

**ANNUAL REPORT
FOR COOPERATIVE AGREEMENT (CA) # EEU-A-00-00-00001-00
Time Period: November, 2001 through October, 2002
Submitted: 11/26/02**

INTRODUCTION

In a continuing shift of emphasis from hospital development programs and an equal distribution of support among emergency medicine, maternal and child health, and primary care programs during the first year of its CA (FY '00), Carelift International focused on the delivery of primary care goods to family medicine and women's wellness centers during FYs '01 and '02.

FY '02 also marks the first year in which Carelift interacted directly with PADCO and PRIME, two of USAID's major contractors, by providing equipment and supplies to support some of their USAID-funded projects.

CARELIFT INTERNATIONAL'S CONTRIBUTION

As of 10/31/02, Carelift received a total of \$6,400,000 in USAID funding. A \$1,875,000 financial award (the 4th financial award under this CA) was available for draw down on 9/26/02.

Since \$600,000 in additional USAID funding is expected by the 4th quarter of FY '03, Carelift anticipates receipt of a total of \$7 million in financial awards from USAID under this CA and will match this total by providing \$11.45 million in goods and services to USAID-approved recipient institutions by 10/31/04.

During FY '02, Carelift shipped \$1,758,429 in goods and services overseas, bringing the total value of goods and services shipped during FYs '00 - '02 to \$8,347,752.

SUMMARY

A grid summarizing Carelift's progress towards its goals is found in Attachment A. The information is provided, in alphabetical order, by country. The direct and indirect project Partners (NIS and American) are identified, as are the recipient institutions that have been the focus of Carelift's activities during FYs '00 - '02. A distinction is also made between those projects that are an integral part of the AIHA Partnership programs, those that have been requested by the USAID missions, and those agreements that have been made directly with USAID contractors. This grid identifies those projects to which shipments were forwarded (during the period 11/1/99 – 10/31/02) and those that are planned (11/1/02 on). Shipment estimates for the next (17) months are divided into two parts. "Part A" lists those (16) shipments that we plan to send out during the next (9) months; "Part B" identifies those (15) shipments that are planned for the following (8) months.

The new known targets for FY '03 and '04 have also been included in this grid. This information will be disseminated to the USAID Missions by Carelift's CTO while Carelift will distribute it to the AIHA Program Officers directly. No currently scheduled shipments will be forwarded to new projects until the listed modifications to the previous approved work plan are authorized by the CTO.

See Attachment B for narrative descriptions of the authorized and intended recipients of Carelift's goods and services, to be provided under this CA.

WORK PLAN STATUS:

Consultations with USAID Missions, USAID contractors, AIHA Program Officers, and U.S. Partners resulted in a significant number of additions, a matching number of deletions, and a substitution to the most recently USAID approved work plan (found in the semi-annual progress report submitted 4/19/02). Two other projects are still under review. Since the new work plan (in draft status, attached to this report) now includes a total of (29) Partnerships and (67) projects, a summary of all of the projected changes is needed (for clarification) and is found below:

| REGION | ADDITION | DELETION | SUBSTITUTION | REVIEW |
|---------------|-----------------|-----------------|---------------------|---------------|
| Caucasus | 4 Projects | 3-7 Projects | None | None |
| Central Asia | 2 Projects | None | None | None |
| Russia | None | 3 Projects | None | None |
| West NIS | 2 Projects | 3 Projects | 2 Projects | 2 Projects |
| Total | 8 Projects | 9-12 Projects | 2 Projects | 2 Projects |

The details of each of the changes follow, by region, and by country:

Caucasus

| COUNTRY | CHANGE | PARTNERSHIP | PROJECT DESCRIPTION |
|----------------|---------------|--|--|
| Armenia | Deletion | Armenia I (an AIHA Partnership) | (2)-(6) Primary Care Centers |
| Armenia | Addition | Armenia IV (an AIHA Partnership) | (1) Oncology Center |
| Armenia | Deletion | Armenia V (PADCO, a USAID contractor) | (1) Primary Care Center |
| Armenia | Addition | Armenia VI (PRIME, a USAID contractor) | (1) Combination Perinatology, Obstetrics, & GYN Center & (2) Maternity Centers |

At the request of the American Partner, (1) additional project, an Oncology Center in Yerevan, was added to the AIHA-Yerevan/Washington D.C. Partnership, listed on the work plan under the heading "Armenia IV."

In order to be able to honor the requests for additional assistance, Carelift will not be able to support the (2)-(6) Primary Care projects, requested by the AIHA-Armavir/Galveston TX Partnership. The work plan reflects this deletion. See the heading "Armenia I."

Three non-AIHA Partnership projects, (2) of which are located in the capital city of Yerevan, Armenia, have also been added to the work plan. The USAID Armenian Mission suggested

that Carelift work with one of its major contractors (PRIME) to maximize the funding available for equipment and supplies to support the maternity centers that are currently being established/refurbished in Armenia. A side benefit to this work plan addition is the opportunity for Carelift to establish a collaborative working relationship with another large USAID contractor.

One non-AIHA Partnership project, listed under the heading “Armenia V” on the grid has been deleted from the work plan. Primary Care Center #17 was deleted from the work plan by mutual agreement of Carelift and PADCO, a USAID contractor.

Central Asia

| COUNTRY | CHANGE | PARTNERSHIP | PROJECT DESCRIPTION |
|----------------|---------------|--------------------|---|
| Kazakhstan | Addition | AIHA “Legacy” | (1) Perinatal/Womens’ Wellness Center |
| Uzbekistan | Addition | AIHA “Legacy” | 1) Womens’ Wellness Center |

Another addition to the draft work plan is a Women’s Wellness Center project in Kazakhstan. In 9/02, the AIHA Regional Director (Dr. Nugmanova) and Carelift (Ms. Dunne) agreed to seek the USAID Mission’s endorsement (Ms. Adams) of AIHA/CL collaboration on this project.

Another addition to the draft work plan is a Women’s Wellness Center project in the capital city of Tashkent, Uzbekistan. In 9/02, the USAID Mission (Mr. Andreas Tamburg) offered his support of Carelift’s potential collaboration with this Center, in collaboration with AIHA to Carelift (Ms. Dunne).

Russia

| COUNTRY | CHANGE | PARTNERSHIP | PROJECT DESCRIPTION |
|----------------|---------------|--|---|
| Russia | Deletion | AIHA Khabarovsk/ Lexington KY, titled “Russia II” on the 4/02 work plan | A Women’s Wellness Center and a referral Hospital |
| Russia | Deletion | Russia III | The Primary Care Center at Shuchuche Hospital |

Because of inordinate delays in reaching the final destination, theft, and a variety of continually changing customs requirements, shipments to/through Russia are no longer a cost-effective option for Carelift. Consequently, the (3) remaining projects have been deleted from the work plan and will not receive any Carelift goods. Carelift’s senior staff (Mr. Gloss and Ms. Horst-Martz) discussed this issue with AIHA (Mr. Harbick) and USAID (Mr. Holmes and Mr. Duncan) on 4/29/02 at meetings held in Washington D.C.

West NIS

| COUNTRY | CHANGE | PARTNERSHIP | PROJECT DESCRIPTION |
|----------------|---------------|--|--|
| Ukraine | Addition | Ukraine IV (partnering directly with the USAID Mission) | (1) Womens' Wellness Center |
| Ukraine | Addition | Ukraine V (an AIHA Partnership) | (1) Family Medicine Center, Kiev |
| Ukraine | Deletion | Ukraine III (an AIHA Partnership) | (2) Primary Care Centers |
| Ukraine | Substitution | Ukraine VIII (an AIHA Partnership) for the AIHA – Kharkiv/La Crosse WI Partnership | (3) Projects have been deleted; (2) have been added: (1) Family Group Practice and (1) referral Hospital |

A Women's Wellness Center, in the capital city of Kiev, Ukraine, was added to this draft work plan (in partnership with the USAID Regional Office for Ukraine) following Ms. Dunne's discussions with the USAID Mission. However written endorsement from the Mission is needed to make this arrangement official. Shipment #S-0424, valued at \$73,162 departed Philadelphia on 10/31/02 and should reach the recipient site within (8) weeks. This Center, although housed in a separate building, is an integral part of the Ukrainian Railway System's large hospital complex, located near the heart of downtown Kiev. A similar project, located in the western part of the country, in the city of Lviv, is the model for all of the Women's Wellness Centers planned for the Railway System's consortium of hospitals and was (1) of the (4) "Legacy" AIHA Partnership projects on Carelift's original work plan. Because the Railway System is privately funded, the operation and expansion of its hospital services are not dependent on government funding.

Two Odessa(Ukraine)/Boulder(Colorado) AIHA Partnership projects - a family group practice and a referral hospital - have also been added to the work plan. These projects substitute for those listed under the AIHA-Kharkiv/La Crosse WI Partnership. The La Crosse partners are using other means to acquire goods needed to support their recipient sites.

The final addition to the work plan is support to a second Family Medicine Center in Uzhgorod, Ukraine.

In order to stay within budgetary confines, Carelift cannot support the AIHA-Donatsk/Pittsburgh PA Partnership request to supply (2) primary care centers in Kramatorsk.

Carelift's support to the (2) family medicine centers that are the focus of the AIHA sponsored Lviv (Ukraine/Cleveland (Ohio) Partnership is being re-evaluated.

EXTERNAL EVALUATION

Carelift will celebrate its 10th anniversary as a non-profit NGO in 2002. To ensure that Carelift is poised to expand its current programs into the next decade and to determine if the agency

can adapt to support the proposed expansion, the Praxis Corporation was hired to evaluate programs, policies, and operations. Praxis consultant, Bill Lowen, reviewed Carelift's organizational capability in January and February and traveled overseas to evaluate (9) projects in (3) countries in March. In addition to making on-site reviews, Mr. Lowen met with Ministry of Health officials, USAID and AIHA Regional Office personnel, and Medical University representatives, soliciting their opinions of the long and short-term effectiveness of Carelift's programs.

Lowen noted that, "Carelift has created a market niche for itself with little competition from any other organization. Carelift's uniqueness results from the combination of the reduction of waste in American landfills by recycling surplus medical equipment and supplies, using the recycled equipment to increase the quality and quantity of health care provided by indigenous health systems [in developing countries overseas], and opening new markets for medical equipment suppliers." He found that, "It [Carelift] has a healthy organizational culture that supports its mission. Internal policies are ...strong and are implemented well. It has a strong financial accountability system and good fiscal records. It has an excellent website." He concluded that, "This service is efficient and has a large outcome impact. [But], Carelift has the capability to do more extensive work than it is currently doing. [And], overseas partners are strongly calling for Carelift to increase its volume and breadth of service." And, finally, he emphasized that, "Carelift is highly recommended to all prospective funders as a strong organization in a market niche with little competition."

The Praxis Corporation recommended, in the final report dated 5/02 (which was forwarded to Carelift's CTO), that the following steps be taken to strengthen the organization:

1. Diversify funding sources and increase unrestricted funds. A broad based individual donor campaign should be considered as part of this effort. Carelift's hardware and office equipment will need upgrading to support new [and diverse] funding growth.
2. Carelift could increase its ability to be more "need", rather than "surplus product" focused, by doing more comprehensive health care system planning, including a "search" for [the demand for] specifically needed equipment and supplies.
3. As expansion of staff [overseas] occurs, a legal audit of its human resource policies and procedures would be needed to insure that all legal bases are covered.

Although Carelift's Co-Founders instinctively knew that change was needed and had already started recruiting for additional domestic and international staff and identifying potential new Board members, the Praxis study crystallized their thinking and gave new impetus to the immediacy of implementation of the recommendations made. See the paragraphs (below) titled *Staffing-Domestic*, *Board of Directors*, *Expansion-Overseas Staff*, and *Expansion of Donor Base* that summarize the actions taken as a direct result of this study.

STAFFING - DOMESTIC

During FY '02, Co-Founder Jeffrey Gloss continued his dual functions as Chairman and CEO of Carelift International. He obtained supplementary major corporate, foundation, and private dollars for USAID-supported emergency medicine projects in Uzbekistan (immediately following the terrorist attacks of 9/11) and continues to search for private and public support for maternal and child health projects in the NIS. Mr. Gloss traveled to Uzbekistan in November

and December of 2001 and to Ukraine in May, 2002 to garner overseas support (local government and USAID Mission) for these programs. Details concerning the results of his travel are found in this report, under the headline *Work Plan Status*.

To assist Mr. Gloss in his fundraising endeavors, Mr. Gary Hayes and Ms. Irene Langran came on board with Carelift during the summer of 2002, as (respectively) the Director and Assistant Director of Carelift's Development Office. Co-Founder, Linda Gloss, contributed her management expertise to these and other recruitment decisions during FY '02. She not only identified most of the highly qualified candidates for the Development Office's recruits, she interviewed the full slate of candidates and recommended the hiring of those selected. After interviewing several consulting firms during the first quarter of 2002, it was Linda Gloss who successfully argued for retaining the services of the firm of Schultz and Williams (charged with outlining a plan to acquire new individual and corporate donors) so that Carelift had a plan in place before advertising for the (2) Development Office new hires (charged with implementing the Schultz and Williams outline). Additionally, Ms. Gloss advocated using the part-time assistance of a highly recommended grant-writing firm to support the work of the newly formed Development Office.

Ms. Gloss also spearheaded the institution of a summer intern program at Carelift during FY '02 and supervised the intern program's implementation. The (3) part-time interns selected were: Ms. Krista Chielewski (Drexel University), Mr. Corey Lev (Penn State University), and Ms. Tamika Weerasingha (Georgetown University). Each intern was assigned specific tasks in the following areas: refining of communications tools, archives, and databases and project research. The program was judged to be a success and will likely be repeated during the summer of 2003.

As a direct result of the Praxis external evaluation, described above, that encouraged Carelift to become a more "demand" driven organization, Mr. Joe Colonna was hired as Carelift's Assistant Vice President of Corporate Relations and Business Development. As a former executive with Shared Services Ltd., International (a purchasing and distribution agent for hundreds of hospitals in the south and southwestern part of the U.S.), Mr. Colonna has the contacts, at the level needed in a variety of manufacturing and distribution businesses, to attempt to secure a steady stream of donations of medical products most needed by our current and forecasted project sites overseas. Mr. Colonna's position occupies the staffing slot that was vacated due to the May departure of Ms. Horst-Martz.

Because of the increased number of projects that Carelift assumed in FY '02 and will continue to support in FY '03, an additional Regional Program Coordinator position for the NIS was established. Ms. Dana Dunne joined the staff in this capacity in 2/02. She is responsible for Carelift projects in Central Asia and in Ukraine. Her colleague, Ms. Manuela Sieber, retains responsibility for Carelift projects in the Caucasus, Moldova, and Russia. Ms. Michelle Darrow, who joined the Carelift staff in 10/02, will provide administrative support for both Regional Program Coordinators.

Biomedical Engineer, Mr. Quinn McVay, was called to active duty with the U.S. Navy in April. He is currently serving in Cuba. Hopefully, Mr. McVay will be able to return to his position at Carelift by the end of calendar year 2002.

BOARD OF DIRECTORS

Jeffrey and Linda Gloss spent a considerable amount of time during this fiscal year deciding upon criteria for the selection of, advertising for, interviewing, and choosing (10) new Board members, who are well positioned professionally within corporations that could potentially contribute to Carelift's strategic plans for the next decade. In order to properly balance this expansion and fill the last (3) open slots, Linda Gloss employed the services of *CEO Resources and Leadership Recruit, Inc.* to identify potential candidates for (unpaid) Board service.

New members include Robert Calamo, Senior Manger in BearingPoint's not-for-profit Practice (experience with the redesign of the business practices of international non-profit agencies, including those at the United Nations); James H. Clancy, Director and Regional Manager, Asia OECD, for First Union National Bank (experience with banking practices and working conditions in Tokyo, Seoul, Sidney, Spain, Portugal, Andorra, Gibraltar, Greece, and Cyprus); Erik Froelich, Chief Operating Officer for Integrated Business Systems (provider of property management and real estate finance advice; working experience in Mexico); George A. Gunther, Corporate Senior Vice President and Chief Information Officer, Information Services, for VWR International (merges computer technology with business solutions) ; Brian J. Kelly, Executive Director, Global Operations, for Merck and Company, Inc. (international pharmaceutical producer); Shelly Kessler, Vice President for The Conservation Company (multidisciplinary consulting firm that targets nonprofits, philanthropies, corporate community affairs departments, and public agencies e.g., UNICEF, CARE U.S.A., CARE INDIA. And Overseas Development Council); Reginald J. Pollitt, Senior Associate Planner, Creative Financial Group (a private bank that lends money to individuals and new businesses; extensive experience in fundraising and philanthropy); Stuart H. Shapiro, M.D., M.P.H., a Principal in Health Ventures, LLC (provides services and capital to businesses in the life sciences, healthcare technology, and healthcare services sectors); Bonnie Sharps, National Vice President, Strategic Solutions Sales for Siemens Medical Solutions (worldwide provider of diagnostic and therapeutic equipment and information solutions to the healthcare industry); and Charles Rip Tilden, Chief Operating Officer for InterDigital Communications Corporation (provider of advanced wireless technologies and products; experience with charitable giving and community relations programs around the world).

Previously elected board members include Carelift International Founders Jeffrey and Linda Gloss; Michael A. Arnold, Senior Vice President of Granary Associates; D. Walter Cohen, D.D.S., Chancellor-Emeritus, MCP-Hahnemann University of the Health Sciences; Mark Hershhorn, Chairman and CEO of C.K.S. & Associates; Leonard S. Jacob, M.D., Ph.D., Chairman and Chief Executive Officer of InKine Pharmaceutical Company, Inc.; Peter J. Julian, Senior Vice President and Chief Information Officer (retired) of Crown Cork & Seal Company, Inc. (a producer of packing materials and containers); Bart S. Kaplow, President, Capital Planning Corporation; Eliana Papadakis, M.Ed., the "First Lady" of Drexel University; and Elliot B. Sloane, Ph.D., Assistant Professor of Decision and Information Technologies at Villanova University.

On 11/2/02, the Board members attended a full-day retreat, geared to defining Carelift's strategic plans, electing officers, and delineating the responsibilities of membership in the newly established Board committees: executive, finance, fundraising (including the management of the corporate marketing plan), program/product, PR/marketing, and Ad Hoc (technology and nominations). They also identified the following ways in which they could help Carelift expand: support fundraising efforts, recruit new Board members with more diverse backgrounds, become spokespersons for Carelift's mission, visit the hospitals and clinics that Carelift supports, and devote personal time to their committee assignments.

EXPANSION (Numbers & Roles) –OVERSEAS STAFF

The timing of Carelift's Conference (9/01) in Kiev, Ukraine was auspicious. Because Carelift's U.S.-based technical training cadre was discouraged from traveling overseas after the attack on the World Trade Center, the Country Liaison Coordinators and the Maintenance Contractors offered to go to other than their home countries to install donated equipment, train recipient staff on its use, and help to find sources of local re-supply of accessories for the donated equipment. The results of this offer are discussed at the end of this report, under the headline *Lessons Learned*.

Carelift took to heart the unanimous recommendation made at the 9/01 Conference, to bring its domestic and foreign staff together for program-related workshops on a regular basis. The overseas employees came to Philadelphia for (1) week in April for a series of workshops on program administration. Carelift's CTO, Mr. Paul Holmes, attended the opening session.

As a result of these April workshops, the job descriptions of the Country Liaison Coordinators have been enlarged to empower them to represent Carelift overseas to the USAID Missions and to the American and foreign Partners. For example, Dr. Babayan (Carelift's CLC for Armenia) was invited by the USAID Mission in Armenia to attend the weekly coordination meetings of the Armenian Social Transition Team that monitors the impact of the humanitarian aid projects in that country. Country Liaison Coordinators will also gather information and statistics needed to complete the interim project evaluations, required by USAID.

Two of the CLCs elected to enroll themselves in English classes, funded by Carelift, in order to help them to more accurately and quickly document the results of their work.

Recruitment for a Regional Liaison Coordinator, to handle deliveries of goods throughout Central Asia began during the summer of 2002. Ms. Dina Zhussupova came on board 9/23/02. She is based in Almaty, Kazakhstan.

Recruitment for (2) engineers to handle donated equipment maintenance activity in Armenia and in all of Central Asia began in late August. The target date for making final selections from the list of candidates is 12/02.

Key Partnership Exchanges Relating to More Than (1) Partnership:

USAID

Jeffrey Gloss traveled to Washington, DC in November to attend a reception at the USAID Information Center welcoming Mr. Kent Hill to the executive ranks of that agency.

Manuela Sieber traveled to Armenia in November to visit the currently active projects in that country. While there, she made contact with the USAID mission and reviewed the status of Carelift's projects with the USAID Health Officers.

In February, Jenny Anne Horst-Martz attended USAID's "Advisory Committee on Private Voluntary Organizations – focusing on Afghanistan & Central Asia" meeting in Washington, DC. While there, she had the opportunity to review Carelift's current and possible future work plans with CTO, Paul Holmes. She continued to meet with Carelift's CTO and with AIHA Program Officers several more times during the spring of 2002.

In February, Carelift's Regional Program Coordinator, Manuela Sieber, met with Kent Larson, Catherine Fischer, and Gegi Mataradze at the USAID Mission in Georgia. The Mission approved Carelift's latest work plan and suggested that Carelift expand its programs beyond AIHA Partnerships and encouraged Carelift to consider instituting programs in Azerbaijan. During the spring of 2002, Carelift investigated how to best contribute to the Mission's goals for Azerbaijan. As a result, (2) AIHA Partnerships in Azerbaijan (Baku/Houston TX and Baku/Richmond VA) were added to Carelift's work plan at the end of FY '02.

On May 10, Carelift's CEO and senior staff members joined representatives from other American NGOs (American International Health Alliance, United Armenian Fund, International Relief and Development, and Counterpart International), senior USAID staff, U.S. Ambassador Taylor, U.S. Congresswoman Morella, Armenian Parliamentarian Hakobian, and the Counselor of the Permanent Mission of Armenia to the U.N. at a benefit held at the Embassy of the Republic of Armenia. The Armenian American Cultural Association, Inc. (AACCA) and its affiliate, The Metropolitan Washington Friends of AAMUC, sponsored the benefit. All of the funds raised went to the purchase of a portable ultrasound unit for the AIHA-Yerevan/Washington D.C. Partnership project in Armenia. Carelift and the other American Partners were honored by the AACCA for past support to this project.

Carelift not only sent delegates to the 6/3/02-6/5/02 InterAction Forum, sponsored by American Council for Voluntary International Action, in Washington, D.C., it also rented exhibitor space at the event. The InterAction Forum is an annual conference involving hundreds of international development and humanitarian relief non-profit organizations from the U.S. and from the developing world. The three-day conference's guiding theme was, "Meeting the Global Challenges of Our Age – Are We Up to the Task?" While there, Carelift staffers located colleagues who work in the NIS and suggested ways in which Carelift and their respective organizations could work together.

Ms. Dunn and Ms. Sieber attended the USAID-sponsored conference titled, "Ten Years of Health Systems Transition in Central and Eastern Europe and Eurasia" in August. They used attendance at this forum to review the work plan with the AIHA Program Officers, American Partners, representatives from USAID contracting organizations (PRIME and PADCO), and Carelift's CTO, who were present.

Carelift staffers, after attending USAID's PVO Conference in Silver Spring MD on 9/13/02, advised senior staff to maintain the number of projected responses to USAID RFPs and RFAs in FY '03 to a maximum of three. Carelift has decided to concentrate on evaluating the projects being funded under the current CA and on determining if a request to modify the current CA is called for.

Department of State, EUR/ACE, Humanitarian Assistance

In January, Jeffrey Gloss met with the Director and the Deputy Director of the US Department of State's EUR/ACE Humanitarian Assistance programs (G. Obendorfer & J. Post) in Washington, DC, to extend personal thanks for their superb support to Carelift during the past several years. Mr. Gloss provided them with copies of recent packing lists, described Carelift's current projects in Uzbekistan, and supplied a needs-assessment report. The Department of State delivered (120) containers of humanitarian aid to Uzbekistan in the summer of 2002. Sharing information about shipments to Uzbekistan helped both State and Carelift avoid duplication of deliveries of goods to health projects in that country.

AIHA

In January, Mr. Gloss met with AIHA's executive staff about the potential PADCO program collaboration, as well as to wish Mr. Marty Saggese (AIHA's CFO) well since he was resigning from AIHA at the end of the month.

Carelift staff met with AIHA Program Officers and the American Partners who are working on current Partnership projects in Armenia in January, while attending the AIHA-sponsored Armenian Partnership meeting in Washington. Stemming from constructive criticism offered at this meeting, Carelift agreed to emphasize special handling of goods that carry expiration dates and try to coordinate/integrate clinical instruction with/into the scheduling of Carelift's technical training programs. The US Partners requested Carelift's support in equipping referral hospitals, currently in such need that patients often refuse referrals to them. Carelift asked that the American Partners document these requests because many USAID Mission Plans exclude equipping medical facilities that provide patients with overnight accommodations.

CHANGES RELATING TO MORE THAN (1) PARTNERSHIP:

Change of Location of Operations (Warehousing) Center

In January, Jeffrey Gloss signed a lease for space at 2701 East Tioga Street, not far from the former Operations Center location. The landlord graciously allowed Carelift to begin to move into the new quarters in February, although the lease did not formally start until March. This gesture meant that Carelift had free use of the new space for (1) month. The new quarters offer more functional space, as well as private office and meeting room space, with improved heating and air-circulation systems on both floors.

New Lease for Headquarters' Offices

Due to the personal connections and persuasiveness of one of Carelift's Board members, Jeffrey Gloss was able to negotiate favorable terms for a lease renewal for Carelift's Headquarters' Offices at One Belmont Avenue in Bala Cynwyd (a suburb of Philadelphia), effective 3/02.

Establishment of a Carelift Presence in Armenia

In September, Carelift began the process of formal registration as a locally based NGO in Armenia. Jeffrey Gloss will be the official Chairman and Co-founder. An office was rented in the capital city of Yerevan and Carelift staff should begin operating from it on 11/15/02.

Change in Program Reporting Schedules

Although Carelift's Comptroller will continue to submit quarterly financial reports to USAID, the program-reporting schedule was extended from a quarterly to a semi-annual basis, effective with the 4/15/02 report. As a courtesy, Carelift will continue to forward abridged copies of these program reports to AIHA. Additionally, in FY '02, Carelift increased its reporting function by forwarding written summaries of program activity to the appropriate USAID Missions overseas, when requested.

EXPANSION OF DONOR BASE

In January, Carelift staffers toured The Church of Jesus Christ of Latter-Day Saints (Mormon Church) Humanitarian Service warehouse in Salt Lake City, Utah, to identify the types of inventoried goods that could be sent to projects overseas. Carelift had targeted the expansion of sources for primary care goods as a primary goal for FY '02. Consequently, the invitation to visit the Mormon Church's main warehouse facilities was particularly welcome. This visit, along with other contacts with Church officials, resulted in the donation of (20) pallets of primary care goods in September. A significant amount of these goods will be routed to (2) USAID-funded projects in Armenia. The proposed shipping manifests for these projects are currently being developed. If the Mormon Church donors are satisfied with the progress of these (2) projects, they may elect to become more predominant players in Carelift's exit strategies (from projects that need some continuing humanitarian help to continue to operate).

Also in January, Jeff Gloss met with Richard Walden, President & CEO of "Operation USA," a Los Angeles-based NGO that concentrates on delivering disaster relief primarily to stricken areas in Africa, India, and Latin America, in Philadelphia. Carelift, with its concentration on health development programs and delivery of technical equipment and the associated follow-up activities, could absorb most of the in-kind donations that Operation USA either turns away or is forced to warehouse for long periods of time. Operation USA, in turn, can provide access to corporations and hospitals that Carelift has not yet approached. Gloss and Walden met again in April, when Gloss toured Operation USA's offices in Los Angeles. Although the affiliation with this organization is not yet official, a regular donor to Operation USA, located in Reading PA, re-routed its donation of primary care goods to Carelift in June.

Carelift was formally approved as a non-profit recipient of the Henry Schein "Cares" global donation program in April. "Cares" first delivery of product was received in late April. The Schein Corporation is a manufacturer and distributor of products for private medical practices e.g., dentists and primary care physicians.

In FY '02, the Pilling Corporation, a manufacturer of medical instruments, joined the list of Carelift's primary donors. Pilling sent surplus goods, valued at approximately \$700,000, to Carelift's Operations Center in April.

During FY '02, Jeffrey and Linda Gloss had contact with or attended functions and meetings sponsored by the following: the Americans for Native Americans organization, the Conrad N. Hilton Foundation, Dickinson College, Drexel University, the Foreign Policy Research Institute, Georgetown University, the Global Health Ministry, the International Monetary and Trade Commission, the Main Line Chamber of Commerce, the McDonald's Charities, (U.S. and Ukrainian), Medical Outreach for Armenians, Inc., the Million Dollar Round Table, the National Museum of American Jewish History, the Pew Foundation, Penn State University, Project Hope, Rotary, Sheba Medical Center, The Society of Friends (Quakers), Temple University, The Union League, the University of Pennsylvania, The U.S. Chamber of Commerce, WHY? Public Television Station, the World Affairs Council, and Yale University. Attending these events enable the Glosses to keep in touch with Carelift's loyal and potential donors and with changing world events.

The following formal corporate and hospital affiliations made during FY '00 and driven by the Glosses' enthusiasm and personal contacts are still active: McKesson HBOC, Medtronic Inc., Neofoma GAR, Ohio Hospital Association, Shared Services Healthcare Ltd., International of Atlanta GA, and Mediq PRN.

PUBLIC RELATIONS ACTIVITY

The regional TV stations (serving Delaware, New Jersey, and Pennsylvania) were very interested in Carelift's Uzbekistan projects, following the terrorist attacks of September 11 and immediately following Uzbekistan's offer to open its airports to US military personnel. Carelift's video footage of visits to the region's emergency centers and the footage taken on-site by the local camera crews at Carelift's Operations Center were aired on (3) local TV stations (WPVI, KYW, and WCAU) during the evening news hour on 10/3, 10/7, 10/24, 10/25, and 11/6/01. This footage included remarks by the American Ambassador to Uzbekistan, Mr. John Herbst. Coverage also was provided on Uzbekistan television.

An article about Carelift's "In Harm's Way" campaign that sent (5) tons of medical supplies to Tashkent Uzbekistan was published in the November US Embassy Tashkent newsletter. In addition, Uzbekistan television broadcast stories about the official presentation ceremony of the equipment provided by Carelift. These stories featured interviews with US Ambassador Ronald Herbst.

On 12/13/01, Jeffrey Gloss' letter to the editor published in *The New York Times*. This letter highlighted the conversation between humanitarian aid and good relations between the peoples of Central Asia and the United States.

The King of Prussia Courier ran an article titled "Main Line Chamber of Commerce and Carelift International Initiate Emergency Medicine Campaign" on 12/19/01.

On 12/26/01, Carelift's Country Liaison Coordinator for Ukraine, Mr. Ihor Nykolyn, organized a press conference at City Hospital #25 in Donetsk, highlighting the arrival of the donation of medical goods from the United States and the subsequent delivery of related technical training. The regional TV station, "Regiony Sonbasu," also carried a live interview with Mr. Nykolyn and Carelift Technical Trainer, Dr. Ihor Stupnytskyy, about Carelift's shipments of medical aid to

the hospital, emphasizing that the equipment and devices sent were up-to-date and immediately useful. This station reaches an average audience of 300,000 viewers during the evening news hour.

Carelift International was featured in an article in December 2001/January 2002's *B/SN/IS Bulletin*. The article, "Marrying Commercial Interests and Altruism," written by Melissa Walters, focuses on medical donations by NGOs to the Newly Independent States (NIS).

On 2/12/02, Jeffrey Gloss appeared live on Public Broadcasting TV Station WHY?Y's "Delaware Tonight" with anchor Laura Krauth. Mr. Gloss described what Carelift is and does, highlighting past and present projects in Uzbekistan. WHY?Y ran almost (3) minutes of videotape from Carelift's most recent visit to Uzbekistan and showed its viewers how to reach Carelift's website.

"The World After 9/11" was the title of Mr. Gloss' speech to the Congregation Adath Jeshurun on 2/13/02. The *Foreign Policy Research Institute* sponsored this event.

A *World Affairs Council*-sponsored dinner/lecture headlined, "The News About the News," held on 3/9/02 at the Crystal Tearoom in the Wanamaker Building in Center City Philadelphia featured Jeffrey and Linda Gloss' discussion about Carelift's work in Central Asia.

On 3/18/02, Jeffrey and Linda Gloss were the featured speakers at a weekly symposium held at the "White Dog Café," a popular restaurant near the University of Pennsylvania campus. The Glosses brought pictures and text that described their activities in Uzbekistan. Carelift's programs were familiar to some of the guests since all (3) local TV stations publicized Carelift's Uzbekistan programs in October and November of 2001. The Café's owner, a supporter of Carelift's mission, made good use of her own personal network to publicize the event.

On 4/2/02 *The Philadelphia Inquirer* published Jeff Gloss' letter to the editor regarding the productive uses of humanitarian aid overseas.

On 8/22/02 Jeff Gloss and Dana Dunne addressed the Ardmore PA Chapter of *Rotary International*, describing Carelift's overseas activities and suggesting ways in which local businesses can help the maternal and child health projects that are active in Central Asia.

SUPPLY AND PROCUREMENT ACTIVITY

The pictorial representation (pie charts) of Carelift's activity during FY '00 – FY '02 is found in Attachment C.

The percentage of donated goods, compared to purchase goods, has declined somewhat over the (3) year CA period. Because Carelift was able to take goods direct from its inventory during year (1) of the CA, 98% of the goods shipped during that year were direct donations. As primary care centers were added to Carelift's work plan, the need for general supplies grew accordingly. Since primary care centers are most in need of general medical supplies and since there is a secondary market in the US for general medical supplies, Carelift anticipated an increase in its purchasing budget along with a need to increase its marketing activities to

attract additional donors of general medical supplies. The marketing efforts are working, as shown by the chart. Over a (3) year period, Carelift has only had to purchase 11% of the goods needed.

The volume of pharmaceuticals, as compared to the volume of other types of goods, sent overseas continues to decline, as recommended by the CTO. From a high of 10% in FY '00, this percentage has now been reduced to 3% of the total volume of goods sent overseas during the period FY '00- FY '02.

The percentage of the volume of biomedical equipment, general medical equipment, and instruments, compared to the total volume of goods shipped overseas, has declined slightly over the (3) year CA period. Initially, these equipment categories represented 19% of the total volume of goods shipped. Over the (3) year period of the CA, this percentage was reduced to 16%. Carelift expects that this figure will rise during FY '03 and '04 because several new hospital based AIHA Partnership projects have been added to the work plan: (2) in Azerbaijan, (1) in Kazakhstan, and (1) in Ukraine. Hospital based projects usually require more equipment than primary care centers.

SHIPPING

On 8/17/02, Gerald Oberndorfer, Director of Humanitarian Programs for the U.S. Department of State, formally extended the agreement to ship Carelift's goods to USAID-funded recipients overseas (at no charge) through FY '03.

The Department of State budgets approximately \$60,000 - \$80,000 annually to support Carelift's shipping costs. The cost of an average Carelift sea freight shipment runs \$3,000 - \$5,000. Since Carelift's work plan has now expanded to (67) projects, Carelift must make an exception to its policy of shipping directly to each NIS recipient institution in order to respect the budget guidelines of this valuable partner.

DELIVERY

As a general rule, Carelift will continue to retain overall responsibility for: clearing customs, following local registration (of humanitarian goods) requirements, delivering airfreight to the recipient, and installing equipment, in coordination with the recipient institution. Carelift's local representatives will perform these functions: Mr. Babayan in Armenia; Mr. Nykolyn in Ukraine; and Dr. Vovc in Moldova. Dr. Tvildiani will perform customs/transfer tasks in Georgia, but Mr. David Lekishvili is Carelift's primary representative in that country.

However, in agreements made directly with the USAID Regional Office in Tblisi, Georgia to equip and supply Maternity Houses in the towns of Sukhumi and Zugdidi, Carelift was relieved of the above responsibilities with respect to shipments to the towns of Sukhumi (which is located in an area of civil unrest and conflict) and Zugdidi (which is located nearby). Instead, agencies already on the ground handled these essential functions.

BUDGET ISSUES

The annual internal audit of Carelift's physical inventory and financial records was completed in October. A written report of the auditor's findings is expected by 12/02. No changes in the

valuation of goods of goods shipped to Partnership recipients were required as a result of the FY '01 audit. Consequently, Carelift anticipates that either little or no change in recorded valuations of the donated goods will be required for FY '02, as well.

Ms. Jackie Taylor, Contract Specialist in USAID's Office of Procurement, will continue as Carelift's Agreement Officer during FY '03. In September, she approved the Carelift budget that projected expenses through FY '04. This was the final step in the approval process of the third amendment to Cooperative Agreement #EEU-A-00-00-00001-00.

MEASUREMENTS OF PROGRESS

Indicator #1 (listed below) was changed to reflect the increase in financial awards and the concurrent increase in Carelift's obligations made to CA #EEU-A-00-00-00001-00. USAID will use these measures to determine if Carelift has successfully fulfilled the terms of the cooperative agreement:

1. \$10,550,000 of goods/services provided by 10/31/04. When the 5th (and final) financial award of \$600,000 is authorized (in FY '03), this amount will increase to \$11.45 million.
2. Major equipment supplied being used effectively and being well-maintained one-year post installation.
3. Supplies delivered and used as intended.
4. An on-going re-supply plan for spare parts is in place and working in each recipient facility.
5. Identified supply sources are able to keep up with the demand.

LESSONS LEARNED/PERFORMANCE BARRIERS

Airline travel restrictions, required after the terrorist attacks of 9/11, affected and/or delayed Carelift's planned activities up to, and beyond, March of 2002. Two of Carelift's foreign-based maintenance contractors (1 based in Georgia; the other in Ukraine) volunteered to assume the duties of Carelift's lead technical trainer. Although both of the maintenance contractors are multi-lingual, (1) proved to be more organized, personable, and innovative than the other. As a result, the Georgian-based contractor was and is being used extensively in this technical training capacity.

Another reason for the substitution of a foreign-based maintenance contractor for a U.S.-based one is that Carelift's lead trainer is a reservist in the U.S. Navy. He was unexpectedly called to active duty in April and is serving in/near Cuba. Carelift held his job open for him, not knowing whether his tour of duty would be (6) or (9) months.

Due to travel restrictions placed on AIHA's U.S.-based staff and the cadre of U.S. physician/nursing volunteers, receipt of the finalized lists of goods needed by the recipients was delayed. Carelift was unable to market for specific equipment needs because critical information was unavailable – what is needed and what is in place. It is just as important for Carelift to know what equipment is already in use at the recipient institution as it is to know what is needed. Carelift's aims at acquiring equipment donations from manufacturers whose models and accessories are compatible with those already in place. This type of compatibility assures easier installation and on-going maintenance of the equipment and also reduces the need for intensive/lengthy technical training.

The inability to market and harvest goods timely, due to lack of information, has resulted in a change of the internal “drop dead” date for completing all of the shipping requirements under this CA from 12/31/03 to 3/31/04. This change has been factored into the new work plan.

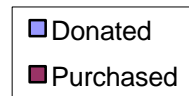
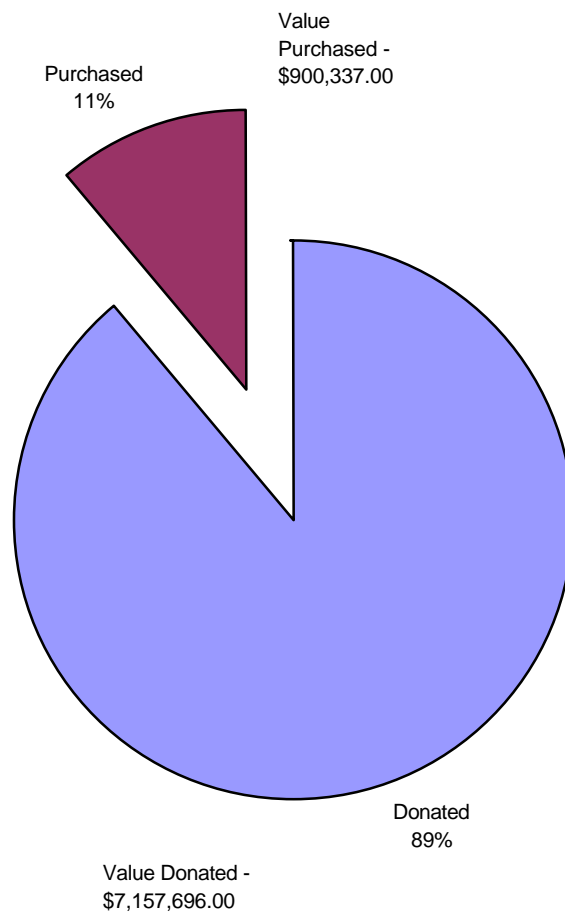
As a cost-effective way of responding to recipients’ requests for to schedule refresher technical training programs, Carelift began to film the technical training sessions provided on-site in the spring. This information is being converted to user-friendly and easy-to-store CD-Rom discs. Because this is a new training technique, Carelift needs to evaluate the results of the trial test runs to judge its effectiveness.

As a policy, Carelift aims at shipping directly to the target recipient. Exceptions to this policy were made in FY ’02 for the following reasons. Goods were sent to the Republican Center for Emergency Medicine in Tashkent, Uzbekistan that were partially re-routed to their satellite emergency/primary care clinics, located near Afghanistan, during the weeks immediately preceding the U.S. invasion. Combined shipments were also sent to the twin primary care centers of located in/near (Sukhumi and Zugdidi) the areas of armed conflict in Georgia. These shipments were delivered directly to the recipients by NGOs in country, under the direction of the USAID Mission in Georgia.

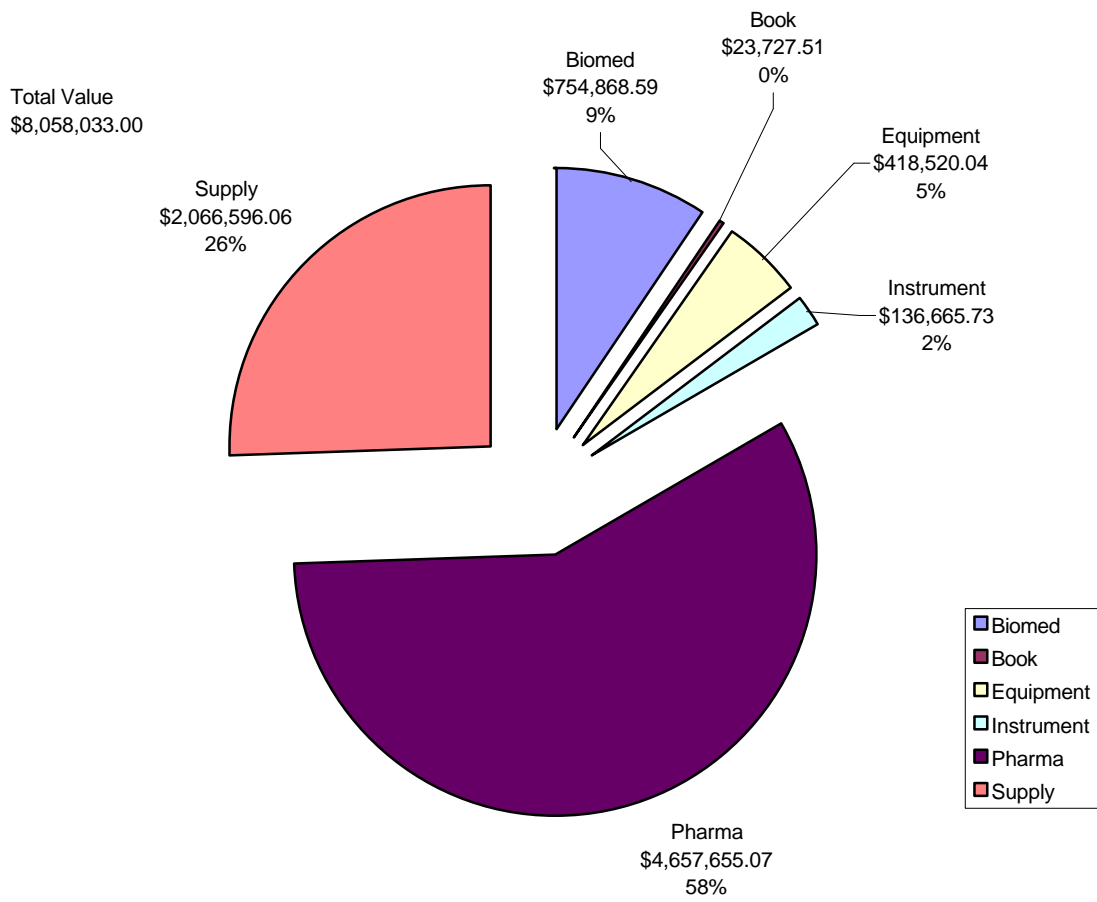
During FY ’03 and ’04, Carelift will be forced to combine more of its shipments for financial reasons. As previously mentioned in this report, the Department of State supports the USAID funded Partnerships by underwriting Carelift’s air and sea freight costs. The Department of State has continuously renewed this agreement with Carelift, expecting that the costs would remain fairly constant from one fiscal year to the next. Because many of the model AIHA Partnership programs are now ready for (2) – (6) replications in the target regions, Carelift will prepare the containers for delivery to (1) primary disbursement center in order to keep within the budgetary constraints of the Department of State, an invaluable and very valued Partner.

Percentage and Value of Donated and Purchased Items For USAID Shipments
(11/1/1999 - 10/31/2002)

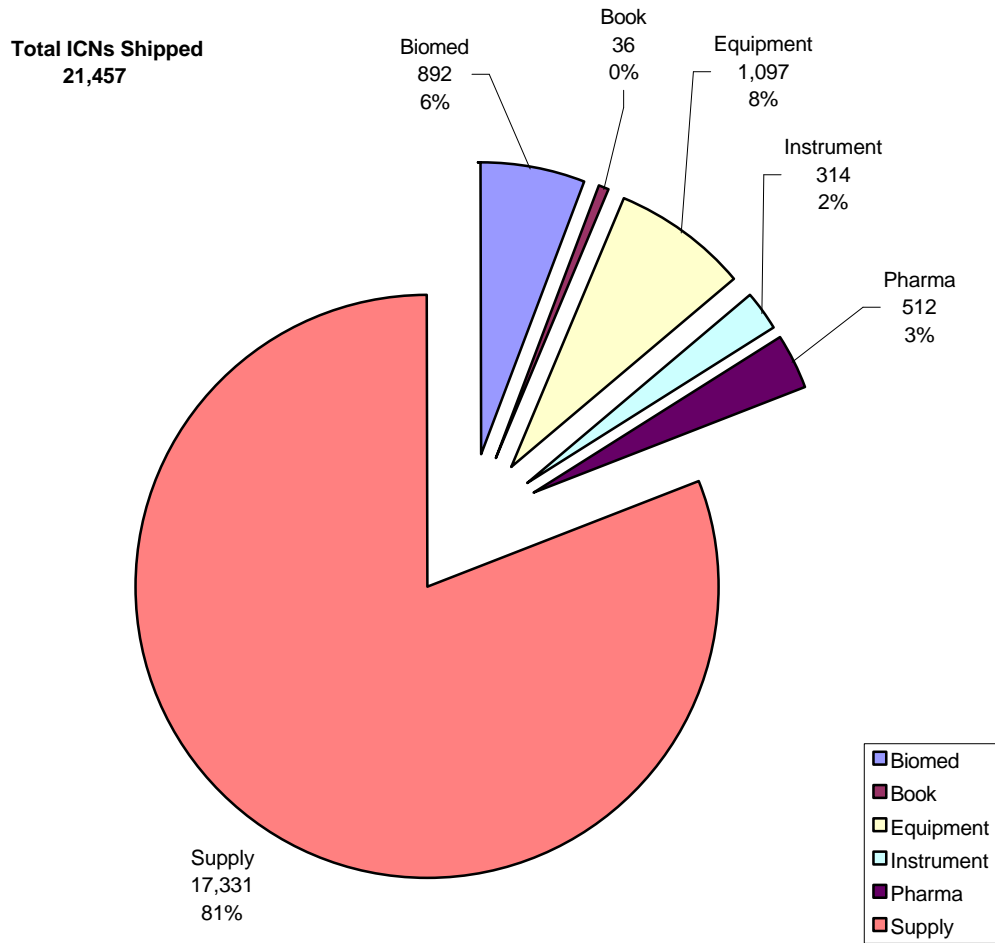
Total Value
\$8,058,033.00



Percentage and Value of Items Shipped for USAID Programs. Sorted by Category (11/1/1999 - 10/31/2002)



Percentage and Amount of ICNs Shipped for USAID Programs
11/1/1999 to 10/31/2002



ICN - Inventory Control Number

Note - Inventory control numbers are not a good measure of actual amount of goods. **See example for more detail

| COUNTRY/ PARTNERS | TARGETS DRAFT WORK PLAN 11/22/02 | SHIPMENT ESTIMATES: A. 11/1/02 – 7/31/03 B. 8/1/03 – 3/31/04 | SHIPMENTS: 11/1/99 – 10/31/02 | TECH TRAINING | WASTE TRAINING |
|---|---|--|-------------------------------------|-----------------------------------|-------------------|
| ARMENIA I AIHA - Armavir/ Galveston TX | PCC, Armavir [Assessment by AIHA & USP] | None | \$104,294 | 1.Done 10/01 (DL & SM) | * |
| ARMENIA II AIHA - Gegarkunik/ Providence RI | 1.PCC, Sevan 2. (2-4) PCCs in Region [Assessments by AIHA & USP] | 1 & 2 A Initial Shipment, Pt 2 and an Initial Shipment = \$97K | 1.\$38,112 2.None | 1.Done 10/01 (DL & SM) | * |
| ARMENIA III AIHA - Lori/Los Angeles CA | 1.PCC, Vanadzor #5 2. (5) PCCs in this Region [Assessments by AIHA & USP] | 1 & 2 A Resupply and Initial Shipment = \$80K | 1.\$161,642 2.None | 1.Done 10/01 (DL & SM) Note #1 | * |
| ARMENIA IV AIHA-Yerevan/Wash D.C. | 1. "Armenian-American Wellness Center", Yerevan, w/ a mobile van unit 2.WWC/PCC, Gavar 3.WWC Satellite #1 at Women's Rep. Hospital, Yerevan 4.Oncology Center, Yerevan [Assessments to be made by AIHA & USP, input from CL, FY '03] | 1, 2, & 3 A Resupply and Initial Shipments = \$80-120K 4. B Initial shipments Pt 1 & 2 = \$70- 130K | 1.\$44,665 2-4 = None | 1.Done by US Partner | * |
| ARMENIA V PADCO | 1.PCC #1, Vanadzor City 2.PCC #4, Vanadzor City [Assessments by PADCO, FY '02] | 1 & 2 B = TBD | 1 & 2 = \$31,801 | N/A | * |
| ARMENIA VI PRIME | 1.Rep. Cntr of Perinatology, Obstetrics, & GYN, Yerevan 2.Maternity/Hospital #1, Vanadzor 3.Alaverdi Maternity Hospital [Assessed by PRIME] | 1.A Initial Shipments = \$40-90K 2.A Initial Shipments =\$100-130K 3.B Initial shipments = \$90-120K | None | | * |
| | Sub-Totals = 21 Projects | A = \$397-517K B = \$160-250K A & B = \$557-767K | \$380,514 | | |
| AZERBAIJAN I AIHA-Baku/Houston | Republican Clinical Hospital, "Mir Kasimov," Baku [Assessment pending] | A Resupply = \$120K | \$203,737 | Note #2 | TBD |
| AZERBAIJAN II AIHA- Baku/Richmond VA | Binagadi District General Hospital [Assessment pending] | A Initial shipments = \$120-180K | None | | |
| | Sub-Totals = 2 Projects | A= \$240-300K | \$203,737 | | |

| COUNTRY/ PARTNERS | TARGETS DRAFT WORK PLAN 11/22/02 | SHIPMENT ESTIMATES: A. 11/1/02 – 7/31/03 B. 8/1/03 – 3/31/04 | SHIPMENTS: 11/1/99 – 10/31/02 | TECH TRAINING | WASTE TRAINING |
|--|--|---|--|---|-------------------------------|
| BELARUS AIHA - Minsk/RWJ | PCC, #36 [Assessment by AIHA & USP, FY '00] | None | \$165,208 | Done by USP | Done by US Partner |
| | Sub-Total = 1 Project | None | \$165,208 | | |
| GEORGIA I AIHA-Kutaisi/Atlanta GA. | WWC & Birth Cntr, "Hera," 11 Javakhishvili St. [Assessment by CL, 2000] | A Resupply = \$85K | \$161,906 | WWC-3/01QMcv, DL & USP); Birth Cntr-4/02 (DL) | ** |
| GEORGIA II AIHA - Mtskheta-Mtianeti/ Milwaukee WI | 1.PCC, 1 Gvindgelia St., Mtskheta 2.FMC, Mtskheta [1 & 2 Assessments by CL, 2000] 3.PCC, in Dusheti Hospital 4.PCC, in Kazbegi Hospital [3 & 4 Assessments by AIHA & USP] | 1 & 2 B Initial Shipments, Pt 1 and 2 = \$30-60K 3 & 4 A Initial Shipments = \$100K 3 & 4 B Resupply = TBD | 1.\$70,864 2, 3, & 4 = None | 1.Done 3/01 (QMcv, DL, & Partners) | ** |
| GEORGIA III USAID R.O. | 1.Jo Anne/Care for Children Cntr., Tblisi [Assessment by CL, 5/01] 2.Sukhumi Maternity 3.Zugdidi Maternity [Assessments 2 & 3 by ADRA, 10/99; of all by USAID 5/01-7/01] | 1. None 2 & 3 A = additional shipments being discussed with USAID R.O. = \$50- 110K | 1.\$305,251 2.\$101,916 3.\$141,842 | 1 - 3 = TBD | ** |
| | Sub-Totals = 8 Projects | A = \$235-295K B = \$30-60K A & B = \$265-355K | \$781,779 | | |
| KAZAKHSTAN I AIHA-Astana/Pitt. PA | 1.PCC "Demue", 22/1 Abulai Khan Ave. [Assessment by CL, AIHA & the USP, '00] 2. Family Group Practices, Astana (6) [Assessment by AIHA & USP] | 1 & 2 A Initial shipment s Pt 1 and 2 = \$80K | 1.\$31,983 2.None | 1.Done 3/02 (DL); Refresher 9/02 (DL) | Done 1/01 AIHA Workshop |
| KAZAKHSTAN II AIHA "Legacy" | Perinatal/WWC at Almaty Hospital [Assessment by AIHA] | A Initial Shipments = \$90-140K | None | | |
| | Sub-Totals = 8 Projects | A = \$170-220K | \$31,983 | | |
| KYRGYZSTAN AIHA - Bishkek/ Reno NV | FMC, KSMA Medical Center [Assessment by AIHA & USP] | B. Resupply = \$30-60K | \$90,974 | Done 3/02 (DL.) | TBD |
| | Sub-Total = 1 Project | B = \$30-60K | \$90,974 | | |

| COUNTRY/ PARTNERS | TARGETS DRAFT WORK PLAN 11/22/02 | ESTIMATE of FUTURE SHIPMENTS: A. 11/1/02 – 7/31/03 B. 8/1/03 – 3/31/04 | VALUE SHIPPED 11/1/99 – 10/31/02 | TECH TRAINING | WASTE TRAINING |
|--|--|--|--|--|-------------------------------|
| MOLDOVA I AIHA "Legacy" Chisinau/Minn MN | ER at Emergency Hospital [Assessment by CL, 1999] | B Resupply = \$30-70K | \$3,533,682 | Done 12/00 (QMcV & JS) | Done 11/00 (PO) |
| MOLDOVA II AIHA-Chisinau/E. VA | 1.FMC & Teaching Center "Botanica," Chisinau 2. WWC, "Virginia," Cahul 3.WWC, "Dalia," Chisinau 4. "Teaching FMC," Chisinau, Nicolae Testemitanu University 5."Operation Hope" [1-3 Assessments by CL, 2001; 4 by CL, 1999; 5 by Dept. of State, 2000] | 1-4 A Initial Shipment Pt 2 and Resupply = \$100K 1-4 B Resupply = \$90K 5.None | 1.\$392,896 2.\$38,503 3.\$116,221 4.\$244,528 5.\$505,443 | 1-3 Done 6/01 (QMcV). 4 & 5 = N/A | Done 11/00 (PO) |
| | Sub-Totals = 6 Projects | A = \$100K B = \$120-160K A & B = \$220-260K | \$4,831,273 | | |
| RUSSIA I AIHA "Legacy" Moscow/Pitt. PA | WWC, Savior's Hospital [Assessment by CL, 1999] | None | \$142,649 | Done 11/01 (IS). Recipient requests refresher. | Done/2/01 AIHA Workshop |
| RUSSIA III AIHA- Kurgan & Shchuche/Fox Cities WI | 1.Kurgan Maternity Hospital #1 [Assessment by AIHA & USP] | None | 1.\$147,536 | TBD if/when refresher training for above is arranged | Done/2/01 AIHA Workshop |
| | Sub-Totals = 2 Projects | None | \$290,185 | | |

| COUNTRY/ PARTNERS | TARGETS DRAFT WORK PLAN 11/22/02 | ESTIMATE of FUTURE SHIPMENTS: A. 11/1/02 – 7/31/03 B. 8/1/03 – 3/31/04 | VALUE SHIPPED 11/1/99 – 10/31/02 | TECH TRAINING | WASTE TRAINING |
|---|---|---|---|--|---|
| UKRAINE I AIHA "Legacy" Lviv/ Buffalo NY | Perinatal Center [Assessment by CL, 1999] | None | \$135,606 | Done – 7/01 (IS & SM) | Done/ 9/01 AIHA Workshop |
| UKRAINE II AIHA "Legacy" Lviv/ Buffalo NY | WWC, Railway Hospital [Assessment by CL, 1999] | None | \$84,986 | Done – 7/01 (IS & SM) | Done/ 9/01 AIHA Workshop |
| UKRAINE III AIHA-Donatesk/ Pitt. PA | 1.Kramatorsk City Hospital #25 (including a WWC) 2.Miner's PCC, Donetsk [All Assessments by AIHA & USP] | 1.B Initial Shipment Pt 2 = \$60-90K [distribute to a children's hospital, a maternity house, & FGP] 2.TBD – Possible Resupply | 1.\$200,547 2.\$50,100 | 1 & 2 = Done 12/01 (IS & IN) | 1 & 2 = Done/ 9/01 AIHA Workshop |
| UKRAINE IV USAID RO WWC Railway Kiev | WWC at Railway Hospital, Kiev [Assessment by CL, 9/01] | A Initial Shipments, Pt 1 and 2 = \$145-185K B Resupply = \$40K | None | Railway Hospital in Lviv will train | TBD |
| UKRAINE V AIHA-Kiev/Phila. PA | (2) Replications of model FMC in Kiev [Assessment by AIHA & USP] | A Initial shipment = \$50-70K | None | | TBD |
| UKRAINE VI AIHA-Uzhgorod/ Corvallis OR | 1.FMC (dental), V. Berezny 2.Hospital, V. Berezny 3.WWC & FMC, Uzhgorod 4.FMC, Uzhgorod [1, 3, & 4 Assessments by AIHA & USP; 2 – by USP & CL, 5/02] | 1.None 2.A Initial shipment = \$60-110K 3.B Initial shipments = \$50-90K 4.B \$40K | 1.\$62,336 4.\$139,750 | 1.Done USP FY '02 4.Done 11/01 (IS) | Done/ 9/01 AIHA Workshop |
| UKRAINE VII AIHA- Lviv/Cleveland OH | 1.Lviv FMC 2.Zhovkva FMC [All Assessments by AIHA & USP] | 1.B Add to AIHA initial shipment = \$30-60K 2.B Add to AIHA initial shipment = \$30-60K | None | | 1 & 2 = Done/ 9/01 AIHA Workshop |
| UKRAINE VIII AIHA- Odessa/Boulder CO | 1.FGP, Odessa [Assessment by AIHA & USP] 2.Referral Hospital [Assessment planned CL, FY '03] | 1 & 2 B Initial Shipments = \$120K | None | | |
| | Sub-Totals = 15 Projects | A = \$255-365K B = \$370-500K A & B = \$625-865K | \$673,325 | | |

| COUNTRY/ PARTNERS | TARGETS DRAFT WORK PLAN 11/22/02 | ESTIMATE of FUTURE SHIPMENTS: A. 11/1/02 – 7/31/03 B. 8/1/03 – 3/31/04 | VALUE SHIPPED 11/1/99 – 3/31/02 | TECH TRAINING | WASTE TRAINING |
|---|--|--|--|--|-------------------------------|
| UZBEKISTAN I AIHA-Ferghana & Tashkent/ Atlanta GA | 1. Republican Center/ Emergency Medicine, Ferghana 2. Republican Center/ Emergency Medicine, Tashkent [Assessments 1 & 2 by CL, 10/01] | 1. None 2. B Resupply = \$30-60K to be distributed to satellites | 1. \$200,477 2. \$408,578 | 1. Done 6/01 (QMcV & Partners) 2. N/A | Done/1/01 AIHA Workshop |
| UZBEKISTAN II AIHA- "Legacy" | WWC, Tashkent [Assessment by AIHA] | B Initial Shipments = \$50-85K | None | | |
| | Sub-Totals = 3 Projects | B = \$80-145K | \$609,055 | | |
| SUB-TOTAL VALUE SHIPPED | 11/1/99-10/31/02 | Based on computer run dated 10/22/02 plus \$8,910 in S-0500 sent to project "Armenia IV, #1", Yerevan | \$8,058,033 | | |
| CL/USAID CA | Internal Audits at CL: 11/00 & 11/01 | Internal Audit 11/00 Undervalued ICNs | \$ 363 | | |
| TRANSFER OF GOODS | Values could not be captured electronically | A C-Arm (\$30K) transferred from Hinchesti Hospital (in Moldova) and training manuals (\$450) sent to project "Moldova I" | \$ 30,450 | | |
| NON-TANGIBLES | 11/1/99-10/31/02 | | \$258,906 | | |
| TOTAL | 11/1/99- 10/31/02 | | \$8,347,752 | | |
| Estimated non- tangibles | 11/1/02 - 7/31/03 8/1/03 - 3/31/04 | A \$65K B \$65K | | | |
| Estimated value of goods shipped and # of shipments to 67 projects | 11/1/02 - 7/31/03 8/1/03 - 3/31/04 | A = (16) shipments B = (15) shipments A & B = \$ 2,187,000-\$2,972,000 = (31) shipments | | | |
| GRAND TOTAL | (actual + estimated values shipped plus non-tangibles) thru 3/31/04 | \$11,449,752 | | | |
| SHORTFALL | 11/1/99-3/31/04 | \$248 | | | |
| REQUIREMENT | 11/1/99-10/31/04 | \$11,450,000 | | | |

Note: * = Possible solutions: The selection of the winning contractor of the USAID RFA (issued during the summer of 2002) to deliver Medical Waste Management training to the Partnerships in Armenia, expected to be concluded in 11/02, is now uncertain. Further competition regarding deliverables and participants needs to be undertaken. There is a possibility that the training will be expanded to include Partnership participants from other countries. However, AIHA is planning a regional workshop for local Partners in the West NIS countries in 2/03. CL may be able to integrate Medical Waste Disposal Training into this workshop.

Note: ** = The Medical Waste Disposal Training portion of the 9/01 AIHA Regional Workshop on Infectious Disease was disbanded due to evacuation of the U.S. Embassy. Although the print material was distributed, the Georgian Partnership participants have requested re-training on this topic. See note above.

Note #1 = In early 2002, EKG equipment was exchanged and some further instruction on the operation of this equipment was done (DL).

Note #2 = The US Partner trained local doctors about the operation of an ophthalmology suite in Houston. Because the US Partner has Russian-speaking engineers and physicians on staff (& available to travel), negotiations regarding delegating the delivery of technical training (combined with clinical training) to the US Partner are taking place.

KEY

Abbreviations:

CL = Carelift International

FGP = Family Group Practice

FMC = Family Medicine Center

PCC = Primary Care Center

USP = U. S. Partner

WWC = Women's Wellness Center

Personal:

DL = David Lekishvili

IN = Ihor Nykolyn

IS = Ihor Stupnytskyy

JS = Jacob Schnayder

PO = Paul Osimo

QMcV = Quinn McVay

SM = Sam Miller

11/26/02

ATTACHMENT B
(Project Descriptions)

PROJECT DESCRIPTIONS

ARMENIA

Armavir/Galveston, TX - Primary Health Care & Emergency Medical Services

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

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

Partnership Objectives: The overall goal of this AIHA Partnership program is to improve healthcare 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: Carelift International has provided \$104,294 in primary care tools e.g., equipment, blood pressure cuffs and gauges, pregnancy kits, and general supplies to the Armavir Primary Care Polyclinic.

Gegarkunik/Providence, RI - Primary Health Care & Emergency Medical Services

US Partner: The US Partners are 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.

NIS Partner: The NIS Partners are the Gegarkunik Regional Health Care Management Department and the Sevan Polyclinic.

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

Carelift International's Objectives: Carelift International has provided the Sevan Polyclinic with \$38,112 in supplies and services and plans to support 2 – 4 additional primary care clinics in the region (to a lesser extent, since they are smaller in size than the Sevan Polyclinic)

Lori/Los Angeles, CA - Primary Health Care & Emergency Medical Services

US Partner: The US Partner is the UCLA Medical Center.

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

Partnership Objectives: This AIHA Partnership program is developing community-based primary care services, building upon the existing services of

Polyclinic #5, located in Vanadzor. Practice standards, financial management systems, and administrative guidelines will also be developed.

Carelift International's Objectives: Carelift International shipped \$161,642 in equipment, tools, and supplies to the Vanadzor Polyclinic #5 and expects to support up to 5 additional clinics in this region during FY '03.

Yerevan/Washington, D.C. – Community-Based Primary & Womens' Health Care

US Partner: The Armenian-American Cultural Association, a non-profit organization based in Arlington, VA, provides most of the technical assistance and financial support to this Partnership that was established in 3/00. The main American clinical partner is the Washington Hospital Center, located in Washington, D.C.

NIS Partner: The NIS Partner is the Armenian-American Mammography University Center

Partnership Objectives: The overall goal of this AIHA Partnership program is to improve clinical, screening, and community education services and to reduce breast cancer morbidity and mortality, by expanding early detection techniques.

Carelift International's Objectives: Carelift International has shipped over \$44,000 in equipment and supplies to the "Armenian-American Wellness Center" in Yerevan. Carelift plans to support 2 satellite clinics (1 in Yerevan; the other in the town of Gavar) and an oncology center in Yerevan.

PADCO – Primary Care Projects

Partner: At the suggestion of the USAID Regional Office in Tblisi, Carelift entered into a direct partnership with PADCO, a USAID contractor, in FY '02. The main PADCO representative for this joint project is Mr. Dean Millsagle. Mr. Scott Leshner and Ms. Manuela Sieber are Carelift's primary representatives for this Partnership.

Partnership Objectives: PADCO aims at establishing approximately 30 – 40 primary care centers in Armenia by FY '04. Because PADCO's budget is very restrictive in regard to providing instruments and supplies to all the target sites, PADCO welcomed Carelift's offer to provide supplies to 2 of these centers.

Carelift International's Objectives: To date, Carelift has shipped \$31,801 worth of goods to Primary Care Centers #1 and #4 (located in Vanadzor City). These centers may require a small re-supply shipment in FY '03.

PRIME/Intrah – Primary Care and Maternal & Child Health Projects

Partner: At the suggestion of the USAID Regional Office in Tblisi, Carelift entered into a direct partnership with PRIME/Intrah, a USAID contractor, in FY '02. Dr. Marcel Vekemans (Medical Advisor at the University of North Carolina) is the main contact for PRIME and Ms. Manuela Sieber is Carelift's primary representative for series of joint projects, to be implemented in FY '03.

Partnership Objectives: Prime/Intrah was recently awarded a USAID contract to assist maternity and child health centers in both urban and rural areas and to, primarily, assist primary care providers in the rural villages of Armenia.

Carelift International's Objectives: Carelift has not yet shipped goods to any PRIME projects. Carelift does, however, expect to ship significant amounts of goods to 3 target sites in FY '03: the Republican Center of Perinatology, Obstetrics, and Gynecology in Yerevan, the maternity department at Hospital #1 In Yerevan, and the Alaverdi Maternity Hospital.

AZERBAIJAN

Baku/Houston TX – Emergency Obstetrics, Maternal and Newborn Care

US Partner: The US Partners are: the Baylor College of Medicine, the Texas Medical Center, the Houston Department of Health, the CDC, the American Heart Association, and En Accion.

NIS Partner: The NIS Partner is “Mir Kasimov,” the Republican clinical Hospital in Baku.

Partnership Objectives: The overall goal of this AIHA Partnership program is to improve medical services to refugees and IDPs in Azerbaijan. Specifically, the Partnership aims at improving the neonatal, perinatal, and maternal health care that is being provided to these groups.

Carelift International's Objectives: Carelift International has shipped \$203,737 in equipment and supplies to the Mir Kasimov Hospital. Carelift plans to provide a medium sized re-supply shipment to this hospital in FY '03.

Baku/Houston TX – Emergency Obstetrics, Maternal and Newborn Care

US Partner: The US Partners are: the Baylor College of Medicine, the Texas Medical Center, the Houston Department of Health, the CDC, the American Heart Association, and En Accion.

NIS Partner: The NIS Partner is “Mir Kasimov,” the Republican Clinical Hospital in Baku.

Partnership Objectives: The overall goal of this AIHA Partnership program, established in 6/99, is to improve medical services to refugees and IDPs in Azerbaijan. Specifically, the Partnership aims at improving the neonatal, perinatal, and maternal health care that is being provided to these groups.

Carelift International's Objectives: Carelift International has shipped \$203,737 in equipment and supplies to the Mir Kasimov Hospital. Carelift plans to provide a medium sized re-supply shipment to this hospital in FY '03.

Baku/Richmond VA – Community-Based Primary Health Care

US Partner: The US Partner is Virginia Commonwealth University.

NIS Partner: The NIS Partner is the Binagadi District Health Administration.

Partnership Objectives: The overall goal of this AIHA Partnership program, established in 3/00, is to provide humanitarian assistance in the form of model community-based primary care services for the IDP/refugee community in the Binagadi District.

Carelift International's Objectives: Carelift International has not yet shipped goods to the Binagadi District General Hospital but expects to ship at least 2 containers of goods to this target site in FY '03.

BELARUS

Minsk/RWJHealth Network, NJ – Primary 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 Polyclinic #36.

Partnership Objectives: The overall goal of this AIHA Partnership is to develop primary care disease prevention and health promotion programs to improve the cardiovascular and women's 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: Attained. Provided \$165,208 worth of pharmaceuticals and goods (including ultrasound equipment) to Polyclinic #36, located in Minsk.

GEORGIA

Kutaisi/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 Partnership, established in 6/99 and graduated in 12/01, was to provide a full range of women's services through a Women's Wellness and Primary Care Center in Kutaisi. The Partnership also developed and improved access to quality services to meet the identified needs of women in Kutaisi, emphasizing disease prevention and health promotion.

Carelift International's Objectives: Carelift has supplied the Kutaisi Women's Wellness Center, which includes a Birthing Center, with \$161,906 in goods and expects to re-supply this center in FY '03.

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, established in 6/99, is the design, development and implementation of a family and community-oriented Primary Health Care (PHC) system in the Mtskheta-Mtianeti region of the Republic of Georgia.

Carelift International's Objectives: Carelift has supplied the Primary Care Clinic in Mtskheta with more than \$70,864 in goods and expects to supply replications of this model clinic in Dusheti and Kazbegi, as well as a Family Medicine Clinic in Mtskheta.

Carelift/USAID Regional Office, Tblisi. – Primary and Emergency Health Care

Carelift International's Objectives: Carelift sent more than \$305,251 in goods to contribute to the establishment of a new pediatric intensive care unit at the Jo Anne Medical Center, located at Children's Hospital #2, 21 Lubilian Street in Tblisi. The Jo Anne Medical Center is a well-regarded pediatric, cardiac diagnosis, surgery and treatment facility.

Carelift shipped more than \$243,758 (in total) in goods to Maternity Houses in Sukhumi and Zugdidi. The Maternity House in Sukhumi is located in an area that is currently experiencing civil unrest and conflict. Shipments to these recipients required high-level governmental approval. Carelift expects the USAID Regional Office to request re-supply to these Maternity Houses in FY '03.

KAZAKSTAN

Astana/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, established in 6/99, is to foster the development of prevention-oriented, family-based primary care, with integrated delivery of social services in Astana.

Carelift International's Objectives: Carelift supplied a Primary Care Clinic in Astana with \$31,983 in goods and expects to re-supply the clinic in FY '03.

KYRGYZSTAN

Bishkek /Reno, NV - Primary Health Care

US Partner: The University of Nevada School of Medicine has assembled a consortium including: the Nevada Rural Hospital Project, Washoe Medical Center, University Medical Center, Clark county Health Department, and the State of Nevada health Division.

NIS Partner: The Kyrgyz State medical Academy is the lead partner.

Partnership Objectives: The Partnership, established in 8/99, 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 healthcare reform program.

Carelift International's Objectives: Carelift shipped \$90,974 in goods to the Family Medicine Center at the Kyrgyz State Medical Academy and may re-supply the Center in FY '03.

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 focus of this "Legacy" Partnership were emergency medical services, medical education, surgery, cardiovascular medicine and surgery, and nursing education & reform and women's health.

Carelift International's Objectives: Carelift has supplied the Emergency Hospital with more than \$3,533,682 in goods and services.

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 Cahul District Health Administrations and the Consultative Diagnostic Center of the Botanica District.

Partnership Objectives: Established in 3/00, this Partnership aims at supporting 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. Carelift has also delivered (in total) more than \$500,000 in goods and services to the *Botanica*, *Virginia*, and *Dalia* primary Care Clinics and expects to re-supply them in FY '03. Carelift has also provided \$244,528 in goods to the (teaching) Family Medicine Center, located in the *Nicolae Testemitanu University* complex in Chisinau.

RUSSIA

Moscow/Pittsburgh, PA - Multi-Program

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: Carelift delivered more than \$142,000 in equipment and supplies to the Savior's Hospital. No further shipments from Carelift will be sent to this Partnership, per 4/02 agreement reached with AIHA and USAID.

Kurgan & Shchuche/Fox Cities, WI – Primary Health Care

US Partner: ThedaCare is the lead organization. It includes Appleton Medical Center and Theda Clark Hospitals.

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

Partnership Objectives: The overall goal of the Partnership, established 6/99, is to create a successful and replicable model of healthcare delivery for the Kurgan Oblast.

Carelift International's Objectives: Carelift shipped \$147,536 to the Kurgan Maternity Hospital #1. No further shipments from Carelift will be sent to this Partnership, per 4/02 agreement reached with AIHA and USAID.

UKRAINE

Lviv/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 Perinatal Center.

Partnership Objectives: This "Legacy" Partnership project emphasizes obstetrics and infection control.

Carelift International's Objectives: Carelift has delivered more than \$143,000 in goods to the Perinatal Center but does not anticipate providing any additional goods to this site.

Lviv/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 "Legacy" Partnership project emphasizes gynecology and resource center development.

Carelift International's Objectives: Carelift has delivered \$84,986 in goods to the Women's Wellness Center at the Lviv Railway Hospital. No re-supply to this site is planned.

Donetsk/Pittsburgh, PA - Primary Health Care

US Partner: Magee Womancare International (MWI) is the lead organization. It consists of 5 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.

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

Partnership Objectives: This Partnership, established in 6/99, aims at developing 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.

Carelift International's Objectives: Carelift has shipped (in total) more than \$250,647 in goods to the Women's Wellness Center at the Kramatorsk City Hospital #25 and the Miner's Health Center in Donetsk. A second container of goods will likely be shipped to these sites in FY '03.

Carelift/USAID Regional Office. – Women's Wellness Center

Carelift International's Objectives: Carelift plans to deliver goods, similar in nature to those supplied to the Lviv Railway Hospital, valued at more than \$200,000 to the Women's Wellness Center at the Kiev Railway Hospital. This Center, although housed in a separate building, is an integral part of the Ukrainian Railway System's large hospital complex, located near the heart of the downtown capital city. A duplicate project, located in the western part of the country, in the city of Lviv, is the model for all of the Women's Wellness Centers planned for the Railway System's consortium of hospitals. It should be noted that the Railway Hospital System, being privately funded, is not dependent on the government for the operation or expansion of any of its medical facilities.

Kiev/Philadelphia, PA - Primary Health Care

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.

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

Partnership Objectives: The Partnership, established 6/99, aims at the development and promotion of community based primary health care in the Kharkiv District.

Carelift International's Objectives: Carelift has been asked to support (2) replications of the Kiev model Family Medicine Center.

Uzhgorod/Corvallis, OR - Primary Health Care

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.

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

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: Carelift has delivered more than \$200,000 in goods to the Family Medicine Training Centers in Uzhgorod and Velykiy Berezny. A small re-supply shipment is planned for the Center in Uzgorod. Carelift also plans on supporting a hospital in Velykiy Berezny and a women's wellness center in Uzgorod.

Lviv/Cleveland OH- Community-Based Primary Health Care

US Partner: The Cleveland International Program (CIP) is a non-profit adult professional exchange program providing opportunities for individuals from over 110 countries to train with their U.S. counterparts in the social services, business, health, academia, and government. CIP works with the Federation for community Planning, the Cuyahoga County Board of Health, the Case Western Reserve University School of Medicine, Cleveland State University, the Cleveland Clinic Foundation, the Ohio Department of Health, and the Center for Health Affairs.

NIS Partner: (2) Primary Health Care Centers (in Rudno and in Lviv) and (2) ambulatories in the vicinity of Zhovka.

Partnership Objectives: This Partnership, established 6/99, wants to: strengthen the ability of the family medicine system in Lviv and Zhovkva; adequately train medical personnel; and operate family medicine centers in an efficient and effective manner.

Carelift International's Objectives: Carelift has not yet delivered any goods to either family medicine center (Lviv or Zhovkva) and will discuss their needs with the appropriate AIHA Program Officer.

Odessa/Boulder CO- Community-Based Primary Health Care

US Partner: The Boulder Community Hospital is the lead U.S. institution. It works with the University of Colorado School of Medicine (Department of Family Medicine), the Boulder County Health Department, the Beacon Clinic, and the Boulder County Healthy Communities Initiative.

NIS Partner: Odessa State Medical University (including its Family Health Center), in collaboration with the City of Odessa, Oblast Health Administration, and the Sea Port Occupational Polyclinic.

Partnership Objectives: This Partnership, established 6/99, is focusing on improving the delivery of family medicine services.

Carelift International's Objectives: To support a Family Group Practice in Odessa and a referral hospital in the region.

UZBEKISTAN

Ferghana & Tashkent/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 Ferghana Region.

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

Carelift International's Objectives: Carelift has already delivered more than \$200,000 to Ferghana and may re-supply the Emergency District Hospital there in FY '02 or '03. Carelift also plans to equip and supply the main Emergency District Hospital in Tashkent.