



CONTINGENCY PLAN

2017

This document contains the Provincial Monsoon Contingency plan of Health Department Khyber Pakhtunkhwa containing resources required to respond to any flood emergency. The resources mentioned for all districts have been determined for 30 days. The management (FP of the respective district), Emergency Response Team (ERT) and activation of isolation/emergency wards at all DHQs will be activated/operational once the emergency is declared by PDMA.

**Department of
Health Khyber
Pakhtunkhwa**

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ACRONYMS

ARV	Anti Snake Venom
ASV	Anti Snake Venom
CBA	Child Bearing Age
CDC	Communicable Disease Control
DCR	District Control Room
DDMA	District Disaster Management Authority
DEWS	Disease Early Warning System
DGHS	Directorate General Health Services
DHIS	District Health Information System
DHS	Director Health Services
DHQH	District Headquarter Hospital
DOH	Department of Health
DHO	District Health Officer
EHK	Emergency Health Kit
EPI	Expanded Program on Immunization
ERT	Emergency Response Team
FELTP	Field Epidemiology and Laboratory Training Program
IDSRS	Integrated Disease Surveillance and Response System
IRS	Insecticidal Residual Spray
LSS	Logistic Support System
MNCH	Maternal Newborn & Child Health
MCC	Medicine Coordination Cell
MT	Mobile Team
NDMA	National Disaster Management Authority
NP	National Program for LHWs
PDMA	Provincial Disaster Management Authority
PDSRU	Provincial Disease Surveillance & Response Unit
PLW	Pregnant & lactating Women
POL	Petrol Oil and Lubricants
SC	Static Centre
THQH	Tehsil Headquarter Hospital
UNICEF	United Nation International Children Education Fund
WHO	World Health Organization



PROVINCIAL PROFILE:

31% population of Khyber Pakhtunkhwa province lives below poverty line (PDHS, 2012) and its social & economic growth are badly affected due to insecurity (since 2002), by natural calamities i.e. earthquake (2005) and floods (2010) for the last one decade or so. Similarly, health system is also affected badly especially in all those security compromised areas.

DEMOGRAPHIC DATA OF KHYBER PAKHTUNKHWA

Pakistan is ranked sixth most populous country in the world, with a population of over 180 million while that of Khyber Pakhtunkhwa province consists of 22.2 million (13.81% of the total national population) and in addition, there are more than 3 million Afghan refugees living in the province. Out of the total population, 72% of the population falls in the younger age group i.e. under 30 years of age and out of this 47% under the age of 15 years and over 3% of the population is 65 years or older. The average household size is close to eight people which is the highest household size in Pakistan (HSSA, 2010). According to the PDHS 2012-13, the literacy level of KP is 49% both for male and female.

The poverty status in Khyber Pakhtunkhwa province is reflected and evident from the percentage of the population living below the poverty line i.e. 31% of population. There are 25 districts in Khyber Pakhtunkhwa, among these district Karak, Kohistan and Shangla have a low level of economic development in the province (PDHS 2012-13).

KHYBER PAKHTUNKHWASTATISTICS (2011):

District	25	Tehsils	75
Sub Tehsils	22	Village/Mouzas	7337
District Administration	25	Tehsil/Town Municipal Administration	55
Union Councils	987	Police Stations	251
Provincial Constituencies	99		

BACKGROUND & SITUATION ANALYSIS:

In Pakistan, the monsoon floods occur almost every year. Khyber Pakhtunkhwa had suffered many natural disasters in the past, which includes one of the worst floods of the century in 2010. It is the most vulnerable province to floods due to its geographical location and landscape. After 2010 floods, it was experienced and felt that the need for monsoon contingency plan is of utmost importance.

According to PDMA report (2014), floods in Khyber Pakhtunkhwa are generally caused by heavy concentrated rainfall in the catchment areas of River Indus, Swat and Kabul during the monsoon season, which are also augmented by snowmelt flow. Major floods occur in late summer (July to September) when the South Asian region is subjected to heavy monsoon rains.

Almost every year more frequently during the monsoon the province also suffers from flash floods. Flash floods have occurred more in recent years owing to changing weather patterns. Flash floods are experienced mostly in Swat, Upper and Lower Dir, Chitral, Shangla, Kohistan, Peshawar, Mansehra, Battagram, Mardan, Kohat and D.I Khan.

Since then every year this exercise of developing monsoon contingency plan is being performed with the support of various development partners and stakeholders. In 2012, Department of Health (DoH) Khyber Pakhtunkhwa requested WHO to take the lead and provide technical assistance and support for developing monsoon contingency plan. A workshop in this regard was organized by DoH Khyber Pakhtunkhwa with collaboration of WHO at Peshawar in May 2012.

PURPOSE OF CONTINGENCY PLAN:

The purpose of this plan is to strengthen Health Department Khyber Pakhtunkhwa to provide timely support & assistance to all 25 districts during emergency/floods with the help and coordination of NHEPRN, M/o NHR&C Islamabad & PDMA, to develop a strategy for monsoon contingency planning for prompt response by analyzing gaps and needs. The following objectives have been established for the plan:

- Overview of monsoon contingency planning in high risk districts of KP

- Analysis of the existing strengths and weaknesses of each districts regarding monsoon preparedness
- Identify the resources, activities and procedures needed to develop monsoon contingency plan and response

Health Department Khyber Pakhtunkhwa regularly exercise monsoon contingency planning every year with all of the 25 districts of Khyber Pakhtunkhwa since last couple of years. They have to submit & share their revised & updated monsoon contingency plan in the month of April every year but this year because of the recent emergencies the plan has been compiled before 25th February 2017. The updated MCP of all twenty five districts is compiled at the provincial level and further disseminated to the SH KP, M/o NHR&C Islamabad, NHEPRN Islamabad and PDMA.

COORDINATION MECHANISM:

Following steps are taken for the coordination mechanism;

1. Provincial Health Emergency Preparedness & Response Cell (PHEPR), Provincial Disease Surveillance & Response Unit (PDSRU) & Integrated Disease Surveillance & Response offices (IDSRS) are well established at the Public Health Section, Directorate General Health Services Office, Peshawar and all the necessary communication facilities (telephone, fax) are well in place and operational to have immediate contact with all the districts for immediate response. Technical support from WHO, FELTP (Field Epidemiology & Laboratory Training Program) & IDSRS (Integrated Disease Surveillance & Response System) is available throughout while medicines and supplies will be provided by WHO to support the MCP 2017. Besides WHO support, all the health cluster partners and UN agencies will be available in high risk districts (declared by PDMA) with complex emergency.
2. Toll free telephone will be activated as and when emergency is declared.
3. Focal person for the emergency response cell from the provincial office will be:
 - Dr. Shaheen Afridi Dir (PH)

Tele No: 091-9213798 & Mobile No: 0333 910 8441

- Dr. Nayyar Jamal DD (PH)
Tele No: 091-9210851 & Mobile No: 0315 9106664
 - Dr. Muhammad Saleem Provincial Technical Person PDSRU
Tele No: 091-9210851 & Mobile No: 0333 9119385
 - Dr Asif Bettani Surveillance Coordinator
Tele No: 091-9210851 & Mobile No: 0333 9760110
4. All 25 district focal person names with their contact numbers are displayed and available in Provincial Health Emergency Preparedness & Response Cell (PHEPR) / Provincial Disease Surveillance & Response Unit (PDSRU) & IDSRS cell in Public Health Section, DG Office Peshawar for immediate information and response/action.
 5. Twenty Five (25 EHKs) Emergency Health kits and One Trauma Kit provided by WHO are readily available in the ware house of Provincial health department and can be dispatched to the districts on 24 hours notice. Each emergency kit consists of medicine for 1000 patients.
 6. All districts have already notified their respective district “Emergency Response Teams” and a dedicated room well equipped with all the necessary items e.g. telephone, fax, ambulance with driver and an emergency duty staff.
 7. All districts have nominated their Focal Persons with his contact number for immediate contact with the Provincial Office, Provincial Health Emergency Preparedness & response Cell (PHEPR) / Provincial Disease Surveillance & Response Unit (PDSRU)/ Integrated Disease & Response Office.
 8. All districts have prepared their emergency duty roster for their respective districts.
 9. All districts have already prepared plan & prepositioned their mobile teams, static teams, emergency medicines, HR arrangements and logistics for any emergency.
 10. All districts are well informed for the close coordination with their respective District Disaster Management Office (DDMO) for any further assistance or support in case of emergency.

IDENTIFICATION OF HIGH RISKS DISTRICTS:

Vulnerable districts of Khyber Pakhtunkhwa as on **February 20, 2017** notified & shared by the PDMA, Peshawar are shown in table below:

S No	Category I	Category II	Category II
	Most Vulnerable	Moderately Vulnerable	Least Vulnerable
1.	Charsadda	Dir Lower	Abbotabad
2.	DI Khan	Dir Upper	Bannu
3.	Chitral	Haripur	Buner
4.	Kohistan	Karak	Battagram
5.	Nowshehra	Kohat	Hangu
6.	Peshawar	Lakki Marwat	Mansehra
7.	Shangla	Malakand	Mardan
8.	Swat		Swabi
9.	Tank		Torghar

FOCAL PERSONS& CONTACT NUMBERS:

S No	District	Focal Person	Contact Number
1	Abbotabad	Dr. Shah Faisal	0303 8035716
2	Bannu	Dr. Mohammad Daraz	0333 964 3283

3	Battagram	Dr. M Saleem	0300 505 1120
4	Buner	Dr. Abdul Wahid	0342 962 4269
5	Charsadda	Dr. Akhunzada Zafar Ali	0345 940 6902
6	Chitral	Dr. Israr Ullah	0345 960 9474
7	D I Khan	Dr. Aziz Ullah	0345 982 1128
8	Dir Upper	Dr. Nazar Mohammad	0336 937 2230
9	Dir Lower	Dr. Tanvir	0333 900 1234
10	Hangu	Dr. Shakoor Rahman	0302 5654556
11	Haripur	Dr. M. Bilal Khan	0313 590 6896
12	Kohat	Dr. Tariq Aziz	0300 584 2358
13	Karak	Dr. Qudrat Ullah	0331 915 0554
14	Kohistan	Dr. Taj Mohammad	0302 350 9804
15	Lakki Marwat	Dr. Abdur Rahman	0345 985 6667
16	Mansehra	Dr. Shehzad Gul	0334 501 8718
17	Mardan	Dr. Zahoor	0307 572 6912
18	Malakand	Dr. Tanveer Inam	0343 300 7007
19	Nowshera	Dr. Abu Zar	0300 588 2054
20	Peshawar	Dr. Arshad Amir	0333 911 9465
21	Swabi	Dr. Fida Muhammad	0300 568 7817
22	Swat	Dr. Ijaz Ahmad	0333 949 8811
23	Shangla	Mr. Kamal Zada	0308 818 2857
24	Tank	Dr. Tahir Javed DHO & Dr. Kashif FP	0300 579 3733 & 0300 594 4123
25	Torghar	Dr. Fazal e Wadood	0333 969 6872

MEDICINES STOCKS availability for emergency:

All emergency stocks and supplies along with its location have been revised and updated from all Twenty Five districts of Khyber Pakhtunkhwa for the current year.

S No	District	Available	Required
1	Abbotabad	Available	
2	Bannu	Available	
3	Battagram	Available	
4	Buner	Available	
5	Charsadda	Available	
6	Chitral	Not Available	Yes
7	D I Khan	Available	
8	Dir Upper	Available	
9	Dir Lower	Available	
10	Hangu	Not available	Yes
11	Haripur	Available	
12	Kohat	Available	
13	Karak	Available	
14	Kohistan	Available	
15	Lakki Marwat	Not available	Yes
16	Mansehra	Available	
17	Mardan	Available	

18	Malakand	Available	
19	Nowshehra	Available	
20	Peshawar	Available	
21	Swabi	Not available	Yes
22	Swat	Not available	Yes
23	Shangla	Not available	Yes
24	Tank	Not available	Yes
25	Torghar	Available	

LOGISTICS/AMBULANCE & POL:

S No	District	Available	Total Numbers	Functional / On road	Non Functional*
1	Abbotabad	Available	10	All functional	
2	Bannu	Available	3	All Functional	
3	Battagram	Available	3	All functional	
4	Buner	Available	7	All functional	
5	Charsadda	Available	14	11 Functional	3 needs repair
6	Chitral	Available	13	8 Functional	5 needs repair
7	D I Khan	Available	12	6 Functional	6 needs repair
8	Dir Upper	Available	13	All functional	
9	Dir Lower	Available	8	All functional	
10	Hangu	Available	4	All functional	
11	Haripur	Available	9	7 Functional	2 needs repair

12	Kohat	Available	08	All Functional	
13	Karak	Available	14	12 Functional	2 needs repair
14	Kohistan	Available	4	3 Functional	1 needs repair
15	Lakki Marwat	Available	11	9 Functional	2 needs repair
16	Mansehra	Available	19	18 Functional	1 needs repair
17	Mardan	Available	26	23 Functional	3 needs repair
18	Malakand	Available	13	12 Functional	1 needs repair
19	Nowshehra	Available	13	10 Functional	3 needs repair
20	Peshawar	Available	10	9 Functional	1 needs repair
21	Swabi	Available	14	13 Functional	1 needs repair
22	Swat	Available	18	All Functional	
23	Shangla	Available	11	9 Functional	2 needs repair
24	Tank	Available	8	7 Functional	1 needs repair
25	Torghar	Not Available	Nil		

*Districts concerned will do it from their regular budgets or in case of emergency from the available emergency funds

PREPAREDNESS ACTIVITIES (awareness, social mobilization, & rapid assessment):

Like every year, Department of Health in collaboration with WHO have arranged a one day session for all the focal persons of 25 districts of Khyber Pakhtunkhwa, later on all the 25 Focal Persons will have trickle down sessions in their respective districts.

PARTNERS SUPPORT WITH CONTACT NUMBERS:

S. No	Name of NGO/Partner	Contact Details & Address	Areas of Support
1.	WHO	Dr. Saeed Akbar Khan Head of WHO Provincial Office for KP/FATA, Khushal Khan Khattak Road, University Town, Peshawar. Telephone # 091- 9218623 Cell No: 0300 590 3375	Coordination and technical support
		Dr. Sardar Hayat Khan National Professional Officer, Surveillance; Health Cluster & Emergency Response, WHO Provincial Office for KP/FATA, Khushal Khan Khattak Road, University Town, Peshawar. Tel: 091 – 5701831, Ext: 113 Cell No: 0301 855 1461	Coordination & technical support, Disease Surveillance & Response, Health Cluster Coordination, Emergency Health Kits and Diarrheal disease kits, Anti-Malarial drugs, Rapid Diagnostic Kits for malaria
2.	UNICEF	Dr. Inam Ullah, Health & Nutrition Specialist, University Town, Peshawar. Telephone # 091- Cell No: 0300 570 1318	Nutritional supplement, ORS, LLINs, Latrines, Aqua pure tablets, Safe Delivery Kits
3.	UNFPA	Ms. Lubna Tajik, Provincial Coordination Officer, S. A. Qayyum Road, University Town, Peshawar. Telephone # 091- Cell No: 0300 859 2385	Reproductive Health Commodities, Safe Delivery Kits, Technical Assistance in Reproductive Health, cost of additional HR if required.

HEALTH PROFILE OF KHYBER PAKHTUNKHWA:

HEALTH INDICATORS FOR KHYBER PAKHTUNKHWA	
INDICATORS	UNIT
MMR	275 per 100,000 live births
IMR	74 per 1000 live births
Under 5 MR	89 per 1000 live births
Fully Immunized Children	53 %
TFR	3.9
CPR	35%
SBA	41%

Source: PDHS 2012-13

HEALTH INDICATORS OF KHYBER PAKHTUNKHWA:

Indicator	MDG	2009-10	2011-12	2015 Target
IMR (per 1000 live birth)	MDG 4	63	74	40
Fully Immunized Children in proportion	MDG 4	47	60	90
MMR (per 100000 live birth)	MDG 5	275	250	140
CPR	MDG 5	31%	24%	70%

Source: PSLM Survey (National) 2011-12 and Pakistan Bureau of Statistics MDG (Sustainable Development Goals) Report KP

DISEASE BURDEN IN KHYBER PAKHTUNKHWA:

- Common causes of morbidity and mortality are, acute respiratory tract infections (pneumonia), diarrheal diseases, malaria, tuberculosis and vaccine preventable infections (source: DHIS; WHO-DEWS)

- Epidemic prone diseases such as cholera, acute viral hepatitis, viral hemorrhagic fevers and Dengue Fever are also significant health threats. (source: WHO-DEWS)
- Malaria: around half a million people each year are affected by malaria in Pakistan and 20% of these are from Khyber Pakhtunkhwa. (source: Malaria Control Program KP)
- The current estimated prevalence of hepatitis B is 0.7852 Million and for hepatitis C is 1.1778 million. (source: PMs Hepatitis Control Program for Pakistan)
- The results from the latest National Nutrition Survey (2011) show that 31.5% of children are underweight, 43.7% of children suffer from stunting and 15.1% are wasted. (source: National Nutrition Survey 2011)
- Fertility: The total fertility rate for the province is 5.6 children (source: MICS 2008).
- The CPR was measured at 38% in the MICS 2008 and is significantly higher than the 31% measured by the same survey seven years earlier than this survey
- The unmet need for family planning has been estimated at 26%, down from 35% in the MICS 2000-01

District wise Health Facilities in Khyber Pakhtunkhwa:

S No	Districts	Tertiary Hospital	DHQ	THQ/CH	RHCs	BHUs	CDs	Total
1	Abbotabad	1	1	5	2	53	42	104
2	Bannu	1	1	2	2	34	50	90
3	Battagram	-	1	1	2	28	9	41
4	Buner	-	1	3	4	18	8	34
5	Charsadda	-	1	2	3	45	7	58
6	Chitral	-	1	3	6	19	28	57
7	D I Khan	1	1	4	2	39	31	78
8	Dir Upper	-	1	3	3	32	13	52
9	Dir Lower	-	1	2	5	31	22	61

10	Hangu	-	1	1	1	13	3	19
11	Haripur	-	1	3	5	39	6	54
12	Kohat	1	1	2	5	20	9	38
13	Karak	-	1	1	5	19	0	26
14	Kohistan	-	0	0	4	34	1	39
15	Lakki Marwat	-	1	3	5	27	8	44
16	Mansehra	-	1	9	9	49	58	126
17	Mardan	1	1	1	4	49	17	73
18	Malakand	-	1	1	5	20	9	36
19	Nowshehra	-	1	1	7	30	10	49
20	Peshawar	3	0	3	6	49	32	93
21	Swabi	1	1	4	6	38	10	60
22	Swat	1	1	7	3	41	18	71
23	Shangla	-	1	2	2	15	12	32
24	Tank	-	1	0	3	18	8	30
25	Torghar	-	0	0	0	9	0	09
Total		10	22	63	99	769	411	1374

HEALTH SERVICES DELIVERY PLAN:

Disease surveillance & outbreak response (static & outreach):

All static and mobile medical teams for all twenty five districts for the current year are updated. All districts are revising and updating it every year.

This year, Department of Health Khyber Pakhtunkhwa has further strengthened its diseases surveillance for outbreaks & in case of any emergency situation (monsoon floods etc.) by

establishing Integrated Disease Surveillance & Response System cell (IDSRS) in support of Provincial Health Emergency Preparedness & Response Cell (PHEPR) along with Provincial Disease Surveillance & Response Unit (PDSRU). Surveillance Coordinator along with its Surveillance officers are available full time with addition to Provincial FELTP Technical Officer and current FELTP Fellows for technical assistance / support and share the work load of the Public Health section in emergency situation. Technical assistance and support for disease surveillance and timely response to all 25 districts of the province is available from DoH KP.

MOBILE& FIXED/STATIC TEAMS FOR MONSOON EMERGENCY:

Composition of district Mobile Team is as follows:

- One Doctor & a Focal Person
- Epidemiologist/District Surveillance Officer
- One Lab. Technician
- One dispenser
- One LHV/Midwife
- Support staff and a driver

S No	District	Static/Fixed	Mobile
1	Abbotabad	06	07
2	Bannu	01	0
3	Battagram	04	04
4	Buner	08	0
5	Charsadda	0	0
6	Chitral	10	02
7	D I Khan	15	12
8	Dir Upper	06	06
9	Dir Lower	0	08

10	Hangu	03	03
11	Haripur	09	12
12	Kohat	04	04
13	Karak	0	0
14	Kohistan	37	04
15	Lakki Marwat	04	02
16	Mansehra	02	06
17	Mardan	91	25
18	Malakand	01	0
19	Nowshera	101	710
20	Peshawar	16	12
21	Swabi	08	46
22	Swat	07	07
23	Shangla	02	03
24	Tank	31	05
25	Torghar	0	0

NEEDS & GAPS:

Based on the previous year's experience, Department of Health Khyber Pakhtunkhwa faced the following needs & gaps identified by the districts:

- All districts requested extra support for POL, emergency medicines (additional stock) and logistic/vehicles during emergency/floods
- For most vulnerable districts of Khyber Pakhtunkhwa declared by PDMA, based on DoH previous years experience, financial support is usually required as an additional emergency support to cope up with massive disaster

- 02 4x4 vehicles for monitoring visits and taking staff, supplies & medicines during emergency to affected areas & districts from PHEPR / PDSRU DG Office
- 02 ambulances with drivers as standby with PHEPR/PDSRU DG Office
- Provision of emergency budget for provincial as well as for all districts of Khyber Pakhtunkhwa

WORK PLAN:

S No	Activity	Tentative Submission Dates	Received/ Completion Dates	Responsible
1.	Submission & finalization of district MCP 2017 to Provincial office	February 25, 2017	February 20th, 2017	District Focal Person
2.	Compilation of all district MCP 2017	1 st wk of March 2017	February 20, 2017	Provincial FP
3.	Sharing of district MCP 2017 with SH, NHEPRN, M/o NHSR&C & PDMA	Ist Week of March 2017	February 25, 2017	Provincial FP
4.	Orientation trainings of all district focal persons	2 nd wk of April 2017	As per agreed dates	Provincial FP/DPH/WHO
5.	Meeting with DHMT & District Emergency Response Team (DERT)/Rapid Response Team (RRT) and all district stake holders to discuss the issues & gaps	3 rd wk April 2017	As per agreed dates (probably earlier then the tentative dates)	DHO & District FP
6.	<ul style="list-style-type: none"> • Preparation of the duty Rota by all districts • Preposition of Medicines & logistics • Reactivation of isolation/emergen 	4 th wk of April 2017	As per agreed dates (probably earlier then the tentative dates)	DHO/MS DHQ Hospital and District Focal Person

	cy ward at all DHQs Hospitals with staff <ul style="list-style-type: none"> Establishment of ORT corners in all DHQs Hospitals 			
7.	Activation of District Emergency Response Office & team	1 st wk of May 2017	1 st week of April, 2017	DHO & District FP
8.	Activation of emergency ward & ORT corners at all DHQs Hospitals	As & when rains/flood emergency declared by the Provincial Government	1 st week of April, 2017	DHO/MS and District FP

Note: Above mentioned tentative plan can be utilized as per respective district own arrangements

ANEXXURES:

Annex A:

EMERGENCY/DIARRHOEAL DISEASE KITS (DDK):

Package for approx 1000 AWD Patients				
S No	Name	Formulation	Qty	Box No
1	Sulfamethoxazole + Trimethoprim*	Tablet, Sulfamethoxazole 400mg+80 mg Strip/blister	2,000	1
2	Zinc Sulphate	Tablet dispersible 20mg	10,000	1
3	Doxycycline	Capsule or tablet 100 mg (as hydrochloride) Strip/blister	700	1
4	Alkaline phosphate	Surface Disinfectant 400gm	10	1
5	Ethyl Isopropyl Alcohol based non aqueous Gel	Ethyl Isopropyl Alcohol based non aqueous Gel	10	1

6	Ciprofloxacin	Tablet coated, 250mg Strip/blister	1,000	1
7	Aqua tabs	Tablets	1,000	1
8	Metronidazole	Tablet Film coated, 400 mg Strip/blister	600	1
9	Face Mask	Units	50	2
10	Examination Gloves	Non sterile powder free size Large	50	2
11	Examination Gloves	Non sterile powder free size Medium	100	2
12	Examination Gloves	Non sterile powder free size Small	50	2
13	I.V.Cannula with port	No. 24G	100	2
14	I.V.Cannula with port	No.22G	200	2
15	I.V.Cannula with port	No.20G	200	2
16	I.V.Cannula with port	No.18G	50	2
17	Adhesive Tape (Hypoallergenic)	Size 1"	60	2
18	I.V.Set	Units	100	2
19	I.V.Set	Units	1,100	3
20	Volumetric Chamber (I.V Burret)	100ml	100	4
21	Hand Sanitizer	100 ml	6	4
22	Sulfamethoxazole + Trimethoprim	Oral suspension Sulfamethoxazole 200mg+40mg/5ml, 50ml	100	5

23	Oral Rehydration salt (LOS)	Dry mixture (Low Osmolarity Formula) in sachet for 1 liter of solution	2,800	6
24	Metronidazole	I.V Infusion, Meteronidazole 500 mg /100ml	100	7
25	Metronidazole	Oral suspension, 200 mg (as Metronidazole benzoate)/5ml, 60ml	100	8
26	Ringer's Lactate	Injectable solution 1000ml	1,200	9