, outline which type of legal documents or instruments would be required in the country/region.
9. Does the facility carry out any form of recycling in the health-care establishment? If yes, describe any recycling that takes place including the types of material, the methods, the markets for the materials and the related savings.
10. Could additional recycling opportunities be identified in the establishment?

11. Are there national or local regulations requiring segregation of health-care wastes from general trash or rubbish?
12. Is health-care waste segregated in the establishment? Could the segregation practices be improved? Outline principles for improved segregation.
13. How many patient beds are in this facility?
14. How many admissions per year?
15. How many outpatient visits per year?
16. What is the particular focus of the facility? (e.g.: pediatrics, geriatrics, lung disease, emergency care, etc.)
17. Are there intensive care units? How many beds in each/total?
18. Are surgical procedures performed? How many per year? Open-heart surgery? Orthopedic surgery?
19. What is the size of the professional staff (physicians, nurses, respiratory therapists, etc.)
20. Have any particular infections been a problem in the hospital setting (e.g., hepatitis, TB, HIV, nosocomial bacterial infections?)
21. Is there an infection control committee? How often does it meet?
22. Are infection control personnel (physicians, nurses, microbiologists, etc.) full-time? Part-time?
23. How are data collected on infections/infectious exposures? Via incident reports? Via microbiology culture reports? Via periodic surveys or questionnaires?
24. Are there written policies for sterilization of medical instruments?
25. Where are the intravenous medications and other sterile solutions prepared? Central pharmacy? On each ward?

26. Are there written policies for waste disposal? General waste? Infectious waste? Needles and other sharp devices?
27. How are needles and other sharp devices collected? For Disposal? For reuse?
28. When are gloves required for patient contact? All cases? Only potentially infected cases? Only sterile procedures?
29. What is the mechanism for educating health care workers about infection risks in the workplace? Lectures and other presentations? Written materials? Videotapes?
30. Who investigates needle stick and other potentially infectious blood/body fluid exposures? TB exposures? Is counseling available to employees and/or patients who may have been exposed to infections in the hospital?
31. Are yearly tuberculin skin tests required of hospital workers? Which ones?
32. Are any vaccinations required of hospital workers? Which ones?
33. What isolation policies are in effect? Respiratory isolation? Contact isolation? Secretion and drainage precautions? Resistant microorganisms precautions?

After a review of regulations, policies, and practice guidelines, the assessor should make independent observations throughout the facility to ascertain the extent and degree of compliance with applicable rules.

ATTACHMENT I

(Form: Partnership Project Evaluation)

EVALUATION REPORT

Partnership/Project: _____

Date: _____

Prepared by: _____

QUESTION	COMMENT
1. Is the equipment in place, in use, and in good working condition? Have any repairs been needed? Is the medical staff satisfied with the equipment?	
2. Has the recipient a plan to re-order the appropriate supplies and accessories for the equipment?	
3. Are the proper testing devices and tools available to the recipient?	
4. Has an equipment maintenance plan been developed? Is regular maintenance being performed? Are the engineers able to make simple repairs?	
5. Has adequate training (on the use and maintenance of the equipment) been provided to the engineering staff? The nursing staff? The medical staff?	
6. Has the equipment helped to provide better care to the patients? Examples?	
7. Are any equipment replacements needed? Parts? Re-supply? Provide details.	
8. Did the recipient institution initially meet WHO protocols for handling and disposal of medical waste? If yes, describe any further action taken. If no, describe deficiencies and the steps taken to improve performance in this area.	

<p>9. Obtain critique from the recipient institution on Carelift's contributions to the Partnership project. Identify respondent(s) by name and title.</p>	
<p>10. Obtain critique from the American Partner on Carelift's contributions to the Partnership project. Identify respondent(s) by name and title.</p>	
<p>11. Obtain critique from the AIHA on Carelift's contributions to the Partnership project. Identify respondent(s) by name and title.</p>	

Nn/admin/c/Form.Evaluation