

When She Needs it Most: Access to RH Supplies in Humanitarian Settings

Answers to questions raised during the webinar

1. During transition, how to ensure access of country specific RH commodities (such as developed countries) through international procurement like UNFPA catalog, if local procurement is not an option? (Dima Hamash)

Nadia: Yes, a country, at any point, can order loose commodities with donor or government funds. For more information on how to order these commodities and view the product catalog, please refer here – <https://www.unfpaprocurement.org/order>.

A country will need to have the capacity to forecast and quantify the amount of supply they want to order. For information and background on the basics of forecasting and quantification for health products see –

<http://supplychainhandbook.jsi.com/>. Further guidance and tools are being developed on how to forecast and quantify products in an emergency setting and are forthcoming. Feel free to contact nadia_olson@jsi.com for more information.

2. Can we discuss the best strategies to ensure access and availability of RH commodities in cases such as protracted emergencies (Dima Hamash)

Liz: This is a challenging question. Humanitarian organizations and government cannot rely on Emergency Reproductive Health kits to meet all essential SRH needs during a protracted crisis. UNFPA simply does not have enough kits assembled and pre-positioned at the global level to meet total demand, so it prioritizes new emergencies

to receive the pre-positioned kits. So, in a protracted crisis, it is critical to procure SRH supplies product by product from local vendors whenever possible and from international vendors when required. Since this can be a lengthy process, humanitarian organizations can get a head start during the emergency preparedness/planning phase by doing the following: 1) selecting items for procurement that are registered for use in the country and in line with the National Essential Medicines List; 2) identify appropriate vendors to supply these items; and 3) establish master contracts or standing agreements with them; and 4) learn the customs clearance requirements are for all imported products. JSI is working on a tool that can help humanitarian organizations to quantify individual SRH products to be ordered during a protracted crisis. These are just a few ideas.

3. The challenges can be minimized if we include in preparedness / contingency plans of the government for various hazards and protracted crisis. this should be done with the policy makers with policy initiation or changes and inclusion in the budget . As mentioned in previous ppt, ERH is customized according to contexts, however, MISP emphasizes implementation of five pillars as a whole package. so the implementation of MISP services contradicts with the context. how can we overcome this (Hira Hashmey)

Liz: The Emergency Reproductive Health kits that are designed to implement the MISP are designed for worldwide use and are not context specific. They are designed to deliver essential, life saving SRH services wherever health services have been destroyed or severely disrupted. During the emergency preparedness phase, humanitarian organizations with a focus on SRH should work with government (e.g. ministry of Health and national disaster response) to plan how the MISP would be implemented in a given geographic area, especially those at high risk of crisis. Coordination is essential to avoid duplication of efforts while ensuring that all essential SRH needs are met. Emergency Reproductive Health kits are intended for use during the initial emergency response when the overriding priority is to save lives. Once the situation begins to stabilize, humanitarian organizations should procure SRH supplies product by product based on local needs. For example, contraceptives should be ordered based on local demand and consumption patterns.

4. I wonder if by SRH supplies, you are fully focused on family planning? I wonder in particular about supplies for menstruation management. Are these important supplies being considered? If so, in what phases of the humanitarian cycle, and what are challenges here? (Laura Wedeen)

Sarah: The Inter-agency Field Manual for RH in Crises (IAFM) encompasses maternal and newborn health, gender-based violence (including clinical management of rape), HIV and STIs, family planning, safe abortion care, and adolescent SRH. The RH Kits similarly have a broader range of commodities than just FP. In the forthcoming updated IAFM, menstrual hygiene management is discussed in the ASRH chapter, including a note about the importance of ensuring supplies for MHM. My recollection is that there was discussion about including MHM more prominently in the manual but the stakeholders contributing to the manual felt that MHM is addressed through other sectors, such as WASH. I don't know if this is actually happening in practice? It would be valuable to learn more about this and continue the conversation.

5. Who initiated the delivery of UNFPA kits to Nepal? Was it humanitarian groups, donor governments? Also, did the kits replace supplies destroyed by the earthquake? If Nepal did not have any experience with the kits it sounds like they did not have RH supplies before the quake. (Susan Yoshihara)

Liz: UNFPA had pre-positioned some RH kits inside Nepal prior to the earthquake. These kits were distributed by CARE and other implementing partners during the initial emergency response. UNFPA also imported more RH kits from UNFPA Denmark to meet demand. Fortunately, the earthquake did not destroy all SRH supplies. Even in the most affected districts, some SRH supplies were still available in district warehouses if not all health centers that bore the brunt of the earthquake. The RH kits helped replace what had been destroyed in health centers and to provide services during RH camps, which served large numbers of people in a short time frame. Please note that it was CARE, not the government of Nepal or UNFPA, that did not have any prior experience working with RH kits.

6. Which medicines are generally not on the government's essential medicines list? (Susan Yoshihara)

Sarah: The ones I know of include emergency contraception, misoprostol, female condoms, and supplies for safe abortion care.

7. Does IAWG and/or RHSC donate small SRH kits to students doing work abroad on SRH education? (Djosma)

Sarah: IAWG does not donate kits and I don't believe RHSC does either. The kits are meant for a much larger population rather than for an individual to distribute.

8. Remark: The additional challenges we faced they RH kits should be translated in local language in advance to be ready to use it (Nurgul Smankulova)

Liz: This is a very good point. Informational materials in kits are available in several world languages, but many countries will want to translate the materials prior to use. This is something that could be done during emergency preparedness and planning activities.

9. Before provision of kits a very important step is to educate or mobilize community on MISP program and RH kits to developed thier trust on it (SRSP)

Sarah: Yes, agree, thank you for this remark. The IAWG and many of its member agencies are interested in this topic and many are working on it, though we have a long way to go!

10. SRH Sub-sector has been doing well for the FDMN. I think we have the scope to do it more effectively. (Nazmul Hassan)

Thanks for your comment!

11. District Swat is the capital of seven districts of Malakand Division including Chitral, Dir upper, Dir Lower, Malakand, Shangla and Buner and situated in the extreme North of northern Pakistan. During 2007 a militancy oriented organization called Tehreek Taliban Pakistan (TTP) came into being and Tehreek-

e- Nifaz-e-Sharyat Mohammad (TNSM) Swat merged into TTP as its Swat chapter. Mullah Fazlullah declared war against Government and its institution. He started controlling most of the police stations, hanged and slaughtered the Pak Army personnel's and anti-Taliban figures brutally and destroyed schools. Taliban continued their movement and reached Dir and Buner district which was an alarming sign as they were nearer to Islamabad the Federal capital. The Government took initiative and announced a grand military operation, Rah-e-Rast on May 7, 2009 and ordered the common citizens to vacate the Swat District where militancy was concentrated. 3 million people became Internally Displaced Person (IDPs) from Swat and within few months the areas was cleared from militants and IDPs were asked to return to their homes in August, 2009. This results in many health problems, out of which Reproductive Health (RH) of the population especially of women is severely affected. In order to safeguard the Reproductive Health of women special actions are needed to be carried out (SRSP)

Sarah: This is a very important point highlighting the RH needs of people affected by crises. Often RH is not prioritized in crisis settings, and within RH services often the importance of supplies/commodities is overlooked. Thank you for sharing this very difficult example and I hope the situation has improved.

12. Regarding challenges: In many of these emergency settings, women's reproductive health is a taboo topic and women can be hesitant to seek care or accept contraception. In providing these supplies, how do you account for these cultural demands and encourage women to seek care? (Alexandria Williams)

Liz: This is a great question. It is usually not possible to change community attitudes and practices vis a vis SRH during an acute emergency response when the focus is on making services available to those who are already inclined to use them (e.g. women who were using a contraceptive method prior to the crisis) rather than generating new customers. However, during a protracted crisis, there there is time to plan and undertake some community sensitization and social and behavior change activities that will change social norms and generate new demand for these services.

Sarah: The updated Inter-agency Field Manual for RH in Crises will include guidance in the family planning chapter on demand generation and awareness raising. This is not

part of the Minimum Initial Service Package (MISP - which is implemented in acute onset crises), but it is considered part of comprehensive SRH services for post-acute emergencies (protracted or recovery).

13. It can be summarized from the current meeting that Reproductive Health is an important aspect during Disaster Management Planning. The rural areas have no access or very little access to resources and facilities required for Reproductive Health of women. In disasters situation the access of rural population to reproductive health resources and facilities is almost impossible. The involvement of every vulnerable group including women in disaster management planning and decision making process. The major RH-related problems in disaster situation were discussed. Different measures for preventing and minimizing RH-related problems during disasters were discussed. Different measures for the care of pregnant and lactating mothers were also discussed. The mortality rate of mother and newborn child was also discussed. Measures for decreasing the mortality rate were also discussed. (SRSP)

Sarah: This is a good point and again speaks to the importance of emergency preparedness on all aspects of RH.