



**United Nations Development Programme
Country: The Gambia**

Project title: Support to National Ebola Prevention and Preparedness in The Gambia

UNDAF Outcome: Disaster Risk Reduction systems and services operationalized

Expected CP outcome: Capacities of institutions responsible for economic management and governance for inclusive growth and evidence based policy formulation and implementation enhanced

Expected Output: Pro-poor, climate-resilient development strategy formulated and adopted for achieving sustainable energy for all

Implementing Agency: Ministry of Health and Social Welfare of The Gambia

Brief Description

This project is based on The Gambia's National Ebola Virus Disease Plan (NEVDP), and is intended to complement the activities related to its implementation, taking advantage of UNDP's and comparative advantages. The project aims to protect the health status and economic livelihoods of the population of The Gambia, by enhancing national capacities to prevent EVD exposure. The immediate objective is to improve national capacities to implement the NEVDP, by enhancing national response capacities and preparedness levels. The project will be implemented over a period of one year, using the National Implementation Modality (NIM), and has the following specific objectives:

- To ensure proper coordination of the preparedness and outbreak response activities at all levels;
- To strengthen national capacities for Ebola prevention and preparedness among health workers at central and community levels;
- To strengthen early detection, reporting and referral of suspected cases through active surveillance to isolation units within health facilities;
- To create public awareness about EVD, the risk factors for its transmission, its prevention and control among the community.

Programme Period	12 months	Total resources required:	USD1,660,000.00
Key Result Area (Strategic Plan):	_____	Total allocated resources:	
Atlas Award ID:	_____	• Regular	USD60,000.00
Start date:	18 March, 2015	• Other:	
End Date:	17 March, 2016	o Government of Japan	USD1,600,000.00
PAC Meeting Date:	_____	In-kind Contributions:	TBD
Management Arrangements:	National Implementation		

Agreed by (Government): Permanent Secretary,
Ministry of Health and Social Welfare

[Signature] Dr. M. Faal
25/3/15

Agreed by (Executing Entity): Honourable Secretary General, Minister of Presidential Affairs and Head of Civil Service
Office of the President

[Signature] 2/4/15

Agreed by (UNDP): Ms. Ade Mamonyane Lekoetjie
Resident Representative



I. SITUATION ANALYSIS

Since March 2014, West Africa has been confronted with an unprecedented Ebola Virus Disease outbreak. Despite all efforts made by Governments of the affected countries, and the International Community, the epidemic continues to claim many victims. To prevent further spread of the epidemic, countries are being supported to develop and finalize their preparedness plans for appropriate response in case of an outbreak of Ebola Virus Disease.

The Gambia has a population of 1.88 million people, of which 51 percent are female, while over 60 percent of the population is under the age of 25 years. The GDP per capita is US\$540 and almost half the population (48.40 percent) is poor. The country is surrounded by the Republic of Senegal on three sides and the Atlantic Ocean to the west. Even though The Gambia has nine designated official points of entry (POEs), there are wide areas which are porous and difficult to monitor. The country also has long standing socio-economic links with the EVD affected countries, especially with the Republic of Guinea and Sierra Leone. As a result, The Gambia is presently categorized among the high-risk unaffected countries as per the WHO Ebola Response Road Map of 28 August 2014. In this context, focus is on strengthening preparedness to rapidly detect and respond to possible EVD exposure.

The Ministry of Health & Social Welfare developed a plan in April 2014 to ensure a comprehensive and coordinated preparedness and response to Ebola Virus Disease outbreak, with a focus on a) strengthening coordination at the National and Regional levels, b) intensifying active surveillance, c) prompt case management, effective infection prevention and control, and d) advocacy, communication and social mobilization. An Activity Plan was developed in August 2014 following the Accra Special Emergency Inter-ministerial Meeting in July 2014 and recommendations based on the WHO Ebola Response Road Map of August 2014.

The release of new Guidelines and Checklist by WHO for countries in the state of preparedness, reinforced by the mission to The Gambia in November 2014 by a team of WHO experts, led to the development of a comprehensive and coasted strategic plan which reflects the new imperatives of Ebola transmission in the sub-region.

This revised National Ebola Virus Disease Plan (NEVDP), covering a period of one year, focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilization as well as logistics and safety. To minimise effort duplication and ensure the optimal utilisation of available resources, the National Ebola Virus Disease Task Force will oversee the overall coordination and implementation of the plan. This principle of One National Plan captures the comparative advantages and interests of the various Stakeholders and Partners, and contains the following main strategies:

1. Development, implementation and assessment of preparedness measures,
2. Active surveillance for clusters of unexplained deaths or febrile illnesses,
3. Prompt identification and notification of suspected and probable cases, and effective case management,
4. Accurate general public and relevant information on EVD outbreak and measures to reduce the risk of exposure, and effective social mobilization,
5. Protocol for managing travellers arriving at major land, air and sea crossing points with unexplained febrile illness,
6. Identification and preparation of isolation units where any suspected or probable EVD cases can be properly investigated and managed,
7. Process for rapidly shipping diagnostic specimens to a WHO-recognized laboratory,

8. Simulation exercises to test the performance of detection and response systems to suspected or probable cases of EVD,
9. Effective coordination of the preparedness and response plan.

The proposed project intervention draws specific strategies from the above, on the basis of the most immediate needs, as well as UNDP's comparative advantage and experience.

II. STRATEGY

Overall aim, alignment with strategic / national priorities, and UNDP's comparative advantage

The overall aim / goal of the project is to protect the health status and economic livelihoods of the population of The Gambia, by enhancing national capacities to prevent EVD exposure. The immediate objective or purpose of the project is to improve national capacities to implement the National Ebola Viral Disease Plan (NEVDP), through the enhancement of national response capacities and preparedness levels.

Thus the project's aim is consistent with UNDAF Outcome Two on Social Protection: National Social Protection system and services developed and implemented. Output 2.1 further states: Key social protection policies and systems and feasible strategies developed, including health insurance issues, targeting strategies and development of safety nets for the most vulnerable.

The Government of The Gambia's commitment to protecting the social and health status of The Gambia's population, as enshrined in the long term Vision 2020, and the medium term Program for Accelerated Growth and Employment (2012 – 2015), underscore the fact that this project is in line with The Gambia's stated priority objectives. More specifically, the project is a direct response to the call for support by the Government of The Gambia, based on the recently updated National Ebola Virus Disease Plan (NEVDP).

UNDP's interest in the areas of social protection and maintaining and improving livelihoods, particularly of poor and vulnerable groups, stems from its commitment to pro-poor economic development, which is a key pillar of sustainable human development, UNDP's *raison d'être*. This means that in order to protect the health status and economic livelihoods of The Gambian population from a hitherto unknown threat, active measures have to be undertaken to prevent exposure to the EVD, and to improve national capacities to contain and deal with such an exposure, should it happen.

Furthermore, the modalities of training and the provision of the requisite tools to utilize the knowledge gained, coupled with social mobility and inclusion, take maximum advantage of UNDP's comparative advantages in capacity development.

Approach

The approach undertaken in the design of this project is aimed at ensuring national ownership and leadership, making use of existing structures, mechanism and resources, and thus improving the prospects of sustainability.

The interventions identified in the project are selected directly from the NEVDP, taking into consideration UNDP's comparative advantage in identifying niche areas. As the national anti-

Ebola system in place is only as strong as its weakest link, interventions have been selected taking into consideration their possible catalytic effect and potential for synergy. By the same token therefore, the geographical scope of this project is national in its coverage, aimed at providing support to all nine official Points of Entry, but also strengthening the mechanisms for information system for early warning and emergency response.

The project delivery mechanisms – targeted technical assistance interventions, training of frontline staff and providing them with the requisite tools, and the inclusion and building of capacities of local communities – has been carefully designed to ensure complementarity with existing as well planned interventions in order to optimise the use of resources and enhance the prospects of successful and sustainable project implementation.

Consequently, the project will focus on the following specific objectives¹:

- To ensure proper coordination of the preparedness and outbreak response activities at all levels;
- To strengthen national capacities for Ebola prevention and preparedness among health workers at central and community levels;
- To strengthen early detection, reporting and referral of suspected cases through active surveillance to isolation units within health facilities;
- To create public awareness about EVD, the risk factors for its transmission, its prevention and control among the community.

Strategic Orientation

The outbreak of the EVD in Guinea in March 2014, hitherto unknown in West Africa, and its rapid spread to neighbouring Sierra Leone and Liberia, alerted countries in the Region as to the need to urgently reinforce national surveillance, detection, and response capacities. Since the disease has no established cure to date, the response to the outbreak of the epidemic has to centre around surveillance and early detection, as well as containment to arrest its spread. This project is therefore designed to improve The Gambia's response capacity in these areas. To ensure sustainability, the project is anchored within existing plans and mechanisms, particularly the National Ebola Virus Disease Plan.

Justification

The justification for this project stems from the need to prevent the exposure and possible spread of the EVD in The Gambia, because of its destructive impact on health and economic livelihoods of the population in the shortest possible time. UNDP support for the project stems from the need to mobilise all possible resources to tackle this national threat, and to complement the efforts of the Government of The Gambia in order to minimise resource shortfalls. The prevention of The Gambia's exposure to EVD not only protects the health status of the population, but also has a direct impact on key economic sectors such as tourism. For instance, a study by UNDP on the economic impact of the EVD in Guinea, Liberia and Sierra Leone indicated that Ebola is reducing economic growth and increasing inflation, fiscal balances

¹ These specific objectives are elaborated on in the section on 'Project Specifics'.

are deteriorating, and both imports and exports are falling. This is all the more reason why this project should be implemented in The Gambia.

Crosscutting Issues

It is not foreseen that the project will have any major impact on gender and environmental sustainability. Nonetheless, in line with UNDP policies on gender, every effort will be made to prioritise gender issues where opportunities arise. Similarly, every effort will be made to ensure the environmentally sustainable utilisation and disposal of resources used in this project.

Project specifics

The activities to be implemented within the duration of the project fall into four categories or components, as follows:

- a) Coordination and Monitoring & Evaluation;
- b) Health workers preparation and provision of PPEs;
- c) Mobilization and Awareness campaign; and
- d) Strengthen Early Detection and Surveillance.

Interventions will cover all nine PoEs, while recognising the porousness of some of the country's borders. In a bid to mitigate this challenge, a Central Emergency Command Centre will be established and fully equipped, while national and local level capacities for detection and reporting on the disease will be reinforced.

Visibility of donor contributions (Government of Japan) will constitute an important consideration in the implementation of all aspects of the project. Thus the Government of Japan's contribution will be acknowledged in all major speeches and statements to be made by UNDP on the project and the EVD in general, while all equipment procured and distributed by the project will bear the logo of the Government of Japan. Project partners, particularly the Ministry of Health, will also be encouraged to acknowledge the Government of Japan's contribution at every opportunity.

III. ANNUAL WORK PLAN

Year: March 2015 – February 2016

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET	
		Q 1	Q 2	Q 3	Q 4		Funding Source	Amount
Output 1 Strengthening coordination and M&E	1.1 Procurement a) Computers and VHF radio with national coverage for central coordination unit	X				UNDP	Japan \$2,000@ 15Computers =30,000 \$70,000@VHF radio	30,000 70,000
1.1 Establish a central emergency command center	b) Two 4x4 vehicles for coordination and monitoring for the national command center, Epidemiology and Disease control unit	X					\$45,000@ 2vehicles=90,000 \$3,000@20motor cycles=60,000	90,000 60,000
	c) 20 motor cycles for the surveillance officers					UNDP TRAC	\$60,000	(60,000)

1.2 Effective project management and reporting	1.2 Recruitment of a project coordinator (IUNV)	X	X	X	X	UNDP/MOHS W	Japan	\$50@7regions@ 24meetings= 8,400 \$3,175@12central meetings=38,100	8,400
1.3 Effective project monitoring and reporting	1.3 Monitoring and reporting								38,100
	a) Conduct bi-weekly stakeholders meetings and reporting at central and regional level	X	X	X	X			\$100@6regions@ 6meetings=3,600 \$200@3officers@6trekkings=3,600 \$150@35health centers@2times =10,500 \$300@SIMcard	3,600 3,600
	b) Monitoring and supervisory visits to Point of Entry (POE) and health facilities	X	X	X	X			\$200@ 200communities =40,000 \$40@35boarder officers@12times=16,800 \$200@25health centers@ 6mettings=30,000	10,500 300 40,000 16,800 30,000
	c) Training and consultation in all communities, health facilities and POEs in accordance with International Health Regulation (2005)								
	Sub-Total						Japan UNDP		401,300 (60,000)
Output 2	2.1 Training and					UNDP/MOHS			

Health workers preparation and provision of PPEs	consultative meetings	X	X	X	X	X	X	W	\$500@7regions@4days=14,000	14,000
2.1 Well informed and trained health workers on EVD	a) Training Rapid Response Teams (RRT) at national and regional levels on early detection using national EVD guidelines	X	X	X	X	X	X		\$240@5officers@7regions=8,400	8,400
	b) Training field health workers on contact tracing, reporting and follow-ups	X	X	X	X	X	X		\$240#100CHNs=24,000	24,000
	c) Training of Trainers (TOT) for community health nurses (CHN) at Point of Entries (POE) using community case-based definition of alert cases of EVD	X	X	X	X	X	X		\$40@35 participants@6meetings@7regions=58,000	58,800
	d) Engage local government authorities, traditional healers, and									

	CBOs in community based EVD through sensitization and consultation	X	X	X	X		UNDP/MOHS W		\$7.5@2,000 veronica buckets =15,000 \$55,000@soap, bleach, chlorine	15,000
2.2 Availability of sufficient materials and support services to health workers	2.2 Procurement and logistic support								\$40SIM card @45CHNs=1,800 \$60fuel@45CHNs@6 months =16,200 \$200DSA@45CHNs@3times=27,000 \$60fuel@45public health officers(PhO)@ 6months=16,200 \$240DSA and training cost@45PhO=10,800 \$200DSA@50PhO=10,000	55,000 1,800 16,200 27,000 16,200
	a) Procurement and distribution of infection prevention and control materials	X	X	X	X					1,800
	b) Logistic support to CHNs and other health workers to conduct supervision and reporting at community level									16,200
										27,000
										16,200
										10,800
										10,000
	Sub-Total							Japan		257,200.00
Output 3 Social mobilization and awareness on EVD	3.1 Training and sensitization						UNDP/MOHS W		\$3,500@2days of training of drama group=7,000 \$1,000@5 contracting drama group =5,000	7,000 5,000
	a) Training and contracting of	X	X	X	X					

	of EVD information	X	X	X	X	X	X						
	c) Logistic support												16,200
													381
													122,481.00
	Sub-Total								Japan				
Output 4	4.1 Training							UNDP/MOHS					
Strengthen early detection and surveillance	a) Training of surveillance officers on the use of EVD surveillance tools	X	X	X	X	X	X	W	Japan	\$13,500@4 training sessions =54,000			54,000
4.1.80	Surveillance officers trained on early detection									\$13,500@3 training sessions =40,500			40,500
										\$17,000@3 sessions=51,000			51,000
	4.2 Procurement of equipment for three temporary holding centers at POEs							UNDP/MOHS					
	a) Procurement PPEs and medical consumables	X	X	X	X	X	X	W		\$80@2,500PPE =200,000			200,000
	b) Procurement of three	X	X	X	X	X	X			\$25,000@medical consumables			25,000
		X	X	X	X	X	X			\$60,000@3 Ambulances =180,000			180,000

IV. MANAGEMENT ARRANGEMENTS

The project will be implemented using the National Implementation Modality (NIM).

The project will maximise the use of existing national structures and mechanisms, starting with the National Task Force that is charged with the responsibility for overall coordination of the implementation and monitoring of the NEVDP, and with mobilisation of resources for its implementation. The National Task Force is chaired by the Permanent Secretary, Ministry of Health, and includes UNDP, UNICEF, WHO, Medical Research Council, National Disaster Management Agency, the Gambia Red Cross Society, and other CSOs. It consists of five specialised committees, as follows:

1. Coordination
2. Epidemiology and Lab Surveillance
3. Case Management
4. Communication and Social Mobilisation
5. Logistics and Safety

A Project Steering Committee (PSC), chaired by the Permanent Secretary, Ministry of Health, will be established and will oversee, monitor and provide direct guidance and supervision to this project. Members of the PSC will include UNDP, WHO, UNICEF, MOHSW, MRC, NDMA, GRCS and CSO representatives. The PSC will report to the National Task Force that has been set up to oversee and coordinate implementation of the NEVDP.

The day-to-day management of the project will be the responsibility of the Project Coordinator, who will report to the PSC. In view of the relative short duration of the project, and to secure the requisite technical expertise in the shortest possible time, while ensuring cost-effectiveness, the Coordinator will be drawn from the UN's extensive global pool of UNVs. The Coordinator will be assisted by an M&E Officer of UNDP and oversight provided by Deputy Resident Representative.

The management of allocated funds will be carried out in accordance with the UNDP Programme and Operations Policy and Procedures, based on the project's work plan and budget.

National Ebola Task Force

Project Steering
Committee – MoH, UNDP,
WHO, UNICEF, MRC,
NDMA, GRCS, CSOs

Project Coordination Unit
– Coordinator (IUNV) at
UNDP CO office –
Oversight by DRR

V. MONITORING FRAMEWORK AND EVALUATION

In view of the relatively short duration of the project as well as the nature of the Ebola epidemic, monthly reports on project implementation will be prepared by the Project Coordinator – supported by the M&E Officer – and presented to the PSC. These reports will form the basis for the review of implementation progress, and the evolution of corrective mechanisms as relevant. It is also envisaged that the monthly PSC meetings will be complemented by periodic field visits to verify implementation progress.

At the national level, the Chair of the PSC will report to the National Task Force responsible for the implementation of the NEVDP on a quarterly basis. This will help to ensure synergy and complementarity between the project and the NEVDP during implementation.

At the end of the project, a stakeholder review will be conducted, based on the project completion report to be prepared. Given the short lifespan of the project, it is not envisaged that an external evaluation will be conducted. Nonetheless, the end-of-project stakeholder review will look at the efficiency, effectiveness, sustainability and relevance in the implementation of the project.

UNDP will be responsible for reporting back to the Government of Japan on the resources allocated to the work plan. This means the project will submit an interim report, and a final report, including a financial report. These reports will clearly describe the achievement of the outcome(s) set in the project.

VI. LEGAL CONTEXT

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of the Gambia and UNDP, signed on 24 February 1975.

UNDP as the Implementing Partner shall comply with the policies, procedures and practices of the United Nations safety and security management system.

UNDP agrees to undertake all reasonable efforts to ensure that none of the project funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

Handling procedures of interest income and unspent balances will be carried out in line with the policies and procedures in the Japan-UNDP Partnership Fund.

At the end of the project, the handling of the remaining equipments purchased by the project shall be decided in accordance of the UNDP's rules and regulations, in consultation with the relevant stakeholders.

Annex I. Quality Management for project Activity Results

OUTPUT 1: Strengthened coordination, monitoring and evaluation at all levels		
KEY ACTIVITIES	BASELINE	TARGET INDICATORS
1.1 Establishment of a Central Emergency Command Centre	Absence of a Central Emergency Command Centre with the necessary vehicles and equipment	<ul style="list-style-type: none"> Central Emergency Command Centre operational and fully equipped with computers and well connected VHF radio network
1.2 Procurement of vehicles and equipment	Inadequate transport facilities to undertake coordination, monitoring and evaluation activities at field level	<ul style="list-style-type: none"> Two 4x4 vehicles and 10 motorcycles procured and deployed for the implementation of the NEVDP
1.3 Recruitment of project staff, including International UNV	Absence of a national Project Coordination Unit for EVD prevention and control	<ul style="list-style-type: none"> International UNV recruited as Project Coordinator Other PCU staff recruited and in place, as per the project document
1.4 Organisation of stakeholder meetings at central and regional levels	Stakeholder meetings are not conducted on a regular basis, particularly at regional level	<ul style="list-style-type: none"> Weekly coordination meetings held at central and regional levels Amount of funds disbursed for the organization of stakeholder meetings
1.5 Provision of support to regional coordination structures and mechanisms, including bimonthly supervisory visits to Points of Entry and health facilities	Inadequate resources to conduct bimonthly supervisory visits	<ul style="list-style-type: none"> Bimonthly supervisory visits undertaken to all nine Points of Entry, and reports provided
1.6 Support the effective implementation of EVD prevention and control activities in all communities, health facilities, and Points of Entry, in accordance with the International Health Regulations (2005)	Lack of skills in EVD prevention and management, especially at community level IHR (2005) not utilized as the basis for health interventions	<ul style="list-style-type: none"> 35 border officers and 105 community-based nurses trained on EVD prevention and control Monthly meetings conducted for border officers Number of meetings organized at community level Number of EVD activities conducted in accordance with IHR (2005)

OUTPUT 2: Health workers fully equipped with the required knowledge, skills, and equipment		
KEY ACTIVITIES	BASELINE	TARGET INDICATORS
2.1 Provision of skills training to health officers	Inadequate skills of health staff, especially Rapid Response Teams, community health nurses and surveillance officers	<ul style="list-style-type: none"> • 100% of Rapid Response Teams trained on surveillance and early detection • 35 field surveillance officers (5 per Region) trained on contact tracing, reporting and follow-up • 100 Community Health Nurses trained on community case-based definition of alert cases of EVD, using Training of Trainers approach
2.2 Engagement of local government authorities, traditional healers, and CSOs in community-based EVD surveillance	Traditional healers and local government authorities not fully involved in the EVD control effort	<ul style="list-style-type: none"> • Bimonthly meetings conducted in each Region, involving local government authorities, traditional healers and CSOs
2.3 Provision of logistics support to health workers to conduct active case search, supervision and reporting	Lack of equipment for health workers, including protective clothing Inadequate logistical support to carry out field level case search, supervision and reporting	<ul style="list-style-type: none"> • Fuel, communication cards and DSA provided for case search, supervision and reporting • Monthly meetings conducted at community level on EVD • Infection prevention and control materials procured and distributed to community health nurses and rapid response teams

OUTPUT 3: Social mobilization and awareness raising on EVD preparedness and response plan		
KEY ACTIVITIES	BASELINE	TARGET INDICATORS
3.1 Engagement of local drama groups and traditional communicators for countrywide EVD sensitization campaign	Low level of awareness at local community level on EVD prevention and detection	<ul style="list-style-type: none"> Number of drama groups and traditional communicators engaged to conduct national sensitization campaigns on EVD EVD sensitization campaigns conducted in each region Increased levels of awareness on EVD prevention and detection, particularly at local community level
3.2 Printing and dissemination of IEC materials on EVD prevention and control, and conduct of radio campaigns	Limited availability of IEC materials on EVD prevention and control	<ul style="list-style-type: none"> 10 billboards on EVD sensitization constructed across the country EVD sensitization messages broadcast in 15 community radios across the country 2500 posters, leaflets and fact sheets on Ebola printed and disseminated Increased levels of awareness on EVD prevention and detection, particularly at local community level

OUTPUT 4: Effective case management, early detection and referral systems and mechanisms strengthened.		
KEY ACTIVITIES	BASELINE	TARGET INDICATORS
4.1 Conduct of training for surveillance officers to improve capacities for early case detection	Inadequate knowledge of EVD surveillance tools for early case detection	<ul style="list-style-type: none"> 80 surveillance officers trained on the use of adopted EVD surveillance techniques 80 surveillance officers trained on the use of screening equipment
4.2 Sensitization of all staff at Points of Entry on EVD surveillance and infection protection control	Staff at Points of Entry have limited knowledge of EVD surveillance techniques and infection protection control	<ul style="list-style-type: none"> Three sensitization sessions conducted for 105 PoE staff on surveillance and infection protection control
4.3 Establishment of temporary holding facilities at Points of Entry	At least three out of nine Points of Entry do not have temporary holding facilities	<ul style="list-style-type: none"> Temporary holding facilities established and equipped at three Points of Entry
4.4 Procurement of vehicles, equipment and consumables for effective case management and referral	Inadequate vehicles and equipment for case management and referrals	<ul style="list-style-type: none"> Three fully equipped ambulances procured and deployed to temporary holding facilities 3,000 Personnel Protective Equipment procured, together with attendant medical consumables