

I002 R



CARE International

**Final Implementation Report
Emergency Medical Assistance Program
Contract No 294-A-00-01-00130-00**

CARE Contacts:
Liz Sime: sime@carewbq.org
Salam Kanaan: kanaan@carewbq.org
CARE West Bank/ Gaza

Submitted on December 22, 2004



USAID001237

Defendants'
Exhibit
D-1074
3:04-CR-240

Table of Contents

1.0	INTRODUCTION.....	3
	1.1 EMAP Background.....	3
	1.2 EMAP Goal and Objectives.....	3
2.0	SENTINEL SURVEILLANCE SYSTEM.....	5
	2.1 Overview.....	5
	2.2 Constraints.....	6
	2.3 Conclusion.....	6
3.0	EMERGENCY PROCUREMENT.....	7
	3.1 Background.....	7
	3.2 Overview.....	8
	3.2 Warehousing and Stock Control.....	9
	3.3 Distribution and Delivery.....	10
	3.5 Impact.....	12
	3.6 Conclusion.....	12
4.0	EMERGENCY TRAINING AND TRAUMA MANAGEMENT.....	14
	4.1 Overview.....	14
	4.2 Training of Trainers (Selection and Course Content).....	15
	4.3 Training of Student (Course Content).....	16
	4.4 Linkages with the pre-hospital training under Maram.....	16
	4.5 Monitoring and Evaluation.....	17
	4.6 Conclusion.....	17
5.0	SUB-GRANTS.....	19
	5.1 Overview.....	19
	5.2 Implementation and Impact.....	20
	5.3 Conclusion.....	22
6.0	RAPID NUTRITIONAL ASSESSMENT (RNA).....	23
	6.1 Overview.....	23
	6.2 Constraints.....	24
	6.3 Conclusion.....	24
7.0	FOOD SECURITY ASSESSMENT AND NUTRITIONAL SURVEILLANCE (FSANS).....	25
	7.1 Overview of FSANS: Phase One.....	25
	7.2 Constraints.....	25
	7.3 Conclusions.....	25

1.0 INTRODUCTION

1.1 EMAP Background

The "Emergency Medical Assistance Program" (EMAP) was launched against the backdrop of the on-going Al-Aqsa Intifada, as a follow-up to an earlier USAID/WB&G-funded emergency response program. Funded through a cooperative agreement between USAID and CARE International, it was implemented between October 1, 2001 and September 30, 2003. CARE was the "Prime Grantee" in an international partnership that included John Hopkins University (JHU) and American Near East Refugee Aid (ANERA).

Subsequent to the initial \$5,000,000 grant, USAID approved 4 grant amendments in response to requests that CARE International and its partners submitted to deal with changing working conditions:

- Grant Amendment 2: "Rapid Nutritional Assessment" [Grant Amount: \$356,403].
- Grant Amendment 3: "Additional Assistance to Health Organizations in the West Bank and Gaza." [Grant Amount: \$5,380,000].
- Grant Amendment 4: "Food Security and Nutritional Assessment" [Grant Amount: \$299,892].
- Grant Amendment 5: "Additional Pharmaceutical Procurement Assistance to Health Facilities in the West Bank and Gaza" [Grant Amount: \$2,000,000].

The final EMAP budget amounted to \$13,037,474 in total. EMAP ended on September 30, 2003, though project closeout continued through the first quarter of 2004 (as programmed under the follow-on program, EMAP II).

1.2 EMAP Goal and Objectives

The overall goal of EMAP was:

"To maintain the well-being of Palestinians threatened by violence and economic and social dislocation associated with the Palestinian-Israeli conflict, by sustaining and strengthening the healthcare system in the West Bank and Gaza".

In line with this goal, EMAP addressed emergency health problems and alleviated burdens on the Palestinian health system by procuring medical supplies and equipment, by providing technical assistance and training, and by managing a series of sub-grants to Palestinian institutions and organizations."

More in particular, the project comprised six specific objectives:

1. Develop a sentinel surveillance system capable of detecting early changes in the health status of vulnerable Palestinian communities (Sentinel Surveillance System, Section 2);
2. Provide emergency medical equipment and supplies to local and regional health facilities to meet increased demands for emergency services (Emergency Procurement, Section 3);
3. Provide technical assistance for the development of sustainable educational programs in trauma management and emergency medicine and to develop the capacity of referral centers in the West Bank and Gaza (Emergency Training and Trauma Management, Section 4);
4. Provide temporary financial assistance to Palestinian NGOs currently offering emergency care or rehabilitation services to physically impaired Palestinians (Sub-Grants, Section 5);
5. Conduct a Rapid Nutritional Assessment (Rapid Nutritional Assessment, Section 6); and,
6. Conduct a Food Security Assessment and Nutritional Surveillance (Food Security Assessment and Nutritional Surveillance, Section 7)

The different steps needed to accomplish these objectives and goals were outlined in a logframe, the final version of which is attached in Annex 1. What was actually accomplished during the EMAP implementation period is described in the sections below (as noted after each objective). Additional information can be found in the Financial Close-Out Report.

2.0 SENTINEL SURVEILLANCE SYSTEM

"Develop a sentinel surveillance system capable of detecting early changes in the health status of vulnerable Palestinian communities."

2.1 Overview

Sentinel surveillance is a common practice in emergency situations: it provides stakeholders with timely information on the health status of a population, as well as early warning of changes. At the end of May 2002, the crisis situation resulting from prolonged curfews and a tightening of population movement through checkpoints and borders created a serious need for reliable data. Given the restrictions on movement and the resulting inability of people to reach health facilities, it was decided that the usual health facility monitoring would not suffice to assess the impact of the crisis situation on the Palestinian population. At the same time, it was important to monitor the ability of Palestinian households to access food, water, and health care under the given circumstances. CARE/Johns Hopkins University/ANERA thus partnered with the Al-Quds University Center for Development in Primary Health Care (Al-Quds) to design and implement a household-based surveillance system (combined with health facility monitoring in the same clusters, by another USAID-financed project, the Maram Project).

The household surveillance activity took place between 17 May 2002 and August 31, 2003, on a bi-weekly basis. The sampling methodology of the survey included cluster sampling of 320 randomly sampled households in all 16 governorates of the West Bank and Gaza. The households were split 50:50 between rural and urban areas. The focus was on:

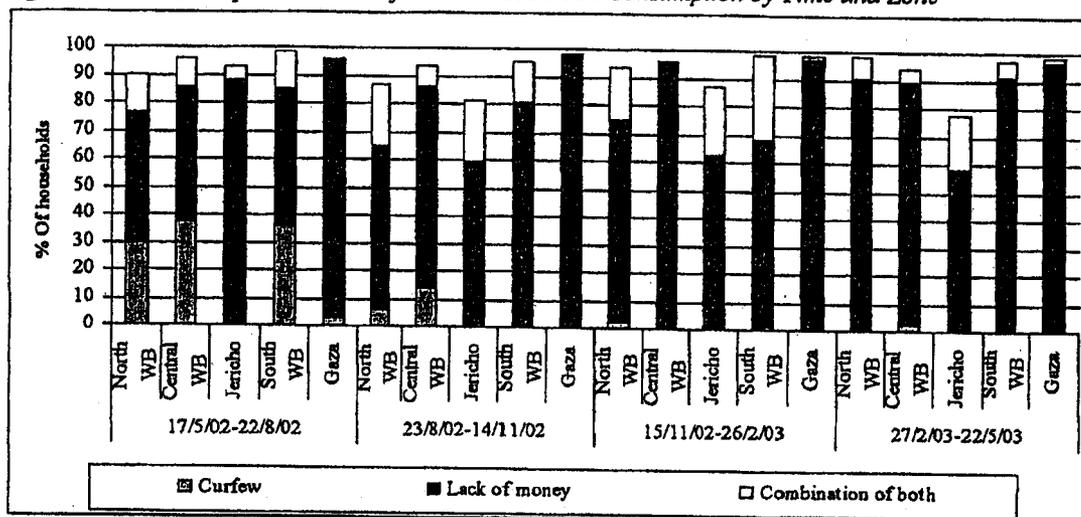
- ✓ Food security;
- ✓ Water availability/water quality;
- ✓ Infectious diseases;
- ✓ Access to health services; and,
- ✓ Reasons for denial of access.

In total, 32 rounds of data gathering were completed, covering a total of 10,240 households.

The information compiled from the data was distributed publicly in the form of Health Sector Bi-Weekly Reports (HSBR). EMAP issued 16 HSBRs in total. HSBR 13 was published as a special yearly issue, presenting an overview of findings covering the period between May 2002 and May 2003. Both the yearly report, published and printed for mass distribution, and the smaller monthly reports highlighted the ongoing difficulties Palestinians face in food, water, and health care access.

Overall, the reports documented how household vulnerability changed over time: as curfews and movement restrictions eased in the course of 2003, the issues of inability to access basic needs became more financially driven. The information remains pertinent.

Fig 1: HSBR 13, Graph 8: Reasons for Decreased Food Consumption by Time and Zone



North West Bank: n=840 HH in first and third interval and 720 in the second and fourth interval;
 Central West Bank: n=280 HH in the first and third interval and 240 in the second and fourth interval;
 Jericho: n= 140 HH in first and third interval and 120 in the second and fourth interval;
 South West Bank: n=280 in first and third interval and 240 in the second and fourth interval; and
 Gaza all districts: n=700 HH in first and third interval and 600 in the second and fourth interval

2.2 Constraints

The main constraints of the Sentinel Surveillance System were (1) the problem of receipt of questionnaires from the West Bank and Gaza, and (2) the data processing and analysis of the data at the Al Quds data lab. The coordination of data analysis between the Maram Project and EMAP also meant that deadlines were not kept. Except for the first few issues, HSBR reports were regularly issued with delay (the last issue by three months). On the other hand, the surveys were the only source of regular and reliable information, and the reports therefore became a popular and important tool for decision-makers working in the West Bank and Gaza, as manifested by the many reactions received.

2.3 Conclusion

The HSBR filled a void in available information on the status of Palestinian households during a difficult time of prolonged curfew and closure, particularly during the summer and fall of 2002. The reports provided useful data on the extent of economic distress and its effect on food insecurity. It could be argued that the reports played a role in the advocacy campaign by the international community to ensure humanitarian access and relief from closures in the West Bank and Gaza.

3.0 EMERGENCY PROCUREMENT

"Provide emergency medical equipment and supplies to local and regional health facilities to meet increased demands for emergency services"

Fig 2: Contents of Medical Kits for NGO Clinics



3.1 Background

EMAP's procurement component grew exponentially in the course of the two year project. Budgeted at approximately \$730,000 originally, procurement support was increased by approximately \$4,5 million in July 2002 (EMAP amendment no. 3) and again by \$2 million in February 2003 (EMAP amendment no. 5). The procurement budget thus grew to represent more or less 50% of the total EMAP budget (\pm \$7 million/\$13 million).

The increases were in response to the IDF offensives in Spring 2002, and the ensuing humanitarian crisis. The curfew and closure regime became increasingly stringent and the resulting collapse of the Palestinian economy led in turn to growing unemployment and poverty. By the same token, the overall health situation in the West Bank and Gaza

worsened significantly, and emergency needs for medical disposables, pharmaceuticals and other medical supplies multiplied. The MOH and the NGOs found themselves increasingly in dire financial straits and incapable of meeting needs.

The EMAP expansions represented more than a mere increase in volume of medical goods to meet increased needs; they also reflected strategic decisions on the part of CARE and USAID/WBG. The July 2002 expansion for example enabled CARE to improve the procurement mechanisms and procedures in place under EMAP, in order to ensure a *systematic* and *quick* response, targeting not only the Ministry of Health but also NGO health care facilities, and to the extent possible those NGO clinics that were *most in need*. By the same token, as the emergency situation was continuing over time, focus was shifted from "emergency procurement of *emergency care* supplies and equipment" to "emergency procurement of *basic* medical supplies and *essential* medicines".

The January 2003 expansion came in response to the realization that pharmaceutical support was harder to come by for the MOH than medical disposables, as illustrated by repeated emergency appeals; \$2 million was thus added to cover shortages, especially as the arrival of the awaited World Bank-financed drugs continued to be delayed. This expansion was furthermore important because EMAP gained approval to procure the medicines from local manufacturers, which not only resulted in significant time and cost-savings but also provided a significant boost to the local pharmaceutical industry.

3.2 Overview

The table below presents an overview of procurement orders placed – both in the US (000 Source) and with Palestinian manufacturers/distributors (941 Source). The orders included pharmaceuticals, medical disposables, medical equipment, and technical aids to MOH, NGO clinics, and sub-grantees. Pharmaceuticals represented the bulk of procurement support (73% in terms of value); local procurement represents 45% of total value (\$3,160,240/\$6,999,166).

Table 1: EMAP Procurement Orders

<i>Time of Tender</i>	<i>Type</i>	<i>Main Beneficiary</i>	<i>Source</i>	<i>Contract Value</i>
01/02-03/02	Med Eqpt 1	MOH	941	\$371,929
04/02-06/02	Med Disp 1	MOH	941	\$327,455
	Med Disp 2	NGOs	941	\$212,917
07/02-09/02	Pharma 1	MOH	000	\$214,761
	Pharma 2	NGOs	000	\$1,326,304
	Med Disp 3	NGOs	941	\$20,053
10/02-12/02	Pharma 3	MOH	000	\$604,505
	Med Disp 4	Sub-Grantees	941	\$34,196
	Techn Aids 1	Sub-Grantees	941	\$67,881
01/03-03/03	Med Disp 5	MOH	941	\$341,583
	Pharma 4	NGOs	000	\$1,014,670
	Pharma 5	MOH/NGOs	941	\$582,978
	Pharma 6	MOH/NGOs	941	\$416,748

	Med Eqpt 2	Sub-Grantees	941	\$176,619
	Techn Aids 2	Sub-Grantees	941	\$28,500
04/03-06/03	Med Eqpt 3	MOH	941	\$204,283
	Med Eqpt 4	Sub-Grantees	941	\$38,653
	Techn Aids 3	Sub-Grantees	941	\$25,320
09/03-12/03	Pharma 7	MOH	941	\$340,886
09/03-12/03	Pharma 8	NGOs	941	\$187,290
09/03-12/03	Pharma 9	MOH	941	\$461,635
Total				\$6,999,166

NB1: Total amount reflects contract value, without freight and clearance agent, transportation costs or VAT.
 NB2: The technical aid orders 1 & 2 (\$96,381) included \$50,636 worth of technical aids + \$45,745 worth of furniture, office supplies and electric appliances.

In terms of beneficiaries, the Ministry of Health was the main beneficiary. Most medical equipment was destined for the Ministry of Health. The MOH was also the principal recipient of pharmaceutical support - both in terms of value as in terms of actual deliveries¹. In line with CARE policy, procurement support was divided between West Bank and Gaza according to a 60% - 40% division.

Table 2: EMAP Procurement Support Beneficiaries

Beneficiary	Medical Equipment	Medical Disp.	Pharma	Techn. Aids	Total:
MOH WB/G	\$576,212	\$669,038	\$2,597,142		\$3,842,392
NGOs (+ 70 NGOs)		\$232,970	\$2,550,478		\$2,783,448
Sub-Grantees (+ 15 NGOs)	\$215,272	\$34,196	\$2,157	\$121,701	\$373,326
Total:	\$791,484	\$936,204	\$5,149,777	\$121,701	\$6,999,166

3.3 Warehousing and Stock Control

As the procurement support component expanded, EMAP proceeded to strengthen its warehousing and inventory system. The General Inventory Management System or GIMS was introduced in April 2002 to facilitate the tracking and control of commodities to and from CARE's warehouses in Jerusalem and Gaza respectively. GIMS proved to be a very practical system, easy to use, yet accurate and flexible at the same time: changes to or expansions of the commodity list were easily integrated.

3.3.1 West Bank

During EMAP, all medical commodities were stored in the Shu'fat warehouse. The warehouse was upgraded to include a full electronic security system, smoke detectors, and fire extinguishers. A steel ramp was constructed to provide easy movement of pallets

¹ \$2 million/\$2.6 million of the "NGO pharmaceuticals" were procured in the U.S., where drug prices are significantly higher than in the WBG resulting in significantly smaller volume.

in and out of the warehouse, decreasing the time it takes to load and unload trucks. All commodities were stored on pallets or steel shelving. Pharmaceuticals were stored separately from other commodities.

Stock ledgers were internally audited every two weeks to ensure accuracy, and any incorrect ledger entries were immediately adjusted to ensure that all movement of commodities and store balances were correctly recorded.

3.3.2 Gaza

The Gaza warehouse was a joint CARE/ANERA warehouse. It was staffed by ANERA staff seconded to EMAP. The staff in the Gaza warehouse was trained by EMAP staff in the use of GIMS system for stock control.

The storage capacity of the warehouse was doubled in the course of the EMAP project to accommodate increased movement of commodities in and out of the facility. All commodities for beneficiaries in the Gaza Strip were transferred from the Jerusalem warehouse to the Gaza warehouse prior to being forwarded to beneficiaries to allow for quality and inventory control.

3.4 Distribution and Delivery

The items intended for the public health care system were delivered to the Central Stores of the MOH in the West Bank and Gaza respectively. This was done throughout the program implementation period, at the MOH's request. The MOH was responsible for forwarding the delivered equipment items to the intended beneficiaries or for directing the medical supplies to the health facilities deemed most in need.

In contrast, EMAP took responsibility for the delivery of medical supplies, technical aids or medical equipment directly to the selected NGO clinics and sub-grantees. During the summer of 2002, a system of monthly distribution rounds was set up to ensure a regular supply of essential medicines to the NGO clinics (each kit was good for approximately 800 treatments). A kit of medical disposables was delivered on a 3-4 monthly basis. An overview of the distribution cycle follows below. As was already mentioned, the distribution of EMAP I pharmaceuticals continued under EMAP II (until March 2004).

Table 3: Distribution of EMAP I Medical Disposables and Medicines to NGO Clinics

Time	Medical Disposables & Pharmaceuticals
Mid-April 2002 - Sept. 2002 [Cf. Med Disp. 2]	Following the IDF Offensives in Spring 2002, EMAP starts delivering med. disp. to 10 selected NGO hospitals, in conjunction with Maram. The med. disp. are delivered in pallets. Delivery ends o/a Aug-Sept 2002. [Approx. 50 items].
Beginning Oct - End Nov 2002 [Cf. Med Disp 2 & Pharma 1]	<u>Round 1: Medical Kits (Med. Disp. & Pharmaceuticals) to 30 NGOs</u> Med. kits are distributed to a selected 30 NGOs that have been vetted and cleared. The kits provide a one month supply in a limited number of items [8 Pharmaceuticals, & 8 Disposable Items].
End Dec 2002 - Beginning March 2003 [Cf. Pharma 2 & Med. Disp. 3]	<u>Round 2/3: Medical Kits (Pharmaceuticals) to 60 NGOs</u> On 11/26/02, EMAP receives \$ 1.32 million order; distribution of kits starts on 12/06/02. By March, approx. 30 additional NGOs have cleared the vetting process. On average, during this period, 60 NGOs receive 2 kits with a monthly supply in 20 pharmaceuticals. <u>Round 2: Medical Kits (Medical Disposables) to 60 NGOs</u> At the end of Feb. & beginning of March, EMAP also distributes <i>individualized</i> kits with 1 month supply in 22 basic medical disposables to approx. 60 NGOs.
April 2003 [Cf. Pharma 5]	<u>Round 4: Medical Kits (Pharmaceuticals) to 60 NGOs</u> EMAP distributes medical kits representing 1 month of supply in 17 essential medicines to 60 NGOs.
June 2003 [Cf. Pharma 4 & Med Disp 3]	<u>Round 5: Medical Kits (Pharmaceuticals) to 60 NGOs</u> EMAP distributes medical kits representing 1 month of supply in 23 essential medicines to 60 NGOs. <u>Round 3: Medical Kits (Medical Disposables) to 60 NGOs</u> EMAP distributes <i>individualized</i> medical kits representing 1 month of supply in 20 basic medical disposables to approx. 60 NGOs.
July 2003 [Cf. Pharma 4]	<u>Round 6: Medical Kits (Pharmaceuticals) to 60 NGOs</u> EMAP distributes medical kits representing 1 month of supply in 23 essential medicines to 60 NGOs.
August 2003 [Cf. Pharma 4 & 6]	<u>Round 7: Medical Kits (Pharmaceuticals) to 60 NGOs</u> EMAP distributes medical kits representing 1 month of supply in 23 essential medicines to 60 NGOs.
September 2003 [Cf. Pharma 6]	<u>Round 8: Medical Kits (Pharmaceuticals) to 60 NGOs</u> EMAP distributes medical kits representing 1 month of supply in 22 essential medicines to 60 NGOs.
Oct. - Nov. 2003 [Cf. Pharma 6]	<u>Round 9: Medical Kits (Pharmaceuticals) to 60 NGOs</u> EMAP distributes medical kits representing 1 month of supply in 22 essential medicines to 60 NGOs.

January 2004 <i>[Cf. Pharma 8]</i>	<u>Round 10: Medical Kits (Pharmaceuticals) to 60 NGOs</u> EMAP distributes medical kits representing 1 month of supply in 22 essential medicines to 60 NGOs.
February 2004 <i>[Cf. Pharma 8]</i>	<u>Round 11: Medical Kits (Pharmaceuticals) to 60 NGOs</u> EMAP distributes medical kits representing 1 month of supply in 22 essential medicines to 60 NGOs.
March 2004 <i>[Cf. Pharma 8]</i>	<u>Round 12: Medical Kits (Pharmaceuticals) to 60 NGOs</u> EMAP distributes medical kits representing 1 month of supply in 22 essential medicines to 60 NGOs.

3.5 Impact

It is difficult to measure direct impact of the procurement support to the public health system. It can be argued though that EMAP procurement support played a key role in helping the Ministry of Health bridge the gap in pharmaceutical stocks in the course of 2003, when the arrival of World Bank financed drugs was delayed by several months.

As to the impact on NGO health facilities, EMAP documented an increase in patient attendance at the health facilities receiving the medical kits. Beneficiary NGOs saw patient load almost double as measured by treatments: from approx 1,100 treatments/month before EMAP support (December 2003) to approx. 2,000 treatments by September 2003. In 80% of the NGO clinics, doctors cited the improved availability of medical supplies as the main reason for the increase in attendance.

Table 4: NGO Treatment Reports

Cases	Dec 02 (Baseline)	Jan 03	Mar 03	May-Jun 03	Aug-Sept 03
Infectious Diseases	650	652	582	620	620
Pain	350	336	300	281	382
Inflammation	100	95	185	263	301
Anemia	80	74	97	79	80
Angina	40	40	19	29	31
Minor Surgery	100	88	80	124	127
Others	300	295	589	693	365
Total	1127	1580	1852	2089	1906

3.6 Conclusion

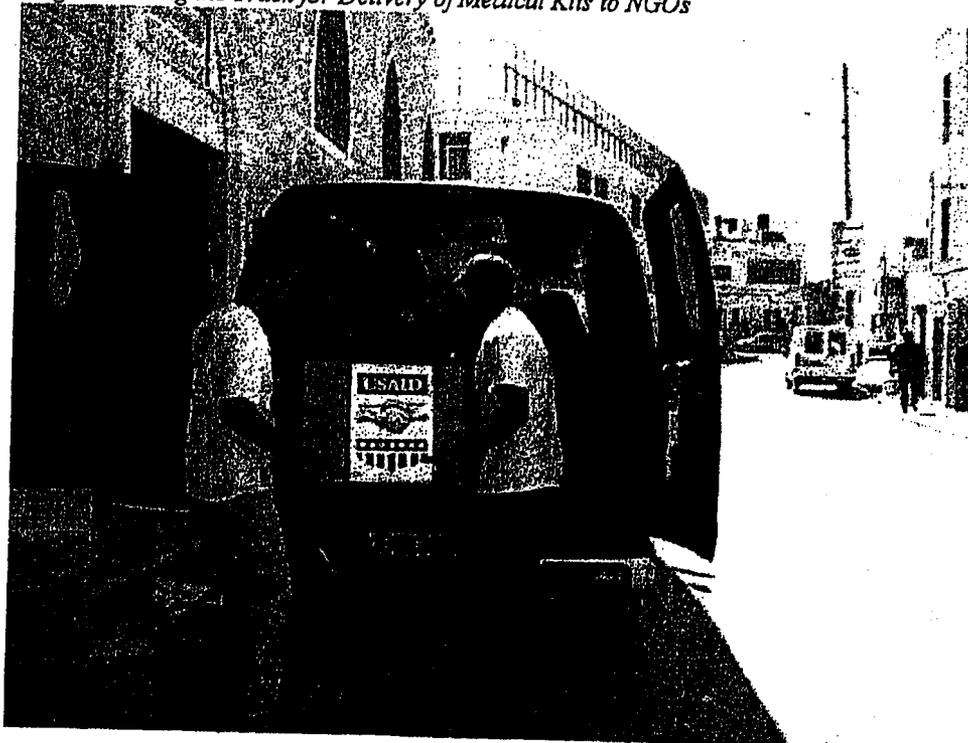
In the course of EMAP implementation, CARE built up an effective and successful procurement and distribution system that played a key role in responding to the developing crisis situation in the health care system. Indeed, MOH and other

international donors such as the World Bank and WHO have stated that EMAP was one of the main programs by which the international community helped avoid a "humanitarian crisis" following the Spring Offensives in 2002 (the timely and targeted procurement support being the main reason for this). In addition, the local procurement represented significant support to local pharmaceutical industry and local wholesalers.

The following are some statistics emphasizing the amount of commodities that have passed through the logistic system under EMAP from when it was first implemented in April 2002 throughout the life time of the project:

- ✓ 171 individual contracts were signed with a combined value of \$8,030,462²;
- ✓ More than 45 individual companies supplied commodities;
- ✓ Logistics received and accounted for 880 individual shipments ranging from dialysis machines to paracetamol (Tylenol);
- ✓ At least 800 separate deliveries to 75 different locations were made throughout the West Bank and Gaza;
- ✓ CARE staff packed 1050 pharmaceutical kits and 120 medical disposable kits with an average content of 22 items in each kit, and
- ✓ Over 10,000 entries were made on inventory ledgers to track the movement of all commodities from receipt to delivery.

Fig 3: Loading the Truck for Delivery of Medical Kits to NGOs



² The GIMS system also handled procurement under other projects. EMAP was the biggest program, representing \$6.9 million out of the total \$8 million procurement.

4.0. EMERGENCY TRAINING & TRAUMA MANAGEMENT

"Provide technical assistance for the development of sustainable educational programs in trauma management, emergency medicine and to develop the capacity of referral centers in the West Bank and Gaza."

Fig 4: Dr. Gregg Greenough Checking a Training Manikin



4.1 Overview

The purpose of this component was to develop sustainable educational programs in trauma management and emergency medicine/nursing, and thereby increase the capacity of (current and future) doctors and nurses in emergency rooms. The capacity and quality of emergency care provided in referral hospitals in West Bank and Gaza was further improved through procurement of needed medical equipment.

Johns Hopkins University was sub-contracted by CARE International for this component. The program was developed in very close coordination with the Ministry of Health, which expressed its support. In particular, a *Memorandum of Understanding* was signed in March 2003 between the Deputy Minister of Health, Dr. Munzer Sharif, and CARE International.

It was decided early on in the project to adopt a "Train the Trainers (TOT)" approach, to ensure speedy dissemination of new skills and to accommodate, to the extent possible, the shifting imposition of closures and curfews. According to this approach, EMAP would identify and train selected doctors and nurses to become "trainers" ("Training of Trainers" or TOT courses). These "trainers" would in turn train doctors and nurses

III. STAFF

Position	Name
Project Manager	Ian Willis
Deputy PM	Ghassan Shakshir, MSc
Health Education Coordinator (JHU Associate Technical Officer to CARE WBG)	Derek Ehrhardt, RN, MSN/MPH
JHU Technical Officer to CARE WBG	Gregg Greenough, MD, MPH
Sub Grants Manager	Gina Ferralis; Debbie Santalessa (temporarily); Oscar Pinheiro
Project Assistant	Irene Siniora
Bob Allen	International Logistician.
Logistician	Ramadan Assi
Monitoring Officer	Bdour Dandiss - ANERA
Pharmacist	Sawsan Batato
Health Advisor	Rand Salman - ANERA
Health Advisor	Carrie Jeffries - JHU
Field Representatives(4) Jenin Hebron Nablus Gaza	Islam al Hijawi Allam Al Ashhab (ANERA) Mariam Al Tal (ANERA) Sulaiman Eid replaced by Maisoun Filfil (ANERA)
Program Assistant	Eman Shoublaq (ANERA - Gaza)
Warehouse Manager (2) Beit Hanina Gaza	Ibrahim Awad Mustafa Ghosain (ANERA) Nihad Taha (ANERA)
Driver	Nader Abu Hawa

All staff working on EMAP at the time of closure (September 30, 2004) have continued under EMAP II, except the following:

Ian Willis	Project Manager until Sept. 30 th 2003. Mr. Willis left the country for another appointment with CARE.
Sawsan Batato	Pharmacist until January 14 th 2004. Mr. Batato took another job with the Italian Cooperation.
Miriam Al Tal	Field Representative - Nablus until September 30 th 2003. Ms. Al Tal took another job with UNICEF.
Nader Abu Hawa	Driver until February 9 th 2004. He is now the fleet supervisor at CARE.

IV. NON-EXPENDABLE PROPERTY

This section focuses on non-expendable property pertaining to CARE. The non-expendable items that have not been transferred or donated to project beneficiaries (see Annexes 7, 8, 9, 12, 16, 17 and 18), have been transferred to EMAP II. This is detailed in Annex 19.

In addition to the items listed in Annex 19, CARE International also procured a car with EMAP funds: a Chevrolet Cavalier (plate number: 5233735). The car is being used under EMAP II.

V. BUILDINGS/ FACILITIES

As per the cooperative agreement, EMAP I funds were used to pay part of the office rent and utilities in Jerusalem, Ramallah and Jenin. In addition, EMAP I funds were used for renting the Shufat warehouse. There are no outstanding charges for buildings or facilities. EMAP II, as per the cooperative agreement, continues to pay part of the office rent for Jerusalem, Jenin, and the full amount of the Ramallah and Gaza office space.

Regarding housing and utilities costs, EMAP I covered 100% of the housing and utilities for the project manager, Mr. Ian Willis, as well as for the sub-grants manager, Mr. Oscar Pinheiro. EMAP I was also covering part of the housing and utilities costs for the Country Director (the part was equal to the percentage of time that the CD was spending on the overall management of project, as per stated in the budget proposal). After the closeout of EMAP I, EMAP II continued covering these costs for Mr. Oscar Pinheiro, who is now the Capacity Building Manager, and for the new Country Director, Ms. Liz Sime. Since the new Project Manager for EMAP II is a national employee, she is not entitled to this allowance.

VI. FINAL BUDGET

The below table illustrates the final budget status. A more detailed overview is attached in Annex 20.

Description	EMAP Total	C.A. Budget	Balance	% Difference
Personnel	\$883,021	\$1,088,059	\$205,038	19
Fringe Benefits	\$310,881	\$307,384	-\$3,497	1.1
Travel	\$149,991	\$159,253	\$9,262	5.8
Procurement Support (Equipment & Supplies)*	\$7,080,162	\$6,960,776	-\$119,386	1.7
CARE Supplies	\$106,650	\$90,805	-\$15,845	17
Contractual	\$1,546,700	\$1,498,669	-\$ 48,031	3.2
Sub-Grants	\$1,266,436	\$1,830,000	\$563,564	30.8
Other	\$185,272	\$174,641	-\$10,631	6.1
TOTAL DIRECT COSTS	\$11,541,691	\$12,109,587	\$567,896	4.6
INDIRECT COSTS	\$ 913,157	\$927,887	\$14,730	1.6
TOTAL	\$12,454,847	\$13,037,484	\$582,627	4.4

* The amount listed is different from the amount listed in Section 2.2 in the Report (\$6,999,166). Please note that the difference is due to inclusion of additional costs such as (i) shipping and cargo expenses; (ii) carton boxes to deliver medical supplies; (iii) contracted delivery service; and VAT charges that have not been re-imbursed as of yet. The amount listed in the table above also includes the \$12,577 donation referred to in Section 2.4.3.

As illustrated, \$582,627 is remaining in the EMAP account, mostly due to (1) underspending in the sub-grant line item and (2) savings under the personnel budget line item. The only instance where there was overspending in excess of 10% of the budget line item relates to "supplies".

Below follow detailed budget notes on specific budget line items where the differential is in excess of 10%:

- **Personnel (-19%):** The staffing pattern varied in the course of the program implementation, resulting in remaining funds. Several factors come into play: e.g. while several international experts were contracted during EMAP, most came for a shorter time than budgeted for and were thereafter succeeded by local staff (less expensive). The difficulties in recruiting a sub-grant manager also left a financial impact (see further below in Sub-Grants).

- The reason why the fringe benefits (+1.1%) do not present a similar pattern of under-spending as personnel costs is as follows: fringe benefit rates for international staff were misstated in the C.A. (42% instead of 55%) and the rates for local staff increased in the course of the project. The adjustments were made in accordance with CARE personnel regulations, which are in full accord with USAID standards regulations.
- **Supplies (+ 17%):** The main reason for the excess in spending on supplies was the increase in security concerns, which prompted CARE to relocate some staff from the Ramallah office to the Jerusalem office. In order to accommodate the staff, the office had then to be moved and enlarged, which increased costs. Also due to security reasons, the Ramallah field office premises were changed. This, in turn, entailed additional supply and furniture expenses not budgeted for at the beginning of the project. Finally, the increasing difficulty in commuting and continuous curfews prompted CARE to purchase laptops for both project and support staff and mobile phones for most staff. This added to the costs in the supply line item.
- **Sub-Grants (-30.8%):** Implementation of the sub-grant component started very late as a result of ongoing problems with recruitment of a sub-grant manager. The sub-grant program only truly got off the ground towards the end of the first implementation year. The final and permanent sub-grant manager arrived at the end of the first implementation year, in August 2002. Several small sub-grants were awarded halfway through the second implementation year.

VII. RECORDS

All financial and project records are properly filed at the CARE International Office in Jerusalem and will be kept for a minimum of three years from the end of EMAP Program.

Annexes

- Annex 1: Procurement: Overview of Procurement
- Annex 2: Procurement: Overview of Support to MOH and NGO Clinics
- Annex 3: Procurement: List of Pharmaceuticals for MOH/NGOs
- Annex 4: Procurement: List of Medical Disposables for MOH/NGOs
- Annex 5: Procurement: List of Medical Equipment for MOH
- Annex 6: Procurement: List of Medical Equipment and Beneficiary Hospitals
- Annex 7: Procurement: Overview of MOH Beneficiaries and Equipment Received
- Annex 8: Procurement: Copies of Letters of Transfer of Title

- Annex 9: EMED: Overview of Procurement

- Annex 10: Sub-Grants: Overview of Sub-Grants
- Annex 11: Sub-Grants: Overview of Procurement
- Annex 12: Sub-Grants: Procurement List for Medical Equipment
- Annex 13: Sub-Grants: Procurement List for Technical Aids
- Annex 14: Sub-Grants: Procurement List for Medical Disposables
- Annex 15: Sub-Grants: Procurement List for Pharmaceuticals
- Annex 16: Sub-Grants: Procurement List for Furniture/Office Supplies (PRCS)
- Annex 17: Sub-Grants: Copies of Letters of Transfer

- Annex 18: RNA/FSANS: Overview of Procurement

- Annex 19: Overview of Items Transferred to EMAP II
- Annex 20: EMAP Final Budget

ANNEX 1

**EMAP Procurement: Pharmaceuticals, Medical Disposables,
Medical Equipment, and Technical Aids**

❖ Pharmaceuticals

All the pharmaceutical orders under EMAP for the total value of \$5,149,777 were ordered and received over the course of EMAP I. All items were also delivered to the beneficiaries, except for pharmaceuticals (distribution rounds continued under EMAP II until March 31, 2004).

Table A: Summary of EMAP pharmaceuticals ordered and delivered to MOH and NGO clinics

Order Description	Value (\$) Ordered/Received	Value (\$) Delivered to MOH	Value (\$) Delivered to NGOs	Value (\$) Delivered to Sub-Grantees
MOH 1 st order [Pharma 1]	214,761	178,967	35,794	0
NGO's 1 st order [Pharma 2]	1,326,304	148,657	1,177,647	0
MOH 2 nd order [Pharma 3]	604,505	580,134	22,214	2157
NGO's 2 nd order [Pharma 4]	1,014,670	112,568	902,102	0
MOH 3 rd order [Pharma 5]	582,978	549,282	33,696	0
MOH & NGO's 1 st [Pharama 6]	416,748	225,013	191,735	0
MOH 4 th order [Pharma 7]	340,886	340,886	0	0
NGO's 3 rd order [Pharma 8]	187,290	0	187,290	0
MOH 5 th Order [Pharma 9]	461,635	461,635	0	0
Total \$	5,149,777	2,597,142	2,550,478	2,157

❖ Medical Disposables

All medical disposable orders under EMAP for the total value of \$936,204 were received and delivered to MOH, NGOs clinics and sub-grantees in the course of EMAP I.

Table B: Orders, receipts and deliveries for EMAP medical disposables provided to the MOH, NGO clinics, and sub-grantees.

Order Description	Value (\$) Ordered & Received	Value (\$) Delivered
MOH 1 st order [Med. Disp 1]	327,455	327,455
NGO's 1 st order [Med. Disp 2]	212,917	212,917
NGO's 2 nd order [Med. Disp 3]	20,053	20,053
Sub Grants 1 st order [Med. Disp 4]	34,196	34,196
MOH 2 nd order [Med. Disp 5]	341,583	341,583
Totals \$	936,204	936,204

❖ *Medical Equipment*

- In the course of EMAP, CARE placed two orders for medical equipment for the MOH (total value of (\$576,212). Both orders were received, paid for, and delivered to the MOH Central Stores in Gaza and Ramallah respectively.

Table C: Summary of Medical Equipment ordered & delivered to MOH (1st & 2nd Order)

Item Description	Quantity	Total Value \$
Critical Care Ventilator	1	15285
Datex anesthesia machine	4	83760
ECG machine	5	13500
Syringe pumps	2	4520
Bedside monitors	6	49630
Anesthesia Monitor	1	17089
Haemodialysis Machines	4	46000
Suction machine	10	24000
Operating tables	2	37520
Anesthesia Trolley	11	20900
Mobile surgical lights	2	12580
Mobile suction machine	2	4800
Operating Ceiling lights	2	17646
Allied Vacuum Pump	1	24,232
CBC Counter	1	14,000
Bed Side Monitor	2	15,082
Medication Trolley	2	3,600
Pulse Oxymeter	2	3,000
Sphygmomanometer Portable	2	155
Sphygmomanometer Wall mounted	1	150
Examination Beds	2	840
Cardiac Monitor	1	14226
Ultrasound Scanner	1	35,000
Electrocardiographs	3	7,500
C-Arm X-Ray	2	110,730

Rechargeable Battery	1	260
Cable for IBP Transducers	1	160
Reusable NIBP cuff	1	47
Total		576,212

[Note: from the first order for MOH 4 Defibrillator machines to the value of \$18,480 has been cancelled by MOH Gaza]

- EMAP also placed two orders for medical equipment as part of the sub-grant support to selected NGOs.

Table D: A Summary of Medical Equipments ordered & delivered to Sub-Grantees (1st Order)

Description	Value in US \$
Total ordered for "Sub-Grantees"	186,085
Total received for "Sub-Grantees"	176,619
Total delivered to "Sub-Grantees"	176,619

[Note: the difference in value between the amount ordered and delivered \$9,466 is stand for some items that has been cancelled by the vendor]

Table E: A Summary of Medical Equipments ordered & delivered to Sub-Grantees (2nd Order)

Description	Value in US \$
Total ordered for "Sub-Grantees"	38,653
Total received for "Sub-Grantees"	38,653
Total delivered to "Sub-Grantees"	38,653

❖ *Technical Aids*

Technical aids for rehabilitative care NGOs were ordered and delivered for a total value of \$121,701. Two separate orders were placed.

Order Description	Value in US \$
Technical Aids (Order 1)	\$67,881
Technical Aids (Order 2)	\$28,500
Technical Aids (Order 3)	\$25,320
Total	\$121,701

The orders 1 and 2 consisted of \$50,636 worth of technical aids proper and \$45,745 worth of furniture, office equipment, and appliances. Order 3 consisted of technical aids only.

ANNEX 2

**EMAP Procurement Support: List of Beneficiaries
(MOH and NGO Clinics)**

Beneficiary Name	Area	Value Delivered Med Disp \$	Value Delivered Pharm. \$	Value Delivered Med Equip. \$	Total Value Deliver \$
MOH West Bank	WB	399,177	1,498,946	338,717	2,236,8
MOH Gaza	Gaza	326,367	1,098,196	237,495	1,662,0
PRCS Head Quarter	Ramallah	13,785	6,856	0	20,64
PRCS Habla	Qalqilia	469	27,873	0	28,34
PRCS Silwad Medical Center	Ramallah	469	47,719	0	48,18
PRCS Dier Abu Meshal	Ramallah	469	38,081	0	38,55
PRCS Azmoot Medical Center	Nablus	469	37,294	0	37,76
PRCS Beit Fajar	Hebron	469	47,719	0	48,18
PRCS Al Khader	Bethlehem	469	46,652	0	47,12
PRCS Jaba	Nablus	0	1,800	0	1,800
PRCS Anabta	Tulkarem	0	1,800	0	1,800
PRCS Abassan Al-Kabirah	Gaza	215	22,539	0	22,75
UPMRC Head Quarter (Mobil Clinics)	Ramallah	13,793	132,252	0	146,04
UPMRC Jenin	Jenin	469	49,719	0	50,18
UPMRC Al Zababdah	Jenin	469	35,494	0	35,96
UPMRC Maithaloun	Jenin	469	49,719	0	50,18
UPMRC Tulkarem	Tulkarem	469	38,081	0	38,55
UPMRC Al Selah	Jenin	469	38,081	0	38,55
UPMRC Tumos Aia Medical Center	Ramallah	469	38,081	0	38,55
UPMRC Synjel	Ramallah	469	38,081	0	38,55

UPMRC Der Ghassana Clinic	Ramallah	254	13,894	0	14,14
UPMRC Nablus "Mobile Clinic"	Nablus	469	13,304	0	13,77
UPMRC Jiflick	Jordan Valley	469	42,603	0	43,07
UPMRC Idna	Hebron	469	49,719	0	50,18
UPMRC Al Mahawer Clinic	Hebron	0	9,184	0	9,184
UPMRC Ean Sara Clinic	Hebron	0	9,184	0	9,184
UPMRC Qalqilla	Qalqilla	0	7,847	0	7,847
UHC Tubas	Jenin	469	47,719	0	48,18
UHC Al Asrieh Jabalia Camp	Gaza	469	30,594	0	31,06
UHC Rafah	Gaza	0	7,847	0	7,847
PFS Yabbid	Jenin	469	38,081	0	38,55
PFS Kufor Ein	Ramallah	215	26,079	0	26,29
PFS Tulkarem	Tulkarem	1,274	7,847	0	9,121
PFS Gaza	Gaza	5,000	0	0	5,000
PFS Jenin	Jenin	13,482	4,786	0	18,26
Ateel Society	Tulkarem	469	42,388	0	42,85
Anabta Al Zakat	Tulkarem	469	36,281	0	36,75
Azon Medical Center	Qalqilla	0	6,047	0	6,047
Al Zakat Qalqilla	Qalqilla	469	47,719	0	48,18
Al Zakat Agraba Med. Center	Nablus	469	53,208	0	53,67
SMA Qabalan Med. Center	Nablus	469	51,208	0	51,67
SMA Der Debwan Med. Center	Ramallah	469	36,281	0	36,75

Al Zakat Beta Med. Center	Nablus	469	47,719	0	48,18
Old city Nablus	Nablus	469	37,294	0	37,76
Al Samou Medical Center	Hebron	469	47,719	0	48,18
Doura Municipality	Hebron	469	47,719	0	48,18
Daharia Municipality	Hebron	469	47,719	0	48,18
Sier Charitable Woman Society	Hebron	469	47,719	0	48,18
Halhoul Women Society	Hebron	469	46,652	0	47,12
Tarqoumia Charitable Society	Hebron	469	47,719	0	48,18
Beit Omar Charitable Society	Hebron	469	47,719	0	48,18
Bani Naim Charitable Society	Hebron	469	49,719	0	50,18
Noba Charitable Society	Hebron	469	35,494	0	35,96
Aknaf Beit Al Maqdes	Bethlehem	469	43,443	0	43,91
Shyouk Zakat Community	Hebron	469	47,719	0	48,18
Zakat Al Khalil	Hebron	469	33,351	0	33,82
Al Salah Medical Center	Gaza	469	36,916	0	37,38
Yaffa Medical Center	Gaza	469	42,317	0	42,78
Dar El Ketab Wassona	Gaza	469	36,916	0	37,38
AHCC El Zaitouna	Gaza	469	16,268	0	16,73
Al Mawasee Cooperative Clinic	Gaza	469	42,916	0	43,38
Benevolent Patients Rescue Ass.	Gaza	469	45,184	0	45,65
Jourt El Lout Medical Center	Gaza	469	40,890	0	41,35
PAS Al Shujaieh	Gaza	469	32,594	0	33,06

Al Awdah Benevolent Society	Gaza	469	29,007	0	29,47
Guidance Association Family Center	Gaza	459	33,212	0	33,67
Tel Sultan Specialized Clinic	Gaza	469	45,184	0	45,65
Ma'an Benevolent Society Al Jadedah	Gaza	469	29,007	0	29,47
Al Ferduas Charitable Clinic	Gaza	469	32,394	0	32,86
Ma'an Benevolent Sheik Radwan	Gaza	469	22,356	0	22,82
Al Quds Charitable Clinic	Gaza	469	32,594	0	33,08
Sanable Allergy Clinic	Gaza	469	36,896	0	37,36
Al Aqsa Ben Association	Gaza	469	37,445	0	37,91
Islamic Society Al Tawba	Gaza	469	26,547	0	27,01
Al Wafa Rehab.	Gaza	0	1800	0	1,800
Birzeit Woman Society	Ramallah	0	9184	0	9,184
Al Ardh Al Taieba Clinic	Gaza	254	7847	0	8,101
Al Ahli Hospital Hebron	Hebron	15,337	0	0	15,33
Al Yamamah Hospital	Bethlehem	12,932	0	0	12,93
Al Mustaqbal Hospital	Ramallah	16,838	0	0	16,83
Al Makassed Hospital	Jerusalem	14,609	0	0	14,60
Al Ittihad Hospital	Nabius	17,138	0	0	17,13
Shiek Zayad Hospital	Ramallah	12,200	0	0	12,20
Arab Care	Ramallah	12,200	0	0	12,20
MARAM	Jerusalem	0	1,056	0	1,056
Arora Medical Center	Ramallah	215	4,582	0	4,797
Total Value \$		902,008	5,147,620	576,212	6,625,8

ANNEX 3

Item	Strength	Dosage Form	Supplier
Diclofenac Sodium 50mg	50mg	Tab	D&K
Paracetamol	125mg/5ml 60ml	Syr	D&K
Paracetamol	300mg	Suppos	D&K
Tylenol 500mg	500mg	Cap	D&K
Dexamethesone 4mg 1ml	4mg 1ml	Amp	D&K
Mebendazole 100mg/5ml 30ml	100mg/5ml 30ml	Tab	D&K
Amoxicillin 500mg	500mg	Cap	D&K
Amoxicillin 250mg	250mg	Susp	D&K
Amoxicillin 250mg/Clavulanate 62.5mg	250mg	Susp	D&K
Cefuroxime 500mg	500mg	Tab	D&K
Cephalexin 500mg	500mg	Cap	D&K
Dioloxacillin 500mg	500mg	Cap	D&K
Ciprofloxacin 500mg	500mg	Tab	D&K
Erythromycin 250mg	250mg	Tab	D&K
Erythromycin & Sulfoxazole ESP 100ml	ESP 100ml	Susp	D&K
Metronidazole 250mg	250mg	Tab	D&K
Ferrous Sulf + Folic Acid 500mg	500mg	Tab	D&K
Isosorbide Dimtrate 5mg SL	5mg	Tab	D&K
Furosemide 40mg	40mg	Tab	D&K
Ranitidine HCL 150mg	150mg	Tab	D&K
Gilbenamide 5mg	5mg	Tab	D&K
Amoxicillin 250mg	250mg	Cap	D&K
Appap Sup 325mg	325mg	Supp	D&K
Glycerin Sup Infant	Infant	Supp	D&K
Provoidine Iodine sol 10%	10%	240ml	D&K
Adrenalin Chlor Sol 1mg/ml	1mg/ml	10X1	D&K
Anestacon Jelly	15ml	tube	D&K
Captopril 25mg	25mg	Tab	D&K
Cephalexin 500mg	500mg	Cap	D&K
Cephalexin 250mg	250mg	Cap	D&K
Chlorpromazine 100mg	100mg	Tab	D&K
Dexamethasone VL 4mg	VL 4mg	25X1ml	D&K
Diclofenac Sod 50mg	50mg	Tab	D&K
Diltiazem 60mg	60mg	Tab	D&K
Doxycycline 100mg	100mg	Cap	D&K
Erythro sulfox B.S./P	100ml	Susp	D&K
Erythromycin 250mg	250mg	Tab	D&K
Gentamicin Sul Op Sol 0.35	0.35	5ml	D&K
Haloperidol 5mg	5mg	Tab	D&K
Isosorbide Dinitrate 5mg SL	5mg SL	Tab	D&K
Maxidex Susp oph		5ml	D&K
Metformin 850mg	850mg	Tab	D&K

Oxybutynin Cl# 5mg	5mg	Tab	D&K
Phenytoin Sod 100mg	100mg	Cap	D&K
Ranitidine HCL 150mg	150mg	Tab	D&K
Aminoph 250mg	250mg	Vial	D&K
Warfarin Sod Cath 5mg	5mg	Tab	D&K
Diclofenac Sod 50mg	50mg	Tab	D&K
Apap Oral Solution 160mg/5ml	160mg/5ml	Syr	D&K
Paracetamol 325mg	325mg	Supp	D&K
Tylenol 500mg	500mg	Cap	D&K
Dexamethasone VL 4mg	4mg	25X 1ml	D&K
Vermox 100mg Chew Tabs	100mg	Tab	D&K
Amoxil 500mg	500mg	Cap	D&K
Amoxicillin 250mg/5ml O/S	250mg	Susp	D&K
Amoxicillin 250mg/Clavulanate O/S (Augmentin)	250mg	Susp	D&K
Cephalexin 500mg	500mg	Cap	D&K
Dicloxacillin 500mg	500mg	Cap	D&K
Ciprofloxacin 500mg	500mg	Tab	D&K
Erythromycin 250mg	250mg	Tab	D&K
Erythromycin + Sulisox BSP		Susp	D&K
Metronidazole 250mg	250mg	Tab	D&K
Ferrous Sulf + Folic Acid 500	500mg	Tab	D&K
Isosorbide Dinitrate 5mg SL	5mg	Tab	D&K
Furosemide 40mg	40mg	Tab	D&K
Ranitidine HCL 150mg	150mg	Tab	D&K
Glibenclamide 5mg	5mg	Tab	D&K
Atenolol 100mg UD	100ml	Tab	D&K
Carbamazepine 200mg	200mg	Tab	D&K
Amitriptyline HCL 25mg	25mg	Tab	D&K
Prednisone 54mg	54mg	Tab	D&K
BUPIVACAINE HCL Spinal 0.5% 30ml	0.5% 30ml	AMP	Mckesson
LIDOCAINE HCL 1% IV 5ml	1% IV 5ml	AMP	Mckesson
LIDOCAINE HCL 2%+EPINEPHERINE 1:200000 10ml	1:200000 10ml	Amp	Mckesson
DEXAMETHASONE 4mg 1ml	4mg 1ml	AMP	Mckesson
PHENYTOIN SODIUM 100mg	100mg	Cap	Mckesson
VALPROATE SODIUM 250mg	250mg	Tab	Mckesson
MEBENDAZOLE 100mg/5ml 30ml	100mg/5ml 30ml	Tab	Mckesson
AMOXICILLIN 250mg	250mg	Cap	Mckesson
AMOXICILLIN 250mg/5ml 100ml	250mg/5ml 100ml	Susp	Mckesson
CEPHALEXIN 250mg	250mg	Cap	Mckesson
PHENOXYMETHYLPENICILLIN 250mg	250mg	Tab	Mckesson
DOXYCYCLINE 100mg	100mg	Cap	Mckesson
ERYTHROMYCIN 250mg	250mg	Tab	Mckesson
NYSTATIN 100000 U/ml 60ml(oral)	100000 U/ml 60ml	Susp	Mckesson
FERROUS SULF +FOLIC ACID 500MCG	500mg	Tab	Mckesson
ISOSORBIDE 5-MONONITRATE 20mg	20mg	Tab	Mckesson
DILTIAZEM 60mg	60mg	Tab	Mckesson
MICONAZOLE 2% 15g 30g	2% 15g 30g	Cream	Mckesson

POVIDONE IODINE 10% 1litre	10% 1litre	Soln	McKesson
MANNITOL 20% 300ml	20% 300ml	Soln	McKesson
ALUMINIUM HYDROXIDE GEL 190mg+MAG TRISILICA	330mg	Tab	McKesson
RANITIDINE HCL 150mg	150mg	Tab	McKesson
GLYCERIN 2.7g	2.7g	Suppos	McKesson
DEXAMETHASONE 0.1% 5ml	0.1% 5ml	Eye Drop	McKesson
FLUPHENAZINE DECANOATE 25mg/ml 5ml	25mg/ml 5ml	Vial	McKesson
SALBUTAMOL 100mcg/inhal 200inhal	200inhal	Aerolol	McKesson
Chloramphenicol 0.5%	0.50%	eye drop	McKesson
<i>Item</i>	<i>Strength</i>	<i>Dosage Form</i>	<i>Unit Package Size</i>
Amoxicillin /Clauvanate	250 mg/62.6 mg	Suspension	Bottle
Diclofenac Sodium	50 mg	Tablets	30 Tabs
Erythromycin	200 mg/5ml	Suspension	Bottle
Gentamycin	0.30%	Eye Drops	Bottle
Metronidazole	250 mg	Tablets	20 Tabs
Paracetamol	125 mg/5ml	Syrup	Bottle
Carbamazepine	200 mg	Tablets	50 Tabs
Amitryptillin	25mg	Tablets	50 Tabs
Atenolol	100mg	Tablets	20 Tabs
Betahistidine	16mg	Tablets	20 Tabs
Propranolol HCL	10mg	Tablets	20 Tabs
Cefazoline	1g	Vial	1 Vial
Ciprofloxacin	500 mg	Tablets	10 Tabs
Folifer-B12	245 mg	Capsules	24 Tabs
Aminophylline	250 mg/10 ml	AMP	50 AMP
Cephalexine	250 mg/5 ml	Suspension	Bottle
Trimethoprim /Sulphamethoxazole	40 mg/200 mg	Suspension	Bottle
Salbutamol Syr 2mg/5ml 150ml	2 mg/5 ml	Syrup	Bottle
Nystatin 100000 u/ml 12ml	100000U/12ml	Solution	Bottle
Enalapril 5mg Tab.	5 mg	Tablets	30 Tabs
Nifedipine 20mg Tab.	20 mg	Tablets	30 Tabs
Phenobarbital 100 mg Tab.	100 mg	Tablets	1000 tabs
Miconazole Nitrate	2%	Cream	Tube
Phenoxy Methyl Penicillin	250 mg/5ml	Syrup	Bottle
Povidone Iodine	10%	Solution	Bottle
Haloperidol	5 mg	Tablets	20 Tabs
Ipratropium Bromide	0.25 mg/ml	Solution	Bottle
Timolol Mal.	0.50%	Eye Drop	Bottle
Saline 0.9%	0.90%	Solution	Bag
Chlorphenramine Maleate	2 mg/5ml	Solution	Bottle
Amoxicillin	250 mg/5ml	Suspension	Bottle
Amoxicillin	250 mg	Capsules	16 Caps
Captopril	25 mg	Tablets	20 Tabs
Cefuroxime	250 mg	Tablets	10 Tabs
Cephalexine	250 mg	Capsules	16 Tabs

Dexamethazone	4 mg/ ml	AMP	5 AMP
Erythromycin	250 mg	Tablets	24 Tabs
Furosimide	40 mg	Tablets	20 Tabs
Glibenclamide	5 mg	Tablets	30 Tabs
Metformin	850 mg	Tablets	30 Tabs
Paracetamol	150 mg	Suppositories	6 Supp
Prednisolone	5 mg	Tablets	40 Tabs
Paracetamol	500 mg	Tablets	20 Tabs
Ranitidine HCL	150 mg	Tablets	20 Tabs
Cloxacillin Sod.	250 mg	Capsules	12 Caps
Valporate Sodium	200 mg	Tablets	20 Tabs
Mebendazole	100 mg	Tablets	6 Tabs
Dextrose 5% + Saline 0.9% SOLN. 500ml	500 ml	Solution	Bag
Digoxin	0.25 mg	Tablets	40 Tabs
Diltiazem	60 mg	Tablets	30 Tabs
Isosorbide dinitrate.	5 mg	Tablets	40 Tabs
Lactated Ringer	500cc	Solution	Bag
Warfarin Sod.	5 mg	Tablets	30 Tabs
Carbamazepine	2%	Syrup	Bottle
Metronidazole	500 mg	VIAL	Vial
Salbutamol	100 mcg	Inhalation	Inhaler