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Support to Ebola Treatment Unit Project (STEP):

One Step Closer to an Ebola-Free Liberia



Final Program Performance Report

Period: December 16, 2014 – April 30, 2016

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Contact: Ms. Karen Romano, Country Director, Monrovia, Liberia

Mr. Tim Ogborn, Vice President and Managing Director, Washington D.C.

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List of Acronyms

BCC	Behavior Change Communication
CB-AECS	Community Based Active EVD Case Surveillance
CDC	Center for Disease Control
CHT	County Health Team
CSO	County Surveillance Officer
DHO	District Surveillance Officer
DHT	District Health Team
DOD	Department of Defense
EVD	Ebola Virus Disease
GETU	Ganta Ebola Treatment Unit
HC	Health Center
HCW	Health Care Worker
HF	Health Facility
HSP	Health Service Provider
IDPs	Internally Displaced Persons
IDSR	Integrated Disease Surveillance and Response
INGO	International Non-Governmental Organization
IPC	Infection Prevention and Control
IPTT	Indicator Performance Tracking Table
KSKS	Keep Safe-Keep Serving
MoH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
OFDA	Office of Foreign Disaster Assistance
OIC	Officer In Charge
PCI	Project Concern International

Executive Summary

Brief Project Description: Together with support from the United States Agency for International Development Office of Foreign Disaster Assistance (USAID/OFDA), Project Concern International (PCI) had been implementing the *Support To Ebola Treatment Unit Project (STEP)*. The objectives of STEP were to manage the Ganta Ebola Treatment Unit (GETU) in close partnership with the Liberian Ministry of Health and Social Welfare (MOHSW); endeavor to slow the spread of Ebola Virus Disease (EVD) in Nimba County through the isolation of cases, the provision of a high standard medical care, the psychosocial support of Ebola-affected individuals and families at the GETU; and leverage the skills and resources of the GETU to support ongoing outreach programs to communities and health facilities in the region to improve infection prevention control (IPC). During its operation, PCI, through STEP, managed both the clinical and non-clinical components of the GETU's operations and provided multiple services and implemented series of interventions, including:

- Provided high standard medical care, the psychosocial support of Ebola-suspected cases and families at the GETU, and screening and isolation services at the outreach level;
- Conducted regular mentoring and need-based training of health care workers, working in different health facilities, in-patient care, and comprehensive IPC – waste management, setting up triage and isolation, setting up PPEs procedures and practices for patient care, etc.;
- Conducted supportive mentoring and supervision of day-to-day operations of the project;
- Supported maintaining the highest standards of operation of clinical services;
- Supplied Personal Protective Equipment (PPEs) and other IPC and medical supplies in collaboration with the Ministry of Health and Social Welfare (MOHSW)/Country Health Teams (CHT) and World Health Organization (WHO);
- Support in data collection and reporting, administration of human resource functions and payment of salaries;
- Restoring the post-outbreak basic service delivery based on the MOHSW's newly launched "Safe and Quality Service" (SQS)¹ approach;
- Supporting the Nimba County Health Team (CHT) in epidemic preparedness and response activities; and
- Coordinating the activities of the GETU with other institutions and partner agencies involved in the response including the MOHSW at the county and national levels, the National Case Management Committee, a number of sub-committees, and WHO technical advisors at the national and county levels.

The STEP project also strengthened the capacity of the Nimba County Health Team to prevent Ebola transmission at health facilities; provided community outreach programming, capacity building, mentorship, and supervision of health service providers throughout the county; and conducted active EVD case surveillance in different communities along the border with Guinea

¹ SQS (Safe and Quality Service) is a post-EVD outbreak health service delivery protocol, and is the replacement for Keep Safe Keep Serving (KSKS) protocol that had been used during the EVD outbreak for health service delivery.

through a mobile team. Throughout the project life, PCI coordinated with a wide range of partners in the administration of the GETU, including UNICEF and WHO, which provided the supplies and medicines needed to manage suspected and confirmed EVD cases; the CHT for coordination of referrals and surveillance in the catchment area; the Centers for Disease Control (CDC) and WHO in strengthening the capacity of surrounding health facilities in infection prevention, surveillance and early case detection and referral; and with other international non-governmental organization (INGO) partners, including Global Communities and Riders for Health, particularly in transport of samples to laboratories and in support of international border surveillance.

The clinical service at the GETU closed as of October 31st 2015 and the facility was decommissioned between January and March 2016. All of STEP's other community based and health facility support continued during second quarter of FY 2016, and all project activities ended March 31st, 2016; and the project officially closed April 30th, 2016.

Key Achievements: Throughout the project period and in collaboration with the CHT, PCI/STEP provided services to manage and care for potential EVD cases at the GETU and strengthen EVD prevention and control activities throughout the county, until the clinical services at the GETU closed on October 31st, 2015. PCI/STEP had also meticulously worked with the CHT to strengthen the capacity of the district health offices and the health facilities in the county to strengthen implementation of IPC practices, and provide care and case management services for potential EVD cases.. In the last six months of the project, STEP, in partnership with the CHT, effectively transitioned the responsibility of the GETU to other MOHSW managed health facilities, and decommissioned the GETU, while continuing to strengthen CHT capacity to manage EVD and other infectious disease outbreaks. STEP also supported the planning and launching of epidemic preparedness and response activities throughout the county.

Overall, STEP supported 78 health facilities (69 primary, five secondary and four tertiary level) in Nimba County through training of their staff, mentorship, and basic IPC and medical supply provision. As a result, STEP project reached 15,388 beneficiaries (surpassed the target by 68%) and indirectly benefitted over 200,000 people in the project catchment area through focused outreach activities for community mobilization on EVD prevention and active case surveillance; health facility capacity building through SQS and other trainings, supervision, and mentorship of health facilities; and supply provision. STEP provided consultations - case management and other clinical and preventive services – to 8,865 (4,030 males and 4,835 females) people at the ETU using outreach approaches.

The STEP/GETU outreach team included psychosocial staff, who conducted social mobilization and community follow up sessions for the reintegration of EVD orphans into their communities and families. During the life of the project, the outreach team organized 24 community events for social mobilization and outreach level services, reaching a total of 4,478 community members (1,888 males and 2,590 females) in the catchment area with social mobilization to improve IPC, promote integration of EVD-affected families (through EVD-related stigma reduction), increase health seeking behavior related to EVD, and increase receipt of EVD treatment and care.

STEP trained 3,448 health care workers (1,597 males and 1,851 females) working in the county in SQS, surveillance, KSKS, and other technical gaps identified during the project life. This exceeded

the target trained by 75%. Most training focused on improving the implementation of IPC minimum standards at facilities, strengthening and supporting case management, and improving surveillance and epidemic preparedness and response in Nimba County. All trainings were identified, planned, organized, and conducted in close collaboration with the CHT and conducted based on the new MOHSW/WHO-developed national Safe and Quality Service (SQS) training protocol, Ministry of Health (MoH) Integrated Disease Surveillance and Response (IDSR) training material, and other standard training materials prepared by the MoH/WHO on respective training area (e.g. KSKS, swab sample collection, transport, etc.).

Additionally, STEP mentored 867 health care workers (428 male and 439 female) in 46 health facilities – more than double the target – during the project life. These facilities were identified by the CHT and WHO as high priority health facilities for IPC and case management, and some are located along the border with Guinea. STEP also conducted post-SQS training follow up, to complement the class room training and see the compliancy of the health care workers (HCW) to the SQS protocols, and supervised a total of 66 health service providers (35 male and 31 female) from 17 STEP supported health facilities (one health center and 16 clinics). These facilities were randomly selected to check how effectively the knowledge and skill gained from the SQS training was practically implemented at the selected health facilities.

Further, in consultation with the Nimba CHT, STEP provided IPC and other basic medical supplies, to 58 of the 78 health facilities directly at least once, in most cases more than twice; and supplied the rest of the health facilities through supporting the CHT emergency medical depot.

Finally, PCI/STEP successfully facilitated the appropriate transition of responsibility for EVD care to public health facilities by renovating and building the capacity of two isolation and referral centers in two selected health facilities. Capacity building included training of health care workers staffing the two isolation facilities, and facilitating and supporting the setup and erection of waste management, temporary triage and screening units.

Final Program Progress Report

Program Goal and Project Targets

Number of Beneficiaries Targeted: 9,180

Number of Beneficiaries Reached: 15,388 (6,709 male and 8,679 female)

Indirect Beneficiaries Reached: 200,000

Table 1: Beneficiaries targeted and reached

Sector	Beneficiaries Targeted	Beneficiaries Reached		
		Male	Female	Total
Health	9,180	6,516	7,571	14,087
Protection	9180	1,084	1,440	2,524
Total	9180	6,709 ²	8,679 ³	15,388 ⁴

The project targeted 9,180 cumulative direct beneficiaries over the life of the project. During the project period, STEP reached 15,388 (6,709 male and 8,679 female) beneficiaries directly, and indirectly served a catchment area population of over 200,000 people through community outreach, technical support of health facilities and HCW, SQS training, supply provision, and other capacity building interventions. The same population is also served by the health facilities (hospitals, health centers, and community clinics) whose staff are trained and supervised by STEP project staff. In addition, the STEP/GETU outreach team provided continuous and appropriate Ebola-focused education, and CB-AECS at the community level as part of PCI's Ebola-focused social mobilization and early case detection and referral effort. As people from Guinea continued to access health services in the different STEP supported health facilities in Nimba County, the actual number of indirect beneficiaries might be higher than what is reported as indirect beneficiaries above. There were no officially documented internally displaced persons (IDPs) reached by this project throughout the project life. The details below summarize the achievements by sector and objectives of the project.

² The protection sector beneficiaries were also health sector beneficiaries and, therefore, are not counted twice in this total.

³ The protection sector beneficiaries were also health sector beneficiaries and, therefore, are not counted twice in this total.

⁴ The protection sector beneficiaries were also health sector beneficiaries and, therefore, are not counted twice in this total.

Sector: Health

Objective: Provide the highest standard of medical care for Ebola patients in Nimba through the management of the GETU.

Number of Beneficiaries Targeted: 9,180

Number of Beneficiaries Reached (this quarter): 14,087 (6,516 male and 7,571 female)

Despite the low EVD caseload in Liberia, STEP consistently reached large numbers of direct beneficiaries every quarter through community outreach, CB-AECS and screening, and ongoing clinical training and mentorship of health facility staff from across Nimba County. These efforts strengthened the capacity of targeted health facilities and staff and district and county health teams to prevent possible transmission of EVD, resuscitate the basic health services after the outbreak, fully take responsibility to manage possible flare up of EVD and other infectious diseases of outbreak potential, and improve outbreak response preparedness by strengthening the level of primary prevention and knowledge and skills to immediately respond whenever there is an outbreak.

STEP implemented comprehensive case screening, referral, care and case management as per the Government of Liberia's strategy to respond to the EVD epidemic, which calls for the isolation of persons with suspected, probable, or confirmed EVD both at facility (GETU) level and outreach level. This includes the provision of comprehensive medical case management to those admitted to ETUs. The facility-based service at GETU was closed as of October 31, 2015 based on the consensus reached between the MOHSW, USAID/OFDA and PCI. The outreach level activities continued throughout this life of the project. During the life of the project, STEP completed rehabilitation of two health facilities (Saclepea Comprehensive Health Center and Kpein Clinic), to take over the responsibility of full EVD and other infectious disease care as the GETU closes. In consultation with the CHT supply chain management these facilities and 56 other facilities had also received IPC and other medical supplies as part of the health facility capacity strengthening to implement the safe and quality health services throughout the county. The table below and the narrative that follows provide additional information on achievements during the quarter.

Sub-sector: Health Systems and Clinical Support

Table 2: Indicators for sub-sector Health Systems and Clinical Support*

Ref #	Indicator	Target		Result	% performance
1.1.1	Ganta ETU consistently meets Liberia Minimum Standards for Safe Care Provision by Healthcare Facilities in the Context of Ebola**	100%		100%	100%
1.1.2	Ganta ETU WASH facilities consistently meets the Minimum WASH Requirement – Ebola Treatment Unit**	100%		100%	100%
1.1.3	Number of health care facilities supported and/or rehabilitated by type (e.g. primary, secondary, tertiary) ⁵	Primary	-	69	>100% ⁶
		Secondary	-	5	
		Tertiary	1 Ebola Treatment Unit	4	
		Total		78	
1.1.4	Number of health care providers trained by type (e.g. doctor, nurse, hygienists, physician assistants, midwives, etc.), by sex*	Female	-	1,851	>100%
		Male	-	1,597	
		Total	1,270	3,448	
1.1.5	Number and percentage of health facilities submitting weekly surveillance reports	1	1 ⁷	100%	100%
		100%	100%	100%	100%
1.1.6	Number of consultations, by sex and age, per quarter*	4,400		8,865 ⁸	>100%
1.1.7	# of community events to strengthen community resilience and /or preparedness**	24		42	>100%
1.1.8	# of Healthcare Facilities at which staff are mentored by ETU staff on minimum standards for IPC, triage and use of PPE**	24		46	>100%

⁵ Though the project supports the health facilities and staff in the CHT and DHT, it is only the number of the HF included here.

⁶ 100% of the health facilities in Nimba County, but over 100% of the target, as the target was only one ETU.

⁷ The outreach activity was operational in January and the project was sending surveillance data to the CHT

⁸ Consultations at the ETU and through outreach community visits for CB-AECS

Ref #	Indicator	Target	Result	% performance
1.1.9	# of healthcare providers mentored by ETU staff on minimum standards for IPC, triage and use of PPE**	324	867	>100%
1.1.10	% of days that contaminated objects/surfaces are disinfected with chlorine solution***	100%	100%	100% ⁹
1.1.11	% of days that all contaminated liquid wastes are disinfected and disposed of in a designated, secured site***	100%	100%	100%
1.1.12	% of observations of hand washing stations where water and soap were both present***	100%	100%	100%
1.1.13	% of days in which 70 liters of water per staff per day were available at the GETU***	100%	100%	100%
1.1.14	% of days in which 2 days of buffer water storage were maintained at the GETU***	100%	100%	100%
1.1.15	% of drinking water samples from the GETU which had a minimum of 0.5 mg/L (ppm) free residual chlorine (FRC)***	100%	100%	100%

*See attached List of Indicators and Results (Annex 1) for the fully disaggregated indicator data, and a separate IPTT excel file for all project quarters and target performance levels.

**New indicator added in the project modification approved November 2015.

***Indicator removed in the project modification approved in November 2015.

During life of the project, STEP supported all of the health facilities in the County, in one or more interventions – such as through SQS training, mentorship, post SQS training follow up and supervision, and supply provision (see Annex 3 for a cumulative list of health facilities and the health teams covered by the different trainings and given other supports by STEP). Further, STEP provided EVD focused clinical assessments and screening to a total of 8,865 (4,030 male and 4,835 female) people at the ETU as well as through the STEP/GETU mobile surveillance team’s triage and screening intervention as part of the CB-AECS. The age and sex distribution by location of consultation, for the life of project, is shown in Table 3 below.

Table 3: Number of people consulted by age, sex, and consultation site

Age group	Beneficiaries per Consultation site						Total		
	ETU		Total	Mobile CB-AECS site			M	F	G. Total
	M	F		M	F	Total			
0 – 11 months	0	0	0	656	608	1,264	656	608	1,264
1 – 4 years	3	0	3	1,921	1,956	3,877	1,924	1,956	3,880
5 – 14 years	3	1	4	524	592	1,116	527	593	1,120
15 – 49 years	22	19	41	630	1,200	1,830	652	1,219	1,871
50 – 60 years	0	0	0	152	243	395	152	243	395
> 60 years	0	0	0	119	216	335	119	216	335
Total	28	20	48	4,002	4,815	8,817	4,030	4,835	8,865

⁹ This result indicates a result prior to the decommissioning of the ETU started.

Of the 8,865 who received consultation services, 48 were admitted to the ETU. Only two of these, both female (9 and 28 years), tested positive for Ebola and were admitted to the old ETU in December 2014 and did not survive. There were no positive cases admitted to the new DOD-constructed ETU. Most of the suspected cases admitted to the GETU were from Nimba County, although a few were from other counties and two were from Guinea. All suspected EVD cases received a full clinical assessment and medical treatment based on the MOHSW and WHO protocol for EVD suspected and confirmed case management were subsequently referred to other facilities for further assessment and care after testing Ebola negative.

Of 8,817 consulted during the CB-AECS, 1,934 (755 male and 1,179 female) people who attended the CB-AECS were treated for their acute medical conditions (including malaria, pneumonia, acute diarrheal disease, etc.), received basic IPC information and referred to other facilities, while another 170 (57 male and 113 female) patients screened at the CB-AECS session were referred directly to other appropriate health facilities for further medical treatment and follow up. The rest were provided basic IPC messages and medical advice on their condition and sent home.

Regardless of the low caseload and Liberia was first declared Ebola-free in May 2015, to prevent a likely flare up of EVD cases, as happened in July and November 2015 and in March 2016, STEP staff had continued to support the Nimba CHT's epidemic preparedness and response efforts, to the end of the project. Such support includes building the capacity of the health care workers in prevention and case management, strengthening/establishing preventive (triage and isolation) structures at health facilities, and supporting the surveillance system in the county. The STEP/GETU maintained operational readiness at all times and staffed 24 hours per day, 7 days per week, through October 31st, 2016 when clinical services ceased. As the project indicators reflect, as part of the IPC and PPE protocol for patient care, all contaminated surfaces and instruments were disinfected with chlorine solution immediately after use. Assigned staff visited suspect or confirmed ward patients at least twice during each shift. Every time a staff member left the wards, she/he decontaminated PPEs immediately before leaving the "red zone." Each item was then properly disposed of by the hygienist at a designated location. All contaminated liquid wastes and containers were checked, disinfected and properly disposed of in a designated secure site three times in a day (every eight hours), seven days a week. As the facility was constructed as a temporary structure, regular inspection, maintenance and rehabilitation was performed on the facility.

Additionally, STEP submitted its daily and weekly case investigation and surveillance reports to the CHT surveillance desk from the CB-AECS. The project continuously monitored documentation quality, regularity of individual case reporting, as well as weekly and monthly performance reporting.

Further, in addition to patient screening, case management and maintaining operational readiness, STEP, through its GETU staff, continued to focus on strengthening the IPC capacity of selected high priority health facilities located along the border with Guinea through mentorship, post-SQS training supervision, and post-mentorship follow up. During the life of the project, STEP conducted eight sessions of initial 10-day mentoring activities per each facility, covering 46 health facilities. There was also two three-day follow up sessions per facility covering six health facilities that were mentored during the last project quarter. Mentorship activities targeted all health service providers potentially involved in patient care, directly or indirectly, such as the clinical care

providers (nurses and midwives), registrars, cleaners, vaccinators, dispensers, and securities officers and administrators. A total 480 person-days were spent on mentorship and a total of 867 (428 male and 439 female) service providers in 46 health facilities (five hospital, two health center, 39 clinics) benefited from the initial sessions. A total of four mentored clinics, one health center, and one hospital, were visited for follow up sessions during the reporting period.

Table 4: Number of Health Facilities and Health Care Workers Mentored by STEP

Type Facility Mentored	Quantity	Health Care Workers mentored ¹⁰						Grand Total
		Clinician		Non-clinician		Total		
		Male	Female	Male	Female	Male	Female	
Hospitals	5	49	78	55	48	104	126	230
Health Centers	2	13	15	37	38	50	53	103
Clinics	39	54	62	220	198	274	260	534
Total	46	116	155	312	284	428	439	867

The complete list of the 46 health facilities mentored and received other support under STEP to date, and the number and distribution of health care workers mentored (by facility, sex, and professional category) are listed in Annex 3 and 4 respectively.

STEP’s mentorship activities focused on implementing the MOHSW’s Safe and Quality Health Service/Keep-Safe Keep-Serving (SQS/KSKS)¹¹ protocol in the facilities. The specific topics covered during each mentorship session included: regular hand washing and hygiene practices, setting up and implementing triage and screening procedures, appropriate use and disposal of PPEs (including donning and doffing procedures), health facility waste management and environmental cleaning, and IPC supply chain management.

In addition to improving the technical capacity in IPC using mentorship, STEP supported the rehabilitation of temporary triage structures, and established handwashing stations by providing staff time and supplies (e.g. buckets and forceps, chlorine solutions, etc.) in all 20 of the 46 health facilities.

In addition, STEP conducted two sessions of initial post-SQS¹² training follow-up and supervision in 17 health facilities. The post SQS and post-mentorship follow-up and supervision was aimed at monitoring the implementation of the SQS protocols by the trained health care workers, including nurses, midwives, hygienists, etc., and complementing the classroom training through supportive supervision. A total of 12 person-days were spent on the follow up and supervision, and a total of

¹⁰ According to the CHT/MOH, Clinician HCW include: MDs, Physician Assistants, Nurses, and Clinical Midwives; and Non-clinician HCW includes, hygienists, nurse aides, dispensers, vaccinators, cleaners, TTMs, and others.

¹¹ KSKS and SQS are both MOHSW standard protocols for IPC. KSKS protocol had been used to implement IPC intervention in the context of the EVD outbreak; now that the outbreak is under control, KSKS protocol was replaced with SQS during the reporting period.

¹² KSKS and SQS are both MOHSW standard protocols for IPC and health service delivery. KSKS protocol had been used to implement IPC intervention in the context of the EVD outbreak; now that the outbreak is under control, KSKS protocol was replaced with SQS during the reporting period.

66 (35 male and 31 female) service providers in 17 health facilities (one health center, and 16 clinics) benefited from the supervision sessions (see Annex 5 for list of health facilities).

Sub-Sector: Medical Commodities including Pharmaceuticals

PCI had distributed the majority of the enhanced PPEs, other IPC supplies and medical commodities, which were received via donation, private funds, and purchased by USAID/OFDA funds under this project, during the project period. Those supplies, all received prior to May 2015, were used/distributed for facility based clinical and IPC services at the GETU, regular outreach level services, supporting selected health facilities under the direction of the CHT's supply chain management, conducting the SQS trainings, and supporting other PCI projects in IPC implementation in the workplace.

After the ETU was decommissioned, the remaining medical supplies were used at outreach level to strengthen the health facilities taking the responsibility of full EVD and other infectious disease care and to conduct the SQS training. In addition, PCI, in coordination with the Nimba CHT's supply chain management, programed some stock of IPC and medical supplies in conjunction with its broader efforts to strengthen local capacity, and to equip key health facilities (such as those on the border with Guinea) and those facilities assessed for need during the post-SQS training follow-up and previous mentorship sessions.

Consequently, possible gaps in implementing SQS protocols were identified, and those related to IPC and medical supplies were addressed in close consultation with the CHT supply chain management. A total of 58 health facilities as well as the CHT emergency medical supply depot received supplies from STEP. The supplies provided to the CHT medical depot are for immediate use for suspected or confirmed cases of any infectious disease of outbreak potential, when it occurs. Annex 3 outlines all the facilities that received supplies.

At the end of the project period, there were no medical or IPC supplies or other equipment or consumables on hand at the possession of PCI/STEP. The table and the narrative below outline the details.

Table 5: Indicators for sub-sector Medical Commodities including Pharmaceuticals*

Ref #	Indicator	Target	Result	% performance	
1.2.1	Number of supplies distributed by type (e.g. Number and percentage of health facilities, supported by USAID/OFDA, out of stock of selected essential medicines and tracer products for more than one week.	0	0	0	
		0%	0%	0%	
1.2.2	Number of people trained, by sex, in the use and proper disposal of medical equipment and consumables.* ¹³	Male	-	1,597	>100%
		Female	-	1,851	
		Total	1,970**	3,448	
1.2.3	Number of supplies distributed by type (e.g. medical kits, equipment, consumables).	Medical kits	-	0	>100%
		Equipment	-	13,799	
		Consumables	0	1,575,003	
		Total	285,795	1,588,802	

*See attached List of Indicators and Results (Annex 1) for the fully disaggregated indicator data, and a separate IPTT excel file for all project quarters.

**Target revised in the project modification approved in November 2015

During the life of the project, STEP trained 3,448 (1,597 male and 1,851 female) health care workers and community members engaged in supporting the health care provision on different thematic areas (IPC, surveillance, swab collection and transporting, and identification and referral of EVD suspected cases, mentorship, SQS, etc.). Table 6 presents the details of each training. SQS training accounts for 80.4% of the coverage in terms of the number of beneficiaries, followed by KSKS, which accounts around 7%.

As a lead agency for implementing and coordinating SQS training in Nimba County, PCI's STEP team planned and implemented SQS training of frontline staff based on the SQS protocol. Accordingly, STEP trained 2,771 (1,178 male and 1,593 female) health service providers in the SQS protocols, since the launch of the SQS training nationally and at county level in September 2015. The SQS training is finalized with 100% coverage in Nimba County, unless there are a few new graduates who recently joined the health system workforce who may need to be trained. (See List of Indicators and Results, Annex 1, for further details).

13 The data does not include people trained on-job as part of the mentorship activity.

Table 6: STEP training participants by training topic

Training thematic area (Training Focus)	Number of participants			Remark
	Male	Female	Total	
Improving implementation of IPC minimum standard at facility level as part of the KSKS protocol implementation	91	150	241	135 graduating nursing students, 75 GETU staff, and 31 health facility staff from Nimba.
Concept and practice of Mentorship (IPC and case management)	15	11	26	10 STEP/GETU staff and 15 from different health facility, DHT and CHT in Nimba county.
EVD surveillance and response	51	26	77	1 CSO, 6 DSO, 70 health facility OICs
Safe sample collection, transport, and safe disposal of medical wastes	86	30	116	116 lab aids and nurse aid/nurse providing support on Swab collection
EVD prevention, referral and community health facility linkage	91	24	115	115 traditional healers
Cross border EVD surveillance and screening, triage and isolation, and referral and reporting	85	17	102	Selected gCHVs, town chiefs and border patrol officers
Safe & Quality health care delivery, based on national SQS protocol.	1,178	1,593	2,771	4 SQS master trainers, 43 county level SQS ToTs, and 2724 frontline HSP
Total	1,597	1,851	3,448	

All trainings were identified, planned, organized and conducted as per the request, as well as in close consultation and collaboration with the CHT, WHO, and other partners in the county.

Sector: Protection

Objective: Provide protection to individuals affected by the Ebola outbreak at the GETU

Number of Beneficiaries Targeted: 9,180

Number of Beneficiaries Reached: 2,524 (1,084 male and 1,440 females)¹⁴

The number of beneficiaries targeted for this sector was based on the number of patients projected for the GETU when the project was initially designed in 2014. While the EVD caseload at the GETU remained low throughout the project, STEP continued community outreach and support activities for EVD survivors and other affected persons throughout the GETU catchment area.

Sub-Sector: Child Protection

Table 7: Indicators for sub-sector Child Protection*

Ref #	Indicator	Target	Result	% performance
2.1.1	Average # of weeks required for resettlement of Ebola orphans back into a family or community setting.	4	1	Took 75% less time than planned (more efficient)
2.1.3	Number of Ebola orphans resettled into a family or community setting***	NA	11	No target to compare, but 100% of the identified are resettled
2.1.4	Number of Ebola affected individuals resettled into their community***	NA	0	0
2.1.5	Ganta ETU has a Child Protection Policy in place***	1	1	100%

*See attached List of Indicators and Results (Annex 1) for the fully disaggregated indicator data, and a separate IPTT excel file for all project quarters.

**The target for this indicator was revised in the project modification approved in November 2015.

***New indicator added to the project in November 2015.

The STEP/GETU outreach team provides social mobilization activities to raise community awareness of and to address stigma against EVD-affected family members, EVD survivors, and affected communities, while at the same time reinforcing key EVD prevention measures and promoting reporting of suspected EVD cases and dead bodies. Accordingly, STEP's GETU staff reached a total of 4,478 (1,888 male and 2590 female) community members in the catchment area with social mobilization efforts to: improve IPC, promote integration of EVD-affected families

¹⁴ Some of the beneficiaries in this, are a subset of the beneficiaries of outreach level consultation and will not be added to the total number of beneficiaries.

(through EVD-related stigma reduction), increase health seeking behavior related to EVD, and increase receipt of EVD treatment and care. Of those reached, 2,524 (1,112 male and 1,412 female) were targeted for special psychosocial support and counseling focused on integrating EVD affected families and managing and supporting EVD affected children, including orphans. The rest (1,954) were beneficiaries of both the protection and health sector interventions, but were included as health sector beneficiaries to avoid double counting.

Further, the project trained 72 (55 male and 17 female) people on child protection and psychosocial support; and supported and integrated 11 (3 male and 8 female) EVD orphans into their communities and care givers within one-week of identification.

The mental health/psychosocial support team of the STEP/GETU conducted follow up visits to communities and foster families who were taking care of EVD orphans, during the outreach service. The team members also monitored the ongoing Community Healing dialogue discussions at the community level, which were initiated in previous quarters.

ETU Decommissioning

As the central part of the STEP project, PCI, in close collaboration with Nimba CHT, were responsible for clinical and operational management of the Ganta ETU in Nimba County. Due to the facility's proximity to the border with Guinea, the Nimba CHT requested that the GETU remain open as long as possible. However, based on the discussions among the MOHSW/IMS, CHT and DART team in August and September 2015, the parties recommended a stepwise transition to decommission by March 2016. Following recommendations from MOHSW and OFDA, PCI developed a clear plan to facilitate the decommissioning process, targeting completion of decommissioning activities by mid-March 2016.

Cessation of Clinical Services and Preparation for Decommissioning

As part of the initial stage of the decommissioning process, PCI/STEP ceased to admit and provide clinical services at the GETU starting November 1st, 2015. In view of all the recommendations, PCI/STEP outlined a plan for staff transition and to implement the ETU decommissioning. PCI/STEP also facilitated the identification of facilities to take over the full EVD care responsibilities. Accordingly, with guidance from MOHSW/IMS and WHO, the CHT selected Saclepea Comprehensive Health Center and Kpein Clinic, and requested PCI to renovate, equip, and provide supplies to these two facilities to serve the intended purpose.

The decommissioning plan was developed and submitted to the MOHSW in November 2015, while the decontamination of the ETU started in parallel. Once the plan was discussed and agreed upon, the MOHSW and CHT gave a go-ahead on the process. However, the decommissioning was not started in full scale until January 2016, as the SQS training was ongoing partly using the ETU facility for demonstration and sometimes, as a class room.

Renovation of Two Future Infectious Disease Care and Referral Sites

PCI/STEP and the CHT agreed that renovation of the two selected facilities taking over EVD care should take priority before commencing the decommissioning the GETU. Consequently, a CHT/PCI joint assessment was conducted to determine the scope of needed renovations so that facilities could meet needs in an emergency context related to the Ebola outbreak, and to inform community stakeholders on the extent and purpose of the renovation activities at the two sites.

Based on the MoH/WHO suggested, and CHT agreed scope, the renovation in the two facilities focused on improving an existing structure to better serve as isolation and in-patient treatment for possible suspected or confirmed cases of EVD or other infectious diseases of outbreak potential. The renovation at Saclepea CHC focused on improving the condition of the old Lassa fever ward, and expanded this facility into a ward for treating all infectious diseases, including Lassa fever, EVD, cholera, yellow fever, etc.



Fig. 1: Renovation at Saclepea CHC infectious disease ward extension

The renovation at Kpein Clinic focused on renovating two existing old blocks at the clinic premises that can be used for suspected and confirmed wards, or male and female wards for infectious disease treatment. The blocks were originally built by CDC for infectious disease control, and were later used by WHO for malaria outbreak management in the region. The pictures below show the extent of the renovation and the change in shape of Kpein Clinic before and after the renovation.



Fig. 2: Renovation of Kpein Clinic

Once renovations were completed, supplies, furniture, and reusable equipment from GETU were provided to the CHT in the presence of WHO and community stakeholders. Further, PCI/STEP

trained and facilitated practical attachment for the health care workers from the two PCI/STEP renovated isolation centers/facilities at the GETU to advance their skill in the steps and process to implement IPC minimum standards, EVD case management, and operating triage and isolation steps.. Saclepea CHC is open for services and reported two suspected Lassa fever cases, and one suspected EVD case in March 2016. Kpein Clinic has also been opened since March 2016 but has not yet reported any Viral Hemorrhagic Fever (VHF) related infectious disease cases. Any future adaptation and further formalization of the infrastructure, as well as maintenance of the structures after the emergency context is the responsibility of the CHT.

Decontamination and Neutralizing the Structure

Once the decommissioning plan was approved by the MOHSW, PCI/STEP team reviewed the plan with members of the CHT and community leaders to ensure they were informed, consulted and engaged in the decommissioning process. As the GETU was constructed on the premises of the Ganta United Methodist University (UMU) Hospital in Ganta City, Nimba County, the hospital and nursing school management were also consulted throughout the process.

The GETU had not seen a confirmed EVD patient, regardless, per WHO and MOHSW guidelines, the entire facility was decontaminated using the standard recommended decontamination procedures by a trained team, before any action for retiring the structure started. The decontamination was completed in November 2015.

In mid-December, some of the non-essential tents and temporary structures at the green zone were removed. In January 2016, in close consultation and under the supervision of the CHT, a full scale decommissioning commenced. All the patient wards and facilities at the red zone were completely removed and the fence downsized to the red-zone only. The tents, related equipment, and all other reusable materials were organized and handed over to the CHT logistics department under the guidance of the County Health Officer, while all non-reusable materials and waste were properly disposed.

During a consultative meeting and in an official letter, the university requested the CHT and PCI/STEP to preserve some of the semi-permanent structures in the green zone for future use for different purposes of the nursing school. Based on the request from the land proprietor and the approval of the CHT, some structures in the green-zone, along with the permanent building used as an administrative wing were decontaminated and left for future use by the school. Now that the decommissioning is complete, the remaining structures are ready for UMU hand-over via the CHT.

Waste Management/Removal

PCI/STEP did not receive or treat any EVD positive patients at this ETU and this facility had only temporary latrines, all substructures. Regardless, per MOHSW and WHO guidelines, all latrines were decontaminated and completely backfilled with packed soil and crushed rocks. The latrines were dislodged, and all related waste remained on site, per the protocols, to avoid cross contamination during transport. The drainage system was decontaminated and improved before it was handed over to the UMU. All drainage channels were disinfected with 0.5% chlorine solution,

all the drainage channels were enhanced with cement, and the process ensured that all drainage pits are appropriately covered.

Medical Records

All patient medical records were documented on the MOHSW approved Liberia Ebola Case Investigation Form and the Ebola Case Management Form. PCI submitted scanned copies of these records to the CHT on an ongoing basis as they received patients and the original records were submitted to the CHT on a weekly basis. At the request of the MOHSW, a summary of the existing records was submitted. As part of closing of the ETU, PCI liaised with the CHT to ensure that the CHT has all ETU patient medical records, the MOHSW/CHTs are currently in possession of all patient medical records.

Future of Key Assets

All of the reusable parts of the demolished structures, equipment and furniture had been handed over to the County Health Team, and transported to the CHT seat, and different health facilities at the request of the county health team. All assets had been disposed based on the USAID/OFDA guidelines for asset disposition, and approval.

Vehicle Management

Throughout the project life, STEP used four rented vehicles. These vehicles were used to support/facilitate the transportation of staff to implement the post-SQS training follow up and supervision, community outreach/social mobilization, community-based active EVD-case surveillance, SQS training facilitation, and project supervision as well as CHT preparedness and response support. The vehicles were managed based on PCI's fleet management procedures.

- 1) Number of vehicles purchased or leased: 4 rented
- 2) Number of non-US vehicles purchased or leased: 4 rented
- 3) Source of each vehicle and the nationality of the supplier: Liberian
- 4) An explanation of why geographic code 937 was not used with reference to the file: Geo Code 937 was used per the cooperating country, Liberia.

Vehicles were rented as driver services. Per 22 CFR 228.19, the rental agreement meets the below criteria:

- 1) The vehicle is independently owned or leased by the hired driver or company; and
- 2) The vehicle will be maintained by the individual or commercial entity and driven only by the hired drivers;

Project Final Evaluation

PCI/STEP conducted an internal project end-line evaluation in mid-March/April 2016 to assess project performance, the project's contribution to the control of the EVD outbreak, the contribution towards strengthening the health system of Nimba County, and to draw key lessons. The study population for the evaluation mainly comes from the county health systems: the CHT, District Health Team (DHT), health facilities, the staff who worked at the GETU¹⁵, and community health facilitators or leaders. Primary data from key informant interview and focus group discussion using purposive sampling technique, and secondary data from the project quarter reports, IPTT, training database, and other sources were used as source data. All data collected using the two techniques were summarized and analyzed, and, along with further discussion on key lessons, are presented in the final evaluation report to be submitted to OFDA and shared with stakeholders.

Key Lessons Learned

- Having a locally staffed ETU, not only significantly and consistently improves STEP's ability to work closely with the communities and the CHT/MOHSW, but also most of the staff who transitioned from STEP/GETU during the life of the project, are now working in the different health facilities in the county, and have become a major asset to the health system in the county. Besides, STEP renovated infectious disease care facility appropriately received and managed EVD suspected cases. The identification and management of these suspected cases were done by a combination of the Transitioned GETU staff and by staff who were previously trained by STEP at the Ganta ETU, which highlights how important the STEP training was in building the capacity of the health system, even when staff move to other locations.
- Maintaining and strengthening relationships with all stakeholders (schools and community based organizations; community traditional, governmental and religious leaders; EVD survivors; and community health clinics) continues to be an essential part of the effectiveness of STEP activities. Such relationships are among the key approaches to build a local system for epidemic response and preparedness activities and can and must be utilized to build strong epidemic preparedness and response systems across the board through existing Behavior Change Communication (BCC) approaches, intensifying initiated surveillance, creating/strengthening community-facility linkages, and building community resilience.
- The aspiration and vision by the project management and staff, the flexibility of the project, the evidence-based decision making process, short decision path at PCI has, as well as the interactive process and flexibility of the donor to accommodate felt needs during the NCE, had significantly helped the project to efficiently utilize available resources so as to speed up implementation of all project components, enhance its contribution to the prevention and control of EVD, addressed the most felt need of the health system in the County, and, most importantly, to achieve the project objectives.

¹⁵ The Ganta ETU had been decommissioned since January 2016, and turned into a nursing training center by G. W. Harley Nursing School, UMU – the proprietor of the property.

- The level of coordination and collaboration with the CHT, and partners like WHO, has significantly contributed to the success of the project. The level of PCI/STEP's dedication, commitment, and enthusiasm to work with the national IPC taskforce, the CHT and the DHT of Nimba was instrumental in exploring and addressing priority needs on time, and had significantly contributed to improve the county's health system.
- A series of EVD cases in Liberia and two other countries, after the countries were initially declared Ebola free, is an important indication and reminder to maintain vigilant monitoring, examine trends, intense surveillance, continue social mobilization on IPC, and, most importantly, a functional and robust community based health care system.
- Despite the mentorship and supervision activities, in some community clinics, the effect of the technical assistance is challenged by the inability to implement the recommendations due to a lack of or irregular supply of IPC supplies and consumables, and poor level of IPC infrastructure.
- As the PCI/STEP closes, maintaining the level and scale of mentorship and on-site capacity building activities at all health facilities, may be an imminent gap unless the CHT/MoH and other partners step-in to address it.
- Due to the nature of the project, the very short contracts (three months at most) that had been causing so much stress and uncertainty on most staff. Besides, the lack of compensation for overtime work, engaging in different responsibilities – especially after the cessation of clinical services at the ETU, unsuccessful events of patient that end up with death, and finally seeing the decommissioning of the ETU while can be used as an infectious disease control center, were the most disappointing/low points as reflected by the project staff.

Conclusions

STEP implemented all its planned activities and performed well in achieving and/or exceeding all its targets. STEP provided a great opportunity to capacity strengthening of the Nimba County health system. The evaluation findings from focus group and key informant interviews indicate that the capacity of the health care workers was strengthened as a result of STEP's various trainings and mentorship activity implemented jointly with Nimba CHT and WHO. In particular, knowledge and skills were gained through trainings and mentoring sessions, and staff gained experience by working on the project, particularly at the Ganta ETU. All these are pivotal efforts to restore post outbreak basic health services, improve health service quality, build communities' trust on the health system that had been lost during the outbreak, and prepare for future epidemics. Furthermore, need-based IPC and other medical supplies support provided by STEP to selected health facilities also contributed to restoring post-outbreak basic health service quality and capacity.

It was learned that the level of coordination and collaboration with the CHT and partners like WHO, coupled with the level of PCI/STEP's dedication, commitment, and determination to work with the national IPC taskforce, the Nimba CHT and DHT, were instrumental to addressing priority needs on time and were key to the success of the project. Furthermore, the project has completed the decommissioning of the ETU and transferred the responsibility for the EVD care to

the County Health Team. All assets have been disposed of based on donor guidelines, the project evaluation is completed, and the project closed as per plan.

Recommendations

The EVD outbreak in the West African Countries, and the time elapsed to control the outbreak has been a direct reflection of the status of the health system in the in the sub-region. The three countries (Guinea, Sierra Leone, and Liberia) severely hit by the outbreak and still struggling with waves of flare up are the countries with weak health system, and non-functional primary health care structures.

In Liberia, the inherently weak and dependent health system, non-functional community based health care, irregularities in the surveillance and preventive approaches, as well as the loose ownership and accountability across the system leave the health system prone to further challenges. The continued flare up of EVD and other disease outbreaks, will challenge the gains of the project, unless additional interventions are implemented, that can capitalize on the achievements of PCI/STEP. Therefore, it is imperative to consider the following points for future programming.

- In public health emergencies, prevention and early interventions, especially if it is well-timed, comprehensive enough to cover the key components, and if well integrated and coordinated, are known to have a better outcome in limiting the spread of outbreak and minimize its consequences. The leadership and accountability of the local system, in managing such emergencies is mandatory. However, a major lesson learned from the Liberia Ebola response of PCI and others had limitations in recognizing the peril in time; timing, tailoring, integrating and coordinating the response at the earlier stage. Unfortunately, as we have recently learned, these gaps and disconnects prevail. The emergency response by different actors and communities are not sufficiently linked, and systems-thinking is not utilized, to bring the best of each to bear on preventing, mitigating and responding in ways that are efficient, cost-effective, and coordinated. Top down, externally sourced resources, tools and approaches only serve to continue the cycle of vulnerability and weak local health system capacity, leading to emergency-level outbreaks, resulting in uncoordinated and expensive response that does little to avoid a repeat of the cycle. Therefore, public health emergencies should be intentionally designed to overcome the weaknesses of similar approaches to date by overcoming fragmentations and disconnections, addressing the intransient barriers to effective quality and timeliness of response, and by taking a people-centered vs. disease-centered approach for immediate and significant long term impact. Community-level issues must be considered if health system strengthening is to be achieved and disease threats such as Ebola are to be minimized. Compartmentalization of health care interventions in response to disease outbreak from the overall health system strengthening to disaster response actors and approaches must also be minimized if there is to be a functional system of response. PCI/STEP made an effort

to minimize some of the gaps by strengthening the local capacity, but its initial scope and availability of resource (finance and time) had been a limitation to fully address the identified gaps.

- In order to maintaining or replicating positive lessons and good practices gained in the project, there should be a health system that has the key pillar of capable, determined and functional leadership, which fully owns, leads and becomes fully accountable to its challenges, gains, and problems, across the system.
- The series of flare up of EVD cases in Liberia and its neighboring two countries, after they had been declared Ebola free, serve as an important reminder of the need to ensure and maintain appropriate systems in place to monitor the situation, examine trends, and intensify surveillance and social mobilization on IPC, and most importantly, the strong need for functional and robust community based health care that includes surveillance. Thus, Epidemic preparedness and response should be further strengthened with clear mandates and shared responsibilities and accountabilities among the key players.
- Training is an important component of capacity and health systems strengthening, as it provides participants with an opportunity to gain knowledge, skills and an incentives to implement a given task in a given setting. However, training by itself is not an end result, and it has to be complemented by supportive, effective, on site and regular mentorship. The lesson from this project is very clear in that mentorship was consistently noted as being key to PCI/STEP's success and the most highly valued element by health workers as a means of building their capacity and source of motivation. Thus, though resource intensive, mentorship and a post-training supervision, should be prioritized as key interventions to uplift and improve the human resource capacity in Nimba, and in Liberia in general.
- As part of the community based health care system, which is very crucial in prevention and control of disease outbreaks in resource limited settings, maintaining and strengthening relationships with all community level stakeholders (schools and community based organizations; community traditional, governmental and religious leaders; EVD survivors; and community health clinics) should be an essential part of an effective emergency preparedness/response system. Using Social and Behavior Change approaches like the ones implemented by STEP, will help build upon surveillance capacity created by STEP and will contribute to building community resilience.
- As a key component of the health system, functional and robust supply chain management (SCM) is very crucial in successfully managing public health emergencies. Lack or weak SCM, negatively affects and counteracts the positive effects of the technical assistance and other capacity strengthening achieved through STEP and will continue to undermine the system's ability to implement recently acquired technical capacity and motivation. Thus, efficient supply management system is another area that will continue to require the support and attention of health system leaders.

Finally, it is certain that ‘health is made at home and fixed at the health facilities’ this is more accurate for resource limited communities and nations, like Liberia, where a strong community-based health care system, can be an efficient alternative to help prevent and address most of the health challenges in the country. At the heart of the community based health care is the active and meaningful engagement of the community through its volunteers - gCHVs, TTMs, community health service supervisors, traditional healers, and community leaders. These community representatives, would not only serve as change agents for better health and disease prevention at household and community levels, would also act as bridges between the community and facility-based health services, and would advocate for specific improvements needed. This component of the health system is crucial in helping minimize or prevent future potential outbreaks, while effectively promoting better health at household and community level.

Annexes

Annex 1: List of Indicators and Results

Ind #	Indicator	Base-line	Disaggregation		LOP Total (to date)	LOP Target	Notes
<p>Goal: Manage the MOHSW-staffed Ebola Treatment Unit (ETU) in Ganta in order to slow the spread of Ebola in Nimba County through the isolation of cases, the provision of a high standard of medical care, and the protection of individuals at the ETU affected by the Ebola outbreak.</p>							
<p>Sector: Health / Sub-Sector 1: Health Systems and Clinical Support</p>							
1.1.1	Ganta ETU consistently meets Liberia Minimum Standards for Safe Care Provision by Healthcare Facilities in the Context of Ebola	NA	NA		100%	100%	Note that even though this is a new indicator added in the project modification approved in Nov 2015, we were collecting this data before and have, therefore, reported the information here.
1.1.2	Ganta ETU WASH facilities consistently meets the Minimum WASH Requirement – Ebola Treatment Unit	NA	NA		100%	100%	Note that even though this is a new indicator added in the project modification approved in Nov 2015, we were collecting this data before and have, therefore, reported the information here.
1.1.3	Number of healthcare facilities supported and/or rehabilitated to treat cases of Ebola by type (e.g. Primary, Secondary, Tertiary)	0	Primary		69	1 ETU	Reported monthly per PMP; required indicator per USAID/OFDA guidelines
			Secondary		5		
			Tertiary		4		
1.1.4	Number of healthcare providers trained by type (e.g. doctor, nurse, hygienists, physician)	0	Doctors	Males	15	1270	Target revised in project modification approved Nov 2015. Reported monthly per PMP; required indicator per USAID/OFDA guidelines; should include by type "doctor, nurse, community
				Females	6		
				Sub-Total	21		
			Nurse	Males	252		
				Sub-Total	620		

Ind #	Indicator	Base-line	Disaggregation		LOP Total (to date)	LOP Target	Notes
	assistants, midwives, etc.), by sex		Hygienists	Males	217		health worker, midwife, and traditional birth attendant."
				Females	170		
			Sub-Total		387		
			Physician assistants	Males	35		
				Females	8		
				Sub-Total			
			Midwives	Males	4		
				Females	53		
				Sub-Total			
			Others	Males	1073		
				Females	1247		
				Sub-Total			
			Total		3448		
1.1.5	Number and percentage of health facilities submitting weekly surveillance reports	0	NA		1	1	Required indicator per USAID/OFDA guidelines
		0%			100%	100%	
1.1.6	Number of consultations, by sex and age, per quarter	0	0 - 11 mo	Males	656	4,400	By quarter; required USAID/OFDA indicator
				Females	608		
				Sub-Total			
			1 - 4 yrs	Males	1924		
				Females	1956		
				Sub-Total			
			5 - 14 yrs	Males	527		
				Females	593		
				Subtotal			
			15 - 49 yrs	Males	652		
				Females	1219		
				Sub-Total			
50 - 60 yrs	Males	152					
	Females	243					
	Sub-Total		395				
60+ yrs	Males	119					

Ind #	Indicator	Base-line	Disaggregation		LOP Total (to date)	LOP Target	Notes
				Females	216		
				Sub-Total	335		
			All Ages Combined	Males	4030		
				Females	4835		
				Total	8865		
1.1.7	Number of community events to strengthen community resilience and /or preparedness	NA	Total		42	24	
1.1.8	Number of Healthcare Facilities at which staff are mentored by ETU staff on minimum standards for IPC, triage and use of PPE	NA	Total		46	24	Note that even though this is a new indicator added in the project modification approved in Nov 2015, we were collecting this data before and have, therefore, reported the information here.
1.1.9	Number of healthcare providers mentored by ETU staff on minimum standards for IPC, triage and use of PPE	NA	All Districts	Male	428	324	Note that even though this is a new indicator added in the project modification approved in Nov 2015, we were collecting this data before and have, therefore, reported the information here.
				Female	439		
				Total	867		
1.1.10	Percent of days that contaminated objects/surfaces are disinfected with chlorine solution	NA	NA		100%	100%	Indicator removed in the project modification approved in Nov 2015
1.1.11	Percent of days that all contaminated liquid wasted are disinfected and disposed of in designated, secured site	NA	NA		100%	100%	Indicator removed in the project modification approved in Nov 2015

Ind #	Indicator	Base-line	Disaggregation	LOP Total (to date)	LOP Target	Notes
1.1.12	Percent of observations of Handwashing Stations where water and soap were both present	NA	NA	100%	100%	Indicator removed in the project modification approved in Nov 2015
1.1.13	Percent of days in which 70 liters of water per staff per day were available at the ETU	NA	NA	100%	100%	Indicator removed in the project modification approved in Nov 2015
1.1.14	Percent of days in which 2 days of buffer water storage were maintained at the ETU	NA	NA	100%	100%	Indicator removed in the project modification approved in Nov 2015
1.1.15	Percent of drinking water samples from the ETU which had a minimum of 0.5 mg/L (ppm) free residual chlorine (FRC)	NA	NA	100%	100%	Indicator removed in the project modification approved in Nov 2015
Sector: Health / Subsector 2: Medical Commodities Including Pharmaceuticals						
1.2.1	Number and percentage of health facilities, supported by USAID/OFDA, out of stock of selected essential medicines and tracer products for more than 1 week	# NA	NA	0	0	Essential medicines include those for managing symptoms (fever, pain discomfort, confusion/aggression, hiccups, vomiting, seizures, ulcers, rash), rehydration, testing and treating common conditions with symptoms similar to EVD; required indicator per USAID/OFDA guidelines
		% NA		0%	0%	
1.2.2	Number of people trained, by sex, in the use and proper disposal of	0	Males	1597	1,970	Target revised in the modification in Nov 2015. Required indicator per USAID/OFDA guidelines
			Females	1851		

Ind #	Indicator	Base-line	Disaggregation		LOP Total (to date)	LOP Target	Notes
	medical equipment and consumables		Total		3448		
1.2.3	Number of supplies distributed by type	0	County and Local	Medical Kits	0	285,795	For consistency across the various supplies, each item is reported based on the smallest unit possible. Supplies for the effective control of Ebola virus, including sanitation materials and PPE; reported monthly; required indicator per USAID/OFDA guidelines
		Equipment		5295			
		Consumables/supplies		585815			
		Sub-Total		591110			
		International Procurement	Medical Kits	0			
			Equipment	7,664			
			Consumables/supplies	989,188			
			Sub-Total	996,852			
		Combined (County, Local, International)	Medical Kits	-			
			Equipment	13,799			
			Consumables/supplies	1,575,003			
			Total	1,588,802			
Sector: Protection / Sub-Sector 1: Child Protection							
2.1.1	Average # of weeks required for resettlement of Ebola orphans back into a family or community setting	NA	NA		1	4	Reported as an average number of weeks. This indicator is included to fulfill USAID/OFDA requirement for second indicator that measures protection outcomes of the proposed activities
2.1.2	Number of people trained in child protection	0	Males	56	72	30	Target revised in the modification Nov 2015. Required indicator per USAID/OFDA guidelines, including disaggregation by sex
		Females	16				
		Total					

Ind #	Indicator	Base-line	Disaggregation	LOP Total (to date)	LOP Target	Notes
2.1.3	Number of Ebola orphans resettled into a family or community setting.	NA	NA	11	TBD	Note that even though this is a new indicator added in the project modification approved in Nov 2015, we were collecting this data before and have, therefore, reported the information here.
2.1.4	Number of Ebola affected individuals resettled into their community.	NA	NA	0	TBD	Note that even though this is a new indicator added in the project modification approved in Nov 2015, we were collecting this data before and have, therefore, reported the information here.
2.1.5	Ganta ETU has a Child Protection Policy in place	NA	The ETU is using the MoHSW protocol	1	1	Note that even though this is a new indicator added in the project modification approved in Nov 2015, we were collecting this data before and have, therefore, reported the information here.

* Age ranges are as follows: 0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+ years, per USAID/OFDA guidelines

Annex 2: Medicine, IPC and related supplies consumed and distributed

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
Medicines								
1	Alcohol Hand Gel	Btts	0	649	649	0	649	649
2	Alumimium hydroxide 500mg	Tablets	0	500	500	0	500	500
3	Amoxicillin (250mg)	Tabs		0	0	7200	0	7200
4	Amoxicillin 125mg oral susp	Bottles	0	9	9	0	9	9
5	Amoxicillin 250mg capsules BP	STRIPS	0	13	13	0	13	13
6	Amoxicillin 500mg	cap		0	0	5370	0	5370
7	Amoxicillin 500mg capsules BP	STRIPS	0	12	12	0	12	12
8	Antibactrium dressing jell	Bottles	0	9	9	0	9	9
9	Antibiotic Ointment	Tubes	0	0	0	3	0	3
10	Antibiotic Pain Relief Cream	Tubes	0	0	0	15	0	15
11	Anticide 500mg	Tabs	0	0	0	1000	0	1000
12	Artemether (15kg less than 20kg) (Coartem)	Strips	0	227	227	0	227	227
13	Artemether 20mg+Lumefantrine 120mg 5kg<15kg	STRIPS	0	30	30	0	30	30
14	Artemether 20mg+Lumefantrine 120mg 35kg above	STRIPS	0	110	110	0	110	110
15	Artesunate 60mg IV	vial		211	211	156	211	367
16	Ascorbic Acid 250mg	Tabs		900	900	2000	900	2900
17	Atropin salphate	AMPS	0	100	100	0	100	100
18	Avelox 400mg	Tablets	0	420	420	0	420	420
19	Azithromycin 250mg	Tablets	0	6	6	0	6	6
20	Bactigel	pcs.	1	6	7	1	6	7
21	Calcium Gluonate	AMPS	2	300	302	2	300	302
22	Cefixicime (400mg)	Tabs		0	0	120	0	120
23	Cefixime 200mg	Tablets	0	3,948	3948	0	3948	3948
24	Cefixime 200mg/tablet	Tablets	0	16,504	16504	0	16504	16504
25	Ceftriaxone	Vials		0	0	50	100	150
26	Ceftriaxone 1000mg	vial		0	0	94	0	94
27	Ceftriaxones sodium Eq 1 g base power vial	Vials	0	2,885	2885	0	2885	2885
28	Ceftriaxones sodium Eq 250mg base power vial	Vials	0	15,950	15950	0	15950	15950
29	Chloramphenicol 1g	vial			0	10	0	10
30	Cimetidine 200mg	amp			0	10	0	10
31	Cimetidine 400mg	Tabs			0	50	0	50
32	Ciprofloxacin (250mg)	Tabs			0	1600	0	1600
33	Ciprofloxacin (500mg)	Tabs		630	630	4000	630	4630
34	Ciprofloxacin 500mg tabs pacs 10	PKS	0	3800	3800	0	3800	3800
35	Coartem 15-25kg	Strip		30	30	443	30	473

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
36	Coartem 25-35kg	Strip		59	59	340	59	399
37	Coartem 35 above	Strip		175	175	349	175	524
38	Coartem 5-15kg	Strip		30	30	480	30	510
39	Co-trimaxazole syrup	bttts		40	40	160	40	200
40	Co-trinoxazole 120mg	Tablets	0	3960	3960	0	3960	3960
41	Dexamethasone(4mg/ml)	Amp		2350	2350	190	2350	2540
42	Dextouse-5%	Bttts		12	12	24	72	96
43	Dextros-50% (D-50%)	Bttts			0	42	60	102
44	Dextroxe 5% (1000ml)	CRT	0	120	120	0	120	120
45	Diazapan 10mg	amp			0	23	0	23
46	Diazepam 5mg	Tablets	0	1830	1830	0	1830	1830
47	Dispensing bag	pcs		1800	1800	3200	1800	5000
48	DNS 1000ml	Bttts		258	258	80	288	368
49	Doxyclyne 100mg	Tabts			0	1060	0	1060
50	Epinephrine 1mg/ml amp box 10	BOXES	0	3,500	3500	0	3500	3500
51	Epinephrine Galenica Senese	pks.	0	1,200	1200	0	1200	1200
52	Epinphrine Galenica IV	AMPS	0	500	500	0	500	500
53	Erythromycin (333mg	Tabts			0	459	0	459
54	Ferrous	Tabts		3000	3000	4000	3000	7000
55	Furesemide	pcs.	0	100	100	0	100	100
56	G-50%	Bttts			0	1	0	1
57	Galenica H2O vial	pcs.	0	400	400	0	400	400
58	Gentamicin(40mg/ml)	Amp			0	400	0	400
59	Gentamycin 80mg	amp			0	30	0	30
60	Gestifloxacin (Eye Drop)	Bttts			0	4	0	4
61	Girl Friend Hand & Body Lotion	bts.	0	9	9	0	9	9
62	Glenica senese water for injection	AMPS	0	400	400	0	400	400
63	Glucose 5% 500ml/box 20	bts.	0	1,708	1708	0	1708	1708
64	Glucose 50% IV GV	Vials	0	927	927	0	927	927
65	Glucose Inj. 50% W/v	bts.	0	854	854	0	854	854
66	Glucose Injection	pks.	0	5	5	0	5	5
67	Haloperidol 5mg for Injection 5mg in 1ml	AMPS	0	11,000	11000	0	11000	11000
68	Hydrocortisone sodium succinate IV 100mg	Vials	0	2,900	2900	0	2900	2900
69	Hydrocortisone 100mg	Vials			0	43	0	43
70	Hyoscine 20mg	amp		300	300	20	300	320
71	Infusion set kit	pcs.	0	2280	2280	0	2280	2280
72	Lansoprazole (30mg)	Tabts			0	630	0	630
73	Levofloxacin (500mg)	Tabts			0	1000	0	1000
74	Levofloxacin (750mg)	Tabts			0	1900	0	1900
75	Magellan (1ml Insulin Safety Syringe)	pcs.	0	0	0	50	0	50
76	Mebendazole 500mg	Tabts	0		0	500	0	500

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
77	Metoclopramide	amp	0	4000	4000	100	4000	4100
78	Metro infusion 500mg	btts	0		0	4	0	4
79	Metoclopramide 10mg	Tabs	0	101,750	101750	1000	101750	102750
80	Metoclopramide 500mg	amp	0		0	2450	150	2600
81	Metronidazole 250mg	Tabs	0		0	73	0	73
82	Metronidazole 500mg	Tabs	0	200	200	8051	200	8251
83	Metronidazole 5mg	AMPS	0	100	100	0	100	100
84	Metronidazole IV	Bottles	0	416	416	0	416	416
85	Morphine sulfate 10mg	Tablets	0	12,000	12000	0	12000	12000
86	Morphine sulfate IV	AMPS	0	3,950	3950	0	3950	3950
87	Multi-Symptom cold	btts	0		0	3	0	3
88	Multi-vitamin 200mg	Tabs	0		0	5101	1000	6101
89	Neosporin+ pain relief	tubes	0	3	3	0	3	3
90	Normal Saline 1000ml	btts	0		0	66	30	96
91	Nystatin USP 100,000IU	Tablets	0	200	200	0	200	200
92	Omeprazole 20mg	PK	0	8	8	0	8	8
93	Omeprazole(40mg)	Amp	0		0	88	0	88
94	ORS	Sachet	0	20000	20000	4000	20000	24000
95	ORS Low osm 20.5g/L CAR/100	Sachet	0	55,500	55500	0	55500	55500
96	Oxytocin 10IU	AMPS	0	10	10	0	10	10
97	Paracetamol 100mg	Tabs	0	30200	30200	5200	30200	35400
98	Paracetamol 125mg oral solution	Bottles	0	475	475	0	475	475
99	Paracetamol 125mg/5ml, 60ml solution	Bottles	0	580	580	0	580	580
100	Paracetamol 325 mg	Tabs	0	980	980	58	980	1038
101	Paracetamol 500mg	Tabs	0		0	9450	0	9450
102	Paracetamol 500mg tabs pacs 100	PACK	0	12,163	12163	0	12163	12163
103	Paracetamol syrup	btts	0		0	70	0	70
104	Paracetamol syrup 100mg	btts	0		0	3	0	3
105	Povidone Iodine solution 10% bottle 200ml	PCS	0	400	400	0	400	400
106	Promethazine 25mg	Tabs	0	42000	42000	2100	42000	44100
107	Ringer Lactate 1000ml	btts	0	108	108	86	132	218
108	Robitussin 20mg	Tablets	0	800	800	0	800	800
109	Salbutamol 4mg	Tabs	0	90	90	100	90	190
110	Salbutmol sulfate 0.1mg/puff 200 puff, aerosal	pcs	0	200	200	0	200	200
111	Septim 480 mg	Tabs	0		0	2000	0	2000
112	Silvrstat (Antibacterial wound dressing gel)		0	94	94	0	94	94
113	Sodium chloride 0.9%	Bottles	0	747	747	0	747	747
114	SODIUM LACTATE Comp inj 1000ml w/g. set box 10	PCS	0	2,068	2068	0	2068	2068

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
115	SODIUM LACTATE Comp inj 500ml w/g. set box 50	PCS	0	4,160	4160	0	4160	4160
116	Sterile water 1000ml	Btts	0	60	60	0	60	60
117	Tetracycline 1%	tubes	0	500	500	0	500	500
118	Vitamin A oral	cap	0	2,500	2500	0	2500	2500
119	Water for injection 10ml plastic ampule	PCS	0	24,000	24000	0	24000	24000
120	Zinc 20mg tablets, pac 100	PKS	0	3,400	3400	0	3400	3400
121	Zinc sulfate 20mg	Tablets	0	5,300	5300	0	5300	5300
Medical Supplies and Consumables								
122	3M particulate Respiratory mask	Pcs	0	7,680	7680	0	7680	7680
123	Absorbent Cotton Guaze Swab (10 x 10cm)	ROLL	0	1,035	1035	0	1035	1035
124	ABSORBENT COTTON GUAZE SWAB	ROLL	0	4,800	4800	0	4800	4800
125	ABSORBENT COTTON GUAZE SWAB (7.5X7.5 CM)	ROLL	0	214	214	0	214	214
126	ABSORBENT COTTON WOOL (500G)	ROLL	0	183	183	0	183	183
127	ABSORBENT GAUZE PAD	Pcs	0	504	504	0	504	504
128	ABSORBENT PAD	PCS	0	1,500	1500	0	1500	1500
129	Adhesive tape	roll	0	114	114	11	114	125
130	Adult Diapers Large Size	Case	0	717	717	0	717	717
131	Adult Diapers Madium/regular size	CASE	0	144	144	0	144	144
132	Adult Diapers small size	CASE	0	144	144	0	144	144
133	AERO CHAMBER	PCS.	0	18	18	0	18	18
134	Alcohol and Betadine Pads & Swabs	PCS	0	4,950	4950	0	4950	4950
135	ALCOHOL PAD	PCS	0	500	500	0	500	500
136	Applicator Swabs (Q-Tips), Tongue Depressors, Cotton Balls	PCS	0	16,000	16000	0	16000	16000
137	Applicator Swabs (Q-Tips), Tongue Depressors, Cotton Balls	PCS	0	5,600	5600	0	5600	5600
138	Assorted Anesthetic materials	pcs	0		0	0	1500	1500
139	Assorted Foley catheter	pcs	0		0	0	503	503
140	Assorted Guazes and Bardanges	ROLL	0	244	244	0	244	244
141	Assorted IV cannulas	pcs	0	0	0	0	2013	2013
142	Assorted lubricating gel	pcs	0	0	0	0	5107	5107
143	Assorted medical gel	pcs	0	0	0	0	503	503
144	Assorted skin lotion	Btts	0	0	0	0	76	76
145	Assorted wound dressing materials	pcs	0	0	0	0	210	210
146	BABY JOHNSON POWDER	PCS	0	99	99	0	99	99
147	Bandage	roll	0		0	15	0	15
148	Bandages elastic	ROLL	0	91	91	0	91	91

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
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149	Bandages gauzes	ROLL	0	282	282	0	282	282
150	Band-aids, Steri-strips, Tape, Transparent Dressings	ROLL	0	8,500	8500	0	8500	8500
151	Band-aids, Steri-strips, Tape, Transparent Dressings (tegaderm)	PCS	0	21,909	21909	0	21909	21909
152	BD SYRINGE (10ML)	PCS	0	600	600	0	600	600
153	BD VACUTAINER	PKS	0	3,000	3000	0	3000	3000
154	BD VACUTAINER REF: 364815	PCS	0	200	200	0	200	200
155	Blood Access tray	Set			0	0	6	6
156	Blood collection tubes	pcs			0	0	36	36
157	Blood Drawing Supplies (Vacutainer Holders & Needles, Butterflies, Lancets, Tourniquets)	pcs	0	9,464	9464	0	9464	9464
158	BLOOD LANCET	PCS	0	10	10	0	10	10
159	Blood transfusion tubing	pcs	0	0	0	0	73	73
160	Bottle plastic 250ml, wash bottle	PCS.	0	21	21	0	21	21
161	BREATHING CIRCUIT	PCS.	0	58	58	0	58	58
162	Broom and stick	PCS.	0	4	4	0	4	4
163	Buffalo Caps, Prn Adaptors And Other IV Infusion Supplies, Vial Spikes And Adaptors	PCS	0	6	6	0	6	6
164	Bulb Syringe (60ml)	PCS	0	74	74	0	74	74
165	Cannula 16g	pcs	0	781	781	0	781	781
166	Cannula 18g	pcs		2008	2008	15	2008	2023
167	Cannula 20g	Pcs		2126	2126	54	2126	2180
168	Cannula 22g	pcs		3459	3459	37	3459	3496
169	Cannula 24g	Pcs		530	530	35	530	565
170	Cannulas (23g)	Pcs	0	97	97	0	97	97
171	Canulas (14g)	Pcs	0	303	303	0	303	303
172	CHEMSPLASH (ENVRO GUARD)	PCS	0	780	780	0	780	780
173	Children's Diapers	Cases	0	210	210	0	210	210
174	Cidex Solution test strip	pcs			0	0	311	311
175	COMMODE TOILET TAP	PCS	0	2	2	0	2	2
176	Cotton	Roll			0	6	1	7
177	COTTON BALLS	PKS	0	95900	95900	0	95900	95900
178	Cotton roll	pcs	0	1	1	0	1	1
179	COTTON WOOL (500G)	ROLL	0	45	45	0	45	45
180	CREPE BANDAGE (10CM X 45M)	PKS	0	135	135	0	135	135
181	Disposable Bedding Kits	PCS	0	164	164	0	164	164
182	Disposable Syringes 2/3ml	pcs	0	300	300	0	300	300
183	Disposable syringes 5ml	pcs	0	1,183	1183	0	1183	1183
184	DRAINABLE POUCH	PCS.	0	2	2	0	2	2
185	Drapes Non-Sterile	PCS	0	760	760	0	760	760
186	ELASTIC BANDAGE (8CM X 5CM)	ROLL	0	1,120	1120	0	1120	1120

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187	ELASTIC EARLOOP FACE MASK	PCS	0	65,400	65400	0	65400	65400
188	ELASTIC GUAZE BANDAGE (10CM X 4M)	ROLL	0	5,000	5000	0	5000	5000
189	ELASTIC GUAZE BANDAGE (6CM X 10CMX 4M)	ROLL	0	8,000	8000	0	8000	8000
190	ELASTIC GUAZE BANDAGE (6CM X 4M)	ROLL	0	20	20	0	20	20
191	EMPTY BOTTLES FOR DRUG (MEDICINE)	PCS	0	45	45	0	45	45
192	EPIDURAL LINES	PCS.	0	50	50	0	50	50
193	FEEDING TUBE (100CM)	PCS	0	95	95	0	95	95
194	FEEDING TUBE (40CM)	PCS	0	200	200	0	200	200
195	FEEDING TUBE ADJUSTABLE (ADULT 120CM) (PEDIATRIC 40CM)	PCS	0	200	200	0	200	200
196	First infant milk	bttts			0	18	0	18
197	FOG FREE PROCEDURE MASK SO SOFT LINNING	PCS	0	400	400	0	400	400
198	Foley bags	Pcs			0	6	0	6
199	Foley Balloon catheter 18fr	pcs	0	219	219	0	219	219
200	Foley catheter	Set			0	17	61	78
201	FOLEY TRAY WITH BARD	pks.	0	35	35	0	35	35
202	Gauze And All Other Non-Sterile Dressings	PCS	0	875	875	0	875	875
203	GAUZE PAD (10 X 10) CM	PCS	0	250	250	0	250	250
204	GAUZE PAD (10 X 10) CM	PCS	0	200	200	0	200	200
205	Gauze pad 2x2, 4x4	box			0	0	1	1
206	GAUZE SWABS (10 X 10) CM. 8 FACH/PLY	PCS	0	1,000	1000	0	1000	1000
207	GAUZE SWABS (7.5 X 7.5) CM. 8 FACH/PLY	PCS	0	2,000	2000	0	2000	2000
208	Gloves	PCS	0	60	60	0	60	60
209	Gloves Exam, latex, power free, medium box 100	PCS	0	21	21	0	21	21
210	Gloves, Sterile	Pair	0	500	500	0	500	500
211	Glucose Meters	Pks			0	4	0	4
212	GRAVITY FEEDING BAG	PCS.	0	30	30	0	30	30
213	GURNEY first KITS	PCS	0	500	500	0	500	500
214	High Quality Bopp Tape	PCS	0	50	50	0	50	50
215	HOSPITAL BED (Gurney)	PCS	0	2	2	0	2	2
216	HOSPITAL MATRESS	PCS	0	12	12	0	12	12
217	I.V. CATHETER WITH WINGS AND INJECTION PORT (18G/45MM. (1 3/4")MM	PCS	0	700	700	0	700	700
218	INFUSION GIVING SET	PCS	0	3,628	3628	0	3628	3628

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219	Infusion set	tubes	0		0	0	0	0
220	INLINE BURETTE SET 150ml	PCS.	0	18	18	0	18	18
221	INNER CANNULAS	PCS.	0	60	60	0	60	60
222	IRRIGATION SYRINGES TUBES AND TRAYS	PCS.	0	21	21	0	21	21
223	IV / NG tubing	Pcs			0	447	0	447
224	Iv Cannulas 20g	Pcs			0	0	50	50
225	Iv Cannulas 22g	Pcs			0	0	50	50
226	IV Cannulas 24g	Pcs			0	0	50	50
227	IV CATHETER 14g	PCS.	0	303	303	0	303	303
228	IV CATHETER 16g	PCS.	0	407	407	0	407	407
229	IV CATHETER 18g	PCS.	0	1,824	1824	0	1824	1824
230	IV CATHETER 20g	PCS.	0	2,070	2070	0	2070	2070
231	IV CATHETER 22g	Pcs.	0	3,309	3309	0	3309	3309
232	IV CATHETER 24g	PCS.	0	480	480	0	480	480
233	IV CATHETER/HUBER, BUTTERFLY FISTULA	PCS.	0	400	400	0	400	400
234	IV Primary Tubing	PCS	0	1,617	1617	0	1617	1617
235	IV START KIT	PCS.	0	100	100	0	100	100
236	IV SYSTEM DIMISION	pks.	0	600	600	0	600	600
237	IV tubing	Pcs			0	100	200	300
238	IV TUBING/NG TUBING	PKS	0	1725	1725	0	1725	1725
239	Lancet	Pcs			0	0	100	100
240	LATEX SURGICAL GLOVES	PCS	0	5,000	5000	0	5000	5000
241	LIMB HOLDER+	PCS.	0	6	6	0	6	6
242	LINERS, TRASH, CAN LAUNDRY	PCS	0	24	24	0	24	24
243	Lubricating Gel	PCS	0	60	60	0	60	60
244	Magellan 1m Syringes	pcs	0	50	50	0	50	50
245	Malaria Test	pcs			0	170	0	170
246	Medication Cup	Pcs			0	0	50	50
247	NASAL CANNULAS (Oxygen Mask)	PCS.	0	197	197	0	197	197
248	NASAL OXYGEN CANNULA	PCS.	0	238	238	0	238	238
249	Needles (21G)	Pcs			0	2024	2000	4024
250	NEEDLES 19g	PCS.	0	12,200	12200	0	12200	12200
251	NEEDLES 21g	PCS.	0	11,600	11600	0	11600	11600
252	NEEDLES 22g	PCS.	0	100	100	0	100	100
253	NEEDLES 23g	PCS.	0	400	400	0	400	400
254	NG Tube 6fr	pcs	0	39	39	0	39	39
255	NG Tube 8fr	pcs	0	51	51	0	51	51
256	Nitrile Powder Free Midical Examination gloves (Medium)	PCS	0	7,200	7200	0	7200	7200

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			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
257	Nitrile Powder Free Midical Examination gloves (Small)	PCS	0	2,000	2000	0	2000	2000
258	Nulife B alloon catheter 14fr	pcs	0	84	84	0	84	84
259	ORAL NASAL TRACHEAL TUBES	PCS.	0	48	48	0	48	48
260	Oxygen face mask	Pcs			0	5	0	5
261	Oxygen nasal prong	Pcs			0	9	0	9
262	PATIENT BED SHEETS (60 X 90) CM	PCS	0	188	188	0	188	188
263	PATIENTS BED SHEETS (40 X 60) CM	PCS	0	1,500	1500	0	1500	1500
264	Pediatric IV tubing	pcs			0	0	103	103
265	PILLOWS	PCS	0	67	67	0	67	67
266	Plastic disposable ampule opener	BOX	0	100	100	0	100	100
267	PLASTIC MEDICINE BAG (Dispensing Bag)	PCS	0	2,800	2800	0	2800	2800
268	Plston Syringes 60ml	pcs	0	50	50	0	50	50
269	Plumpy Nuts	Pcs			0	13	0	13
270	Power Milk (F-75)	Pcs			0	10	0	10
271	PRESSURE INFUSER	PCS.	0	64	64	0	64	64
272	Radial artery catheter tray	Pks			0	0	23	23
273	SILICONE COATED LATEX FOLEY CATHETER	pks.	0	96	96	0	96	96
274	Specimen Bag	pcs	0	74	74	0	74	74
275	specimen CUPS	PCS	0	700	700	0	700	700
276	SPECIMEN CUPS	PCS.	0	100	100	0	100	100
277	SPONGE FOAM MATTRESS	PCS	0	22	22	0	22	22
278	Sterile needles	pcs	0	8,300	8300	0	8300	8300
279	STOMACH TUBE (125CM)	PCS	0	75	75	0	75	75
280	STOMACH TUBE/ Dual Limen	PCS.	0	54	54	0	54	54
281	Straight catheter	pcs			0	0	125	125
282	STRETCHER SHEET (WHITE & BLUE)	PCS	0	1,600	1600	0	1600	1600
283	Surgical gloves	Pairs	0	3720	3720	2210	5070	7280
284	surgical mask	pcs	0	0	0	320	0	320
285	surgical mask 3-M	pcs	0	0	0	1080	0	1080
286	Surgical Skin Marker	PCS	0	32	32	0	32	32
287	SUTURE POLYPROPYLENE	PKS.	0	396	396	0	396	396
288	SWABSTICK	PCS.	0	71	71	0	71	71
289	SYRING	PCS.	0	31	31	0	31	31
290	SYRINGE (2ML)	PCS	0	3,600	3600	0	3600	3600
291	Syringe (5ml)	Pcs		1606	1606	300	1706	2006
292	SYRINGE [50ML)	PCS	0		0	0	0	0
293	Syringe 10ml	pcs			0	342	25	367
294	Syringe 12ml	pcs		12,849	12849	30	12849	12879

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
295	Syringe 6ml	Pcs		2,100	2100	16	2100	2116
296	Syringe(2/3ml)	Pcs			0	100	100	200
297	Syringe(20ml)	Pcs		216	216	144	256	400
298	Syringe 3ml	pcs	0	1,500	1500	0	1500	1500
299	Syringes 30ml-BD	PCS	0	31	31	0	31	31
300	Syringes 3cc (With needles-20g)	PCS	0	47	47	0	47	47
301	Syringes 3cc (With needles-21g)	PCS	0	239	239	0	239	239
302	Syringes Hypodermic safety needls	pcs	0	150	150	0	150	150
303	Syringes, 1 cc/tb	PCS	0	6,923	6923	0	6923	6923
304	Syringes, 10cc & 12cc	PCS	0	7,563	7563	0	7563	7563
305	Syringes, 3cc (With needles- 23g)	PCS	0	11,281	11281	0	11281	11281
306	TRANS-PAC BIFUCATED MMONITORING	PCS.	0	5	5	0	5	5
307	Underpads, (Chux and Blue Pads)	PCS	0	4	4	0	4	4
308	Urinary Catheters (Straight)	PCS	0	563	563	0	563	563
309	Urinary Drainage Bags	PCS	0	14	14	0	14	14
310	URINARY/Uro-Trapper Drain Bag	PCS.	0	10	10	0	10	10
311	Vaseline	PCS	0	72	72	0	72	72
312	Veno Catheter (18g)	Pcs	0	0	0	30	0	30
313	Veno Catheter (20g)	Pcs	0	0	0	30	0	30
314	Veno Catheter (22g)	Pcs	0	0	0	30	0	30
315	Vinyl Pillow Case	PCS	0	18	18	0	18	18
316	VOLUMETRIC INCENTIVE SPIROMETER	PCS.	0	15	15	0	15	15
317	WHITE BED SHEET	PCS	0	35	35	0	35	35
318	WOODEN TONGUE DEPRESSOR	PCS	0	900	900	0	900	900
IPC Supplies and Commodities								
319	Abd Sterile Dressings 2x2, 4x4,	Pcs	0	5	5	0	5	5
320	Accent cleansing wash	btts			0	116	0	116
321	Alcohol	Btts		113	113	0	137	137
322	ANTIBACTERIAL LOTION SOAP WITH MOISTERIZERS	LITER	0	6	6	0	6	6
323	Applicator swab	pcs			0	0	800	800
324	Apron protection	PCS.	0	850	850	0	850	850
325	Aprons (Green Aprons)	PCS.	0	90	90	0	90	90
326	Aprons (Surgical Aprons)	PCS	0	300	300	0	300	300
327	Bactigel Hand sanitizer	Bottles	0	3	3	0	3	3
328	BATH SOAP (BROWN) WARREN TRICOMI	CAKES	0	3,687	3687	0	3687	3687
329	Bathing soap	Cakes			0	999	0	999
330	Bathing towel	Pcs			0	5	0	5
331	Bed sheet	Pcs			0	15	56	71
332	Bio hazard bags (Plastic Roll Black)	Roll	0	99	99	0	99	99

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
333	BLACK BUCKET PLASTIC	PCS	0	143	143	0	143	143
334	blanket	Pcs			0	8	0	8
335	Blanket/Bed sheet	Pcs			0	19	50	69
336	Bleach	Gal			0	390	198	588
337	Bleach Classic	gal			0	467	0	467
338	Bleach Classic	btts			0	587	0	587
339	Bleach Classic (128 oz. Gallons)	Gasl	0	2914	2914	0	2914	2914
340	Body bag	pcs			0	0	90	90
341	Bopp Tape	roll			0	6	0	6
342	BOUFFANT CAP(Blue)	PCS	0	3500	3500	0	3500	3500
343	Broom with stick	Pcs			0	9	0	9
344	Brushes (Black)	PCS	0	48	48	0	48	48
345	BUCKET Without hole)-Small	PCS	0	69	69	0	69	69
346	Bucket + Lid, White plastic	PCS.	0	22	22	0	22	22
347	Bucket 20L with hole	PCS.	0	11	11	0	11	11
348	Bucket with top	PCS.	0	100	100	0	100	100
349	Buto-Asma	pks			0	4	0	4
350	Buto-asna	pks	0	45	45	0	45	45
351	Children clothes	Pcs			0	21	0	21
352	Children Diaper size 3	PCS	0	186	186	0	186	186
353	Children Diaper size 4	PCS	0	160	160	0	160	160
354	Chlorine	Btts			0	4	5	9
355	Chlorine (25kg)	Bucket		202	202	7	202	209
356	Chlorine (45kg)	Bucket			0	8	0	8
357	Clean & Fresh Liquid soap	btts			0	27	0	27
358	Clean and Fresh	Btle	0	35	35	0	35	35
359	Cleansing Wash	Btts			0	142	0	142
360	Clorox (Bleach)	Gals	0	63	63	0	63	63
361	Clothing Detergent (40lb pail)	GAL	0	3	3	0	3	3
362	Condom	Box	0	0	0	1544	0	1544
363	Containers, Basins, Emesis, Water Mugs, Pitchers, Glassware	pcs	0	1,601	1601	0	1601	1601
364	Cup 250ML, green	PCS	0	89	89	0	89	89
365	DANLINE / TWINE ROPE	BOXES	0	6	6	0	6	6
366	DETERGENT POWDER SOAP(KLIM SOAP)	Sachet	0	378	378	0	378	378
367	DETOL (ANTISEPTIC DISINFECTANT)	Bottle	0	18	18	0	18	18
368	Dettol	btts			0	77	0	77
369	Diamond- PLASTIC WRAP	PCS	0	15	15	0	15	15
370	Disinfectant and Skin Cleansing Products	pcs	0	1,476	1476	0	1476	1476
371	Disposable Aprone	Pcs			0	100	0	100

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
372	Disposable cups	Pcs			0	926	100	1026
373	Disposable Examination gloves	pcs			0	15900	176000	191900
374	Disposable Face mask with anti-fog shield (2 boxes, 200 per box)	CRT	0	800	800	0	800	800
375	Disposable fork	Pcs			0	500	0	500
376	DISPOSABLE HOOD (E- HOOD)	PCS	0	4500	4500	0	4500	4500
377	Disposable plate	Pcs			0	1288	0	1288
378	Disposable Plates	Pcs			0	202	100	302
379	Disposable spoon	pcs			0	914	0	914
380	Disposable Spoons	Pcs			0	106	100	206
381	Drape Sterile	pcs			0	0	28	28
382	Drapes, Non-sterile	PCS	0	336	336	0	336	336
383	Drapes, sterile	PCS	0	712	712	0	712	712
384	Dressing Change Kits, Laceration Trays, wound Care	PCS	0	52	52	0	52	52
385	Duct Tape	roll			0	11	0	11
386	Emergency Cadaver Bag	PCS	0	15	15	0	15	15
387	Examination Gloves (XL)	Pair	0	1,700	1700	0	1700	1700
388	EXAMINATION GLOVES POWDER FREE LATEX (XL)	BOXES	0	150	150	0	150	150
389	Examination gloves	Pcs		560	560	5720	1560	7280
390	Examination Gloves (L)	PCS	0	5,750	5750	0	5750	5750
391	Examination Gloves (M)	PKS	0	5,500	5500	0	5500	5500
392	Examination Gloves (S)	PKS	0	5,100	5100	0	5100	5100
393	EXAMINATION GLOVES POWDER FREE, LATEX (L)	PCS	0	2,000	2000	0	2000	2000
394	EXAMINATION GLOVES POWDER FREE, LATEX (M)	PCS	0	25,000	25000	0	25000	25000
395	EXAMINATION GLOVES POWDER FREE, LATEX (S)	PCS	0	4,000	4000	0	4000	4000
396	Exergen	pcs	0	12	12	0	12	12
397	Eye wash refill bottles	BTS.	0	6	6	0	6	6
398	Face Mask (Goggles, Protective , Surgical)	PCS	0	960	960	0	960	960
399	Face caps	Pcs			0	54	0	54
400	Face Mask - Surgical, Medline	PCS	0	4,920	4920	0	4920	4920
401	Face Mask (3M Respirator)	PCS	0	7,680	7680	0	7680	7680
402	Face Mask (3M- Tie- on)	PCS	0	16,200	16200	0	16200	16200
403	Face Mask (3M- Tie- on)-Loose	PCS	0	32,800	32800	0	32800	32800
404	Face Mask (Earloop Shield)	PCS	0	400	400	0	400	400
405	Face Mask (Goggle, Protective, Surgical)	PCS	0	12,100	12100	0	12100	12100
406	Face Mask (Medical Protective)	PCS	0	50	50	0	50	50
407	Face Mask (Protective)	PCS	0	400	400	0	400	400

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
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408	Face Mask (Smart Seal Surgical)	PCS	0	4,200	4200	0	4200	4200
409	Face Mask (Surgical) Kimberly Clark	PCS	0	900	900	0	900	900
410	Face Mask (N-95 Particulate- 3M)	PCS	0	20,000	20000	0	20000	20000
411	Face Mask (N-95 Respirator) 4 Pannel	PCS	0	3,500	3500	0	3500	3500
412	Face Mask (Respirator)	PCS	0	400	400	0	400	400
413	Face Mask (Tecnol Procedure)	PCS	0	500	500	0	500	500
414	Face mask ear loop with shield	pcs		0	0	1400	0	1400
415	Face Mask(Fluid Shield Fog- Free)	PCS	0	800	800	0	800	800
416	FACEMASK (HONEYWELL)	PCS	0	7,800	7800	0	7800	7800
417	Facial Tissue (Board Walk)	CRT	0	352	352	0	352	352
418	Fleece blanket- Dark green and Claret/garnet	PCS	0	996	996	0	996	996
419	Floor towel	Pcs		0	0	9	45	54
420	FLOOR TOWEL SCRUB	PCS	0	103	103	0	103	103
421	FOLIODRESS GOWN L/S	PCS	0	308	308	0	308	308
422	FOLIODRESS GOWN XL/S	PCS	0	224	224	0	224	224
423	Gloves Heavy duty	Pair	0	2,416	2416	0	2416	2416
424	Gloves Heavy duty, rubber/nitrile (Atlas, Large)	Pair	0	60	60	0	60	60
425	Gloves Heavy duty, rubber/nitrile , (L)-Clean Expert	Pair	0	1,872	1872	0	1872	1872
426	Gloves Heavy duty, rubber/nitrile pair L	PCS	0	120	120	0	120	120
427	Gloves Heavy duty, rubber/nitrile pair M	PCS	0	300	300	0	300	300
428	Gloves Heavy duty, rubber/nitrile pair S	PCS	0	80	80	0	80	80
429	Gloves, Non-sterile	Pair	0	1,000	1000	0	1000	1000
430	Goggle	pcs		151	151	447	755	1202
431	GOGGLE CLEANER	PCS	0	100	100	0	100	100
432	Goggles Safety (Uvex)	PCS	0	300	300	0	300	300
433	Goggles Safety (ProvizGard)	PKS	0	156	156	0	156	156
434	Goggles Safety (Pyramex)	PCS	0	2,453	2453	0	2453	2453
435	Goggles, Chemical Splash Vent Caps	CRT	0	325	325	0	325	325
436	Goggles, Masks, And Face Protection	PACK	0	2,880	2880	0	2880	2880
437	Goggles, Masks, And Face Protection	PACK	0	12,100	12100	0	12100	12100
438	Golggles Safety	PCS	0	40	40	0	40	40
439	Gown Foliodress	pcs			0	1040	0	1040
440	Gown Polywear - R	pcs			0	1400	1300	2700
441	Gowns, Patient, Inc Paper, Protector Cover-up	PCS	0	120	120	0	120	120
442	Gowns, Surgical, Non-sterile	PCS	0	386	386	0	386	386
443	Gowns, Surgical, Sterile	PCS	0	676	676	0	676	676
444	GREEN APRON (RUBBER)	PCS	0	205	205	0	205	205

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
445	Gueney Cover Dispos(Equipment Cover)	PCS	0	288	288	0	288	288
446	Gurney (Gurney Kits)	PCS	0	500	500	0	500	500
447	Gurney Cover	Pcs			0	6	0	6
448	Hair cover/hood	pcs		6000	6000	200	7900	8100
449	Hand Sanitizer	bttts		24	24	4795	1752	6547
450	Hand sanitizer (500 ml bottles)	bts.	0	2,418	2418	0	2418	2418
451	Hard brush	Pcs			0	7	5	12
452	HEAD CAP / BOUFFANT (Green)	Pair	0		0	0	0	0
453	Heavy duty gloves	Pairs			0	334	244	578
454	Hood (TYVEK)	Pcs			0	1385	0	1385
455	Hydrated Lime	bag			0	8	0	8
456	INDUSTRIAL GLOVES	Pair	0	448	448	0	448	448
457	Insect killer	can			0	29	0	29
458	INSECT SPRAY GUN CAN(Killer)	CAN	0	45	45	0	45	45
459	Ioban 2 Antimicrobial Incise Drape, Sterile	PCS	0	3,920	3920	0	3920	3920
460	Isolation gown (yellow)/Basic PPE	Pcs			0	1560	2225	3785
461	Isolation Gown with Thumbloop 100ea size Large Polywear - Calollympic (large: 42 cases of blue, 100/case; XL: 16 cases of blue, 100/case)	pcs	0	4,200	4200	0	4200	4200
462	Isolation Gown with Thumbloop 100ea size Regular, Polywear - Calollympic	PCS	0	2,392	2392	0	2392	2392
463	ISOLATION GOWN YELLOW (Disposable Surgical Gown)	PCS	0	100	100	0	100	100
464	Jerrycans Plastic, 1L	PCS	0	508	508	0	508	508
465	Kitchen Mate	Gal	0	5	5	0	5	5
466	Klin powder soap	sachet			0	1344	72	1416
467	Lab Coat	Pcs			0	20	0	20
468	Lab Coats And Tunics, Scrub Suits, Surgical	PCS	0	436	436	0	436	436
469	Lab Supply Kit, Abg Syringes & Culture Supplies	KIT	0	2	2	0	2	2
470	Lab Supply Kit, General Lab Supplies	KIT	0	2	2	0	2	2
471	Lab Supply Kit, Vacutainer Tubes	KIT	0	2	2	0	2	2
472	Mask (3M)	Pcs			0	670	1440	2110
473	Mask earloop with shield	Pcs			0	100	0	100
474	Mask Respirator N-95	Pcs			0	1505	0	1505
475	Mattress	pcs			0	5	8	13
476	MEASURING JUGS	PCS	0	60	60	0	60	60
477	MED COMFORT PE APRON (LIGHT)	PCS	0	700	700	0	700	700

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
478	MEDICAL SUPPLIES (ACTION MEDEOR) PVC/NITRIL BOOTS (WHITE)	PCS	0	311	311	0	311	311
479	MEDICAL SUPPLIES (IDA) PLASTIC CORPSE/ BODY BAGS (WHITE)	pcs	0	1,190	1190	0	1190	1190
480	MEDICAL SUPPLIES (IDA) PVC BOOTS (BLACK)	pcs	0	110	110	0	110	110
481	MEDICAL SUPPLIES (IMRES) BLACK SAGETY BOOTS (PVC)	pcs	0	107	107	0	107	107
482	MEDICAL SUPPLIES (IMRES) BODY BAG (Black)	PCS	0	1,294	1294	0	1294	1294
483	MEDICAL SUPPLIES (IMRES) BODY BAG (WHITE)-ZIPPER	pcs	0	1,200	1200	0	1200	1200
484	MEDICAL SUPPLIES (IMRES) NOSE MASK	PCS	0	30	30	0	30	30
485	MEDICATION CUPS	PCS	0	385	385	0	385	385
486	Mop bucket	Pcs			0	3	0	3
487	Mop head	Pcs			0	4	0	4
488	Mopper broom	pcs			0	10	0	10
489	Mosquito Netting	CASES	0	12	12	0	12	12
490	Mosquito Netting (White)	CASES	0	62	62	0	62	62
491	Mr. Clean Liquid soap	btts	1		1	222	0	222
492	N-95 Particulate Respirator and Surgical Mask (Yellow)	PCS	0	90000	90000	0	90000	90000
493	Napkin folder	folder			0	237	0	237
494	Napkin roll	Roll			0	3	0	3
495	Paper Towel	Pcs			0	189	250	439
496	Patient Supplies kit	PCS	0	3	3	0	3	3
497	PILLOW CASE/COVER	PCS	0	51	51	0	51	51
498	Plastic apron	Pcs			0	974	0	974
499	PLASTIC ROLL (WHITE)	ROLL	0	3	3	0	3	3
500	Plastic sheets	Pcs			0	4	0	4
501	PLASTIC TABLE COVER	PCS.	0	56	56	0	56	56
502	PLASTIC TUBS (LARGE SIZE)	PCS	0	9	9	0	9	9
503	PLASTIC TUBS (MEDIUM SIZE)	PCS	0	10	10	0	10	10
504	Ploywear-R	Pcs			0	1270	3775	5045
505	PPE Enhanced	pcs			0	1485	650	2135
506	PPE- Top Guard (Large)	PCS	0	1,900	1900	0	1900	1900
507	PPE -Top Guard (Medium)	PCS	0	375	375	0	375	375
508	PPE -Top Guard (XL)	PCS	0	1,600	1600	0	1600	1600
509	PPE- Tyvek Hood (Medium)	PCS	0	225	225	0	225	225
510	PPE- Tyvek Suit (Large)	PCS	0	400	400	0	400	400
511	PPE- Tyvek Suit (XL)	PCS	0	625	625	0	625	625

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
512	PPE -Tyvex Suit (Medium)	PCS	0	700	700	0	700	700
513	Prep Brush	pcs			0	0	714	714
514	PVC CLING FILM	PCS	0	8	8	0	8	8
515	Rainboot	Pairs			0	181	24	205
516	Ready-bath	pcs	0	63	63	0	63	63
517	RESPIRATOR PARTICULATE HEATHCARE FACEMASK	PCS	0	480	480	0	480	480
518	RESTRAIN PATIENT	BOX	0	37	37	0	37	37
519	Re-usable apron	pcs			0	26	192	218
520	Rubber cup	Pcs			0	56	0	56
521	Rubber Cup	Pcs	0	82	82	0	82	82
522	Rubber plate	pcs			0	183	0	183
523	Rubber spoon	Pcs			0	25	0	25
524	SAFETY GOGGLES	PCS	0	328	328	0	328	328
525	Safety Pin	PKs	0		0	0	0	0
526	Sanitary pad	Pcs			0	20	0	20
527	Scrub Brushes and Skin Prep Sets	PCS	0	556	556	0	556	556
528	Scrub care/povidine	pcs			0	0	711	711
529	SCRUBS Suit (S, M, L) set: top/bottom	pcs		361	361	60	361	421
530	SECURE COMFORT TAPE	PCS	0	250	250	0	250	250
531	SENSI CARE POWER EXAMINATION GLOVES (L)	PCS	0	4,000	4000	0	4000	4000
532	SENSI CARE POWER EXAMINATION GLOVES (M)	PCS	0	20,000	20000	0	20000	20000
533	Sharp container	Pcs			0	19	33	52
534	Sharps collector glove box	each	0	6	6	0	6	6
535	Sharps Container Wall Mount Unit	each	0	35	35	0	35	35
536	Sharps Containers, Send Only w/ Lids	each	0	546	546	0	546	546
537	Shoe cover	pcs			0	1966	600	2566
538	SHOES COVER MACHINE	PCS	0	1	1	0	1	1
539	SHOWER SLIPPERS	PCS.	0	95	95	0	95	95
540	Skin Barrier Wipes	CRT	0	4	4	0	4	4
541	Skin Specialties	PCS	0	58	58	0	58	58
542	Slippers	Pairs			0	2	0	2
543	Soap bar 200gm	Cakes	0	257	257	0	257	257
544	Soft broom	Pcs			0	30	0	30
545	SOFT SCRUB (BLEACH CLEANSER)	PCS	0	30	30	0	30	30
546	SOFT SOAP/ HAND SOAP	btts	0	7	7	0	7	7
547	Specimen bag	pcs			0	200	0	200
548	Specimen container	pcs			0	0	10	10
549	Specimen tube	pcs			0	50	0	50
550	Split peas	bag			0	3	0	3

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
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551	Sponges	pcs			0	0	27	27
552	Sprayer 1 Liter	CAN	0	15	15	0	15	15
553	Sprayer disinfectant 10 Liters	CAN	0	10	10	0	10	10
554	Sprayer disinfectant 10L	CAN	0	6	6	0	6	6
555	Spraying can	CAN	0	2	2	0	2	2
556	Spraying can (1liter)	Pcs		0	0	24	0	24
557	Spraying Can (Large)	Pcs		0	0	6	0	6
558	Sterilization, Tapes, Indicators, Wraps & Pouches	PCS	0	1,174	1174	0	1174	1174
559	SURGICAL APRON (LIGHT YELLOW)	pcs	0	600	600	0	600	600
560	SURGICAL CAPS, HATS AND SHOES COVER	PCS	0	500	500	0	500	500
561	Tarpaulin	box			0	23	6	29
562	Tissue	Roll			0	980	36	1016
563	TISSUE WEIB	PCS	0	16	16	0	16	16
564	Toothbrush	Pcs		16	16	73	16	89
565	Toothpaste	pack		15	15	70	15	85
566	TOURNEQUET	PCS	0	200	200	0	200	200
567	Towel	Pcs			0	21	3	24
568	Trash bag	pcs			0	7827	2000	9827
569	TRASH BAG (BLACK)	PCS	0	2,472	2472	0	2472	2472
570	TRASH BAG (WHITE)	PCS	0	1,500	1500	0	1500	1500
571	TYVEK HOOD (Dupont Personal Protection)	PCS	0	2,300	2300	0	2300	2300
572	Under clothes (woman)	pcs			0	6	0	6
573	Vinyl Bed Surface (Camp Bed)	PCS	0	19	19	0	19	19
574	Vinyl bed/ camp bed	Pcs			0	5	0	5
575	Vita cube	Pcs			0	900	0	900
576	Walker, Folding	each	0	4	4	0	4	4
577	WARNING TAPE	ROLL	0	2	2	0	2	2
578	Washing Soap	Cakes			0	1079	0	1079
579	WATER PLASTIC CONTAINER	PCS	0	21	21	0	21	21
580	WOVEN TARPAULIN	BOXES	0	80	80	0	80	80
Medical and IPC Equipment								
581	3-way stop cock	pcs	0	0	0	0	126	126
582	4-way stop cock	Pcs	0	0	0	0	50	50
583	Ambu bag	Pcs	0	26	26	9	26	35
584	Assorted IV tubing	pcs	0	0	0	0	101	101
585	Assorted Laboratory Materials	Ctn	0	0	0	0	2	2
586	Baby Scale	Pcs	0	0	0	0	1	1
587	BACK PACK SPRAYER CAN (12L)	can	0	25	25	4	25	29
588	Bandage	roll	0	0	0	15	0	15

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
589	Barrel (large)	Pcs	0	0	0	7	0	7
590	Barrel (XL)	pcs	0	0	0	15	0	15
591	Barrel Medium)	pcs	0	0	0	12	0	12
592	Bed Pan (Round Wash Basin)-Blue	PCS	0	60	60	0	60	60
593	Bed pan ((IMRES) adult size	pcs	0	250	250	0	250	250
594	BED PAN (PLASTIC) with lid and handles	PCS	0	100	100	0	100	100
595	Bedpans And Urinals	pcs	0	200	200	0	200	200
596	Blood Collection Tubes	tubes	0	137	137	0	137	137
597	Bowl, stainless steel, 180ml	PCS.	0	60	60	0	60	60
598	BP cuff	Pcs			0	10	26	36
599	BREAST PUMP	PCS	0	3	3	0	3	3
600	BREAST RELIEVER	PCS	0	2	2	0	2	2
601	Bucket (faucet)	Pcs			0	75	45	120
602	Bucket (small)	Pcs			0	160	27	187
603	Bucket (White with Lid)	Pcs			0	1	0	1
604	Container 5L (black)	pcs			0	3	0	3
605	Cooling vast	pes	0	26	26	0	26	26
606	Cooling Vest	Pcs			0	65	0	65
607	Dust pan	Pcs			0	3	0	3
608	ELECTRONIC SCALE (BATH ROOM TYPE)	PC	0	2	2	0	2	2
609	EMPTY SPRAY CAN(1 LITRE)	PCS	0	20	20	0	20	20
610	Funnel	Psc	0	10	10	0	10	10
611	Glucose Meter	PCS	0	1	1	0	1	1
612	Hard brush	pcs			0	4	0	4
613	IR thermometer	Pcs		60	60	10	90	100
614	IV Extension & Secondary Tubing	sqm	0	1,728	1728	0	1728	1728
615	IV Pole	each	0	7	7	0	7	7
616	IV Primary Tubing, Including Blood Tubing	each	0	95	95	0	95	95
617	Jerry can (1L)	Pcs			0	160	0	160
618	Kidney bean Surgical bowl	Pcs		32	32	12	32	44
619	LARYNGNGOSCOPE	PC	0	1	1	0	1	1
620	Light, Exam	PCS	0	1	1	0	1	1
621	Light, Exam (Spoiled)	PCS	0	1	1	0	1	1
622	Nasal Gastric & Gastric Lavage Tubes & Kits	PCS	0	36	36	0	36	36
623	Nebulizer -Machine	Box	0	1	1	0	1	1
624	Nebulizer Supplies	PCS	0	146	146	0	146	146
625	Needles, Mixed Gauges	PCS	0	31	31	0	31	31
626	Oxygen Masks and Tubing	PCS	0	4	4	0	4	4
627	Pads, Wedges, Positioning Pillows	PCS	0	144	144	0	144	144

S/N	Item Description	Unit	Quantity used this quarter (Jan - April 2016)			Cumulative Jan 2015- April 2016		
			By the ETU	Distributed to HF	Total	By the ETU	Distributed to HF	Total
628	Patient ID Bracelet	PCS	0	4,000	4000	0	4000	4000
629	SPECIMEN CONTAINER	PCS	0	740	740	0	740	740
630	Sphygmomanometer	BOXES	0	139	139	0	139	139
631	SPRAYER CAN (1LITRE)	CAN	0	11	11	0	11	11
632	Stethoscope	Pcs		44	44	7	44	51
633	STRETCHER, foldable, alu	CRT	0	21	21	0	21	21
634	Suction Canisters & Lids	PCS	0	491	491	0	491	491
635	Suction Machine Low Portable	Box	0	1	1	0	1	1
636	Suprapubic catheter tray	Set			0	0	6	6
637	SURGICAL SCISSORS	PCS	0	15	15	0	15	15
638	Temporal Thermometers - Abatix (Patient Digital)	PCS	0	1,913	1913	0	1913	1913
639	THERMOMETER COVER	PCS	0	2,000	2000	0	2000	2000
640	Thermometer, Oral	each	0	6	6	0	6	6
641	Thermometer, Patient Digital	pcs			0	0	31	31
642	Thermometer/flash	Pcs			0	4	0	4
643	Urinary Catheters, Trays & Insertion Sets	PCS	0	5	5	0	5	5
644	Vena Thermometer	pcs		3	3	3	3	6
645	Ventilator Tubing and Supplies	each	0	174	174	0	174	174
646	Weighing (Baby)scale -CCC	PCS	0	3	3	0	3	3

Annex 3: List of health facilities and Health Teams supported by PCI/STEP, by type of support

S/N	Name of Health Facilities /Institutions	District	Level of HF	Type of Support Provided				
				Medical commodities and supplies provision	Mentorship	Type of training		
						SQS Training ¹⁶	EVD surveillance and response ¹⁷	Safe swab sample collection and transporting ¹⁸
1	Beoyoola Clinic	Gbarlay Geh	Primary	xxx		xxx	xxx	xxx
2	Gbaelay-geh DHT	Gbarlay Geh	DHT			xxx	xxx	
3	Duoplay Clinic	Gbarlay Geh	Primary	xxx	xxx	xxx	xxx	xxx
4	Garplay Mission Clinic	Gbarlay Geh	Primary		xxx	xxx	xxx	xxx
5	Gbeivonwea Clinic	Gbarlay Geh	Primary		xxx	xxx	xxx	xxx
6	Give them hope Clinic	Gbarlay Geh	Primary	xxx		xxx	xxx	xxx
7	Gorguatuo Clinic	Gbarlay Geh	Primary	xxx	xxx	xxx	xxx	xxx

¹⁶ At least three service providers from the listed health facilities and County/District offices have been trained on SQS, and the plan is to train 100% of the service providers in each HF.

¹⁷ One staff representing the health facilities, DHT, and CHT have benefited from the training

¹⁸ At least one lab aid or health service provider is trained per facility.

S/N	Name of Health Facilities /Institutions	District	Level of HF	Type of Support Provided				
				Medical commodities and supplies provision	Mentorship	Type of training		
						SQS Training ¹⁶	EVD surveillance and response ¹⁷	Safe swab sample collection and transporting ¹⁸
8	Karnplay Health Center	Gbarlay Geh	Primary	xxx		xxx	xxx	xxx
9	Kpairplay Clinic	Gbarlay Geh	Primary	xxx	xxx	xxx	xxx	xxx
10	Loguatuo Clinic	Gbarlay Geh	Primary	xxx	xxx	xxx	xxx	xxx
11	Slanganplay Clinic	Gbarlay Geh	Primary	xxx		xxx	xxx	xxx
12	Vayenglay Clinic	Gbarlay Geh	Primary	xxx	xxx	xxx	xxx	xxx
13	Younlay Clinic	Gbarlay Geh	Primary	xxx	xxx	xxx	xxx	xxx
14	Zorgowee Clinic	Gbarlay Geh	Primary	xxx	xxx	xxx	xxx	xxx
15	Beindin Clinic	Saclepea Mah	Primary	xxx		xxx	xxx	xxx
16	Bunadin Clinic	Saclepea Mah	Primary	xxx	xxx	xxx	xxx	xxx
17	Cocopa Clinic	Saclepea Mah	Primary			xxx	xxx	xxx
18	Sclepea-mah DHT	Saclepea Mah	DHT			xxx	xxx	
19	Duayee Clinic	Saclepea Mah	Primary			xxx	xxx	xxx
20	Flumpa Comm. Clinic	Saclepea Mah	Primary		xxx	xxx	xxx	xxx
21	Flumpa ULIC	Saclepea Mah	Primary	xxx	xxx	xxx	xxx	xxx
22	Karnwee Clinic	Saclepea Mah	Primary	xxx	xxx	xxx	xxx	xxx
23	Kpaytuo Clinic	Saclepea Mah	Primary	xxx	xxx	xxx	xxx	xxx
24	Kpein Clinic	Saclepea Mah	Primary	xxx	xxx	xxx	xxx	xxx
25	Saclepea Clinic	Saclepea Mah	Primary			xxx		
26	Saclepea Com. HC	Saclepea Mah	Primary	xxx	xxx	xxx	xxx	xxx
27	Saclepea ULIC	Saclepea Mah	Primary			xxx	xxx	xxx
28	Tunukpuye Clinic	Saclepea Mah	Primary	xxx	xxx	xxx	xxx	xxx
29	Zahn Bahnlia Clinic	Saclepea Mah	Primary	xxx	xxx	xxx	xxx	xxx
30	Duayee (Gbeyi Duayee) clinic	Saclepea Mah	Primary	xxx		xxx		

S/N	Name of Health Facilities /Institutions	District	Level of HF	Type of Support Provided				
				Medical commodities and supplies provision	Mentorship	Type of training		
						SQS Training ¹⁶	EVD surveillance and response ¹⁷	Safe swab sample collection and transporting ¹⁸
31	Docas Matto Memorial Clinic	Saclepea Mah	Primary		xxx	xxx	xxx	xxx
32	Duo Clinic	Saclepea Mah	Primary		xxx	xxx	xxx	xxx
33	Kpallah	Saclepea Mah	Primary	xxx		xxx		
34	Agape Clinic	Sanniqueulle-Mah	Primary			xxx	xxx	xxx
35	Arcelor Mittal Yekepa Hosp.	Sanniqueulle-Mah	secondary	xxx	xxx	xxx	xxx	xxx
36	Bomah Clinic	Sanniqueulle-Mah	Primary	xxx		xxx	xxx	xxx
37	CHT Emergency Pharmacy	Sanniqueulle-Mah	CHT	xxx		xxx		
38	Nimba CHT	Sanniqueulle-Mah	CHT			xxx	xxx	
39	Sanniqueulle-mah DHT	Sanniqueulle-Mah	DHT			xxx	xxx	
40	Duotiyee Clinic	Sanniqueulle-Mah	Primary	xxx	xxx	xxx	xxx	xxx
41	Evening Star Clinic	Sanniqueulle-Mah	Primary			xxx	xxx	xxx
42	Free penticostal Clinic	Sanniqueulle-Mah	Primary	xxx		xxx	xxx	xxx
43	G.W.Harley Hospital	Sanniqueulle-Mah	teritiary	xxx	xxx	xxx	xxx	xxx
44	Gant ETU	Sanniqueulle-Mah	teritiary	xxx		xxx	xxx	xxx
45	Ganta Comm. Clinic	Sanniqueulle-Mah	Primary	xxx	xxx	xxx	xxx	xxx
46	Ganta Equip Clinic	Sanniqueulle-Mah	Primary	xxx	xxx	xxx	xxx	xxx
47	Ganta Methodoest Hospital	Sanniqueulle-Mah	Teritiary	xxx	xxx	xxx	xxx	xxx
48	Ganta Rehab. Hospital	Sanniqueulle-Mah	Secondary	xxx	xxx	xxx	xxx	xxx
49	J. Kohn Hosp.	Sanniqueulle-Mah	secondary	xxx		xxx		
50	KL Foundation Clinic	Sanniqueulle-Mah	Primary		xxx	xxx	xxx	xxx
51	Kozomoway Med. Clinic	Sanniqueulle-Mah	Primary	xxx		xxx	xxx	xxx
52	Lugbeyee Clinic	Sanniqueulle-Mah	Primary	xxx		xxx	xxx	xxx
53	Newman Clinic	Sanniqueulle-Mah	Primary		xxx	xxx	xxx	xxx

S/N	Name of Health Facilities /Institutions	District	Level of HF	Type of Support Provided				
				Medical commodities and supplies provision	Mentorship	Type of training		
						SQS Training ¹⁶	EVD surveillance and response ¹⁷	Safe swab sample collection and transporting ¹⁸
54	Power House Clinic	Sanniquelle-Mah	Primary	xxx	xxx	xxx	xxx	xxx
55	St. Mary's Clinic	Sanniquelle-Mah	Primary	xxx		xxx	xxx	xxx
56	YMCA Clinic	Sanniquelle-Mah	Primary	xxx	xxx	xxx	xxx	xxx
57	Bonlay Clinic	Tappita	Primary	xxx	xxx	xxx	xxx	xxx
58	Consoleta Clinic	Tappita	Primary	xxx		xxx	xxx	xxx
59	Tappita DHT	Tappita	DHT			xxx	xxx	
60	Dilla (Gblor Dialla) Clinic	Tappita	Primary	xxx	xxx	xxx	xxx	xxx
61	Glahn Town Clinic	Tappita	Primary	xxx		xxx	xxx	xxx
62	Graie Clinic	Tappita	Primary	xxx		xxx	xxx	xxx
63	JFD Hospital	Tappita	Tertiary	xxx	xxx	xxx		xxx
64	Mid-Baptist Clinic	Tappita	Primary	xxx	xxx	xxx	xxx	xxx
65	New Yourpea Clinic	Tappita	Primary	xxx		xxx	xxx	xxx
66	Toweh Town Clinic	Tappita	Primary			xxx	xxx	xxx
67	Zuaplay Clinic	Tappita	Primary	xxx	xxx	xxx	xxx	xxx
68	Zuolay Clinic	Tappita	Primary	xxx	xxx	xxx	xxx	xxx
69	YM DHT	Yarwin Mehnsouh	DHT			xxx	xxx	
70	Kwendin Clinic	Yarwin Mehnsouh	Primary	xxx		xxx	xxx	xxx
71	Mehnla Clinic	Yarwin Mehnsouh	Primary	xxx	xxx	xxx	xxx	xxx
72	Zekepa Clinic	Yarwin Mehnsouh	Primary			xxx	xxx	xxx
73	Zekepa H. Center	Yarwin Mehnsouh	Primary	xxx		xxx	xxx	xxx

S/N	Name of Health Facilities /Institutions	District	Level of HF	Type of Support Provided				
				Medical commodities and supplies provision	Mentorship	Type of training		
						SQS Training ¹⁶	EVD surveillance and response ¹⁷	Safe swab sample collection and transporting ¹⁸
74	Boyee Clinic	Yarwin Mehnsosnoh	Primary	xxx		xxx		
75	Bahn AHA Camp Clinic	Zoe-Geh	Primary		xxx	xxx	xxx	xxx
76	Bahn Health Center	Zoe-Geh	Primary	xxx	xxx	xxx	xxx	xxx
77	Bahn ULIC	Zoe-Geh	Primary	xxx	xxx	xxx	xxx	xxx
78	Beadatuo Clinic	Zoe-Geh	Primary	xxx		xxx	xxx	xxx
79	Buutuo Clinic	Zoe-Geh	Primary		xxx	xxx	xxx	xxx
80	Buutuo United Lib Inland Clinic	Zoe-Geh	Primary		xxx	xxx	xxx	xxx
81	Zoe-geh DHT	Zoe-Geh	DHT			xxx	xxx	
82	Gblarlay Clinic	Zoe-Geh	Primary	xxx	xxx	xxx	xxx	xxx
83	Lapula Clinic	Zoe-Geh	Primary		xxx	xxx	xxx	xxx
84	Payee Clinic	Zoe-Geh	Primary		xxx	xxx	xxx	xxx
85	Wehplay Clinic	Zoe-Geh	Primary	xxx		xxx	xxx	xxx
86	Zoe-Geh M. Center	Zoe-Geh	Primary			xxx	xxx	xxx
87	Gbloulay Clinic	Zoe-Geh District	Primary	xxx		xxx	xxx	xxx

Annex 4: List of health facilities and Number of HCW Benefited from STEP conducted mentorship

S/N	Name of Health Facilities Covered by mentorship	District	Health Care Workers Mentored per HF								
			Clinical HCW			Non-Clinical HCW			Clinical and Non-clinical HCW		
			Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Duoplay Clinic	Gbehlay Geh	1	2	3	4	4	8	5	6	11
2	Garplay Clinic	Gbehlay Geh	1	2	3	6	7	13	7	9	16
3	Gbeivonwea Clinic	Gbehlay Geh	1	0	1	6	6	12	7	6	13
4	Gorguotuo Clinic	Gbehlay Geh	1	1	2	3	4	7	4	5	9
5	Kpaiplay Clinic	Gbehlay Geh	1	0	1	8	5	13	9	5	14
6	Loguatuo Clinic	Gbehlay Geh	0	2	2	6	1	7	6	3	9
7	Vanyanglay Clinic	Gbehlay Geh	1	2	3	3	6	9	4	8	12
8	Younlay Clinic	Gbehlay Geh	1	2	3	4	2	6	5	4	9
9	Zorgowee Clinic	Gbehlay Geh	0	1	1	6	7	13	6	8	14
10	Bunadin Clinic	Saclepea-Mah	1	2	3	2	2	4	3	4	7
11	Docus martor Clinic	Saclepea-Mah	4	0	4	6	4	10	10	4	14
12	Duo Clinic	Saclepea-Mah	1	1	2	7	8	15	8	9	17
13	Flumpa Com Clinic	Saclepea-Mah	1	1	2	12	7	19	13	8	21
14	Flumpa ULIC	Saclepea-Mah	1	0	1	6	6	12	7	6	13
15	Karnwee Clinic	Saclepea-Mah	1	1	2	4	7	11	5	8	13
16	Kpaituo Clinic	Saclepea-Mah	0	1	1	16	11	27	16	12	28
17	Kpein Clinic	Saclepea-Mah	1	2	3	2	3	5	3	5	8
18	Saclepea comprehensice HC	Saclepea-Mah	10	10	20	29	33	62	39	43	82
19	Tunukupyee Clinic	Saclepea-Mah	1	0	1	5	15	20	6	15	21
20	Zahn bajnla Clinic	Saclepea-Mah	1	0	1	10	6	16	11	6	17
21	Arcelor Mittal Yekepa Hospital	Sanniquellie-Mah	3	3	6	16	11	27	19	14	33
22	Duotiyee Clinic	Sanniquellie-Mah	3	2	5	5	3	8	8	5	13
23	Ganta Community Clinic	Sanniquellie-Mah	4	4	8	2	2	4	6	6	12
24	Ganta Equip Clinic	Sanniquellie-Mah	1	3	4	1	2	3	2	5	7

S/N	Name of Health Facilities Covered by mentorship	District	Health Care Workers Mentored per HF								
			Clinical HCW			Non-Clinical HCW			Clinical and Non-clinical HCW		
			Male	Female	Total	Male	Female	Total	Male	Female	Total
25	Ganta Methodist Hospital	Sanniquellie-Mah	26	42	68	15	15	30	41	57	98
26	GW. Harley Hospital	Sanniquellie-Mah	8	22	30	14	14	28	22	36	58
27	KL Foundation Clinic	Sanniquellie-Mah	0	3	3	12	8	20	12	11	23
28	New Man clinic	Sanniquellie-Mah	1	1	2	4	3	7	5	4	9
29	Power House Clinic	Sanniquellie-Mah	5	6	11	2	5	7	7	11	18
30	Ganta Rehab Hospital	Sanniquellie-Mah	7	1	8	4	5	9	11	6	17
31	YMCA Clinic	Sanniquellie-Mah	1	2	3	3	4	7	4	6	10
32	Bonlay Clinic	Tapita	1	2	3	3	3	6	4	5	9
33	Gblor Dialla Clinic	Tapita	1	0	1	5	2	7	6	2	8
34	JFD hospital	Tapita	5	10	15	6	3	9	11	13	24
35	Mid Baptist Clinic	Tapita	1	2	3	4	4	8	5	6	11
36	Zuaplay Clinic	Tapita	1	1	2	4	2	6	5	3	8
37	Zuolay clinic	Tapita	1	0	1	3	3	6	4	3	7
38	Mehlna Clinic	Yarwinmennon	1	1	2	6	2	8	7	3	10
39	Bahn AHA Camp Clinic	Zoe Geh	8	9	17	5	6	11	13	15	28
40	Bahn Health Center	Zoe geh	3	5	8	8	5	13	11	10	21
41	Bahn ULIC	Zoe Geh	1	1	2	12	11	23	13	12	25
42	Buutuo Clinic	Zoe Geh	1	1	2	7	7	14	8	8	16
43	Buutuo United Lib Inland Clinic	Zoe Geh	1	1	2	5	2	7	6	3	9
44	Gblarlay Clinic	Zoe Geh	1	0	1	3	4	7	4	4	8
45	Lapula Clinic	Zoe Geh	1	2	3	11	8	19	12	10	22
46	Payee Clinic	Zoe Geh	1	1	2	7	6	13	8	7	15
	Total		116	155	271	312	284	596	428	439	867

Annex 5: List of health facilities covered by STEP post-SQS training follow up and supervision

S/N	Name of Health Facilities	District	Health Care Workers (HCW) Supervised								
			Clinical HCW			Non-Clinical HCW			Clinical and Non-clinical HCW		
			Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Garplay Clinic	Gbehlay Geh	1	1	2	1	1	2	2	2	4
2	Loguatuo Clinic	Gbehlay Geh	0	2	2	2	0	2	2	2	4
3	Younlay Clinic	Gbehlay Geh	1	1	2	2	0	2	3	1	4
4	Bunadin Clinic	Saclepea-Mah	1	1	2	1	1	2	2	2	4
5	Duo Clinic	Saclepea-Mah	1	1	2	1	1	2	2	2	4
6	Karnwee Clinic	Saclepea-Mah	0	1	1	2	0	2	2	1	3
7	Saclepea comprehensive HC	Saclepea-Mah	0	2	2	2	0	2	2	2	4
8	Ganta Equip Clinic	Sanniquellie-Mah	0	2	2	0	2	2	0	4	4
9	St. Mary Clinic	Sanniquellie-Mah	2	0	2	2	0	2	4	0	4
10	Bomah Clinic	Sanniquellie-Mah	1	1	2	1	1	2	2	2	4
11	Consolata Clinic	Tapita	1	1	2	1	1	2	2	2	4
12	New Yourpea Clinic	Tapita	1	1	2	1	1	2	2	2	4
13	Toweh town Clinic	Tapita	2	0	2	1	1	2	3	1	4
14	Mehnla Clinic	Yarwinmennon	1	1	2	1	1	2	2	2	4
15	Buutuo Clinic	Zoe Geh	0	1	1	1	1	2	1	2	3
16	ZG missionary Clinic (ZGMC)	Zoe Geh	0	2	2	2	0	2	2	2	4
17	Lapula Clinic	Zoe Geh	1	1	2	1	1	2	2	2	4
	Total		13	19	32	22	12	34	35	31	66