



Supplying Humanitarian Settings: Bridging the Humanitarian-Development Divide to Leave No One Behind

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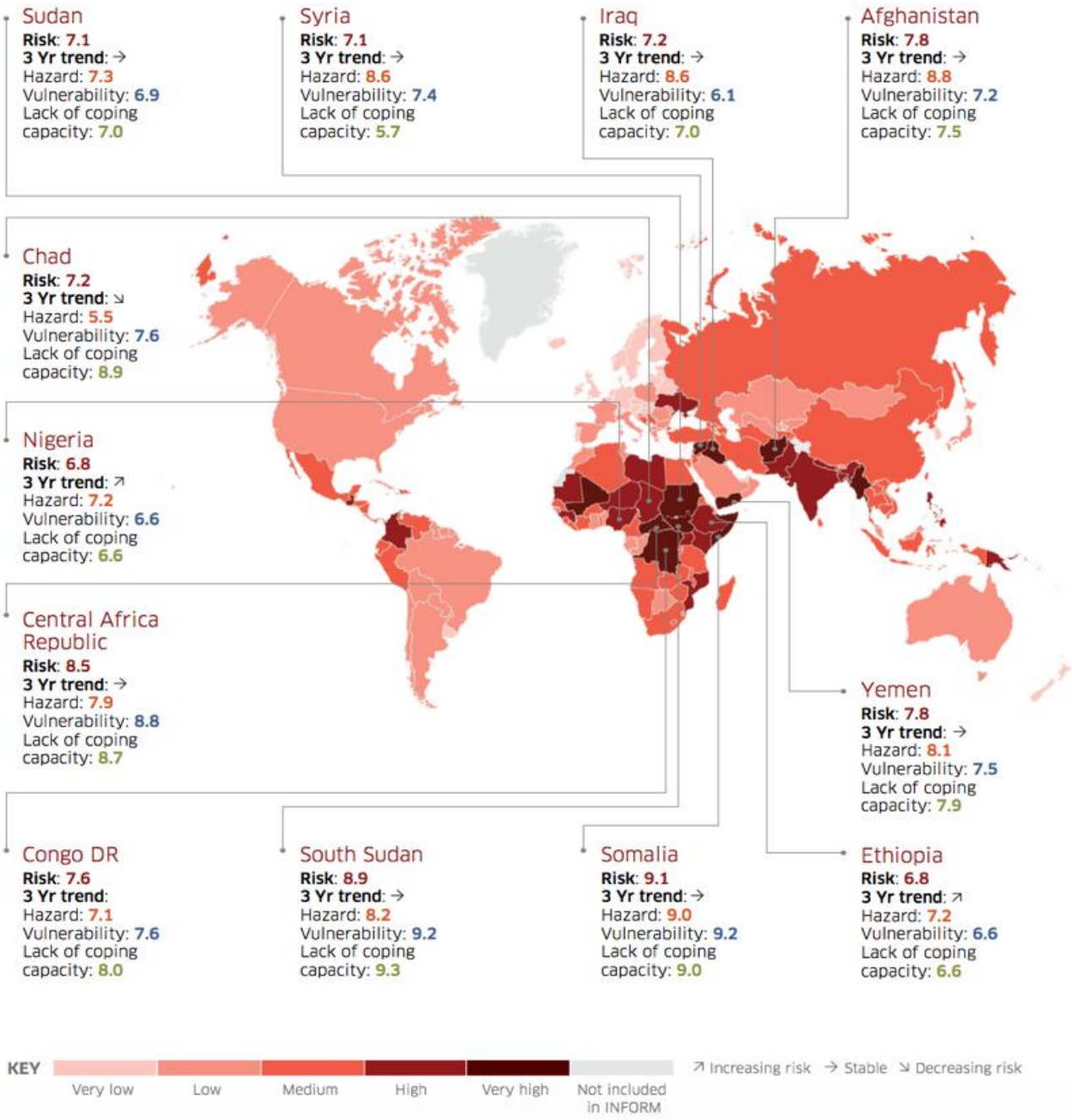
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INFORM 2019 Global Risk Index



INFORM REPORT 2019: Shared evidence for managing crises and disasters
 INFORM is a collaborative project of the Inter-Agency Standing Committee (IASC) and the European Commission.



SRH is an established part of emergency response

The Minimum Initial Service Package (MISP):

- Outlines the minimum SRH services that must be in place from the start of an acute emergency.

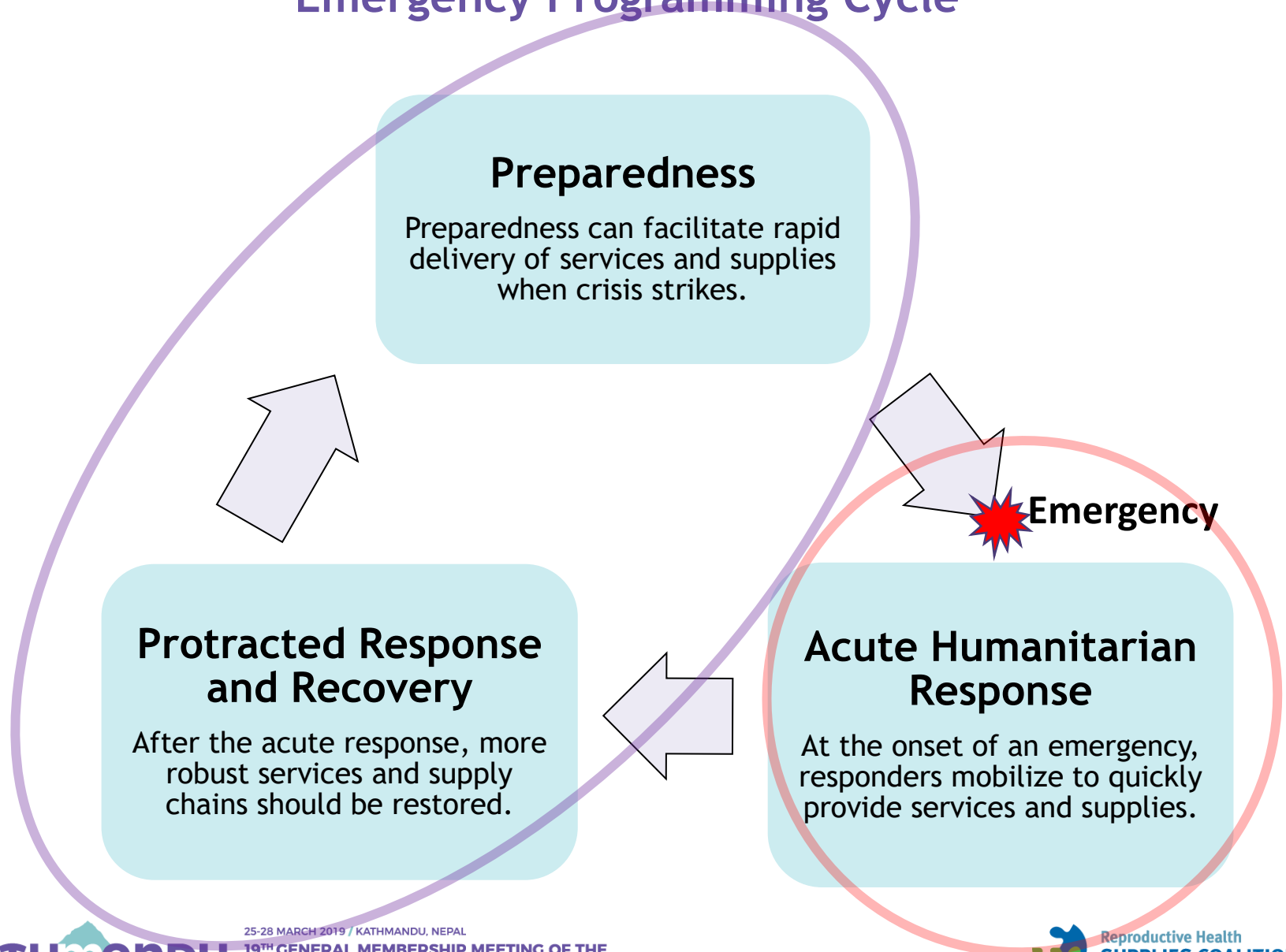
The Inter-Agency Emergency RH Kits (IARH):

- Set of pre-packaged RH kits that contain all of the medicines, devices and commodities needed to implement the MISP.

Inter-Agency Field Manual on Sexual and Reproductive Health in Humanitarian Settings (IAFM):

- Details comprehensive SRH services that should be provided after the height of the emergency.

Emergency Programming Cycle





Earthquake in Nepal in 2015: Introducing the context

https://www.youtube.com/watch?v=la_4YSho_l0

Prepositioning SRH supplies as part of humanitarian preparedness

Lessons from the Asia Pacific region



Why preposition supplies as part of preparedness?



Response = Speed + Scale + Quality

Prepositioning improves quality and speed of response

INDONESIA: Central Sulawesi earthquake



TONGA: Cyclone Gita & Cylone Keni




Myanmar: conflict related displacement



Lao PDR: Flash floods





Prepositioning as part of preparedness efforts has improved the speed, quality and efficiency of humanitarian responses in the Asia Pacific region

1. Prepositioning has enabled a faster response
2. Prepositioning as part of preparedness efforts has helped improve the quality of a response
3. National prepositioning has allowed SRH to be prioritized in responses that otherwise UNFPA would not be able to engage in
4. Prepositioning increases some costs and reduces others
5. Prepositioning builds capacity and strengthens partnerships
6. Prepositioning has provided new opportunities to advocate for and prioritise SRH in humanitarian response far beyond the provision of supplies



Cox's Bazar, Bangladesh: Introducing the context

<https://www.youtube.com/watch?v=lbyWrNRWA9E>

Interagency Emergency Reproductive Health Kits 2019



Community Level / Health Post (10,000 people for 3 months)	
Kit 1	Male Condoms
Kit 2	Clean Delivery Individual (A and B)
Kit 3	Post Rape Treatment
Kit 4	Oral and Injectable Contraceptives
Kit 5	Treatment of Sexually Transmitted Infections
Primary Health Care Facility Level – BEmONC (30,000 people for 3 months)	
Kit 6	Clinical Delivery Assistance – Midwifery Supplies (A and B)
Kit 8	Management of Complications of Miscarriage or Abortion
Kit 9	Repair of Cervical or Vaginal Tears
Kit 10	Assisted Delivery with Vacuum Extraction
Referral Hospital Level – CEmONC (150,000 people for 3 months)	
Kit 11	Obstetric Surgery and Severe Obstetric Complications (A and B)
Kit 12	Blood Transfusion

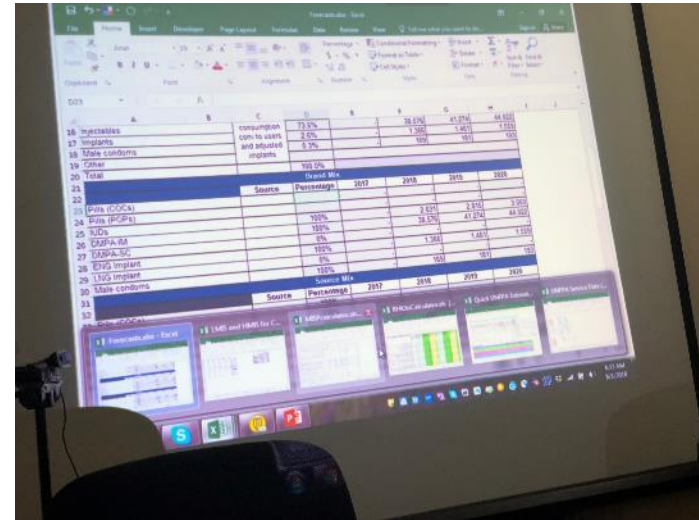
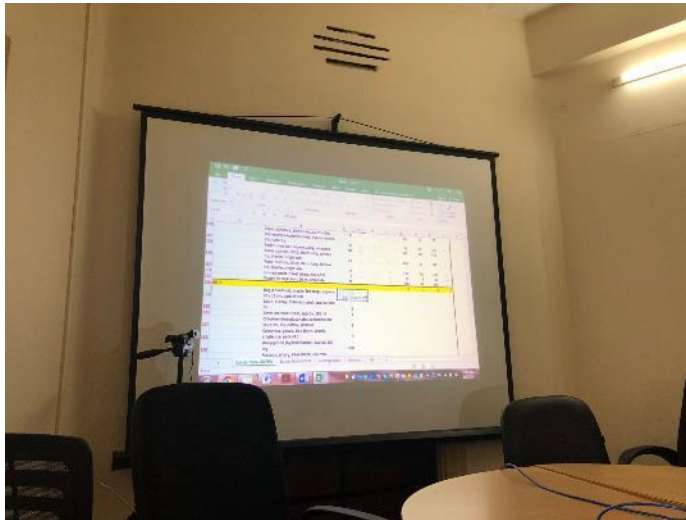
Level	Item	Can Be Ordered to Complement
Coordination	Kit 0 - Administration and Training	All Kits
Community Level/ Health Post	Kit 1B - Female Condoms	Kit 1
	Chlorhexidine Gel	Kit 2A
	Misoprostol	Kit 2B
	Depo-Medroxyprogesterone Acetate-Sub Cutaneous (DMPA –SC)	Kit 4
Primary Health Care Facility Level - BEmONC	Kit 7A - Intrauterine Device (IUD)	Kit 4
	Kit 7B - Contraceptive Implant	Kit 4
	Non-Pneumatic Anti-Shock Garment (NPASG)	Kit 6A
	Oxytocin	Kit 6B
	Misoprostol	Kits 6B and Kit 8
	Mifepristone	Kit 8
	Hand-held Vacuum Assisted Delivery system	Kit 10









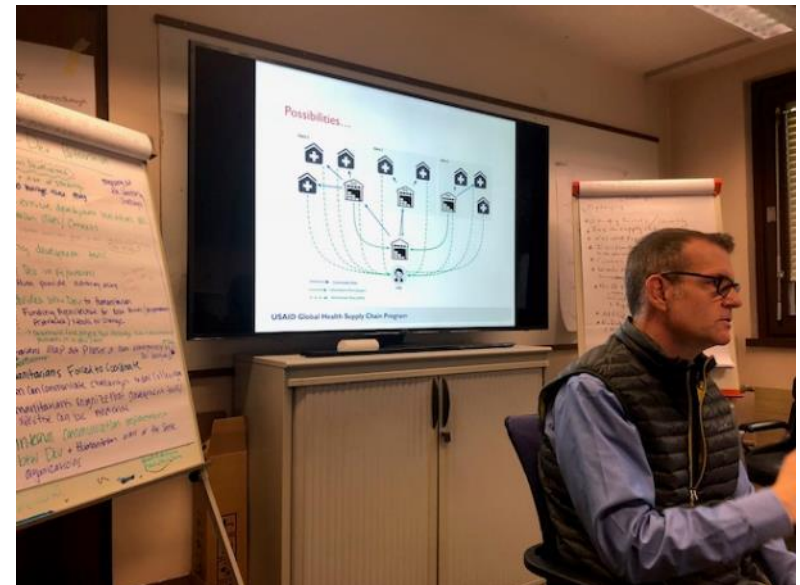


Kit 3 items (CMR)			2018	2019	2020
Adults seeking care within 72h	UNFPA Service figures	99.0%	13,844	14,536	15,263
children seeking care within 72h		1.0%	140	147	154
Treatments					
Azithromycin 250 mg tab/4 tab Per Person Single dose	RH kit manual	4	55,377	58,145	61,053
Cefixime 200 mg/2 Per Person Single dose)	RH kit manual	2	27,688	29,073	30,526
Levonorgestrel, tablet, 1.5 mg, (treatment: single dose)	RH kit manual	1	13,844	14,536	15,263
Lamivudine(3TC)-300 mg-Tenofovir(TDF) 300 mg. 1	RH kit manual	28	387,636	407,018	427,369
Atazanavir(ATV) 300 mg- Ritonavir® 100 mg Tablet-	RH kit manual	28	387,636	407,018	427,369
Pregnancy test	RH kit manual	1	13,844	14,536	15,263
30 mg/kg. Azithromycin, 200 mg/5 ml Syp, 15 ml Bottle	RH kit manual	1	140	147	154
5 mg/kg Cefixime, 100 mg/5 ml Syp, 30 ml Bottle	RH kit manual	2	280	294	308
Lamivudine(AZT)-60mg- Zidovudine(3TC) 30 mg Tablet	RH kit manual	180	25,171	26,430	27,751
Logixnavir (LPV) + ritonavir (r), tablets 100-50 mg	RH kit manual	30	4,195	4,405	4,625
Logixnavir (LPV) + ritonavir (r), tablets 100-25 mg	RH kit manual	15	2,098	2,202	2,313
Bag (envelope), plastic, for drugs, approx/mately 10 x	RH kit manual	0.01	13,984	14,683	15,417

5. Reconciled Forecasts

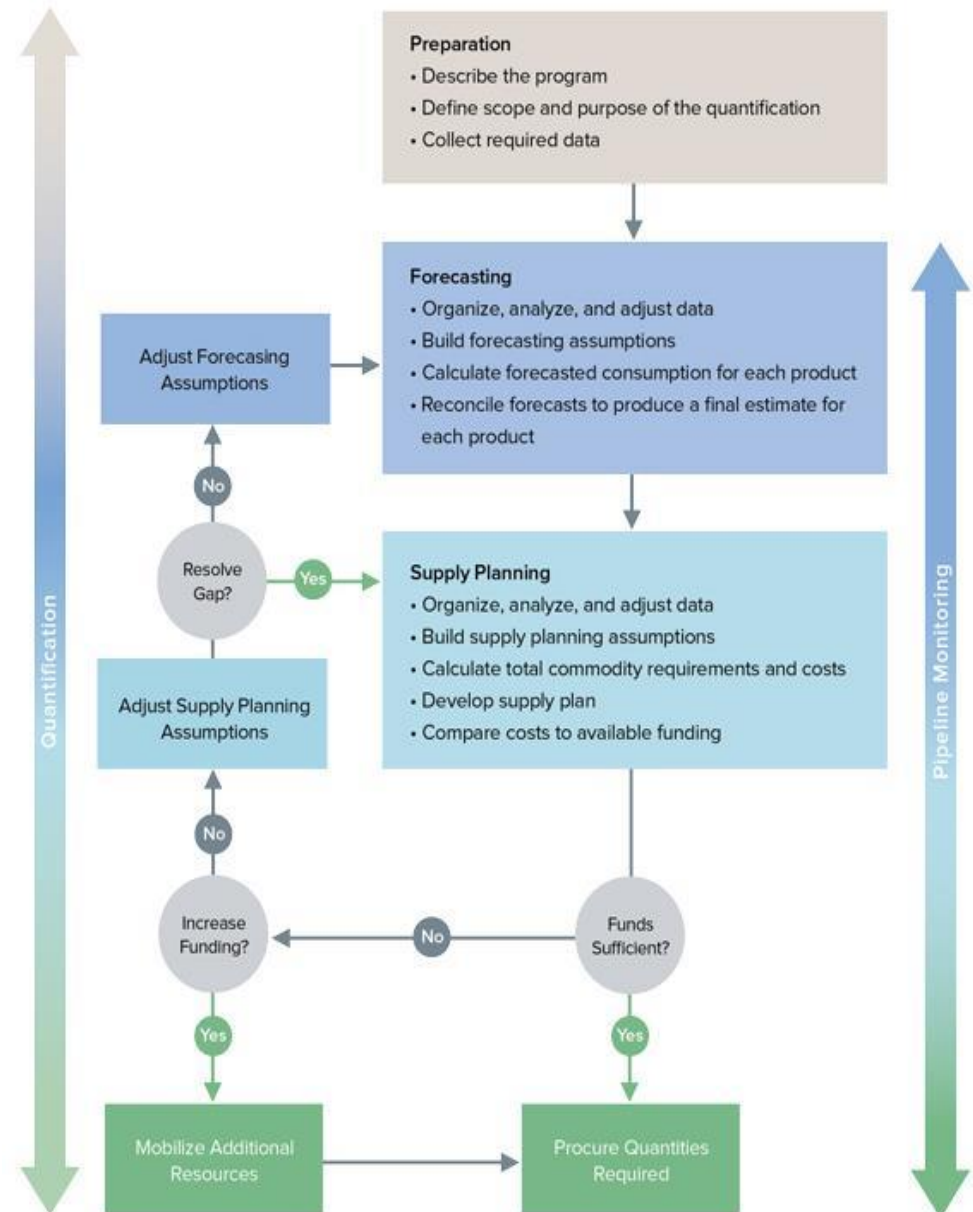
Products	D-2018	D-2019	D-2020	S-2018	S-2019	S-2020	I-2018	I-2019	I-2020	U-2018	U-2019	U-2020
Atazanavir (ATV) - Ritonavir P, tablets 300-1mg	14,515	14,660	14,807	387,636	407,018	427,369	-	-	-	1,950	2,048	2,150
Azithromycin, capsule, 250 mg	7,200	7,363	7,437	-	-	-	-	-	-	1,410	1,481	1,515
Azithromycin, suspension, 200 mg/5 ml, bottle 35 ml	1,261	1,274	1,286	13,844	14,536	15,263	-	-	-	36	38	40
Bag (envelope), plastic, for drugs approx. 10 x 15 cm, pack of 100	5,391	5,495	5,499	13,116	10,600	11,197	-	-	-	1,100	1,115	1,213
Cefixime, 100 mg/5 ml Syp, 30 ml bottle	574	580	586	140	147	154	-	-	-	47	49	51
Cefixime, tablet, 200 mg	3,289	3,321	3,355	55,377	58,145	61,053	6,124	6,430	6,752	630	662	695
Tenofovir (TDF) + lamivudine (3TC), tablets 300-300 mg	518	524	529	13,844	14,536	15,263	-	-	-	1,950	2,048	2,150
Zidovudine (AZT) + lamivudine (3TC), tablets 60-30 mg	336	340	342	280	294	308	-	-	-	3,120	3,276	3,480
Levonorgestrel, tablet, 1.5 mg	1,077	1,097	1,098	27,688	29,073	30,526	-	-	-	1,189	1,249	1,311
Logixnavir (LPV) - Ritonavir P, tablets 100-25 mg	2,376	2,400	2,424	4,195	4,405	4,625	-	-	-	390	410	430
Logixnavir (LPV) + Ritonavir P, tablets 200-50 mg	14,256	14,300	14,543	25,171	26,430	27,751	-	-	-	520	546	573
Pregnancy test	14,515	14,660	14,807	387,636	407,018	427,369	-	-	-	54	57	60

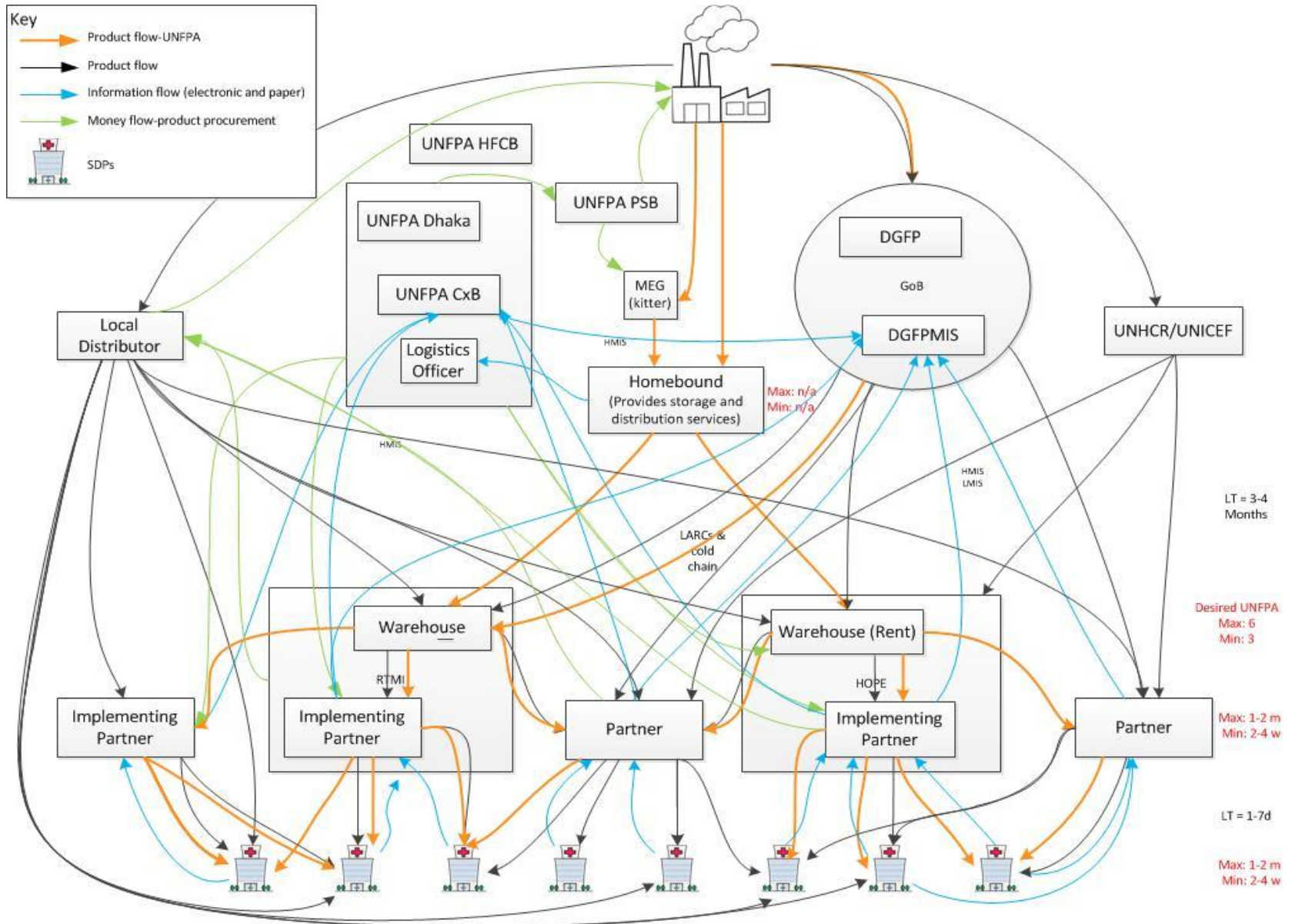
*Cefixime, tablet, 200mg is also in another kit that was issued by partners (kit 5)





Steps in Quantification





RH Supply Chain Situation in Cox's Bazar

- UNFPA CxB distributes 11 kits and other pharmaceuticals to about 20 different organizations
 - ~ 127 unique items
 - ~60% to IPs who also serve as warehouse sites
- Service providers and delivery points order individual products and break down kits to items requested
 - Exception of kits 2A (Clean delivery kit) and Mama Kit
- Organizations also procure from private sector
 - Indications of about 70-80%
 - 5/59 (8%) and 20/116 (17%) items issued by IPs in one month could have come from UNFPA
- No LMIS for CxB, although system is available at MoH and captures some host data
- Partners do not share logistics data to suppliers, but do share some service data

Challenges in the Supply Chain



- No clear understanding of extent/proportion of UNFPA CxB products used in providing services to Rohingya
- No system design, inventory management protocols, and systematic resupply schedule
- Lack of quality/quantity logistics data
- Use of naïve forecasts or intuition for resupply
- Items in kits do not meet needs



Forecasting Methodologies Conducted

- **Proxy consumption**
 - Issues data from central level (UNFPA CxB)
 - Issues data from HOPE and RTMI (~60% of total)
- **Demographics**
 - 20% of the Rohingya population-estimate of current levels from service data
- **Service data**
 - As reported to UNFPA by partners

Recommended Next Steps

1. **Determine** Procurement formulary
2. **Inventory** control protocols, order frequency, and Distribution mechanism:
3. **Collect** several months' of partner issue data
4. **Implement/roll-out** LMIS system
5. **Inform** partners of changes and new expectations in advance of transition
6. **Finalize** supply plan
7. **Transition**



Photograph by Russell Raymond





MARCH 2019

STRENGTHENING SUPPLY CHAINS FOR SEXUAL AND REPRODUCTIVE HEALTH

Across the Humanitarian-Development Continuum
to Fulfill the 2030 Agenda

To achieve universal access to sexual and reproductive health (SRH) by 2030, as stipulated in the Sustainable Development Goals, governments, UN agencies, donors, and national and international NGOs must work together to improve access to SRH supplies across humanitarian and development settings. This information brief outlines the importance of collaboration, identifies entry points, and calls for action to invest in two critical transition points along the humanitarian-development continuum: pre-crisis preparedness and transitioning after acute emergencies to more stable supply chains.

The *pre-emergency and post-acute* stages present opportunities for humanitarian and development partners to collaborate in key areas to achieve great gains. The recommendations are based on consultative processes and pilot projects; however, investments are needed to further test and document these promising practices.

Learn more: <http://iawg.net/resource/strengthening-supply-chains-brief>



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