



**INTERNATIONAL RESCUE COMMITTEE
LIBERIA PROGRAM**

QUARTERLY REPORT

EVD RESPONSE, READINESS AND RESTORATION

(CONTRACT NO: AID-OFDA-A-15-00002)

JANUARY, FEBRUARY, AND MARCH 2015

PRESENTED TO:

**THE USAID OFFICE OF FOREIGN
DISASTER ASSISTANCE**

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I. Executive Summary

PROGRAM TITLE: EVD Response, Readiness and Restoration

PROJECT NO: AID-OFDA-A-15-00002

AGENCY: International Rescue Committee (IRC)

COUNTRY: Liberia

REPORTING PERIOD: Quarter 2, FY2015: January, February, March 2015

GOAL: To support the safe re-opening of Ebola-affected health facilities, with the ultimate goals of reducing patient mortality and transmission of the Ebola Virus Disease (EVD) in the community.

OBJECTIVES:

Objective 1: Support the safe restoration of health care services in Ebola-affected facilities.

Objective 2: Ensure safe sanitation and hygiene at Ebola-affected health facilities and schools.

Objective 3: Provide psychosocial support services to Ebola-affected communities and health care workers.

BENEFICIARIES:

Total Number of Individuals Affected in the Target Area: 1,144,000

Total Number of People Targeted (Individuals): 382,000

Total Number of IDPs Targeted (Individuals) as subset of above: N/A

LOCATION: Montserrado County, Liberia

DURATION: 12 months



An IRC sprayer working at Redemption Hospital in New Kru Town, Monrovia.



Redemption Hospital in New Kru Town, Monrovia.

II. Introduction

In December 2015, the Ebola Virus Outbreak (EVD) began to wane in Liberia. The IRC originally partnered with USAID/OFDA to run a 100-bed Ebola Treatment Unit (ETU), however the number of patients at ETUs in Monrovia was rapidly declining, leaving a surplus of empty beds at the ETUs that were already operational. Meanwhile, hospitals and clinics that had become major sites of transmission had closed indefinitely, leaving medical care for non-EVD cases almost entirely absent within the greater Monrovia area.

To address this new phase of Ebola crisis, the IRC quickly redirected project resources from the ETU to support the safe re-opening of selected health facilities and schools forced to close during the peak of the outbreak. From January through March, the IRC's activities focused on implementation of proper infection prevention and control (IPC), improved triage, and bolstered surveillance with the ultimate goal of reducing patient mortality and transmission of EVD at health facilities and in the community. All activities integrated psychosocial considerations and community mobilization, which are integral aspects of any post-Ebola, community-based programming in Liberia.

The main focus of the IRC's intervention is the safe restoration of services at Redemption Hospital, located in New Kru Town, one of the epicenters for EVD in Monrovia. During the reporting period, the IRC completed essential repairs to the emergency and pediatric wards, including a triage desk for the in-patient department (IPD), rehabilitation of the sewage system, upgrades to the morgue and laundry, and made changes to the out-patient department (OPD) to improve patient flow and triage. While these repairs were underway, the IRC's medical and IPC teams created technical working groups for each of the wards in the hospital, which met weekly to prepare for the reopening. Once those repairs were completed, the IRC transferred essential drugs and medical supplies to the hospital to facilitate the re-opening of the pediatric and emergency wards on February 16th, 2015. By the end of March, the adult emergency department had a total of 136 admissions and the pediatric ward had 222 admissions.

Initially, the IRC only deployed its expatriate staff to Redemption Hospital, so as not to disturb the staffing structure at the hospital. However, soon after the African Union re-opened the Obstetric (OB) ward and a temporary pediatric ward in mid-January, a probable EVD case, which was later confirmed positive, was admitted to the IPD in the middle of the night, without proper screening or IPC. With the hospital management's authorization, the IRC immediately deployed a cohort of national staff who were trained to work in the ETU to fill the critical human resource gaps at triage and IPC throughout the hospital. These staff include nurses, laundry staff, cleaners and sprayers. On March 19th, the last confirmed case in Liberia was properly triaged by the IRC's staff at the Redemption Hospital IPD and referred to the MSF ETU for treatment.

Simultaneously, the IRC remains ready to respond to any peak in the EVD outbreak with a fully functional 50-bed ETU. In the interim, this ETU site has been used for the MOH “cold training”, and as a base for the on-going outreach and psychosocial support activities in the communities around the ETU.

Additionally, the IRC assumed responsibility for providing IPC support to 22 primary health care facilities around the ETU and Redemption Hospital catchment areas. Support has included the construction of temporary triage and isolation units, training on the “Keep Safe, Keep Serving” curriculum, provision of IPC supplies and repairs to locally made incinerators.

When the Government of Liberia’s (GoL) announced the re-opening of schools in February, the IRC supported its Back to School (B2S) initiative by training 153 schools in Paynesville district on proper IPC and school hygiene. More in depth support continues for the district’s 25 public schools including the creation of hygiene clubs and training for teachers on psychosocial first aid.

III. Summary of Activities

The IRC’s program activities focus on three main thematic areas:

- Health
- Water, Sanitation, and Hygiene (WASH, or Environmental Health)
- Protection (specifically psychosocial support)

In Q2, the IRC’s primary focus was to ensure that Redemption Hospital was able to re-open safely and without incident after the facility had been contaminated by EVD in 2014. Redemption Hospital is the main Government referral hospital in Montserrado, and during its closure, hundreds of thousands of Liberians were living without access to basic health care. As a result of the IRC’s interventions, which included infrastructure rehabilitation, provision of health services, enforcement of strict new infection prevention controls, and community engagement, Redemption Hospital was able to re-open its Pediatrics and Adult Emergency (ER) wards in early February. For the remainder of February and March, the IRC and other partners quickly scaled up their activities, resulting in the full restoration of services at the hospital.



The new Redemption Hospital pediatric ward on April 1, 2015, following IRC rehabilitation.



The old Redemption Hospital pediatric ward on January 5, 2015.

Coordination among Government, Partners, and Staff Members at Redemption Hospital

The IRC is the lead partner at Redemption Hospital supporting the safe restoration of health services in the midst of a quickly evolving Ebola context. To ensure that its activities at Redemption are coordinated with the larger response, the IRC project staff attend weekly Montserrado Incident Management System (IMS) meetings, which enabled a swift response to suspected cases at Redemption Hospital during the reporting period. In addition, the IRC project staff work closely with coordinating bodies including: the national case management committee; IPC committee; laboratory sub-committee; psychosocial subcommittee; and the triage and isolation sub-working groups. The IRC is also a member of the WASH and Education Clusters.

Including the IRC, a total of five partners provided assistance to Redemption Hospital during Q2. The Redemption Hospital Medical Director and Hospital Administrator chair weekly partner meetings to

ensure that activities are coordinated and are addressing the most urgent needs of the hospital. Partners’ respective roles, responsibilities, and contributions are as follows:

Partner	Roles, Responsibilities, and Contributions
IRC	<ul style="list-style-type: none"> • Coordination: Supporting Redemption administration to manage partner support. • Pediatric and Emergency Infrastructure: Overseeing infrastructure repairs in the emergency room (including a new In-Patient triage unit) as well as the pediatric, neonatal, and child malnutrition wards. • Clinical Health Care: Providing direct health care to patients in the newly-opened Pediatric and ER wards and filling other essential gaps as necessary. • Capacity Building: Providing mentoring in healthcare services, infection protection and control (IPC), administration, and human resources to Redemption staff. • Drugs and Medical Supplies: Procuring and delivering essential drugs and medical supplies. • Surveillance: Re-establishing hospital epidemiology and surveillance systems, including improvements in record keeping, reporting, clinical decision support, and electronic data management, as well as expanded tracking of potential Ebola hotspots. • Waste Management and Sewage: Overseeing improvements to overall waste management system, including the sewage system, installation of an incinerator, and decommissioning of existing waste pits. • Psychosocial Services: Providing psychosocial support to hospital staff returning to work at Redemption, strengthening psychosocial services delivered at Redemption, including mitigating the psychosocial impact of IPC measures on patient care, and serving as a liaison between Redemption staff and New Kru Town community members.
African Union	<ul style="list-style-type: none"> • Obstetric Wards: Oversaw repairs in the physical structure of the ward. • Clinical Health Care: Providing direct health care to patients.
ACCEL	<ul style="list-style-type: none"> • IPC: Established comprehensive IPC in all departments of Redemption hospital through initial training, refresher training, and provision of three months of basic IPC supplies. • Laboratory: Upgraded laboratory facilities, including provision of materials.
MSF	<ul style="list-style-type: none"> • Triage: Established and managed isolation unit for suspected EVD cases, including transfer of unstable and confirmed patients to ETUs.
ICRC	<ul style="list-style-type: none"> • Decontamination: Decontamination of IPD wards.

Infrastructure Rehabilitation at Redemption Hospital

During the reporting period, the IRC completed extensive repairs to Redemption Hospital in order to restore services. Rather than building new construction, all work rehabilitated existing structures - including repairs to the roof, ceilings, tile flooring, windows, doors, and walls of several wards; and also included major overhauls to the water and sewage network, electrical and air conditioning systems. In addition, although ACCEL is the lead partner for IPC at Redemption Hospital, it quickly became clear that their approach was based on academic classroom work rather than hands-on practical experience. To ensure that IPC concepts were actually ingrained in Redemption Hospital staff members, the IRC decided to take a more active role in mentoring staff members using IPC as a framework for all activities. The focus on IPC also meant adding repairs to the OPD to improve patient flow and upgrades to the morgue and laundry, two key aspects of IPC in health care settings that are often overlooked.

In summary, in Q2, the IRC completed work on the following structures:

- Pediatrics Ward
- Adult Emergency Ward
- In-Patient Triage
- Out-Patient Triage
- Morgue



An IRC clinical nurse provides care in the new pediatric ward at Redemption Hospital.



The corridor through the old emergency ward at Redemption Hospital on January 5, 2015.

- Pharmacy and Dental Clinic (switching the two departments to make way for a new exit to improve patient flow)
- Laundry
- Sewage System
- Satellite Internet System (re-installation)

Waste Management at Redemption Hospital

From January to March, the IRC made major progress supporting Redemption Hospital to safely resolve longstanding medical waste management issues, which were exacerbated by the Ebola outbreak.

Sewage System: As mentioned above, the IRC rehabilitated the sewage system in Redemption Hospital. Most notably, the IRC built two new septic tanks, which increased tank capacity by more than 50 percent (from 80 m3 to 124 m3) – the previous septic tanks often flooded. The IRC also decommissioned and replaced sewage pipes that were located under patient wards, replacing them with closed-circuit pipes that bypassed sensitive areas of the hospital. Previously, backups in the pipes had resulted in patient wards flooding with sewage.

Waste Pit Decommissioning: During the reporting period the IRC began the lengthy and complicated process to remove several decades’ worth of medical waste that had accumulated at Redemption Hospital. Some waste was generated when Redemption Hospital served as an Ebola Holding Center, and therefore some waste may have been contaminated with EVD. The waste was stored inside plastic

drums surrounded by concrete housing that has structurally degraded over time, begun to leak and is at full capacity, making this an urgent safety issue for the hospital. When this activity is complete, Redemption Hospital will no longer have accumulated waste on its land, and will have additional space on which to install a large incinerator (see below).

The IRC developed a draft guide to removing hazardous medical waste, and at the end of Q2 was finalizing it with input from partners including MOH, Monrovia City Corporation (MCC), the Environmental Protection Agency (EPA), OFDA, and Global Communities. In addition to serving as a statement of work for the activity at Redemption Hospital, MCC and MOH intend to use the guide as a framework to do other hospital waste removal activities in the future. The IRC worked closely with partners and GOL to identify a suitable location for waste burial, finally deciding on the Global Communities-run site at Disco Hill in Margibi County. After a competitive bidding process, as well as extensive discussions and site visits to all bidders, a committee comprised of the IRC, Redemption Hospital management, MOH, MCC, and EPA unanimously agreed on the winning contractor. The IRC has been following up with the contractor and partners to finalize the waste removal plan. The IRC will complete this activity in Q3.

Incinerators: Previously, there was no industrial incinerator at Redemption Hospital. Prior to and during the Ebola outbreak, medical waste (largely unseparated) was burned in the waste area using a clay incinerator or in piles. In Q1, ICRC/UNOPS donated a larger



The corridor through the new emergency ward at Redemption Hospital on April 1, 2015. (Reverse angle from photo above.)



Workers construct the top of a new 80 m3 septic tank at Redemption Hospital in February. IRC rehabilitated the clogged sewage system and built two new septic tanks accounting for 124 m3, a 50 percent increase to tank capacity at the hospital.

incinerator of (INCINR8 model 8-140) with a capacity to burn 200 kilograms of waste per load, which was used to decontaminate the hospital. Unfortunately, since being delivered, the larger incinerator remains unassembled and unused in the parking lot of the hospital because there is currently no suitable location for it to be installed. In order to facilitate the re-opening of the IPD, the IRC obtained MOH permission to transfer the small incinerator from the ETU to Redemption Hospital. The capacity of the small incinerator is 80 kilograms per load, which is enough to handle much of the critical day-to-day waste from the facility, but which is not large enough for such a hospital of this size. Once the waste pit

superstructures are decommissioned and paved over in Q3, ICRC will return to install the large incinerator in the waste area.

Improving Procedures, Protocols and Management at Redemption

The IRC worked closely with Redemption Hospital staff members to develop and improve clinical standard operating procedures (SOPs), in addition to working closely with the ward supervisors to operationalize the MOH protocols for IPC. The former are critical for ensuring best practices in terms of healthcare, and the latter are critical to enabling the safe restoration of healthcare services in a country afflicted by Ebola. Once new SOPs and protocols were in place, the IRC clinicians worked closely with Redemption Hospital staff to build their capacity through modeling, repetition and mentoring. The IRC teams regularly reviewed outcomes and incidents with Redemption Hospital staff to reinforce good behavior. In support of this activity, the IRC developed and posted signage clarifying patient flow throughout the hospital, which will help ensure that patients are correctly and efficiently triaged.

In addition to health-related procedures, the IRC focused on building Redemption Hospital's administrative and human resources capacity. While Redemption Hospital is managed by MOH, the system is relatively decentralized, and administrative skills are lacking in the facility. The IRC deploys its human resources team to the hospital on a regular basis to assist the hospital's Administrator and Human Resources Officer to create management tools, including a full employee list and a formal organigram.

Providing Clinical Health Care Services at Redemption

Following the rehabilitation of the Pediatrics and Adult Emergency Wards (see above), the IRC deployed medical staff to provide direct health care services to patients. A component of this work has been the mentoring of Redemption Hospital staff members, whose capacity, enthusiasm, and confidence is limited due to poor morale and trauma experienced during the Ebola outbreak.

In February, the IRC began rotating its team of doctors and nurses through the hospital to ensure 24-hour coverage in the Pediatrics and Adult ER wards. Because so many incidents happen at the hospital during night shifts, when senior staff members tend not to be present at the hospital, the IRC's addition of a night shift ensured safe continuous care at Redemption Hospital. In March, the IRC staff members on one such night shift successfully identified a suspect case and triaged her to a holding center before she could enter the wards. Later it was learned that she was in fact Ebola-positive, and she was the last known confirmed case in Liberia to date. Please refer to Annex 1 for more information on the services currently provided at Redemption Hospital.

Providing Drugs and Medical Supplies to Redemption Hospital

To facilitate the re-opening of the pediatric and emergency wards in February, the IRC transferred all drugs that were originally procured for the ETU to Redemption Hospital. The IRC also procured and restocked critical IPC supplies to supplement those donated by ACCEL. The IRC has also ordered a shipment of essential drugs and medical supplies needed to provide safe healthcare to serve as a bridge until the eventual restoration of the MOH national supply chain. Critical items that will arrive next quarter are a complete oxygen filling station, monitoring devices, infusion pumps and resuscitation equipment.

Ebola Treatment Unit and MOH Training Center at SKD

While it has never been opened for operational use for Ebola patients, the IRC ETU at SKD has served multiple roles for the MOH response to Ebola.

Standby ETU: The IRC has kept the ETU on standby and in operational condition with sufficient staff and equipment to open as a 50-bed treatment facility in case of a resurgence in Ebola.

Ebola and PPE Training Center for MOH: When the ETUs at MOD closed in February, the MOH transferred its “cold training” site to the IRC’s ETU at SKD1. Because the ETU was never operational, the facility is ideal for the classroom portion of the WHO training for health care workers responding to Ebola. During the quarter, MOH provided cold training for 538 health care workers at the ETU. The IRC managed the facilities for MOH, arranging for security, electricity, water, infrastructure maintenance and other services. Related to this support, the IRC has also provided logistical assistance including delivery of 2,000 PPE from the ETU to county-based training sites operated by MOH.

Community Relations and Psychosocial Activities: The ETU remains a base for IRC’s psychosocial and community outreach activities in District 6, the Monrovia municipal zone where the ETU is based. The IRC originally chose to focus its psychosocial activity on this area in particular due to its use as a hub for ETUs. During the quarter, the IRC continued to offer guided tours of the ETU to demystify the facilities and address unanswered questions, provided psychosocial counseling for community members, and opened a small child-friendly space (CFS) inside the ETU which quickly became popular with local children. Far from frightening residents, the ETU has instead become a community center, and the IRC has been ensuring open and collaborative communication between communities near SKD and the Ebola responders based there.

Infection Prevention and Control in Montserrado County

As part of its strategy to restore health services in Liberia, the IRC began supporting clinics in the communities around SKD and Redemption Hospital from January 2015. The objective has been to improve the capacity of health workers to effectively implement IPC measures needed to combat the spread of EVD and intervene in breaking the chain of transmission at all levels. The IRC supported this initiative through the same strategies used by Medical Teams International (MTI), the IPC partner under the IRC-led Montserrado Consortium. These interventions are triage and isolation unit construction, training, IPC supplies, waste management and supervision and monitoring. Initially, the IRC took on a list of 28 facilities, however upon assessment, 6 facilities were still closed without plans to re-open, bringing the total number of clinics receiving the full package of support to 22.

Construction of Triage and Isolation Units: During the reporting period, the IRC constructed 12 triage and isolation units based on the minimum standards set by MOH. The purposes for constructing triage and isolation units were:

- To control the movement flow of patients/visitors in the facility.
- To enhance early recognition of a patient presenting to the facility with fever/symptoms who may have Ebola.
- To minimize potential transmission of disease by isolating patient presenting with Ebola symptoms or fever.



An IRC staff member at an IRC warehouse counts boxes full of personal protective equipment (PPE), a key tool in Ebola infection control protocols.

Waste Management: Following waste management assessments at its supported clinics, the IRC constructed a brick incinerator at Dr. Agnes Varis Health Center. The incinerator will serve as a model for additional incinerators to be constructed in Q3.

Supply Distribution: The IRC supported primary healthcare facilities by distributing a number of IPC and IEC materials, including basic and enhanced PPE, gloves, chlorine and buckets for hand washing stations, boots, sprayers, waste bags, waste bins, and sharp boxes. While most supplies were originally procured for the ETU, the IRC also mobilized a number of these



An IRC-built triage unit at the entry of the Marca Medical Clinic in Monrovia. Semi-permanent structures such as this offer a first line of defense against Ebola for Montserrado County health care facilities.

resources from partners including MOH, WHO, the Logistics Cluster, and AmeriCares. A list of the supplies distributed is included in Annex 2.

Training and Mentoring in IPC: The IRC provided training in new IPC measures to a total of 245 health care workers (94 men and 151 women) from 19 of its supported clinics. The IRC also offered training for an additional 133 health care workers (47 men and 86 women) from 8 facilities supported by MTI. The basic curriculum for each course was the IPC National Task Force’s “Keep Safe Keep Serving” (KSKS). Pre- and post-test assessments indicated that trainees’ knowledge increased as a result of the training. Following the training, the IRC

provided additional follow-up visits and spot checks for 20 facilities to help ensure that the training was retained, offering corrective support if problems were identified.

School WASH and Back to School Activities:

In February, the GOL made an urgent call to partners to support the safe re-opening of schools through its “Back to School” (B2S) initiative. Given its presence at the ETU, the IRC agreed to be the implanting partner in Paynesville, mobilizing and training students and school officials in water, sanitation, and hygiene (WASH) preparedness. Through this effort, schools were able to re-open safely despite the presence of Ebola in communities. The IRC will continue its school WASH activities through May 2015.

WASH Training: The IRC staff supported the re-opening of schools in Paynesville, around SKD stadium, by training teachers in IPC in a school environment, and on psychosocial support. In total, IRC staff trained 367 teachers from 153 schools and 90 parents over the course of 5 days.

Health and Hygiene Clubs: The IRC worked with school teachers to form student health and hygiene clubs during the quarter. The basic motive of each club is to improve hygiene and use children as change agents in better hygiene for their parents and peers through drama, puppet shows, and school debates. In Q2, IRC helped establish hygiene clubs of 25-50 students per school in 25 schools accounting for a total of 1,045 students. In Q3, the IRC will launch educational programming at the hygiene clubs.

Psychosocial Care and Community Mobilization

The IRC has integrated psychosocial considerations and community mobilization in all aspects of this project. A major component in restoring Redemption Hospital has been helping hospital staff overcome their loss and deal with ongoing stresses related to strict IPC measures. At the same time, local ownership and acceptance of the hospital have been extremely low, and that poor relationship has been a source of constant tension between community members and hospital staff. A lack of trust by



A health care worker at the IRC-built triage unit of Family Diagnostic Clinic in Monrovia uses a hand-washing station provided by IRC. IRC has been providing supplies and training in basic infection prevention and control (IPC) measures to health care facilities and schools across Montserrado County.

community members in Government institutions already existed, and Redemption Hospital has experienced particular difficulties in rebuilding confidence of its neighbors in New Kru Town since its time as an EVD holding center. In addition to its work in New Kru Town, the IRC was also involved in supporting and mobilizing the communities around SKD, where several ETUs are based.

Psychosocial Impact of IPC measures on patients: New IPC rules at health care facilities in Liberia have led to widespread confusion and oftentimes resentment. To help mitigate these, the IRC deployed a team to the triage area as well as the pediatric, OB/GYN, and emergency inpatient departments. The team's mission was to give information and support to visitors while healthcare workers did their jobs, put a human face on the hospital staff, offer explanations about the new procedures, and generally reduce the dehumanization that some patients and visitors feel when they face healthcare staff in seemingly militarized protective gear. The IRC staff members offered daily support to all sections of the outpatient wards and triage, but offered in-depth counseling services to a total of 33 patients on the inpatient wards (29 women and 4 men), and 9 patients in triage (7 women and 2 men).

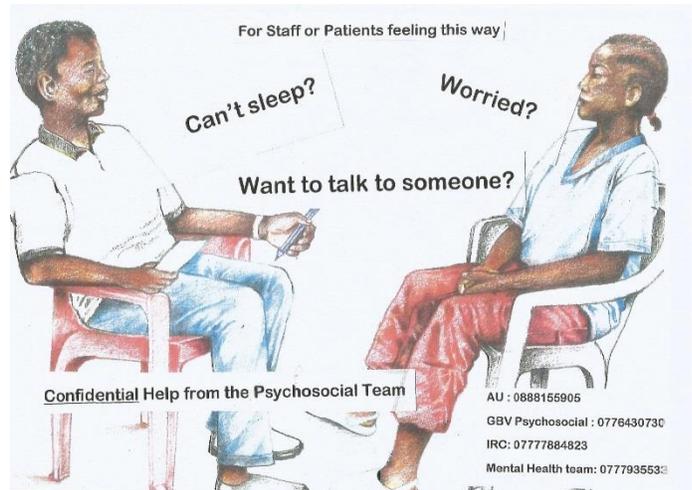
Psychosocial Support of Redemption Hospital Staff Members: At Redemption Hospital, the IRC provided support for frontline health care staff returning to work. The IRC focused on the quality, accessibility, and responsiveness of services at Redemption Hospital, including staff well-being as well as community engagement in the restoration process. During Q2, the IRC facilitated workshops for 75 staff members on self-care and supportive communication. Individual support was given to six Redemption Hospital staff members (4 women and 2 men), and home visits were ensured for all quarantined staff. Additionally, the IRC provided counseling for three of its own staff members who had been at triage with an Ebola-positive case.

Psychosocial Support for Community Members: The IRC established 14 psychosocial support groups around both New Kru Town and SKD. The objective of the groups was to facilitate community-level coping and wellbeing. A cumulative total of 348 people (178 women and 170 men) participated in the groups. In each meeting, the group discussed different topics, such as conflict resolution and survivor/affected families acceptance, stigma and discrimination, and ways of grieving. These groups are composed of families who lost relatives, people who survived Ebola and local youth, men and women leaders.

Community Collaboration with New Kru Town: The IRC conducted a number of community engagement activities in New Kru Town during Q2 to facilitate reconciliation between Redemption Hospital and the New Kru Town community, and to encourage people to utilize the services offered at the hospital. Highlights include the following:

- Conducted 270 door to door visits in the area to discuss the hospital with neighbors. The main topics of discussion were to explain how hospital triage was to explain new IPC and triage procedures, and to assure them that the new systems were working effectively to prevent EVD from re-entering the hospital.

- Held focus group discussions with 25 women’s leaders representing the 25 zones of New Kru Town.
- Held workshops with 50 members of the District Task Force who are contact tracers and active case finders, and 25 local leaders on community-level psychosocial support at Redemption Hospital.
- Staged dramas for community members to highlight EVD issues. The drama was attended by 155 people (103 women and 52 men).
- Co-wrote an information leaflet with New Kru Town community leaders and Redemption Hospital management asking: “What do you need to know?”



A flyer posted by IRC in Redemption Hospital and New Kru Town to advertise its psychosocial counseling services.

Outbreak-Related School Monitoring and Psychosocial support: After several weeks in Liberia with no new EVD cases, in late March, a woman from the Caldwell area near New Kru Town arrived at Redemption Hospital and was eventually diagnosed with Ebola. Because she was a mother of small children and had been working in a school as a food server, her case presented the possibility of a number of new infections, and increased stress in the community where she lived and worked. The IRC collaborated with Sector 2 and the IRC-led Consortium, deploying two medical nurses from its psychosocial team to work full-time inside Sims School (where the woman worked) during the 21-day quarantine period. The nurses offered both psychological counseling and health monitoring services to students and teachers.

Trust-Building and Community Tours of Redemption Hospital and the ETU: A key method of building trust between Ebola-related health workers and the nearby community members is de-mystifying hospitals and ETUs. The IRC has had great success inviting community leaders and local residents to come on guided tours of the facilities and participate in question-and-answer sessions with staff members. Prior to the official re-opening of Redemption Hospital in February, the IRC led a delegation of 20 community leaders through the rehabilitated facilities, engaging the chief of nursing as co-lead on the tour. The IRC offered numerous tours of the ETU grounds throughout the quarter for community members and local leaders.



Ministry of Health (MOH) trainers provide “cold training” in PPE use at the IRC ETU. MOH uses the facility as a training center rather than a treatment center.

Child-Friendly Space at the ETU: The IRC established a small child-friendly space at the ETU in the last week of March. The facility had 15 visitors its first week, and in the next quarter will receive referrals from communities where the IRC has established support groups. Activities are healing-focused and are an opportunity for children to play safely together again, after living in a “minimal touch” environment for much of the last year.

IV. Indicator Tracking

Note that several IRC indicators proposed at the modification stage are no longer relevant to the current context. New indicators are proposed below with explanation. There is no change to the OFDA indicators. A revised PMP will be submitted next quarter.

	Indicators	Indicator type	Unit	Q1	Q2	Remark
A. HEALTH						
1	Number of health care facilities supported and/or rehabilitated by type (e.g., primary, secondary, tertiary).	OFDA	Facility	25	31	22 primary healthcare facilities received support from the IRC during the reporting period. In addition, the IRC trained staff from 8 MTI-supported facilities on the KSKS curriculum. 1 secondary health facility (Redemption Hospital) has been the IRC's focus.
2	Number of consultations, disaggregated by sex and age (Neonates, Under 5, and Over 5), per quarter.	OFDA	Person	n/a	358 Total Adults: 136 (M-75 F-61) Neonates : 32 (M-19 F-13) Children under 5 years: 139 (M-77 F-62) Children over 5 years: 51 (M-31 F-20)	Data provided for the Pediatric and Adult ER only. Please refer to Annex 1 for more detailed data on health outcomes during the quarter.
3	Number of referrals accepted from Ebola Treatment Units (ETUs). Number of referrals of suspect cases to ETUs and Transit Units	Non-OFDA	Referral	n/a	44	NEW INDICATOR Note that this indicator was created when there were still many cases being turned away from ETUs without other health facilities to go to. Because the context has changed, this indicator is now defined as the number of patients meeting case definition at Redemption triage referred to the MSF transit unit or to an ETU facilities.
4	Number of positive EVD cases identified in triage and identified on the ward.	Non-OFDA	Person	n/a	1	On March 19 th , one suspected EVD case tested positive when referred to MSF transit unit.

5	Number of supplies distributed by type (e.g., medical kits, equipment, consumables).	OFDA	Item	n/a	Total pharmaceuticals: 3,282 Total medical supplies and equipment: 53,006 PPE: 7,114 Total IPC supplies (including PPE): 16,588	22 IRC supported PHC facilities received IPC supplies, including PPE during the quarter. A detailed list of these supplies is included in Annex 2. Redemption Hospital received medical equipment and drug supplies.
6	Number of people trained, disaggregated by sex, in the use and proper disposal of medical equipment and consumables.	OFDA	People	78 (M-35 F-43)	378 (M-141 F-237)	19 IRC supported facilities and 11 MTI supported facilities were trained on IPC Keep Safe Keep Serving.
7	Number of stock outs of infection prevention control supplies at supported facilities	Non-OFDA	Occurrence	0	0	IPC supplies were distributed in all 22 IRC supported facilities.
8	Incidence and prevalence of chronic and other diseases (e.g., trauma), disaggregated by sex and age	OFDA	Number	n/a	Trauma: 35 Hypertension: 35 Severe infections in HIV patients: 14 Malaria: 13 Anemia: 12 Acute Asthma: 12 Physical assault: 9 Peptic ulcer disease: 6	See annex 1 for breakdown by sex.
9	Incidence and prevalence of high-morbidity rates by type (e.g., diarrhea, acute respiratory infection (ARI), measles, and other), disaggregated by sex and age;	OFDA	Number	n/a	Malaria: 88 Pneumonia: 37 Anemia: 22 SAM: 12 Bacterial Sepsis: 11 Diarrhea: 11	See the annex 1 for breakdown by age and sex

10	Case fatality rates for diarrhea, ARI, measles, and other, disaggregated by sex and age	OFDA	Number	n/a	Malaria: 4.5% Pneumonia: 10.8% Diarrhea: 9.1% SAM: 0% Bacterial Sepsis: 27.3%	Data for children aged 2 month – 15 years See the annex 1 for more information.
11	Percentage of suspected Ebola cases in the Redemption catchment area that are detected through the sentinel surveillance system	Non-OFDA	Percentage	n/a	5	Piloted “rule out Ebola”- expanded testing in 5 Ebola suspected patients in Q2.
12	Percentage of children with malaria, pneumonia and diarrhea treated according to protocol	Non-OFDA	Percentage	n/a	100%	All the malaria, pneumonia and diarrhea cases were treated according to protocol
B. WATER SANITATION AND HYGIENE						
13	Number of people benefiting from solid waste management, drainage, and/or vector control activities	OFDA	Number	n/a	1,388	IRC installed a small incinerator and rehabilitated sewage facilities at Redemption Hospital. Additionally, triage and isolation, IPC supplies and training have been completed at both Redemption Hospital and at IRC and MTI supported clinics during the reporting period. Number of staff members based at Redemption Hospital: 196 Number of patients visiting Redemption Hospital: 814 Number of staff members at Montserrado County Clinics: 378
14	Number of supported health facilities with an established triage system	Non-OFDA	Facility	n/a	12	During the quarter, IRC build triage and isolation units in 11 primary health care facilities according to the MOH minimum standards and established 1 triage unit at Redemption Hospital.
15	Number of people directly benefitting from this water supply infrastructure program.	OFDA	Number	n/a	1,010	IRC received 2 water tanks (500 L) from UNICEF for chlorination and ensures handwashing stations are at the entrance to every ward and at each entrance and exit to the hospital. Number of staff members based at Redemption Hospital: 196 Number of patients visiting Redemption Hospital: 814
16	Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	OFDA	Number	n/a	457 (M-339 F-118)	The WASH IPC team conducted training for 153 schools teachers on safe environment protocol and maintaining health and hygiene in Ebola settings.

C. PROTECTION						
17	Number of people trained in psychosocial support (by sex)	OFDA	Number	693 (M-344 F-349)	1,406	344 teachers, 887 community members in district 6, 100 New Kru Town community, 75 Redemption Staff
18	Percentage of people reporting improvements in their feeling of wellbeing and ability to cope as a result of psychosocial activities (health workers, community members)					
19	Percentage of trainees demonstrating retained knowledge and skills at 1 month and 3 months post training	Non-OFDA	Percentage	n/a	19.1% (10% HCW) (23.7% non-HCW)	Pre / Post / 1 month follow-up: <ul style="list-style-type: none"> • Health care workers (HCWs) - 58% / 72% / 68% (=10%) • NKT community – 50% / 75% / 77% (=27%) • SKD / District 6 community – 57% / 82.4% / 77.4% (=20.4%)
20	Number of community members engaged in psychosocial support activities (individual support, support groups, drama & recreational activities, sensitizations)	Non-OFDA	Number	n/a	1,166	NEW INDICATOR Support group (M-347, F-343), Focus Group Discussions (350), Child friendly space (M-12, F-3), Drop-in SKD (M-23, F-14)
21	Number of community members directly engaged in dialogues about Redemption hospital (Inc. door to door, community meetings, dramas & focus group discussions)	Non-OFDA	Number	n/a	1,807 (M-396 F-1,411)	NEW INDICATOR
22	Number of Redemption Hospital in-patients supported by Psychosocial Staff	Non-OFDA	Number	n/a	111 (M-24 F-87)	NEW INDICATOR
23	Number of Health-care workers receiving individual self-care planning and other psychosocial support	Non-OFDA	Number	n/a	90	NEW INDICATOR

V. Constraints and Challenges

At the beginning of the quarter as the project pivoted to support the safe restoration of health services, there was significant top-down pressure by the GOL to immediately re-start all services in the country, including the health care system, schools, and other high-risk workplaces where Ebola could quickly be transmitted. The IRC's partners in hospitals and health clinics were under intense pressure to re-open their facilities before safety could be assured. To mitigate this factor, the IRC deployed more of its national clinicians and IPC staff to Redemption Hospital to fill in critical human resource gaps, which did not exist prior to the Ebola outbreak.

In late October, Médecins Sans Frontières (MSF) built a small triage with an isolation unit at the OPD so services could be re-established. However, when Redemption re-opened the first wards in the IPC in mid-January, MSF did not initially adjust its hours to account for arrivals in the ER. On January 16th, when the positive case was admitted to the temporary pediatric ward,



Staff members manage the laundry facilities at Redemption Hospital, which IRC rehabilitated and supplied with new machines. Proper laundry service is essential to preventing infection transmissions inside hospitals.

staff on duty had nowhere to refer the patient for testing and the patient remained on the ward overnight, increasing risk to healthcare workers and other patients. Furthermore, there was significant tension between Redemption Hospital and MSF staff during the reporting period due to differences in case definition for referrals to the Transit Unit. On several occasions, MSF refused to admit patients referred by Redemption Hospital staff because they did not strictly meet case definition. The first issue was addressed quickly with the extension of Transit Unit hours to a 24 hour 7 day a week operation. The second issue was improved by increased consultations between MSF doctors and Redemption Hospital staff and through the piloting of the “Rule Out

Ebola” expanded testing program, which gives clinicians at Redemption the ability to request EVD testing for patients that do not meet case definition, but are still symptomatic. This initiative is meant to be a clinical tool and not a surveillance mechanism.

Currently, the biggest constraint for the IRC is the poor morale and sub-standard work ethic of MOH health care workers at Redemption Hospital. Low salaries, which often go unpaid, false promises of hardship allowances and comparatively high NGO salaries have led to many health care workers either not returning to work, or coming to work and sitting idly. While the GOL has plans to revisit its staffing structures in the wake of the outbreak, it is unlikely that any significant raises to salaries of civil servants (including health care workers, police, teachers, etc.) will materialize in the near future. Adding to this, Redemption Hospital has only one HR personnel for over 400 staff and has been unable to put any accountability structures in place for staff performance. Ultimately, this is something that only the GOL has any capacity to resolve definitively, not the IRC or any other foreign entity. However, corroding morale and decaying work ethic are problems that are getting noticeably worse every month, and they threaten to undermine the long-term benefits of the IRC's work at Redemption Hospital. In the coming months, the IRC will work closely with the Hospital Administrator and HR staff to devise programs for non-monetary staff incentives and benefits, while liaising closely with the CHT and central MOH to address the longer term HR issues.

VI. Activities for the Following Quarter

In Q3, the IRC will complete its activities supporting IPC in primary health care facilities, and the Back to School (B2S) activities in Paynesville. Additionally, the IRC will coordinate closely with the Case Management Committee to handover the ETU at SKD to the MOH. From June onward, the project will focus exclusively on its support to Redemption Hospital, including the development of a gradual phase out plan that will allow handover of program activities to the MOH by the end of the project in September 2015. Specifically, activities at Redemption will focus on:

Support the transition of the Ebola Transit Unit to Redemption: In October, MSF built a temporary structure next to the hospital to house a 10-bed Transit Unit facility, where suspect patients triaged from the OPD could be held and tested for EVD and then either referred to an ETU or back to the hospital for care. Now that Redemption Hospital has re-opened its IPD, the Transit Unit will become an integrated step of triage both at the IPD and OPD. Because Redemption Hospital does not currently have the resources to run such a facility, the IRC will support operations through the duration of the project, working closely with the MOH and Redemption Hospital to create a sustainable plan for the facility.

Continue clinical treatment for pediatrics and obstetrics at Redemption: The IRC will continue ensuring 24-hour care is available in the pediatrics and emergency wards.

Decommission medical waste pits at Redemption: The IRC will ensure that decades of accumulated health care waste is safely removed from the hospital premises and securely disposed of according to internationally-accepted standards.

Psychosocial care and focused community mobilization:

In terms of protection and psychosocial support, the IRC will be closely involved in community mobilization efforts and training around Redemption Hospital. As part of this initiative, the IRC is developing a Participatory Action Research project. Using participatory reflection and action methods, the overarching aim of this project is to provide a platform for improving communication and interactions between the community and health facility. The project will specifically focus on maternal health with two key goals. Firstly, to describe the impact the EVD epidemic has had on the demand for, and utilization of safe obstetric services in New Kru Town. Secondly, to facilitate the community to identify and implement key actions towards overcoming the identified barriers to safe obstetric service utilization in their community. By training local people the project will build local capacity to sustain community participation in their health system.



A member of IRC's psychosocial team pauses between rounds inside Redemption Hospital. Helping to provide counseling as well as to bridge the gap between patients and doctors has been a fundamental part of IRC's work at the hospital, and that activity will continue for the duration of the program.

Coordination among partners, government, and staff at Redemption: The IRC will continue to coordinate the many international partners operating in and around the hospital.

Annex 1: Clinical Overview of Redemption Hospital Inpatient Department**TABLE 1: Major causes of Neonatal admission at Redemption Hospital in the months of January to March 2015 disaggregated by sex**

Disease condition	Female	Male	Total
Neonatal sepsis	10	6	16
Birth Asphyxia	2	6	8
Prematurity	7	4	11

TABLE 2: Major causes of admission among children 2 months to 15 years at Redemption Hospital in the months of January to March 2015 disaggregated by sex and age

Disease Condition	Infant		1-5 years		5-15 years		Grand Total
	Female	Male	Female	Male	Female	Male	
Malaria	10	14	15	22	14	13	88
Pneumonia	8	12	5	7	1	4	37
Anemia	1	7	2	4	1	7	22
Severe Acute Malnutrition	2	4	4	1	1	0	12
Bacterial sepsis	1	0	2	5	1	2	11
Acute watery Diarrhea	1	4	2	1	1	2	11

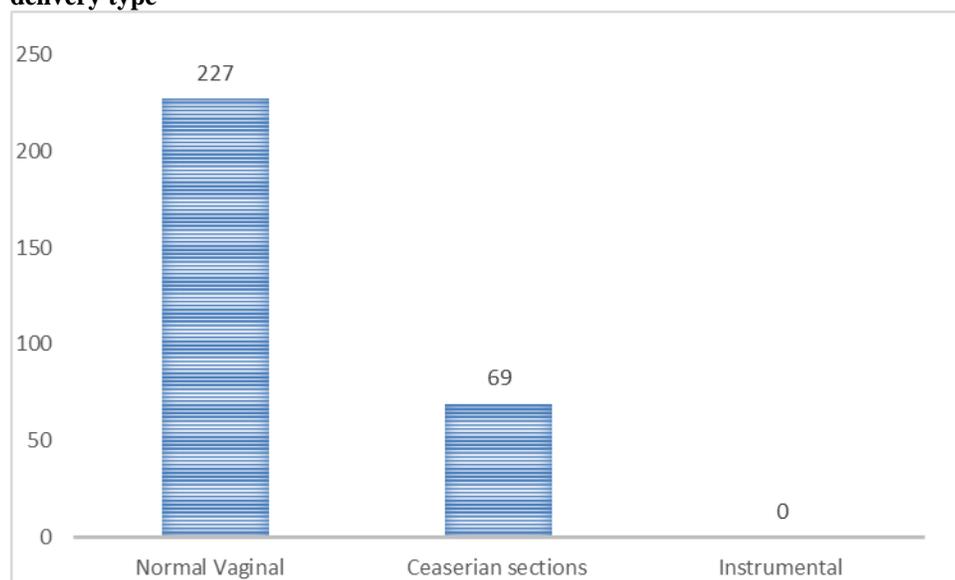
TABLE 3: Major causes of admission among Adults at Redemption Hospital in the months of January to March 2015 disaggregated by sex

Disease condition	Male	Female	Total
Trauma [‡]	27	8	35
Hypertensive diseases*	20	15	35
Severe Infections in HIV Immune deficient patients [†]	2	12	14
Malaria	5	8	13
Anemia	5	7	12
Acute Asthma	4	8	12
Physical Assault	8	1	9
Peptic Ulcer disease	4	2	6

[‡] Trauma: Road Traffic Accidents,

*Hypertensive diseases include; Severe Hypertension, Hypertensive heart and renal diseases.

[†] Severe infections in HIV Immune deficient patients (sepsis, pneumonia, gastroenteritis)

Figure 1: Deliveries carried out at Redemption Hospital in the months of January to March 2015 disaggregated by delivery type

- This gives a caesarian section rate was 30.4%
- Maternal deaths January to March 2015, were 3.

TABLE 4: Major Pregnancy complications in pregnant women admitted at Redemption Hospital in the months of January to March 2015

Disease Condition	Number
Antepartum Hemorrhage	37
Postpartum Hemorrhage	23
Anemia in Pregnancy	23
Pre-Eclapsia/Eclapsia	22
Unsafe Abortions	19
Malaria in Pregnancy	10

TABLE 5: Case fatality rates of high morbidity disease in Children 2 months to 15 years admitted at Redemption in the months of January to March 2015

Disease condition	Admissions	Deaths	Case fatality rate
Bacterial sepsis	11	3	27.3%
Pneumonia	37	4	10.8%
Malaria	88	4	4.5%
Acute Watery Diarrhea	11	1	9.1%
Severe Acute Malnutrition	12	0	0.0%

Annex 2: IPC supplies distributed to 22 county health clinics supported by IRC during Q2

SN	Commodity Description	Unit	Total issued
1	Nitrile gloves	pack	8
2	Face shield	pc	120
3	Sterile surgical gloves	pack	73
4	Examination gloves (S)	pack	84
5	Examination gloves (M)	pack	92
6	Examination gloves (L)	pack	96
7	Examination gloves (XL)	pack	11
8	Surgical face mask	pieces	8518
9	PPE Suit L	set	1078
10	PPE Suit XL	set	970
11	PPE Suit M	set	1122
12	N95 Respirator Mask (160pcs)	pack	22
13	Body bags (L)	pc	20
14	Body bags (S)	pc	20
15	HTH 70% (in Kgs)	Kg	4
16	Goggles	pc	23
17	Heavy duty gloves	pair	32
18	Hand sprayers	pc	19
19	Backpack sprayer	pc	25
20	Infrared Thermometer	pc	12
21	Rubber boots	pair	141
22	Disposable aprons (100 pcs)	pack	53
23	Re-usable rubber aprons	pc	34
24	Waste Bag (bio-hazard bag)	Pcs	1212
25	Sharps container	pc	29
26	Buckets with faucet	pc	17
27	Bucket (100L)	pc	29
28	Soap	pc	95
29	Bath tub	pc	20
30	Alcohol Hand Rub (1L)	Btt	18
31	Alcohol Hand Rub (0.5L)	btt	92
32	Clorox	btt	204
33	surgical gowns (Large)	pc	2260
34	scrub suits	suit	35

Annex 3: Supplies Distributed to Redemption Hospital by IRC during Q2

Item #	Description	Donated
PERSONAL PROTECTIVE EQUIPMENT (PPE)		
1	Personal Protective Equipment m/s (BPI-KIT)	2570
2	Personal Protective Equipment l/s (BPI-KIT)	1834
3	Personal Protective Equipment xl (BPI-KIT)	2710
MEDICINES AND DRUGS		
1	Amoxicillin 250mg Tab.	25
2	Amoxicillin 500mg + Clavulanate Acid 125mg Tab blister	500
3	Artemether 20mg / Lumefantrine 120mg (Coartem) Child	60
4	Artemether 20mg / Lumefantrine 120mg (Coartem) Youth	32
5	Artemether 20mg / Lumefantrine 120mg (Coartem) Ad.	40
6	Ascorbic Acid 250mg Tab.	15
7	Azithromycine 250mg Tab. Blister	500
8	Cefixime 200mg Tab.	199
9	Ciprofloxacin 250mg Tab.	20
10	Diazepam 5mg Tab	7
11	Diazepam Injection 5mg/ml	8
12	Ibuprofen 200mg Tab.	9
13	Lopermide 2mg Tab.	250
14	Metronidazole 500mg Tab.	8
15	Oral Rehydration Salts 20.5g/L for 1Lit	216
16	Paracetamol 100mg Tab.	24
17	Paracetamol 500mg Tab.	31
18	Salbutamol 0.1mg/dose Inhaler 200 doses	240
19	Vitamin A Retinol 100,000 I.U. (Capsules)	3
20	Zinc Sulfate 20mg Tab.	50
21	Artesunate 60mg inj .Vial.	600
22	Ceftriaxone 1g Inj. Vial.	125
23	Ceftriaxone 250mg Inj Vial	120
24	Furosemide 10mg/ml, 2ml Amp.	15
25	Phenobarbital Sodium 200g/ml, 1ml Amp.	50
26	Tramadol Hydrochloride 50mg/ml, 2ml	15
27	Water For Injection 10ml	120
EQUIPMENT AND SUPPLIES		
1	Chlorine 45kg (Bucket 70%) HTH	4
2	Safety Box carton 5L for disp.	125
3	Stomach Tube Ch 125cm. Disp.	8
4	Respirator Vive (mask-respirator)	21

5	Cord Ties (25 meter)	2
6	Adhesive Tape 10cmx5m	720
7	Cotton Wool 500g	25
8	Tourniquet Rubber 100cmx1.8cm	24
9	Elastic Bandage (Crepe) 8cmx5m	10
10	Bandage Crepe Polyester 10cmx4m	10
11	Glove Protective Reusable Green XL	60
12	Glove Protective Reusable Green M/S	65
13	Glove Protective Reusable Yellow m/s	40
14	Glove Protective Reusable Yellow L/S	13
15	Examination Glove S/S	10000
16	Examination Glove M/S	10200
17	Examination Glove L/S	10200
18	Surgical Glove Sterile 6.5	1500
19	Surgical Glove size 7	2640
20	Surgical Glove size 7.5	3739
21	Surgical Glove size 8	4250
22	Surgical Glove size 8.5	1422
23	Thermometer Clinical Digital	247
24	Stethoscope Double	30
25	Sphygmomanometer (Adult)	160
26	Hanging Scale Baby	2
27	Weighing Scale (Infant Baby cum.)	2
28	Scale Electronic (Bath Room Type	8
29	Kidney Dish 24cm	168
30	Screw Cap for plastic bottle 1000	84
31	Metal Hospital Bed (single)	20
32	Apron Protective plastic	77
33	Goggle Eye Protective (plastic)	70
34	Anti-mist Spray (Goggles)	9
35	Body Bag plastic white adult 250x120cm	25
36	Boots Rubber size 9 (43)	42
37	Boots Rubber size 44 (10)	2
38	Boots Rubber size 11(46)	16
39	Boots Rubber size 12 (47)	4
40	Hood Cape non-woven	20
41	Pad Absorbent 60x60cm	20
42	Military Cots (Bed-Metal Child	20
43	Dressing Trolley (Wheel-Trolley)	2
44	Umbilical Cord Scissors	6
45	Bed-Screen (Plastic Sheet Cover) Divided	20

46	Obstetric Labor Table	2
47	Baby Basinet (spade-metal with long handle)	2
48	Garbage-Bag black 100L (Diamond)	26
49	Hand-Bathing Soap 200g (Dettol)	359
50	Toilet Paper (Tissue)	156
51	Mosquito-Net (Double)	60
52	Paper Towel 2PLY	159
53	Towel-Cotton Bath (Blue)	118
54	Towel Cotton Bath (White)	158
55	Large Plastic Dinner Plate (white)	180
56	Plastic Drinking Cup with handle	192
57	Jerry Can. With Tap 20L (Plastic Container)	26
58	20 L Plastic Bucket with Lid	49
59	50L Bin with Lid (Plastic bucket clean)	8
60	100L Bin with Lid (Plastic bucket)	47
61	100L Bin with Lid Green (Plastic Bucket)	16
62	100L Bin with Lid F.	30
63	Plastic Stool s/s	18
64	Plastic Table white	20
65	Bin Large washing Red (for foot)	30
66	Bin Large washing purple (for foot)	10
67	Wheel Barrow quality L/S Painted	10
68	Mirror full length (Glass)	6
69	Fire Extinguisher 12kg ABC powder	5
70	Liquid Floor Cleaner 5L (antiseptic)	100
71	Chlorox Laundry Bleed	180
72	Dust-Pan & Brushes (red)	7
73	Cotton Floor Clothes(kitchen duster floor)	60
74	Hand Sanitizer 250ml	54
75	Plastic Funnel	12
76	Plastic Clothes Pegs (close-pin)	18
77	Powder Laundry Soap (klin)	135
78	Powder Laundry Soap 500g (yazz)	29
79	Plastic Coated Clothes Line (Rope for clothes)	60
80	Spray Paint 500ml (blue)	8
81	Spray Paint 500ml (Red)	11
82	Male Toilet Sign	18
83	Female Toilet Sign (Shower door)	18
84	Hand Held Sprayer (for chlorine)	12
85	16L Back Pack Pressurized Sprayer	39
86	Shower Slippers s/s	29

87	Shower Slipper m/s	90
88	Shower Slipper L/S	29
89	Mosquito Net Roll of 156 mesh (180x500) white	1
90	T-Shirt White Cotton s/s	23
91	T-Shirt White Cotton m/s	36
92	T-Shirt White Cotton l/s	32
93	Pillows Plastic Cover (waterproof)	150
94	Wooden Poles 2mx10mm for drying boots	105
95	Dippers 20x4	30
96	Dipper 28x4	10
97	Dipper 28x6 ped.	20
98	Dipper 35x4	40
99	IV. Poles (i.v. stand)	51
100	Battery Pack of 4	50
101	Lamp / Torch (with batteries)	100
102	Scissors blunt-straight dressing 14.5cm (03-02-14)	30
103	Stainless Steel Rolling Carts	5
104	Sponges Mattress 1.5mx1.5mx10cm for F (with cover)	30
105	Sponges Mattress (without cover)	30
106	Brush (Wood)	6
107	Plastic Spoon	360
108	Pillows (for bed)	120
109	Pillow Cases	60
110	Water for Drinking (Aqualife 0.5l)	1412
111	Shovel	8
112	Power Extension Socket	8
113	Power Adaptor	14
114	High Pressure Foot Pump	1
115	Basin Blue (plastic tub deep one) foot bath	196
116	Office Chair (black)	40
117	Plastic Chair (white, green, and purple)	230
118	Office Desk s/s	20
119	Office Desk l/s	20
120	Cabinet (Gray-Cupboard)	28
121	Fan (heavy-duty standing fan)	4
122	Stand for scrub-suit (medical items)	12
123	Cupboard-with Draw (wood)	1
124	Sphygmomanometer For Children	20
125	Baby Cum. Child Weighing Scale (Infant)	2
126	Ringer Lactate 500 ml bot.	125
127	Ringer Lactate 1000ml	95

128	IV. Catheter 18g Shielded	8
129	IV. Catheter 24g Shielded	7
130	Safety Needle 21g	8
131	Safety Needle 25g	8
132	Chlorhexidine Gluconate Solution 5%	100
133	Malaria Rapid Test (Para-Check)	74
134	Blood Collection Set 21g Vaculainer)	1
135	Luer-Lock Collection Set	3
136	Extension Set (IV. Catheter access)	339
137	Face Shield Protection Anti-Fog Full	2
138	Bedsheet (White)	113
139	F-75 Milk (Therapeutic Food	90