WHEN SHE NEEDS IT MOST: ACCESS TO RH SUPPLIES IN HUMANITARIAN SETTINGS: RECOVERY PHASE

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Photo: UNFPA.org
A changing world is facing increasing crises and demand

- The nature of humanitarian crises is changing; emergencies are becoming more frequent, more complex, longer-lasting, and further-reaching.
- Protracted emergencies affecting more people & lasting longer, population movement more fluid & woven into surrounding communities; thus more nuanced and tailored models of humanitarian support are required, including better ways to satisfy demand and make sure products and services are used by those who need them.
- Now services often provided in host communities not only camps across the stages of an emergency, especially protracted and recovery.
- Emergencies happen unexpectedly & are long lasting; flexibility needed.
Countries face challenges supplying and responding to increasing demand for ESRH commodities globally

Global and national stakeholders experience interruptions in supply of SRH commodities, especially during transition from acute to protracted and recovery phase.:

- Interrupted, duplicative financing
- Incomplete forecasting and supply planning methods, tools, and processes across actors (government, UN, NGO suppliers, etc.)
- Inconsistent use of inventory management tools, policies and procedures across phases and whether kits or loose product
- Lack of guidance for procurement policies and procedures; limited sources of quality products (national, regional, global)
- Overlapping supply chain and transportation routes
- Gaps in data visibility & weak/non-existent information systems
- Challenges in using humanitarian versus development delivery: risk of drop in attendance rate; sustained humanitarian delivery substitutes for normal supply chains; progressive weakening of health system; weakening of accountability and supply chain
Agile and responsive supply chains can ensure a continuous flow of products during a protracted crisis and in the recovery phase.

- **Invest in more reliable and accurate data for decision making** on commodity needs, demographic patterns and service consumption/utilization statistics → strengthened planning, and impact measurement, and data visibility.

- **Develop guidance on shifts by phase (emergency response, protracted emergency & recovery phase).** Employ forecasting, product registration, and supply practices that move from MISP toward comprehensive SRH.

- **Refine supply chain roles and responsibilities** among all partners, including product financing, procurement, ordering, and delivery paths.

- **Increase data visibility of supply plan,** demand patterns, stock on hand, allowing manufacturers upstream and customers downstream to understand supply status, yielding better supply planning at all levels.

Because emergencies are unpredictable, and rapid response is crucial to saving and protecting lives, financing and supply chains for Emergency SRH commodities need to be even more responsive and robust, and countries need clear guidance (and alternatives) about when to use kits in protracted emergencies and how to transition during the recovery phase to a more stable system.
Working Hypothesis for Variation in Demand for SRH Commodities

\[ Y = Ae^{xt} \]
• **Increase data visibility of supply plan**, demand patterns and stock on hand data so manufactures upstream and customers downstream can have increased understanding of the supply status → enable better supply planning at all levels.

• Design and implement a **dynamic, industry-standard max-min inventory control procedure**, frequently reviewing consumption patterns and potentially applying predictive analytics → reducing backorders and enabling more timely response to demand volatility

• **Develop guidelines and capacity building tools on global, regional and national prepositioning and best supply chain management practices to bridge** from emergency supply chain and institutionalized (national) systems.
Chlorhexidine: A Game Changer for Saving Newborns Lives That Transitioned into the Recovery Phase

What is it?
Chlorhexidine (CHX) is a simple, cost effective intervention to reduce neonatal mortality

Antiseptic applied to the umbilical cord

Costs just 23 cents per tube in Nepal

What’s the impact?
Reduces neonatal mortality by 23% and serious cord infections by 68%
Replicability & Scalability During and After Crisis

From pilot to scale up in the recovery phase:
Nepal project has been scaled up to nearly all districts to save nearly 8,000 lives

25 countries have visited to learn from Nepal’s program
6 of those have implemented programs
5 of those are managed by or in partnership with JSI

CHX now one of essential components included in RH Kits in emergency relief situations – was a crucial commodity delivered following two major earthquakes in spring 2015
A strengthened global response bridging the divide between development and humanitarian response can improve health worldwide.

- **Strengthen**– (“the how”) coordination across platforms for all partners.
- **Improve planning** (the “when”): accelerate development planning (emergency development) and broaden the horizon of humanitarian action to address the “mid-term”.
- **Put the SDGs at the center**: (the “what”) clear goals defined by the international community. Ensure that humanitarian-development actions compatible/inspired by humanitarian principles and under SDGs.
- **And finally, the “money”**. With donor support, the UN and others must integrate funds for joint programing between humanitarian and development actors.
For more on JSI’s work in supply chain, JSI Center for Health Logistics
supplychain@jsi.com