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

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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

Preparedness
Preparedness can facilitate rapid delivery of services and supplies when crisis strikes.

Acute Humanitarian Response
At the onset of an emergency, responders mobilize to quickly provide services and supplies.

Protracted Response and Recovery
After the acute response, more robust services and supply chains should be restored.
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 & Cyclone 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

<table>
<thead>
<tr>
<th>Level</th>
<th>Item</th>
<th>Can Be Ordered to Complement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>Kit 0 - Administration and Training</td>
<td>All Kits</td>
</tr>
<tr>
<td><strong>Community Level / Health Post</strong></td>
<td>Kit 1B - Female Condoms</td>
<td>Kit 1</td>
</tr>
<tr>
<td></td>
<td>Chlorhexidine Gel</td>
<td>Kit 2A</td>
</tr>
<tr>
<td></td>
<td>Misoprostol</td>
<td>Kit 2B</td>
</tr>
<tr>
<td></td>
<td>Depo-Medroxyprogesterone Acetate-Sub Cutaneous (DMPA –SC)</td>
<td>Kit 4</td>
</tr>
<tr>
<td><strong>Primary Health Care Facility Level - BEmONC</strong></td>
<td>Kit 7A - Intrauterine Device (IUD)</td>
<td>Kit 4</td>
</tr>
<tr>
<td></td>
<td>Kit 7B - Contraceptive Implant</td>
<td>Kit 4</td>
</tr>
<tr>
<td></td>
<td>Non-Pneumatic Anti-Shock Garment (NPASC)</td>
<td>Kit 6A</td>
</tr>
<tr>
<td></td>
<td>Oxytocin</td>
<td>Kit 6B</td>
</tr>
<tr>
<td></td>
<td>Misoprostol</td>
<td>Kits 6B and Kit 8</td>
</tr>
<tr>
<td></td>
<td>Mifepristone</td>
<td>Kit 8</td>
</tr>
<tr>
<td></td>
<td>Hand-held Vacuum Assisted Delivery system</td>
<td>Kit 10</td>
</tr>
</tbody>
</table>
### Kit 3 Items (CHM)

<table>
<thead>
<tr>
<th>Items needing care within 7th Month</th>
<th>UHPPA Service Figures</th>
<th>UNFPA Service Figures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight maintenance with CHM</td>
<td>90.1%</td>
<td>93.8%</td>
</tr>
<tr>
<td>Percentage adherence with CHM</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

### Trepanning

<table>
<thead>
<tr>
<th>Item</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal kit, 500 mg (100 mg/200 mg) + 500 mg</td>
<td>215</td>
<td>215</td>
<td>215</td>
</tr>
<tr>
<td>Mifepristone 200 mg (Perven 200 mg)</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Unmarried, 500 mg, 100 mg, 200 mg</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Laminaria (200 mg)</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Methotrexate 100 mg (Methotrexate 100 mg/300 mg)</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Progesterone 500 mg (Progesterone 500 mg)</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

### 5. Reconciled Forecasts

<table>
<thead>
<tr>
<th>Method</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal kit, 500 mg (100 mg/200 mg)</td>
<td>1410</td>
<td>1610</td>
<td>1800</td>
</tr>
<tr>
<td>Laminaria (200 mg)</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Methotrexate 100 mg (Methotrexate 100 mg/300 mg)</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Progesterone 500 mg (Progesterone 500 mg)</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

*Note: This information is provided as a reference to the scope of items needed for the CHM program.*
Steps in Quantification

1. Preparation
   - Describe the program
   - Define scope and purpose of the quantification
   - Collect required data

2. Forecasting
   - Organize, analyze, and adjust data
   - Build forecasting assumptions
   - Calculate forecasted consumption for each product
   - Reconcile forecasts to produce a final estimate for each product

3. Supply Planning
   - Organize, analyze, and adjust data
   - Build supply planning assumptions
   - Calculate total commodity requirements and costs
   - Develop supply plan
   - Compare costs to available funding

4. Increase Funding?
   - Yes
     - Mobilize Additional Resources
   - No
     - Funds Sufficient?
       - Yes
         - Procure Quantities Required
       - No
         - Adjust Supply Planning Assumptions

5. Resolve Gap?
   - Yes
     - No
   - No
     - Adjust Forecasting Assumptions

6. Pipeline Monitoring
null
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**
Learn more: http://iawg.net/resource/strengthening-supply-chains-brief
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