



---

## Evaluation of the UNFPA capacity in humanitarian action

---

### THEMATIC PAPER: Supply chain management for humanitarian commodities



**UNFPA Evaluation Office**  
**November 2019**

**UNFPA Evaluation Office:** Hicham Daoudi (Evaluation Manager)  
Patrick Duerst (Evaluation Analyst)

**Evaluation Team:** Brian O Callaghan  
Jeanne Ward  
Judith Helzner  
Katie Tong

Copyright © UNFPA 2019, all rights reserved.

The analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund. This is a publication by the independent Evaluation Office of UNFPA.

Any enquiries about this report should be addressed to [evaluation.office@unfpa.org](mailto:evaluation.office@unfpa.org)

Read the full report at [www.unfpa.org/evaluation](http://www.unfpa.org/evaluation)



[unfpa\\_eval](#)



UNFPA Evaluation Office

## Table of Contents

Acronyms and Abbreviations	iii
Introduction	iv
Methodology	1
Background	5
Findings	9
EQ 1: Relevance/Appropriateness: Alignment with changing needs of population	9
EQ 2: Relevance/Appropriateness: Alignment with international law and principles	15
EQ 3: Relevance/Appropriateness: Accountability to Affected Populations	18
EQ 4: Effectiveness	20
EQ 5: Coverage	26
EQ 6: Efficiency	32
EQ 7: Coordination	37
EQ 8: Connectedness	39
Conclusions	41
Suggestions for Recommendations	42
Annex I: Key Informant List	44
Annex II: Bibliography	45

### List of Tables

Table 1. How supply-chain management for humanitarian response specific questions relate to the overall evaluation matrix

Table 2: Current composition of IARH kits:

### List of Figures

Figure 1. Composition of dignity kits

Figure 2: Picture of UNFPA dignity kit

Figure 3: UNFPA shipment modes for emergency IARH kits

Figure 4: Distribution of commodities order arrival times (expected vs actual)

Figure 5: Mean lead times between request submitted and dispatch from supplier warehouse for IARH kits

Figure 6: UNFPA PSB comparative study of prepositioning options for emergency response

Figure 7: PSB inventory stock held per year

Figure 8: Reported Plans for prepositioned IARH kits near expiration

Figure 9: Cost conclusions of the Lunds University study

Figure 10: UNFPA comparative study of prepositioning options for emergency response

Figure 11: Funding sources for the IARH kits. <sup>1</sup>

---

<sup>1</sup> Ibid.

## Acronyms and Abbreviations

APRO	Asia Pacific regional office
ARV	Antiretroviral
CO	Country office
CMR	Clinical management of rape
CSB	Commodities security branch
DFAT	Department of foreign affairs and trade (Australia)
DFID	Department for international development (UK)
DRC	Democratic Republic of Congo
FP	Family planning
GBV	Gender-based violence
GBViE	Gender-based violence in emergencies
GCCP	Global contraceptive commodity programme
GFATM	Global Fund to end Aids, TB, and malaria
HFCB	Humanitarian and fragile context branch
HIV	Human immunodeficiency virus
HRR	Humanitarian response reserve
IARH	Inter-agency emergency reproductive health kit
IAWG	Inter-agency working group on reproductive health in crises
ICPD	International conference on population and development
IDP	Internally displaced person
IFRC	International federation of the red cross
IPC	Inter-agency pharmaceutical coordination group
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
LTA	Long-term agreement
MISP	Minimum initial service package for reproductive health in crisis situations
MNH	Maternal and new-born health
MSF	Médecins sans frontières
PAC	Post-abortion care
PEP	Post-exposure prophylaxis
PoA	Programme of action
PSB	Procurement services branch
PSEA	Protection from sexual exploitation and abuse
RH	Reproductive health
RO	Regional office
RRM	Rapid response mechanism
SRHR	Sexual and reproductive health and rights
SRHRiE	Sexual and reproductive health and rights in emergencies
SSRH	Supplies sexual and reproductive health
STI	Sexually transmitted infections
UNEG	United nations evaluation group
UNFPA	United nations population fund
UNHCR	United nations high commissioner for refugees
UNHRD	United nations humanitarian response depot
UNICEF	United nations children fund
WFP	World food programme
WHO	World health organization
WRC	Women's refugee commission

## Executive Summary

### Introduction

The number of people affected worldwide by humanitarian crises continues to rise as both the frequency and severity of natural disasters and protracted, complex emergencies increase. The United Nations has calculated global humanitarian requirements for 2019 of United States Dollars (US\$) 21.9 billion to reach 93.6 million people out of a total of 131.7 million people in need.<sup>2</sup>

Against this background, UNFPA has commissioned a global evaluation assessing the UNFPA capacity in humanitarian action. The design and implementation of this evaluation research is governed by an evaluation matrix and comprises four country visits and extended (remote) desk reviews of a further 11 countries, with two thematic papers focused on UNFPA supply chain management for humanitarian commodities, and human resources for humanitarian response. This thematic paper on humanitarian commodities reviews both Inter-Agency Emergency Reproductive Health (IARH) kits and dignity kits (procured both locally and globally).

The paper has been framed within the overall evaluation matrix, with specific commodity-related questions under each of the evaluation questions.

UNFPA launched its supplies programme – without a specific humanitarian focus – in 2007 with the stated objective of providing a *“systematized and ad-hoc approach to avoid stock-outs and embrace the concept of reproductive health commodity security”* and this programme is now recognized worldwide as the main channel for assisting countries to achieve reproductive health (RH) commodity security.<sup>3</sup> Reproductive health commodity security is defined as *“a secure supply and choice of quality contraceptives and other reproductive health commodities to meet every person’s needs at the right time and in the right place.”*<sup>4</sup>

Since 2007 the UNFPA supplies programme has increased its outreach from 12 countries to 46 countries, out of which 35 experienced some form of humanitarian crisis during 2017.<sup>5</sup> Further, it is increasingly understood that RH indicators in fragile contexts are particularly poor, with over 50% of global maternal mortality occurring within fragile and humanitarian contexts<sup>6</sup> and therefore commodity support in crises is particularly critical.

Within humanitarian crises, UNFPA country offices order a range of equipment, commodities and supplies including tents, medical equipment, delivery beds, generators, and elements crucial to effective humanitarian sexual and reproductive health and rights (SRHR) and gender based violence (GBV) response. However, there are two central components to UNFPA commodity provision in humanitarian settings which this paper focuses on: IARH kits and dignity kits. Findings below relate specifically to both kit types; and more broadly to UNFPA systems and supply chain processes.

### Findings

1. UNFPA, as the global custodian of IARH kits, is organizationally identified with these kits by a wide range of humanitarian actors. The kits are perceived by the range of different stakeholders (service providers, UNFPA country office staff, implementing partners, other United Nations agencies, international and national non-governmental organizations (INGOs and NGOs), governments, including Ministries of Health, and donors) as being worthwhile, relevant and lifesaving.
2. As the IARH kits are designed to be globally applicable and used for a limited period of time in an acute emergency, not all of the kits (or all their contents) are relevant in all contexts. However, use of IARH kits beyond the acute phase of crisis responses increases the diversity of demands upon kits. Therefore, the

---

<sup>2</sup> UNOCHA. Global Humanitarian Overview, 2019. 2019.

<sup>3</sup> UNFPA. UNFPA Supplies Annual Report. 2017

<sup>4</sup> UNFPA. Reproductive health commodity security: partnerships for change. Global call to action. 2011.

<sup>5</sup> Ibid.

<sup>6</sup> UNFPA. Maternal mortality in humanitarian crises and in fragile settings. 2015.

relevance of kits and specific contents is becoming an increasing issue. Further, as the typology of humanitarian crises has evolved over the past decade (for example affecting more middle income countries), a greater variety of demands upon kits has emerged.

3. There is a perception of over-ordering of IARH kits although limited data exists to quantify this.
4. IARH kits are often utilized after the acute-emergency periods and during post-acute emergency periods despite being intended for acute emergency periods only.
5. Dignity kits are contextualized to be relevant and useful for women and girls within a humanitarian response.
6. UNFPA has inconsistently addressed humanitarian-specific concerns within ethical or environmental procurement and supply-chain policies.
7. UNFPA has a particularly high-quality standard for IARH kits which has both benefits and disadvantages for humanitarian action. This includes adhering to a basic humanitarian and human rights dictum that women and girls in humanitarian settings do not deserve any less than anyone else. This principled approach is a positive aspect of UNFPA programming but presents challenges to supply-chain management.
8. There is a lack of systematic feedback from institutional end users to UNFPA on the relevance of IARH kits.
9. Significant ad-hoc feedback is solicited from women and girls on the contents of dignity kits, but no standardized systematic mechanism exists to collect and consolidate this feedback at global levels exists.
10. The effectiveness of UNFPA commodities (both IARH kits and dignity kits) within humanitarian response is hampered by delays in the delivery of supplies due to a variety of issues that impact on the reputation of UNFPA as a credible humanitarian actor. These issues include the complexity of kits and products within them, leading to challenges in procurement – i.e. global stock-outs of products conforming to the high quality standards of UNFPA; long ordering processes; customs delays; and the UNFPA low acceptance of any wastage/financial risk from expired products.
11. Dignity kits have a value beyond their initial conceptualization as a means of increasing mobility of women and girls in humanitarian settings. This added value includes incentives to access health and protection services and simply for 'dignity' of affected women and girls as a crucial component for psycho-social wellbeing.
12. While there is recognition of the need to preposition commodities nationally in certain settings, UNFPA has no organization-wide preparedness strategy for humanitarian supplies and has not yet reached a common consensus on national prepositioning or regional stockpiling at a corporate level.
13. Funding ceilings for humanitarian commodity procurement at the global level are too low for a global humanitarian actor leading on SRHR and GBV responses.
14. The limited investment in supply chain management at country level negatively impacts the efficiency of UNFPA humanitarian commodity supply.
15. There is a clear evolution of the type of partnership UNFPA has with commodity suppliers through successive long-term agreements (LTAs) which benefit UNFPA in terms of greater predictability and transparency of prices.
16. UNFPA plays an important role within the inter-agency pharmaceutical coordination group which is a useful coordination platform.
17. Coordination on the ground between stakeholders conducting humanitarian response activities with UNFPA-ordered IARH kits and those ordered by other actors is not systematic.
18. UNFPA engagement with the logistics cluster is ad-hoc and inadequate at global level and varies at country levels.
19. UNFPA country offices are not all adequately prepared for importation, storage, distribution, and monitoring of IARH kits before a crisis occurs.

## Conclusions

1. While UNFPA provides various commodities in humanitarian settings, the two commodities for which UNFPA is most associated – IARH kits and dignity kits – are perceived as useful and lifesaving. UNFPA is organizationally identified with IARH kits which are relevant, critical, life-saving humanitarian commodities for women and girls in emergencies. However, the global humanitarian context is changing with fewer camp-based crises and an increasing ratio of urban, out-of-camp refugees and internally displaced persons (IDPs) and refugee crises in middle-income countries. In these settings some of the IARH kits, designed for the ‘lowest common denominator’ of camp settings with no basic utilities such as electricity become less relevant. Dignity kits are considered by all UNFPA stakeholder groups as useful and relevant and have a value beyond immediate hygiene needs and contributing to mobility for women and girls. Dignity kits mean women and girls “feel remembered” within a crisis and are also widely used as incentives and entry points to encourage women and girls to access services.

2. UNFPA has a reputation for slow delivery of IARH kits in an emergency and the speed of delivery of commodities at the beginning of a crisis does not always match other agencies, albeit with regional variations. A humanitarian supplies review by the United Kingdom’s Department for International Development (DFID) in 2018 stated that *“the risk appetite, financial mechanisms and operating model for the delivery of SRMNCAH supplies across humanitarian settings [within UNFPA] must be radically adjusted in order to be fully fit for purpose”*<sup>7</sup>

Currently, the supply-chain model operated by UNFPA is not optimal or specific for humanitarian response. Changing this requires acceptance by UNFPA that it is not possible to be an effective humanitarian supplies agency without assuming a higher level of risk. This shift in thinking is a precondition to ensure a meaningful review and adaptation of systems (logistics systems and funding modalities) and policies to the requirements of humanitarian action. Examples of such UNFPA systems requiring review are quality standards and procurement policies (that currently barely reference humanitarian response).

3. There is a perception of over-ordering and wastage of IARH kits but due to an absence of comprehensive tracking data at global and country levels this perception is anecdotal and cannot be quantified. There is a robust consensus that, for a variety of reasons, IARH kits are often used for longer than the intended purpose.

4. Feedback from end-users (women and girls affected by crises) on dignity kits is integral to the process of contextualizing dignity kits to the specific needs at country-level. However, there is limited evidence that this feedback regularly links back to the global level standardized minimum kit. Feedback from end-users (service providers working within crises) on IARH kits is more ad-hoc, with the systems in place for feedback being relatively unknown.

5. The current level for revolving funding mechanisms for IARH kits is not commensurate with global humanitarian requirements. Therefore, even with other changes made or regional repositioning considered, UNFPA cannot hold enough stock within the current funds allocated to meet all needs across all humanitarian contexts.

6. UNFPA inconsistently invests in logistics capacity (including logistics, supply, and pharmacy human resources capacity) at global and country level. Investment in engaging with other humanitarian actors such as through the logistics cluster or the United Nations humanitarian response depot (UNHRD) warehousing system is also inconsistent. More engagement with humanitarian logistics systems would in fact support an improvement in UNFPA humanitarian commodities capacity.

---

<sup>7</sup> DFID. DFID review of UNFPA supplies in humanitarian settings, May-August 2018. 2018.

# Recommendations

## *High priority recommendations*

1. UNFPA should develop a “No Regrets” policy to include acceptable levels of loss/wastage at global level and clear guidance for Country Representatives for ordering at country level where appropriate.<sup>8</sup>
2. UNFPA should enhance monitoring capacity of the PSB so data will be available on lead times, ordering, different freight modalities with a cost-benefit analysis, to allow for informed decision-making and planning.
3. UNFPA should review and increase the revolving fund level for IARH kits.
4. UNFPA should develop a costed workplan for investment in UNFPA global logistics capacity and prepositioning. This should include:
  - (i) An evaluation of the APRO pre-positioning initiative<sup>9</sup> to adapt, and then implement, the recommendation of the 2018 Lunds study on warehousing options, utilizing UNHRD facilities (and considering national prepositioning also, which was not covered by the Lunds study)
  - (ii) Creation of a targeted prepositioning workplan at the corporate level, focusing on countries experiencing frequent disasters or protracted crises
  - (iii) Review of most recent technology advances in last-mile delivery monitoring and usage monitoring
  - (iv) Development of a plan to ensure consistent global-level engagement with the logistics cluster and to disseminate information from this to regional and country offices, encouraging country offices to participate in logistics cluster/sector meetings at country level (i.e. where there is an activated logistics cluster/sector) if they are not already participating
  - (v) Review of existing logistics, supply and pharmacy management human resources at headquarters (including the Humanitarian Office), regional office and country office level as well as within the roving team and the surge rosters. This should include assessment of the correct level of logistics-related human resources that would allow UNFPA to become a fully functional, responsive and efficient humanitarian organization in any crisis, and recruit accordingly with commensurate prioritized and mobilized funds.

## *Medium priority recommendations*

5. UNFPA should develop a clear internal procedure for ensuring coordination between internal and external ordering of IARH kits. This could include a requirement that, for all external orders, the UNFPA country office in question is informed of the order and subsequently coordinates at the country level
6. UNFPA should review all procurement, supplies, and logistics policies (such as the Safe Disposal and Management of Unused Unwanted Contraceptives, 2013; the UNFPA Quality Assurance Framework for the Procurement of Reproductive Health Commodities; the Green procurement strategy, 2013; and UNFPA post-shipment testing for male condoms) and integrate humanitarian-specific considerations
7. UNFPA should establish an internal system for consolidating and analyzing all feedback on dignity kits through regional offices up to global level
8. UNFPA should develop feedback forms in multiple languages to proactively solicit feedback on IARH kits from end-user service providers, emphasizing that complaints will not result in any negative consequences and UNFPA welcomes all feedback. These forms should be included with kits, either at point of kitting or - more cost-effective - at country level when kits arrive.

## *Low priority recommendations*

---

<sup>8</sup> Note that the Asia Pacific Regional Office (ASRO) is currently undertaking a prepositioning analysis including optimal levels of wastage and this should be finalized in October 2019 and can contribute to a global No Regrets policy.

<sup>9</sup> This is planned for late 2019.



9. UNFPA at global level should disseminate guidance on emergency contraception, misoprostol, ketamine, and any other pharmaceutical with which there are numerous country registration issues across country offices. This should aim to ensure complete awareness of potentially problematic items within kits before onset of a humanitarian crisis.

10. UNFPA at global level should establish a check-in point mechanism to be implemented at the regional level for every country ordering and re-ordering IARH kits. Initially, this could take the form of a standard questionnaire regarding a transition plan and estimates on re-establishment of normal supply chain channels. (short-term). After a period of time (one to two years) UNFPA should use this data to analyze levels, causes and consequences of over-dependence, with a strategy to address this.

11. UNFPA should commission a dignity kit evaluation that assesses the kits against the varied goals of addressing immediate hygiene needs, increasing mobility and access to services, and increasing well-being by ensuring women and girls do not feel left behind. UNFPA should ensure this evaluation covers other kits by other actors (e.g. UNICEF hygiene kits) as a way of understanding and capitalizing on the actual added-value of UNFPA dignity kits.

## Introduction

The number of people affected worldwide by humanitarian crises continues to rise as both the frequency and severity of natural disasters and protracted, complex emergencies increase. The United Nations has calculated global humanitarian requirements for 2019 of US \$21.9 billion to reach 93.6 million people out of a total of 131.7 million people in need.<sup>10</sup>

Challenges of refugee and migration issues – with root causes in complex humanitarian emergencies – have already become a defining feature of the twenty-first century, and how these challenges are addressed will reflect critically on the future of humanity. Both the *scale* and *nature* of displacement have changed, becoming more protracted and with multiple waves over time. Displacement is also increasingly manifested within urban and host community settings, as opposed to traditional camp settings. Cyclical disasters – particularly those which are climate-change driven – are increasing in frequency and scale. Against this background, UNFPA has commissioned a global evaluation assessing the UNFPA capacity in humanitarian action.

The design and implementation of this evaluation is governed by an evaluation matrix, which, as presented below, has been adapted for commodity-specific areas of interest. The overall evaluation comprises four country visits and extended (remote) desk reviews of a further eleven countries, with two thematic papers focused on UNFPA supply chain management for humanitarian commodities, and human resources for humanitarian response.

## Methodology

The evidence (both qualitative and quantitative) on which for evaluation findings and conclusions are based has been collected through a range of methodologies, including:

- Data and evidence collected through the four country visits and eleven extended desk reviews
- Document and literature review
- Mission to Copenhagen to visit the UNFPA PSB
- Additional global-level key informant interviews.

The evaluation research was conducted in accordance with the United Nations Evaluation Group (UNEG) *Norms and Standards for Evaluations*, the UNEG *Ethical Guidelines for Evaluations*, the UNFPA *Country Programme Evaluation Handbook*, and the World Health Organization (WHO) *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, and with adherence to the following principles:

- **Consultation** with, and participation by, key stakeholders
- **Methodological rigor** to ensure that the most appropriate sources of evidence for answering the evaluation questions are used in a technically appropriate manner
- **Technical expertise and expert knowledge** to ensure that the assignment benefits from knowledge and experience in the fields of gender-based violence in emergencies (GBVIE) and sexual and reproductive health and rights in emergencies (SRHRiE);
- **Independence** to ensure that the findings stand solely on an impartial and objective analysis of the evidence.

This thematic paper reviews RH kits (via the UNFPA supplies programme) and dignity kits (procured both locally and globally). It has been framed within the overall evaluation matrix, with specific commodity-related questions formed under each of the evaluation questions as below.

---

<sup>10</sup> UNOCHA. Global Humanitarian Overview, 2019. 2019.

**Table 1. How supply-chain management for humanitarian response specific questions relate to the overall evaluation matrix**

Overall Evaluation Question	Commodity-specific areas of interest
<b>Relevance/Appropriateness</b>	
<p><b>EQ1.</b> To what extent does UNFPA humanitarian programming correspond to the changing needs of affected populations, while remaining aligned internally with the mandate of UNFPA and strategic direction?</p>	<ul style="list-style-type: none"> <li>● How relevant have IARH kits been to women/girls/service providers/facilities/governments across the 15 countries within the evaluation and across time/changing needs/moving from acute to prolonged/protracted/early recovery stages?</li> <li>● How relevant have dignity kits been to women/girls across the 15 countries within the evaluation and across time/changing needs/moving from acute to prolonged/protracted/early recovery stages?</li> </ul>
<p><b>EQ2.</b> To what extent does UNFPA humanitarian programming align with humanitarian principles, international humanitarian law (IHL), international human rights law (IHRL), international refugee law (IRL), and external direction of humanitarian action as framed by the Grand Bargain and the New Way of Working (NWoW)?</p>	<ul style="list-style-type: none"> <li>● What ethical considerations are considered in procurement activities?</li> <li>● How is a minimum standard of quality of commodities ensured?</li> </ul>
<p><b>EQ3.</b> To what extent does UNFPA humanitarian programming ensure affected people (particularly women, adolescents, and youth) are active agents in the design, implementation, and monitoring of UNFPA and partners’ activities and ensure that there is effective community engagement for the dissemination of information, participation, feedback, and functioning complaints mechanisms, including for PSEA?</p>	<ul style="list-style-type: none"> <li>● How are the opinions of affected populations (particularly women and girls)/service providers at facilities vis à vis usefulness of the IARH kits collected, collated, analyzed and fed back to UNFPA central procurement?</li> <li>● How are views of women and girls taken into account for contents of dignity kits? How systematically is feedback collected on dignity kits contents? What is the process for changing contents based on feedback?</li> </ul>
<b>Effectiveness</b>	
<p><b>EQ4:</b> To what extent is UNFPA achieving its objectives in terms of humanitarian action?</p>	<ul style="list-style-type: none"> <li>● Are UNFPA commodities effective in meeting the needs of populations affected by crisis?</li> </ul>
<b>Coverage</b>	
<p><b>EQ5:</b> To what extent is UNFPA achieving its objectives in terms of humanitarian action? To what extent does UNFPA’s humanitarian programming achieve both geographic and demographic coverage?</p>	<p><i>Geographic coverage</i></p> <ul style="list-style-type: none"> <li>● How much do IARH kits reach the most hard-to-reach areas? What are the methods and methodologies for ensuring kits reach hard-to-reach areas (and most vulnerable where UNFPA staff cannot verify – for example, northern Yemen, non-government controlled areas in eastern Ukraine, or rebel-held areas in northern Syria, from cross-border operations in Turkey?)</li> <li>● How much do dignity reach the most hard-to-reach areas? What are the methods and methodologies for ensuring kits reach hard-to-reach areas (and most vulnerable where UNFPA staff cannot verify – for example, northern Yemen,</li> </ul>

	<p>non-government controlled areas in eastern Ukraine, or rebel-held areas in northern Syria, from cross-border operations in Turkey?)</p> <p><i>Demographic coverage</i></p> <ul style="list-style-type: none"> <li>● How much do IARH kits – particularly those supporting government partner hospitals, clinics, and facilities – benefit the most vulnerable and excluded women and girls (those with disabilities, and ethnic/religious/linguistic minorities? How is this measured?</li> <li>● How much do dignity kits benefit the most vulnerable and excluded women and girls (those with disabilities, and ethnic/religious/linguistic minorities? How are the kits contextualized, and does the contextualization take account of minority groups?</li> </ul>
<b>Efficiency</b>	
<p><b>EQ6:</b> To what extent do UNFPA inputs (financial and human resources) and internal systems, processes, policies and procedures support efficient and effective humanitarian response?</p>	<ul style="list-style-type: none"> <li>● Cost efficiency of centralized IARH kits compared to different country local procurement and localization of kits; <ul style="list-style-type: none"> <li>○ Cost of Copenhagen section</li> <li>○ Freight (airfreight, sea freight, trucking), export, import, taxes, warehouse storage, cost of freight forwarding services</li> <li>○ Items held at customs – cost of expirations</li> <li>○ Items not registered in certain countries.</li> </ul> </li> <li>● Quality assurance of centralized IARH kits compared to different country local procurement and localization of kits <ul style="list-style-type: none"> <li>○ Ensuring availability of all required commodities.</li> </ul> </li> <li>● Cost/quality assurance of standardized dignity kit package (for production and contextualization locally) <ul style="list-style-type: none"> <li>○ Benefits</li> <li>○ Challenges.</li> </ul> </li> </ul>
<b>Coordination</b>	
<p><b>EQ7:</b> To what extent does UNFPA formal leadership of the GBV AoR (at international, hub, and country levels) and informal leadership of RH working groups (WGs) (at hub and country levels) and youth WGs (at hub and country levels) contribute to an improved SRH, GBV, and youth-inclusive response?</p>	<ul style="list-style-type: none"> <li>● How does UNFPA coordinate (a) UNFPA IARH kits distributed by both UNFPA, UNFPA partners, and others who order directly to UNFPA? And (b) other commodity supplies? (to avoid duplication and maximize efficiency of distribution channels).</li> <li>● How does UNFPA coordinate UNFPA/partner dignity kits with UNICEF hygiene kits and others? <i>Potential case study: Yemen country office, which in October 2018 took over the management of the rapid response mechanism (RRM) which consolidates World Food Programme (WFP) food, UNICEF hygiene kits, and UNFPA dignity kits for joint distribution through the logistics cluster.</i></li> </ul>
<b>Connectedness</b>	
<p><b>EQ8:</b> To what extent does UNFPA humanitarian programming take account of and align with longer-term needs and root causes of crises and development and peace programming (both by UNFPA and partners and other actors) and work to enhance the</p>	<ul style="list-style-type: none"> <li>● How do UNFPA IARH kits contribute to building resilience and addressing the root causes of suffering within crises?</li> <li>● How do UNFPA dignity kits contribute to building resilience and addressing root causes of suffering within crises?</li> </ul>

capacity of national and local actors (particularly women and youth civil society organizations)?	
---	--

## Background

UNFPA launched its supplies programme in 2007 (not specifically focusing on humanitarian programming) with the stated objective of systematizing an “*ad-hoc approach to avoid stock-outs and embrac[ing] the concept of reproductive health commodity security*”. This programme is now recognized worldwide as the primary channel for assisting countries to achieve reproductive health commodity security.<sup>11</sup> RH commodity security is defined as “*a secure supply and choice of quality contraceptives and other reproductive health commodities to meet every person’s needs at the right time and in the right place.*”<sup>12</sup>

Since 2007 this programme has increased its outreach from 12 countries to 46, out of which 35 experienced some form of humanitarian crisis during 2017.<sup>13</sup> Further, it is increasingly understood that RH indicators in fragile contexts are particularly poor, with over 50 per cent of global maternal mortality occurring within fragile and humanitarian contexts<sup>14</sup> and therefore commodity support in crises is particularly critical.

Within humanitarian crises UNFPA country offices order a range of equipment, commodities and supplies including tents, medical equipment, delivery beds, generators, and other elements crucial to effective humanitarian SRHR and GBV response. However, there are two central components to UNFPA commodity provision within humanitarian settings on which this thematic paper will focus: IARH kits, and dignity kits. Findings below relate either specifically to IARH kits and dignity kits, or more broadly to UNFPA systems and supply chain processes.

### Interagency Reproductive Health Kits

The Inter-Agency Reproductive Health Kits for Crisis Situations (commonly referred to as IARH kits) are pre-packaged emergency health kits that include all the commodities and devices necessary to implement the minimum initial service package (MISP) for reproductive health at the immediate onset of a crisis. UNFPA has managed these kits on behalf of the Inter-Agency Working Group (IAWG) since 1998.<sup>15</sup> Even prior to this, IARH kits in some form were utilized across humanitarian crises: in the 1992 Bosnian crisis, Marie Stopes International developed and implemented the “*first pre-packaged reproductive health kits.*”<sup>16</sup> The sexuality and family planning unit within the WHO then took over and continued providing kits.

In 1997, during unrest in Albania, UNFPA took up the role of providing referral surgical obstetric kits to maternity hospitals.

**IAWG:** After the international conference on population and development (ICPD) in 1994 the **IAWG was formed, initially with US Government support with one** full-time staff member hosted within the United Nations refugee agency (UNHCR). This group focused on policy and programme practice, producing the Inter-Agency Field Manual (IAFM) in 1995 which identified a set of minimum reproductive health services required in humanitarian response – theMISP and sought to embed this within general humanitarian standards and practices. IAWG is now a broad-based, highly collaborative coalition of more than 20 steering committee member agencies, representing the United Nations, government, non-governmental, research, and donor organizations and a network of over 2,100 individual members from 450 agencies. IAWG has a number of active sub-working groups including advocacy/MISP; adolescents; data and research; family planning; gender-based violence; STIs and HIV; logistics; and maternal and neonatal health.

Information from <http://iawg.net/about-us/>

<sup>11</sup> UNFPA. UNFPA Supplies Annual Report. 2017

<sup>12</sup> UNFPA. Reproductive health commodity security: partnerships for change. Global call to action. 2011.

<sup>13</sup> Ibid.

<sup>14</sup> UNFPA. Maternal mortality in humanitarian crises and in fragile settings. 2015. This document quotes 60%. UNFPA global respondents report the figure now used is 50 per cent.

<sup>15</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017.

<sup>16</sup> IAWG. Manual: Inter-Agency Reproductive Health Kits for Crisis Situations. 5<sup>th</sup> edition. 2011

This was followed by a version of IARH kits used by UNFPA, the International Federation of the Red Cross and Red Crescent Societies (IFRC), UNHCR, and WHO for the emerging crisis in the Great Lakes region of Africa in the same year.<sup>17</sup>

These experiences led to the concept of a range of global standardized IARH kits being confirmed by the IAWG in June 1997, becoming available in June 1998. These kits have been reviewed by UNFPA and an IAWG technical review committee in 1999, 2003, 2005, 2010, 2013, and 2018-2019 (the 2019 revision will lead to a further change to the kits to become available in 2020)..<sup>18 19</sup> These reviews have included changes such as the inclusion of post-exposure prophylaxis (PEP); child dosages for some medicines; and misoprostol for post-abortion care (PAC).<sup>20</sup>

**MISP** is a set of 6 coordinated minimum activities to be implemented as part of a comprehensive humanitarian response, and consists of:

1. Ensure the health sector/cluster identifies an organization to lead implementation of the MISP;
2. GBV: prevent sexual violence and respond to the needs of survivors;
3. HIV: prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs;
4. MNH: prevent excess maternal and new-born morbidity and mortality;
5. FP: prevent unintended pregnancies;
6. Plan for comprehensive SRH services, integrated into primary health care as soon as possible.

Information from <http://iawg.net/resource/misp-reference/>

**Table 2: Current composition of IARH kits:<sup>21</sup>**

<i>Block 1 contains six kits. The items in these kits are intended for use by service providers delivering RH care at community and primary health care level. Each kit is designed to provide for the needs of 10,000 people for three months. The kits contain mainly medicines and disposable items. Kits 1 and 2 are divided into parts A and B, which can be ordered separately.</i>		
Kit 0	Administration/training supplies	Orange
Kit 1	Condoms (A and B)	Red
Kit 2	Clean delivery, individual (A and B)	Dark blue
Kit 3	Post-rape kit	Pink
Kit 4	Oral and injectable contraception	White
Kit 5	Treatment of sexually transmitted infections	Turquoise
<i>Block 2 has five kits, containing both disposable and reusable material, for use by trained healthcare providers with additional midwifery and selected obstetric and neonatal skills at the health centre or hospital. The kits are designed for a population of 30,000 over a 3-month period. It is possible to order kits for a smaller population so supplies will last longer. Kit 6 has two parts, A and B, which are used together but can be ordered separately.</i>		
Kit 6	Clinical delivery assistance (A and B)	Brown
Kit 7	Intrauterine devices (IUDs)	Black
Kit 8	Management of miscarriage and complications of abortion	Yellow
Kit 9	Suture of tears (cervical and vaginal) and vaginal examination	Purple
Kit 10	Vacuum extraction delivery	Grey
<i>Block 3: In humanitarian settings, patients from the affected population are referred to the nearest hospital, which may require support in terms of equipment and supplies to be able to provide the necessary services for this additional case load. Block 3 includes two kits containing disposable and reusable supplies to provide comprehensive emergency obstetric and new-born care at the referral (surgical obstetrics) level. It is estimated that a hospital at this level covers a population of approximately 150,000 persons. The supplies provided in these kits would serve this population for 3 months. Kit 11 has two parts, A and B, which are usually used together but which can be ordered separately.</i>		
Kit 11	Referral level kit for reproductive health (A and B)	Bright green
Kit 12	Blood transfusion kit	Dark green

<sup>17</sup> Ibid.

<sup>18</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017.

<sup>19</sup> UNFPA key informants. No public revision of the IARH kits was available at the time of finalizing this thematic paper.

<sup>20</sup> Ibid.

<sup>21</sup> IAWG. Manual: Inter-Agency Reproductive Health Kits for Crisis Situations. 5<sup>th</sup> edition. 2011

In 2017 UNFPA conducted an evaluation of the use of IARH kits over the previous two years that included analysis of the causes and consequences of over-ordering and waste, and offered recommendations for improvement.<sup>22</sup> The evaluation made a number of recommendations including:

- Collecting more data on ordering habits, wastage and expired kits/medicines at global, national, and health facility level
- Ensuring more investment in supply-chain and logistics of IARH supplies as a whole, not simply the IARH kits
- Ensuring more coordination between those managing the IARH kits at the global level and between global, regional and country office levels
- Establishing new partnerships with other humanitarian, development, logistics, and private sector actors
- increasing interagency coordination and transparency
- Ensuring IARH kits are registered pre-crisis
- Establishing a standard review process within UNFPA for all kit procurement to “ensure sustained conversations between the procurement division and country offices”<sup>23</sup>
- Developing guidance and best practice on remote management of partners using the kits
- Exploring the value of a regional IARH kit logistics platform in certain regions
- Exploring the value of a logistics hub in Dubai
- Re-evaluating the names of Kit 3 (post-rape treatment) and Kit 8 (management of miscarriage and complications of abortion)
- Creating a community of practice for partners
- Investing in the capacity of UNFPA to support the process of guidance and management of IARH kits
- Working with the Humanitarian Innovation Hub to find solutions to challenges such as non-battery and non-kerosene devices and reducing reliance on cold chains)
- Seeking long-term humanitarian funding to transition away from kits
- Ensuring systematic monitoring of IARH kit content usage in health facilities.<sup>24</sup>

## Dignity Kits

In early 2000 UNFPA identified a further gap in addressing women’s needs in humanitarian response and developed basic hygiene kits that included items specifically necessary for women and girls, such as sanitary products for menstruation.<sup>25</sup> The purpose of this has evolved over the years, with an initial focus on facilitating the mobility of women and girls and helping to restore a level of personal dignity. Hence these kits were soon branded ‘dignity kits’ and have become a staple component of the UNFPA humanitarian response.<sup>26</sup> UNFPA and other partners have recognized additional benefits of dignity kits over the years, such as minimizing the perception among women and girls that they are forgotten or sidelined in humanitarian responses. They also provide useful incentives to attract women and girls to other services.<sup>27</sup> While UNFPA maintains a global basic standard dignity kit template (see Figure 1), dignity kits are usually contextualized to the specific cultural and climatic situation and many UNFPA country offices have their own LTAs for dignity kits or items are procured and assembled locally.

---

<sup>22</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> UNFPA. Evaluation of UNFPA’s Provision of Dignity Kits in Humanitarian and Post-Crisis Settings. 2011.

<sup>26</sup> Ibid.

<sup>27</sup> UNFPA. Evaluation of UNFPA’s Provision of Dignity Kits in Humanitarian and Post-Crisis Settings. 2011 and various key informants across.



Figure 1. Standard composition of dignity kits<sup>28</sup>



<sup>28</sup>UNFPA. What's in the bag? [https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA\\_Basic\\_Dignity\\_Kit.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Basic_Dignity_Kit.pdf)

## Findings

### EQ 1: Relevance/Appropriateness: Alignment with changing needs of population

To what extent does UNFPA humanitarian programming correspond to the changing needs of affected populations, while remaining aligned internally with the mandate of UNFPA and strategic direction?

#### Findings

1. UNFPA, as the global custodian of IARH kits, is organizationally identified with these kits by a wide range of humanitarian actors. The kits are perceived by the range of different stakeholders (service providers, UNFPA country office staff, implementing partners, other United Nations agencies, INGOs, NGOs, governments, including Ministries of Health, and donors) as being worthwhile, relevant and lifesaving.
2. As the kits are designed to be globally applicable and used for a limited period of time in an acute emergency, not all of the IARH kits (or their contents) are relevant in all contexts. However, use of IARH kits beyond the acute phase of crisis responses increases the diversity of demands upon kits. Therefore, the relevance of kits and specific contents is becoming an increasing issue. Further, as the typology of humanitarian crises has evolved over the past decade (for example affecting more middle income countries), a greater variety of demands upon kits has emerged.
3. There is a perception of over-ordering of IARH kits although limited data exists to quantify this.
4. IARH kits are often utilized after the acute-emergency periods and during post-acute emergency periods despite being intended for acute emergency periods only.
5. Dignity kits are contextualized to be relevant and useful for women and girls within a humanitarian response.

**1. UNFPA, as the global custodian of IARH kits, is organizationally identified with these kits by a wide range of humanitarian actors. The kits are perceived by the range of different stakeholders (service providers, UNFPA country office staff, implementing partners, other United Nations agencies, INGOs, NGOs, governments, including Ministries of Health, and donors) as being worthwhile, relevant and lifesaving.**

*“It is now widely accepted that access to a certain set of minimum SRH services enabled by pre-packaged emergency medical kits at the immediate onset of a humanitarian emergency is lifesaving and essential.”<sup>29</sup>*

Despite many challenges related to procurement processes, speed of delivery, and monitoring of ‘last-mile’ delivery and usage, and the resulting gaps in research data related to actual delivery and usage, IARH kits as a *concept* are now almost universally considered to be relevant as life-saving commodities for women and girls in crisis settings.<sup>30</sup> UNFPA is inextricably identified with IARH kits as a first-line response within humanitarian action.<sup>31</sup> The IARH kits provide visibility for UNFPA and increase its credibility as a humanitarian actor in terms of bringing tangible assistance to a crisis response.

**2. As the kits are designed to be globally applicable and used for a limited period of time in an acute emergency, not all of the IARH kits (or their contents) are relevant in all contexts. However, use of IARH kits beyond the acute phase of crisis responses increases the diversity of demands upon kits. Therefore, the relevance of kits and specific content is becoming an increasing issue. Further, as the typology of humanitarian crises has evolved over the past decade (for example affecting more middle income countries), a greater variety of demands upon kits has emerged.**

<sup>29</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017.

<sup>30</sup> Data across literature review and key informant interviews across 15 UNFPA Supplies programme countries, including UNFPA, implementing partners, facility-based service providers, other United Nations agencies, government partners, and donors.

<sup>31</sup> Ibid.

The overall concept of IARH kits is widely considered to be relevant to humanitarian response as an immediate life-saving action. However, some kit contents are not relevant in different contexts (hence country offices being free to adapt kits locally). This challenges the modality of standardized global kits within a changing global context.

The number of people affected by crises continues to rise as both the frequency and severity of natural disasters and protracted, complex emergencies increase. Refugees, internal displacement, and migration situations have already become a defining feature of the twenty-first century and this displacement is also increasingly manifested within middle-income, urban and host community settings, as opposed to traditional camp settings.

IARH kits are inter-agency and therefore the contents of IARH kits are not decided upon by UNFPA alone, but rather through a collaborative process within the IAWG which regularly reviews kits to ensure contents are up to date. However, as the kits are designed to be globally relevant, not all commodities can be relevant to both least developed contexts and middle-income country contexts. Catering for middle-income countries and for a changing world in general increasingly requires more sophisticated equipment and devices. For example, kit 6 contains an autoclave designed to be used in settings without access to electricity which is becoming increasingly unnecessary as contexts where electricity is available become more common - even in refugee camps (such as the Za'atari refugee camp in Jordan) or in contexts where crises result in displacement in out-of-camp, urban settings – such as in eastern Ukraine.<sup>32</sup>

As of 2019, 60 per cent of refugees and 80 per cent of internally displaced persons (IDPs) reside in urban areas rather than in camp settings and therefore access healthcare through existing systems.<sup>33</sup> While many of these existing healthcare systems require support for addressing the needs of an increased displaced population, the infrastructure itself is generally in place. In many other settings – such as South Sudan – the kits still need to cater for more basic conditions.

There are certain situations where national quality standards are in conflict with the contents of the kits. While the IAWG process reviews the kits in terms of contents, UNFPA provides guidelines for specifications of pharmaceuticals and medical devices. These guidelines ensure that commodities are aligned with WHO minimum standards and are reviewed every few years. Frequently these different standards come into conflict with each other or external standards/specifications. For example, one UNFPA respondent reported the Egypt country office being unwilling to order from the UNFPA catalogue for commodities because the Egyptian Ministry of Health had higher standards of equipment than the UNFPA (WHO approved) catalogue of commodities.<sup>34</sup> Another example is Bangladesh, where the commodities registered by the Government of Bangladesh and used in hospitals for Bangladeshi citizens did not meet UNFPA quality standards and therefore could not be used for the response to the Rohingya crisis.<sup>35</sup>

Other issues simply relate to the basic improvement and evolution of medical devices over time which the kits have not necessarily kept up with: *“RH kits are relevant but some of the items have to evolve with time and with medical advances, for example kit 10 with the vacuum has very old ones, now in our country we have newer and smaller vacuums for assisted birth.”*<sup>36</sup>

In addition, there are context-specific issues with certain commodities or medicines not being useful or even legal in some countries. For example, female condoms are not widely used in many contexts, e.g.

---

<sup>32</sup> Multiple key informants across this evaluation and the UNFPA Syria Regional Response evaluation - <https://www.unfpa.org/admin-resource/evaluation-unfpa-response-syria-crisis-2011-2018>

<sup>33</sup> UNHCR. <https://www.unhcr.org/innovation/the-power-of-cities/>

<sup>34</sup> UNFPA key informant.

<sup>35</sup> UNFPA key informant.

<sup>36</sup> Haiti UNFPA key informant.

Haiti.<sup>37</sup> <sup>38</sup> Anti-malarial medication is not required in Ukraine.<sup>39</sup> In both Yemen and Ukraine sensitivity exists around importation of ketamine <sup>40</sup>(a commonly used anesthetic, but also commonly abused as a recreational drug) which is included in Kit 11.<sup>41</sup> The UNFPA Indonesia Country Office suggested that IARH kits be ‘nationalized’ (contextualized) as service providers are not always familiar with pill formats or instructions within the standardized kits.<sup>42</sup> UNFPA Indonesia has worked with the Indonesian Ministry of Health to do just this.<sup>43</sup> The DRC UNFPA country office reported that some service providers were not familiar with how to use the specific post-exposure prophylaxis (PEP) provided in kit 3 (as opposed to other PEPs).<sup>44</sup>

Other issues include the inclusion of misoprostol (kit 8 - management of miscarriage and complications of abortion) which is a drug used for post-partum hemorrhage but which can also be used to induce early abortion and so is not registered in a number of countries. A caveat is present with the ordering process for kit 8 in relation to misoprostol, advising clients to check the registration status of this drug within the country. Emergency contraception, also not registered in some countries, is included in kit 3.

Both misoprostol and emergency contraception can be removed from kits *before* dispatch to countries - but the country office (or agency ordering) is still required to pay for these drugs as the kits carry a fixed price, and removing the items requires additional repacking time. This is the same for the case-by-case removal of any other items, such as ketamine (a particularly expensive drug), which is removed in kits ordered for Yemen.<sup>45</sup>

Other reasons exist for removal of specific products: for example, ordering kits for Iran requires the removal of all items made in the US (due to the US sanctions on Iran). This has led to delays in pinpointing US-made products, their removal and subsequent safe/secure repackaging.<sup>46</sup> Finally, some stakeholders reported issues in breaking bulk commodities down to smaller quantities for distribution to patients, with individualized labels and instructions (e.g. Ukraine<sup>47</sup>).

The purpose of IARH kits is that they are pre-assembled and standardized to ensure comprehensive MISIP implementation and it is then expected that country offices adapt them to specific needs. However, achieving this is particularly challenging in the immediate onset of a crisis. Further, stakeholders experience challenges in transitioning away from dependence on IARH kits and back to specific-item supply based on context and needs. These are discussed in the following finding and in finding 13.

### **3. There is a perception of over-ordering of IARH kits although limited data exists to quantify this.**

The 2017 UNFPA and IAWG evaluation highlighted a “*general feeling of overordering and waste [of kits], but presented no clear evidence of the scale of this wastage.*”<sup>48</sup> Neither the 2017 UNFPA and IAWG evaluation nor this evaluation could determine the exact level of wastage as UNFPA does not collect data on this issue. An example provided by the UNFPA and IAWG evaluation was of IARH kits procured based on overall population data, assuming average demographic make-up of men, women, girls, and boys.

---

<sup>37</sup> Haiti key informants. Please see Haiti Country Note for further information.

<sup>38</sup> While female condoms are useful for women to protect themselves, and particularly useful in a context where sex work might increase, it is not appropriate to introduce a new form of contraception during an emergency.

<sup>39</sup> Ukraine key informants. Please see Ukraine Country Note for further information.

<sup>40</sup> Key informants reported ketamine being ‘sensitive’ with government regulatory authorities within Yemen and Ukraine and therefore had to be removed from kits before kits could be shipped.

<sup>41</sup> Yemen and Ukraine key informants.

<sup>42</sup> Indonesia key informants. Please see Indonesia Country Note for further information.

<sup>43</sup> Ibid.

<sup>44</sup> DRC key informants. Please see DRC Country Note for further information.

<sup>45</sup> UNFPA PSB key informants.

<sup>46</sup> UNFPA APRO key informants.

<sup>47</sup> Ukraine service provider key informants. Please see Ukraine Country Note for further information.

<sup>48</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017.

However, it subsequently transpired that the targeted population was of migrant workers comprising 90% single males.<sup>49</sup>

Different factors contribute to perceived over-ordering and wastage. Firstly, key decision makers in country offices may not be aware of IARH kits and their usage before a crisis starts, and anecdotal reports<sup>50</sup> suggest immediate 'reactive' ordering when a large-scale crisis first occurs. The kits are ordered in blocks and respond to different population sizes: Block A (kits 0 to 5) are designed to cover 10,000 people for three months; Block B (kits 6 to 10) are designed to cover 30,000 people for three months; and Block C (kits 11 and 12) are designed to cover 150,000 people for three months. Respondents report a combination of the following challenges:

- Incomplete understanding of kit usage
- Difficulties ascertaining clear population data, number of functioning health facilities, availability of trained service providers (for example, if ordering kit 10 for vacuum extraction delivery, there needs to be available trained service providers to use this)
- Lack of awareness of preferred methods of contraception among affected populations in a crisis.

Thus, the type and numbers of kits ordered is not always commensurate with actual needs. While the need for analysis of national context is stressed in surge and MISP trainings,<sup>51</sup> evidence from this evaluation suggests this continues to be a problem.

Secondly, the IAWG and UNFPA 2017 evaluation reported a *"gap in critical thinking by country offices in procuring kits"*<sup>52</sup> with IARH kit procurement often being seen by UNFPA country offices as an automatic response to a crisis regardless of actual need.<sup>53</sup>

Thirdly, IARH kits are well-branded and understood across the humanitarian sector as a UNFPA contribution to a humanitarian crisis. UNFPA respondents across different contexts report IARH kits being highly appreciated by donors as they represent something concrete - tangible and visible, with a direct link between provision of supplies and number beneficiaries - to fund. Therefore, ordering of kits is reportedly sometimes based on available funding rather than on need.<sup>54</sup>

Finally, there is an absence of systematic monitoring of the last-mile delivery (particularly in highly insecure areas) and utilization of kits. This lack of data makes it challenging to ascertain how widespread overordering and wastage is and how commodities actually reach places of need: *"UNFPA gets things to warehouses but then the distribution isn't always done – groups are invited to come and pick up from there, so those groups would have to pay; if there is no funding for transport, the products can even expire."*<sup>55, 56</sup>

#### **4. IARH kits are often utilized after the acute-emergency periods and during post-acute emergency periods despite being intended for acute emergency periods only.**

Once IARH kits have been ordered, some countries (even with the support of regional offices and/or PSB) struggle to adequately prepare for a transition back to normalized procurement and sustainable supply-chain. This is particularly likely if the national supply chain has been poor before the crisis, or something UNFPA had not been involved in before the crisis.

---

<sup>49</sup> Ibid.

<sup>50</sup> Multiple UNFPA key informants across all fifteen countries for this evaluation..

<sup>51</sup> UNFPA key informant.

<sup>52</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017.

<sup>53</sup> This is reported by respondents across different countries to this evaluation despite processes in place for regional offices and HFCB (now the HO) and PSB to validate and rationalize IARH kit orders.

<sup>54</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017.

<sup>55</sup> Ibid.

<sup>56</sup> UNFPA has recently initiated a Last Mile Assurance process, designed to provide better data in this regard – please see UNFPA Management Responses to the Report for the Office of Audit and Investigation DP/FPA/2019/CRP.6

[https://www.unfpa.org/sites/default/files/admin-resource/DP.FPA\\_2019.CRP\\_6\\_-\\_MR\\_to\\_OAIS\\_OAC\\_reports.29.04.2019.pdf](https://www.unfpa.org/sites/default/files/admin-resource/DP.FPA_2019.CRP_6_-_MR_to_OAIS_OAC_reports.29.04.2019.pdf)

To mitigate this challenge, some respondents report prolongation of kit ordering (as long as humanitarian funding continues to be available) as being easier than establishing the expertise to support a transition back to a stronger national supply chain.<sup>57</sup> Respondents report that country offices often continue to procure IARH kits because the process is faster than regular procurement. It should be noted that IARH kits (nominally containing three months-worth of supplies) were not designed as a default supply channel for SRHR commodities.

Humanitarian crises rarely follow linear evolution from an acute phase to where longer-term development processes can take over. Further, there are many external challenges in securing individual commodities – such as disruption of national supply chains by natural disasters/conflict. However, evaluation evidence suggests lack of a common understanding of when or how to transition back to normal commodity supply within UNFPA, due to limited logistics capacity.

An example of this is the case of Jordan (a refugee-hosting middle income country not in acute crisis since the initial influx of Syrian refugees in 2012-2014)<sup>58</sup> with UNFPA reporting challenges in procuring antiretrovirals (ARVs) found in Kit 3 (post-rape kit). ARVs ordered via regular supply chains (i.e. not part of kits) in July 2019 were scheduled for delivery in the fourth quarter of 2019 and first quarter of 2020 – three to six months. The lack of ARVs would negatively impact the UNFPA clinical management of rape (CMR) services and therefore the UNFPA Jordan Country Office sought to procure kit 3 to cover the gap.<sup>59</sup>

These factors, coupled with the ease of ordering IARH kits, underpin the observed over-reliance of IARH kits.

**5. Dignity kits are contextualized to be relevant and useful for women and girls within a humanitarian response.** Dignity kits have three objectives: (i) at the individual level: to allow women and girls to live with “dignity” even during humanitarian crises; (ii) at the programme-level: to serve as an entry point for UNFPA's broader programming on SRH, GBV, HIV prevention and psychosocial support; and (iii) at the institutional-level: to affirm UNFPA's place as a critical humanitarian actor.

There is a global minimum standard for dignity kits within UNFPA and a global LTA for supply, which has 12 basic items and a further 28 which can be added. The 12 basic items within the standardized kit are:

- bath soap
- underwear
- detergent/washing powder
- sanitary napkins
- flashlight
- toothpaste
- toothbrush
- comb
- reusable menstrual pad sets<sup>60</sup>

However, dignity kits are also – and increasingly – procured at local level where items can be more contextualized to need. While IARH kits include medicines and pharmaceuticals which require a specific quality assurance expertise within the procurement process (see EQ2 on minimum standards of quality) dignity kits are not subject to the same scrutiny, and many items - particularly underwear, clothing items, and menstrual hygiene materials - are context-specific. For example, the UNFPA Indonesia country office

---

<sup>57</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017.

<sup>58</sup> For further information please see the UNFPA Syria Regional Response Evaluation. <https://www.unfpa.org/admin-resource/evaluation-unfpa-response-syria-crisis-2011-2018>

<sup>59</sup> UNFPA key informant.

<sup>60</sup> <https://www.unfpa.org/resources/unfpa-basic-dignity-kit-0>. Note there is no explanation of the difference between sanitary napkins and menstrual pad sets.



## EQ 2: Relevance/Appropriateness: Alignment with international law and principles

**EQ2.** To what extent does UNFPA humanitarian programming align with humanitarian principles, IHL, IHRL, IRL, and external direction of humanitarian action as framed by the Grand Bargain and the New Way of Working?

### Findings

6. UNFPA has inconsistently addressed humanitarian-specific concerns within ethical or environmental procurement and supply-chain policies.

7. UNFPA has a particularly high-quality standard for IARH kits which has both benefits and disadvantages for humanitarian action. This includes adhering to a basic humanitarian and human rights dictum that women and girls in humanitarian settings do not deserve any less than anyone else. This principled approach is a positive aspect of UNFPA programming but presents challenges to supply-chain management.

**6. UNFPA has inconsistently addressed humanitarian-specific concerns within ethical or environmental procurement and supply-chain policies.** UNFPA has policies establishing ethical and environmental principles that apply by default to humanitarian procurement as much as regular procurement. These include:

- Safe Disposal and Management of Unused Unwanted Contraceptives, 2013
- Quality Assurance Framework for the Procurement of Reproductive Health Commodities<sup>67</sup>
- Green procurement strategy, 2013
- UNFPA post-shipment testing for male condoms.<sup>68</sup>

However, there is limited specific reference to humanitarian procurement and supply chain management within any of the policies, or indeed acknowledgment and consideration of the nature of transportation costs for humanitarian response.

In relation to ensuring suppliers' respect for basic human rights principles, UNFPA conforms to the general United Nations terms and conditions for suppliers, which reminds suppliers of the values enshrined within the United Nations charter and the expectation that these values are upheld, including respect for fundamental human rights, social justice, human dignity, and gender equality.<sup>69</sup> The United Nations supplier code of conduct also references international labour conventions, including with respect to freedom of association and collective bargaining, forced or compulsory labour, child labour, discrimination, wages, working hours and other conditions of work, health and safety, and ethical and environmental concerns.<sup>70</sup>

The UNFPA 2013 green procurement strategy, while having no reference to humanitarian contexts or IARH kits, articulates the following principles for procurement in general in relation to environmental considerations:

- It is the preference of UNFPA to purchase, distribute and use environmentally friendly products to the extent that the products perform satisfactorily and can be acquired at similar total cost and provide the best value for money
- UNFPA will strive to obtain and maintain a close relationship with its current and future suppliers, and through collaboration ensure that its suppliers become greener in their production and delivery of services
- UNFPA requires suppliers to comply with both current and future international and local legislation.<sup>71</sup>

<sup>67</sup> no date referenced.

<sup>68</sup> no date referenced.

<sup>69</sup> UN. UN Supplier Code of Conduct. 2017

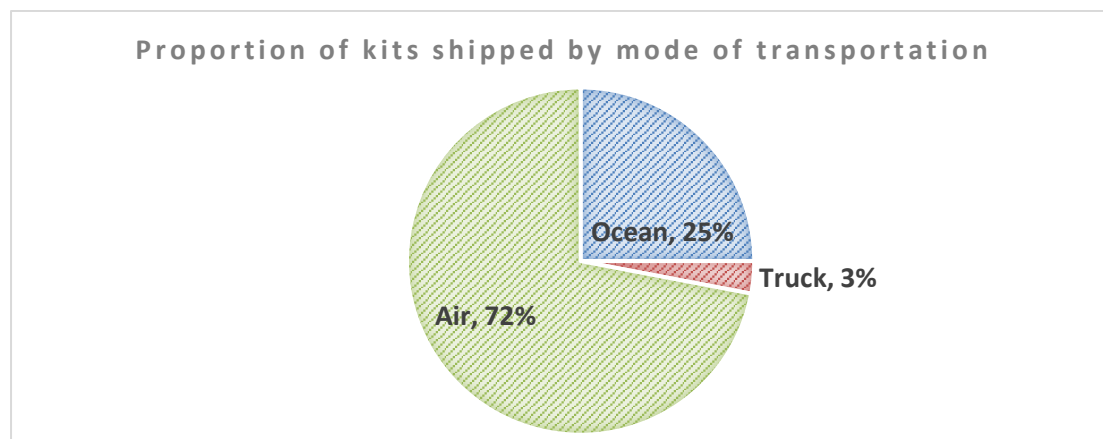
<sup>70</sup> Ibid.

<sup>71</sup> UNFPA. Green Procurement Strategy. 2013.



Humanitarian commodity supply has an extremely high carbon footprint, relying on airfreight logistics for acute response due to the lifesaving and time-crucial nature of humanitarian response. This is one of the key reasons why preparedness can reduce the carbon footprint of air freight by using sea freight or road transportation for commodities prepositioned closer to the crisis which has both cost and environmental benefits. This is currently not acknowledged, addressed, or mitigated against in any UNFPA policy.

**Figure 3: UNFPA shipment modes for emergency IARH kits<sup>72</sup>**



**7. UNFPA has a particularly high-quality standard for IARH kits which has both benefits and disadvantages for humanitarian action. This includes adhering to a basic humanitarian and human rights dictum that women and girls in humanitarian settings do not deserve any less than anyone else. This principled approach is a positive aspect of UNFPA programming but presents challenges to supply-chain management.** Quality is critical for pharmaceuticals and UNFPA key informants maintain that UNFPA has a higher quality standard than other humanitarian actors, and the quality standard remains the same for humanitarian procurement as it does for regular procurement. Quality standards followed for UNFPA procurement are complex, summarized as follows:

For **pharmaceuticals**, UNFPA follows a two-tiered approach to suppliers and products, being;

- WHO pre-qualified suppliers
- Stringent national regulatory system-approved products (such as EU-wide approvals), for products approved for domestic consumption, not just for export.

UNFPA then applies a differentiated approach when linking these stringent standards to different types of products, with injectable products being treated the most cautiously, and external creams, peripherals, and devices being treated less cautiously.

UNFPA key informants reported that UNFPA adheres to the same quality standards as UNICEF, with both UNICEF and UNFPA respecting WHO standards.

UNFPA PSB reports that quality and price are the two main factors, including for humanitarian procurement.<sup>73</sup> While both are critical to the success of the regular UNFPA supplies programme, speed is an additional factor – critical for humanitarian situations – which is not considered on a par with quality and price within the UNFPA supplies function. Quality of pharmaceuticals - particularly those which enter the body such as injectables - is paramount to the humanitarian principle of ‘do no harm’. However, when IARH kits are significantly delayed because of stock-outs of products for which only one or two worldwide suppliers meet the UNFPA quality criteria, it can be assumed that women and girls are either suffering excessive morbidity/mortality through inability to access medications, or are accessing alternative

<sup>72</sup> Lunds University. Evaluation of strategic stock points for UNFPA using a facility location model. 2018.

<sup>73</sup> UNFPA key informants.

products which in all likelihood do not adhere to UNFPA global standards. Complex ethical considerations influence such decisions and currently UNFPA holds the authority for such decisions centrally.<sup>74</sup>

Country offices have little or no freedom to procure commodities outside the UNFPA catalogue either during normal times or during emergencies, based on the (valid) rationale that locally procured commodities cannot be quality-controlled in manufacture or in storage (such as via cold chain for temperature-sensitive medications). Thus, use of non-certified products might either actively do additional harm to the patient or simply not work.<sup>75</sup> Examples given by UNFPA PSB respondents include sub-standard oxytocin (used to prevent and treat post-partum hemorrhage) which does not fully treat the condition or sub-standard antibiotics which suppress an infection enough to make a patient feel better, but not enough to completely cure the infection which then returns with the additional potential complication of resistance to that particular antibiotic (an issue of significant global public health concern).

The high-quality standard adheres to a basic humanitarian and human rights dictum (albeit not explicitly articulated within UNFPA) that women and girls in humanitarian settings do not deserve any less than those in other settings. However, application of this high-quality standard means that only a few global suppliers qualify to furnish UNFPA with commodities. This places limitations on supplies and results in frequent stock-outs. Combined with a supply chain process within UNFPA that is not robust (see finding 14) there is an ultimate negative impact on the timeliness and quantity of humanitarian commodities and on health outcomes for women and girls.

Furthermore, there is increasing recognition that national governments should be treated with a higher level of equity with regard to standards of commodities. One respondent gave the example of a product registered in Bangladesh used in state hospitals for Bangladeshi citizens which did not meet UNFPA global standards. Therefore, UNFPA could not procure this product to provide to Rohingya refugees in Bangladesh.<sup>76</sup> This raises issues around the appropriateness of UNFPA demanding higher quality standards for refugees than the host country demands for their own citizens. The quality assurance team within the procurement services branch of UNFPA has the authority to provide waivers to countries to procure locally, once products and the regulatory framework under which they are available is reviewed but this is undertaken only under exceptional circumstances:

*UNFPA has a low risk appetite for compromising quality and patient safety, which means COs are restricted from using local suppliers for medical products...PSB can grant "expedited approvals" for services, not for [all] medical supplies.<sup>77</sup>*

While compromising patient safety via "sub-standard" commodities is not considered an acceptable option, these standards prevent use of nationally-acceptable commodities (such as the case of Bangladesh) and patients suffer harm. This apparent impasse suggests need for a middle ground on standards.

UNFPA respondents reported ongoing work (in 2019) to systematize and structure the process of utilizing national-level standards.<sup>78</sup> However, at the time of evaluation, waivers for procurement outside of UNFPA standard products (which themselves entail a lengthy process to obtain) carry a condition that PSB will bear no responsibility for consequences of the use of that product.<sup>79</sup> Such responsibility devolves onto the Country Representative who (in most cases) lacks the expertise or qualifications to appreciate potential issues associated with a particular drug. Understandably, this responsibility is unattractive to most Country Representatives.<sup>80</sup>

---

<sup>74</sup> UNFPA PSB key informants.

<sup>75</sup> Ibid.

<sup>76</sup> Ibid.

<sup>77</sup> DFID. DFID review of UNFPA supplies in humanitarian settings, May-August 2018. 2018.

<sup>78</sup> Ibid.

<sup>79</sup> UNFPA PSB key informants.

<sup>80</sup> Ibid – note, this information provided by UNFPA PSB key informants rather than directly from Country Representatives.

### EQ 3: Relevance/Appropriateness: Accountability to Affected Populations

**EQ3.** To what extent does UNFPA humanitarian programming ensure affected people (particularly women, adolescents, and youth) are active agents in the design, implementation, and monitoring of UNFPA and partners' activities and ensure that there is effective community engagement for the dissemination of information, participation, feedback, and functioning complaints mechanisms, including for PSEA?

#### Findings

8. There is lack of systematic feedback from institutional end users to UNFPA on the relevance of IARH kits.

9. Significant ad-hoc feedback is solicited from women and girls on the contents of dignity kits, but no standardized systematic mechanism to collect and consolidate this feedback at global levels exists.

**8. There is an overall shortage of regular feedback from institutional end users to UNFPA on the relevance of IARH kits.** The UNFPA quality assurance framework has no substantive reference to humanitarian procurement and only one reference to commodity-related feedback, stating that *"Complaints concerning products procured through UNFPA will be investigated accordingly. For answers to any questions about the Quality Assurance Framework or complaints on any quality related issues, please email: [procurement@unfpa.org](mailto:procurement@unfpa.org). Please include the UNFPA Purchase Order number and Batch number, if applicable."*<sup>81</sup> However, this mechanism is little known and rarely used.<sup>82</sup> There is also the option to submit an online complaint, on the UNFPA procurement web page in either English, French, or Spanish.<sup>83</sup> The evaluation research indicates that most stakeholders at country level with responsibilities for commodities do not know about this mechanism and hence it is rarely used.<sup>84</sup>

The UNFPA quality assurance team reported occasional accounts of issues via third party sources. An example was of rusty razors in clean delivery kits in the Philippines - reported by a third party at a global meeting, but never reported to PSB by the UNFPA country office. The precise details of which parties were or were not aware of the issue (and hence the source of the breakdown in communication) could not be established by this evaluation.

An example of the system functioning well was from UNFPA Jordan, where the country office submitted a complaint regarding the efficacy of pregnancy test kits. The PSB quality assurance team immediately investigated the kits, identifying a WHO-approved laboratory that could check the items.

A key issue related to the minimal feedback received by PSB regarding supplies is the lack of participation by country offices in the quality assurance process. Country office staff may therefore not necessarily be aware of standards and issues that arise. For example, UNFPA Bangladesh reported receiving flashlights (for dignity kits) that did not meet the requirements under the LTA. The country office realized this only due to a check undertaken by a global logistics advisor, present in Bangladesh for training when the supplies arrived.<sup>85</sup>

The evaluation found little evidence as to whether or how systematic feedback vis à vis the *composition* of the IARH kits is sought, collected, collated, and analyzed. IARH kit contents are reviewed regularly (see EQ 1) through a collaborative process within IAWG, but this is a more a top-down rather than a bottom-up process. The IAWG committee (comprising UNFPA and WHO, among other IAWG members) ensures the kits include contents aligned with extant versions of clinical drug guidelines and recommends any changes to kit composition.<sup>86</sup> The most recent review at the time of research was in 2018.<sup>87</sup> During this

<sup>81</sup> UNFPA. UNFPA Quality assurance framework for the procurement of reproductive health commodities. *undated*.

<sup>82</sup> UNFPA PSB key informants.

<sup>83</sup> <https://www.unfpaprocurement.org/quality-assurance>

<sup>84</sup> Ibid.

<sup>85</sup> UNFPA key informant.

<sup>86</sup> UNFPA key informant.

<sup>87</sup> The 2018 review had not been translated into updated kits as of June 2019.

revision process (every few years) the UNFPA Humanitarian Office collects feedback on behalf of the IAWG via surveys and interviews from users on the contents and use / applicability of items.<sup>88</sup>

A challenge to useful and candid feedback - on content and quality - is a potential conflict of interest between those that give and those that receive supplies. Many service providers (often small clinics and hospitals in emergency situations that are chronically under-resourced) are so appreciative of *any* supplies they may receive that they are cautious about complaining about something that is both free and urgently required.

The onus is therefore on UNFPA - at global, regional and country levels - to put in place effective and efficient systems so all final recipients of IARH kits can easily and honestly provide feedback and to ensure thereafter, that the feedback is analyzed and utilized. Existing systems are not fit for this purpose.

Such systems must also account for overstretched capacity in the acute phase of an emergency. This means there is limited time to report issues. Finally, there may be an unwillingness to report issues when doing so may require return of supplies, comprising additional work for an already over-burdened country office and prolonging the absence of essential commodities.

**9. Significant ad-hoc feedback is solicited from women and girls on the contents of dignity kits, but no standardized systematic mechanism exists to collect and consolidate this feedback at global levels.** The evaluation has collated good evidence across countries that user feedback on the contents of dignity kits is solicited at country level. This is then used to adapt and contextualize dignity kits (see below). However, this feedback does not currently go further than at country level and little feedback has been received about the basic and additional items within the global standard dignity kit. While UNFPA PSB do hold a global LTA for dignity kits, this is not a mandatory LTA (countries are free to procure themselves) because there are no pharmaceutical products within the kits. Country level feedback on dignity kits highlights both good and bad practices.

*“They [UNFPA] did some solicitation of feedback from community members and adjusted on the basis of this. The dignity kits needed some more contextualization, some clothes/underwear was too big for younger people. We provided feedback to UNFPA on this and they adjusted appropriately.” [Indonesia]*

*“The contents for the dignity kits for Uganda changes over time, informed by feedback from the users. Content was originally focused on hygiene of young women and older women. Then after a lot of feedback on menstrual health needs and women who have just had children we revised content of the kits...As a result of the rapid assessments, women said, look, we need to feel dignified after having a baby, so the content for Uganda really looks at the products the post-partum care and also specifically DRC refugees, one, main issue was clinic low use. Women not delivering at the facility. So dignity kit had content for the dignifying of the new mother.” [Uganda]*

*“The fabric is considered rough, but the women do use it since they have so little.” [DRC]*

Notwithstanding the various initiatives by country offices to solicit feedback, such mechanisms are ad-hoc and unstructured and the evaluation could not identify any apparent means for feedback to filter to global level or influence the standard kit.

Further, country programmes receive dignity kit items via the UNFPA global LTA but without prior knowledge (e.g. via a sample kit) of quality benchmarks. Thus, they cannot determine whether delivered kits meet the quality standard. One regional office experienced this issue when a global logistics surge deployee inspected items delivered to a country operation via the global LTA which did not in fact meet quality standards.<sup>89</sup>

---

<sup>88</sup> UNFPA headquarter key informants. The evaluation did not identify any interviewees across the fifteen countries included within the evaluation who had been a part of this feedback process.

<sup>89</sup> UNFPA key informants.

## EQ 4: Effectiveness

EQ4: To what extent is UNFPA achieving its objectives in terms of humanitarian action?

### Findings

10. The effectiveness of UNFPA commodities (both IARH kits and dignity kits) within humanitarian response is hampered by delays in the delivery of supplies due to a variety of issues that impact on the reputation of UNFPA as a credible humanitarian actor.

11. Dignity kits have a value beyond their initial conceptualization as a means of increasing mobility of women and girls in humanitarian settings.

### **10. The effectiveness of UNFPA commodities (both IARH kits and dignity kits) within humanitarian response is hampered by delays in the delivery of supplies due to a variety of issues that impact on the reputation of UNFPA as a credible humanitarian actor.**

The timeliness of commodity provision across all United Nations agencies is difficult to ascertain. The goal for first humanitarian response in a level 3 emergency is within 72 hours.<sup>90</sup> However, this is not specifically for commodities and few agencies manage to meet this criterion in every emergency for commodities being imported from a storage location overseas. The timeframe is more likely to be achieved with prepositioned supplies. Sphere standards and the core humanitarian standard both reference 'timely' response including for commodities, but with no definition of what 'timely' means.<sup>91</sup>

UNFPA globally has limited consolidated data on response/delivery times for commodities to a humanitarian response, from the onset of the response (for a rapid onset disaster) to *final delivery* at the place of need.

Commodities tracking data held by PSB ostensibly includes this data (e.g. order dates, shipment dates, arrival dates). However, analysis of internal databases indicates that the majority (approximately 90 per cent) of such data is incomplete<sup>92</sup> and therefore does not permit tracking of ordering, dispatch and arrivals.

For such data that is complete, analysis by the evaluation team indicates that the average difference between *expected* and *actual* arrival of orders (at country of destination – not at final delivery point) was 21 days of delay. A total of 56 per cent of all orders (for which data was available) arrive later than expected, with 44 per cent arriving on time or earlier than expected. 30 per cent of orders arrive between two and four weeks later than expected.

The incompleteness of data provided means it was not possible for the evaluation team to robustly quantify the timeliness of UNFPA commodity provision. Such a challenge was noted by the 2018 DFID review of UNFPA humanitarian supplies: "*The DFID review team struggled to get complete clarity on the current systems.*"<sup>93</sup>

While this means the evaluation team is hesitant to extrapolate the analysis of timeliness above to all commodity deliveries, the tentative finding triangulates well with *qualitative* evaluation evidence. Respondents across multiple countries reported significant delays with UNFPA supplies compared to other agencies. Many reported a timeline of months rather than weeks between placing an order and receiving commodities.<sup>94</sup>

<sup>90</sup> Interagency Standing Committee. Responding to Level 3 Emergencies: The humanitarian programme cycle. 2012. <https://www.refworld.org/pdfid/512dee5a2.pdf>. There is no goal specified for L1 and L2 emergencies.

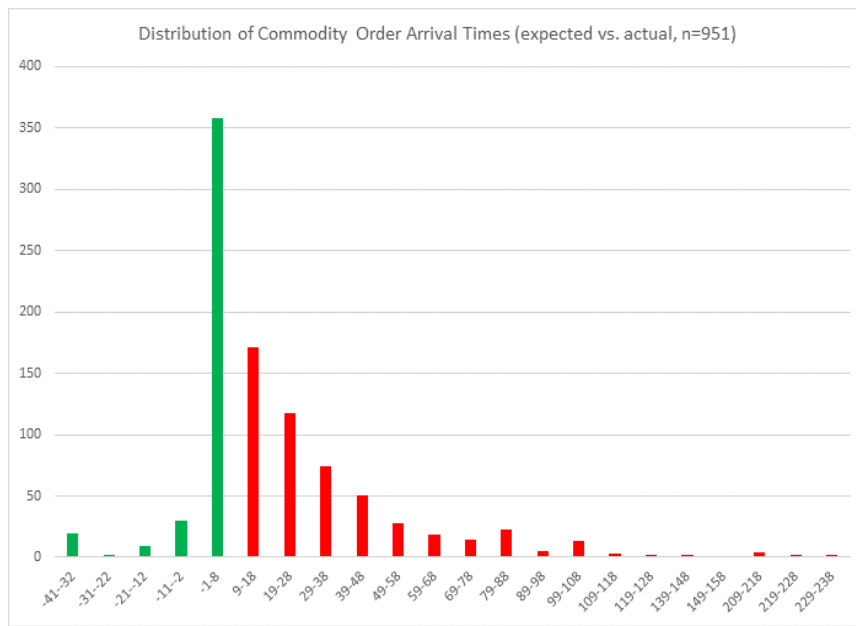
<sup>91</sup> Sphere Handbook. <https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf>

<sup>92</sup> MS Excel-based commodities data provided by PSB to the evaluation team, August 2019.

<sup>93</sup> DFID. DFID review of UNFPA supplies in humanitarian settings, May-August 2018. 2018.

<sup>94</sup> Multiple UNFPA and other stakeholder key informants across country, regional, and global levels.

**Figure 4: Distribution of commodities order arrival times (expected versus actual)<sup>95</sup>**



Further, secondary data from the external Lunds university study on UNFPA supplies<sup>96</sup> concluded that “UNFPA has a considerably longer lead time than other agencies.”<sup>97</sup> This study analyzes 2015-2017 data on lead times between request and dispatch (from supplier warehouse, not when received in country or delivered to final destination). Figures 4 and 5 show mean lead times which are (a) not at all aligned with a rapid response and (b) have increased significantly between 2015 and 2017.<sup>98</sup>

**Figure 5: Mean lead times between request submitted and dispatch from supplier warehouse for IARH kits<sup>99</sup>**



In 2018 UNFPA reports in its mid-term supplies programme evaluation report that a key challenge faced by PSB is the lack of access to flexible financing (allowing for different/emergency utilization of funds)

<sup>95</sup> Compiled from data provided by PSB, August 2019. This data is not comprehensive, with 90 per cent of shipments not having all datasets and therefore it is impossible to extract genuine analysis with no way of knowing if the 10 per cent of shipments which have complete data (order date, shipment date, arrival date) are a randomized sample or not.

<sup>96</sup> Lunds University. Evaluation of strategic stock points for UNFPA using a facility location model. 2018

<sup>97</sup> Ibid.

<sup>98</sup> There is no information available for 2018.

<sup>99</sup> Ibid.

when needing to procure rapidly (for stock-outs for development settings rather than for humanitarian response)<sup>100</sup>. It notes an example of a “sharp increase in demand for implanon caused lead times for this implant to rise from a reported average of 17 weeks to 9 to 12 months”.<sup>101</sup> The DFID review confirms that the inflexibility of financing modalities is a problem for UNFPA in respect of timely commodity delivery.<sup>102</sup> The report does not cover timeliness of humanitarian commodity response.

UNFPA has conducted a comparative study on estimated lead times – based on a theoretical ideal, not historical data. This internal study (conducted by PSB) concluded that the current management structure of holding commodities globally at supplier warehouses was the best option. However, again, this was not based on actual delivery times but on a theoretical ideal lead time estimate.

**Figure 6: UNFPA PSB comparative study of prepositioning options for emergency response<sup>103</sup>**

Options for management of stocks:	Inventory managed by PSB (for all countries) “Global Pre-pos.”	Inventory managed by ROs (for COs in their region only) “Regional Pre-pos.”	Inventory managed by COs (for CO itself) “National Pre-positioning”
Time for country office to communicate request for goods	1 day	1 day	1 day
Time to arrange for and issue release of goods instruction to stockholder	1 - 3 days	1 - 3 days (once operations are up and running)	1-3 days (once operations are up and running)
Time for stockholder to arrange air transport to affected country	1 day - 1 week	1 day – 1 week	N/A
Transportation time incl. customs clearance	1 day - 2 weeks	1 day - 2 weeks	N/A
<b>Total lead-time required to port of entry/capital city:</b>	<b>4 days – 3.5 weeks</b>	<b>4 days - 3.5 weeks</b>	<b>1 - 4 days</b>

Staff required to manage the operations from UNFPA	<b>100%</b>	400%	800%
Cost for physical storage incl. order handling at dispatching location. (Safety of storage location incl. adherence to QA requirements not included)	Around 7-10% PSB uses “vendor managed inventory”.	7% of inventory value if UNHRD is used. Probably more if other facilities are used.	Unknown. This cost can be obtained!
Cost and risk for write-off of expired goods (especially pharmaceuticals) incl. cost for disposal of expired goods	Risks and costs currently almost negligible.	Estimated at 5%-10% of inventory value. (N/A for non-expiry items)	Estimated at 10%-20% of inventory value. (N/A for non-expiry items)
<b>Total cost for set-up</b>	Today’s costs i.e. Staff: 100% Inventory: 102%	Est. Cost increase: Staff: +400% Inventory +117%	Est. Cost increase: Staff: +800% Inventory: + 127%

In contrast to the PSB internal study, the external study undertaken by Lunds University (based on a mathematical model informed by historical data) concluded that regional prepositioning was a better option (see EQ 5, coverage, on prepositioning for more information):

*“The study identified some clear benefits as well as drawbacks with the pre-positioning of goods on both a regional and national level. The study also identified some core issues for UNFPA that would have to be solved before an alteration of the warehouse network could be carried out. The study did, however, show that there would be clear cost reduction benefits from switching to a decentralized warehouse layout as well as some lead time reductions. The optimization model*

<sup>100</sup> UNFPA. Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020). 2018

<sup>101</sup> Ibid.

<sup>102</sup> DFID. DFID review of UNFPA supplies in humanitarian settings, May-August 2018. 2018.

<sup>103</sup> UNFPA. Comparative study of three pre-positioning options for UNFPA’s emergency response. no date.

*that was developed is also applicable in another case with a humanitarian organization using perishable commodities.”*<sup>104</sup>

UNFPA has a very low threshold for wastage: US\$ 2,500 per write-off across all settings (development and humanitarian) with any above this threshold requiring authorization from the Executive Director.<sup>105</sup> The evaluation team were provided with conflicting data on 2018 write-offs, with PSB reporting zero write-offs,<sup>106</sup> but UNFPA finance reporting inventory write-off amounting to US\$ 340,000 for this year. The reported write-off was primarily for spoiled stock (due to improper storage conditions within transit to the Yemen crisis response), though US\$ 6,000 was for expired PEP kits held at PSB. A further US\$ 35,000 of stock to be written-off did not go through the standard administrative process in time to be included in the audited 2018 statements.<sup>107</sup>

UNFPA holds all PSB-purchased stock at supplier warehouses. This limits the risk of write-off/wastage but dependence on external actors increases lead time required to move stock to humanitarian crises when they occur (per the conclusions of the Lunds study)<sup>108</sup>. There is limited stock held even within this modality due to the low revolving fund reserve with which to pay for commodities.

The evaluation team could not identify any specific references to humanitarian activities in procurement procedures documentation. This implies that humanitarian commodity supply is undertaken within the same key conceptual parameters as procurement for longer-term development, i.e. quality and price as the driving criteria. However, for humanitarian procurement and supply, speed is a factor of similar importance, but faster response times necessitate a higher risk of losses.

*“Currently, the UNFPA supplies model does not take a differentiated approach to risk for delivering in acute crises or complex protracted humanitarian settings and their risk appetite is much lower than other United Nations agencies. For example, UNICEF has a ‘no regrets’ policy when there is an emergency – they send supplies to a country whether they request them or not and without payment being received.”*<sup>109</sup>

A challenge to accurately quantifying this risk is the absence of reliable data on wastage based on over-ordering, as highlighted in EQ1, or the specific associated cost. The 2018 DFID review of UNFPA humanitarian supplies reported that “[c]urrently, commodity security branch-led work on tracking, supply chain strengthening and last-mile delivery does not consider areas experiencing or at risk of humanitarian crises.”<sup>110</sup> The Asia-Pacific Regional Office (ASRO) reported limited data on wastage in the context of preparedness but this was in relation to prepositioning non-perishable items such as dignity kits.<sup>111</sup>

There is also no evidence of a clear indication of what acceptable loss looks like for UNFPA. Until a more robust monitoring system is in place to understand what wastage is occurring, a formula for calculating acceptable loss and what this might look like in terms of an increased risk tolerance is not possible.<sup>112</sup> However, it is clear that a different approach is required on the part of UNFPA senior management to take more risk,

#### **Example of a No Regrets Approach**

WHO define no regrets as ensuring, at the beginning of a crisis, that “predictable levels of staff and funds are made available...even if it is later realized that less is required, with full support from the Organization and without blame or regret. This policy affirms that it is better to err on the side of over-resourcing the critical functions rather than risk failure by under-resourcing.”

WHO. Emergency Response Framework, 2<sup>nd</sup> edition. 2017

<sup>104</sup> Lunds University. Evaluation of strategic stock points for UNFPA using a facility location model. 2018

<sup>105</sup> UNFPA key informants.

<sup>106</sup> UNFPA PSB key informant interviews.

<sup>107</sup> UNFPA key informant.

<sup>108</sup> Lunds University. Evaluation of strategic stock points for UNFPA using a facility location model. 2018

<sup>109</sup> DFID. DFID review of UNFPA supplies in humanitarian settings, May-August 2018. 2018.

<sup>110</sup> Ibid.

<sup>111</sup> UNFPA key informant.

<sup>112</sup> UNFPA finance division report that this is currently being addressed through the last mile assurance process to be implemented from Quarter four 2019. The evaluation team has no further information on this process.



and to accept that greater speed implies a higher level of losses/wastage.<sup>113</sup>

The DFID 2018 review of UNFPA supplies in humanitarian settings reported that the UNFPA strategic plan is clear on the ambition to be a credible humanitarian player. However, with respect to supplies, this had yet to be “translated into tangible activity”<sup>114</sup> with currently no differentiated approach to risk for delivering in humanitarian or development settings.<sup>115</sup>

*“A fundamental challenge to commodity supply – and the lack of prepositioned stocks – is the lead time required for emergency supplies to be procured and transported by the Procurement Services Branch. For example, as part of the UNFPA response to the October 2018 hurricane, UNFPA, at the time of the evaluation, was still waiting on emergency response equipment funded by Central Emergency Response Funds (CERF); a rapid response mechanism designed to be spent within six months.” [Haiti, UNFPA key informant]*

*“The bottom line is the availability of [IA]RH kits. The process is heavy. Because you have to sign your requests to the Procurement Services Branch in Copenhagen and they are the ones to deploy the [IA]RH kits. It takes time to combine the funding availability to the RH availability.” [Nigeria, UNFPA key informant]*

*“A difficulty we have is to receive the supplies which UNFPA is responsible for, from the beginning of the project. Medical kits, dignity kits – unfortunately they arrive very late in the project. Humanitarian projects should be started with these kits, we should not have to wait for 3 months. It’s true in almost every project, we’re always confronted with this. We know that kits will arrive late. With a little money, we buy essential medicines locally.” [DRC, partner key informant]*

#### **Commodities for Cyclone Idai**

Cyclone Idai hit Mozambique and Zimbabwe on Sunday 17<sup>th</sup> March. By Tuesday 19<sup>th</sup> March UNICEF had a plane chartered, filled with life-saving commodities, and ready to leave Copenhagen. UNICEF manage their own warehousing in Copenhagen and have a much larger humanitarian footprint than UNFPA. However, UNFPA humanitarian commodities are *equally life-saving* and by Tuesday 19<sup>th</sup> March, UNFPA was still waiting for UNFPA country offices to complete assessments, place orders, which would then need to be approved and financing confirmed, before the order to the supplier’s warehouse would be submitted to check that commodities were in stock, at which point air freight would be arranged. Even if UNICEF have a larger humanitarian footprint than UNFPA, for UNFPA to be a credible actor it should commit to moving commodities within 72 hours of an immediate-onset crisis.

*Information from UNFPA and UNICEF key informants, Copenhagen, March 2019.*

**11. Dignity kits have a value beyond their initial conceptualization as a means of increasing mobility of women and girls in humanitarian settings.** A 2011 UNFPA evaluation of dignity kits concluded that the impact of dignity kits on women and girls’ mobility and access to services such as food and water distributions were “inconsistent” but still positive.<sup>116</sup> Increased mobility was the initial and primary reason for the provision of dignity kits.<sup>117</sup> It is also the reason why dignity kits are accepted as lifesaving – impaired ability to access services (health, non-food items (NFI) distribution, food, and education for adolescent girls) during menstruation is a life-threatening issue. However, there is significant anecdotal evidence that highlights the additional value of dignity kits for:

- Addressing immediate hygiene needs
- Providing incentives to access health and protection services

<sup>113</sup> However, UNFPA has recently initiated a *Last Mile Assurance* process, designed to provide better data in this regard.

<sup>114</sup> DFID. DFID review of UNFPA supplies in humanitarian settings, May-August 2018. 2018.

<sup>115</sup> Ibid.

<sup>116</sup> UNFPA. Evaluation of UNFPA’s Provision of Dignity Kits in Humanitarian and Post-Crisis Settings. 2011.

<sup>117</sup> Ibid.

- Ensuring and enhancing the psychosocial wellbeing of affected women and girls.

In eastern Ukraine, dignity kits are referred to as ‘motivational kits’ as they incentivize women to access GBV services.<sup>118</sup> In Uganda, respondents reported that dignity kits - particularly the menstrual pads and underwear - allowed girls to continue to go to school even during their period.<sup>119</sup> Finally, all evidence, from the 2011 dignity kit evaluation through to this current humanitarian evaluation supports the finding that dignity kits make women and girls feel, simply, less forgotten during times of crisis.

*“One beneficiary in Kyrgyzstan explained that receiving the kits made her feel “so happy I wanted to cry because people remembered us.”<sup>120</sup>*

*“From the feedback we received via field monitoring, we know that the kits (from senior woman and teachers) allow girls to stay in school who would otherwise dropout. The kit is comprehensive, pads, soap, pants, it’s a comprehensive package which has the needed things and keeps the girls motivated to stay in school. Schools say more girls are talking about their hygiene and menstruation and talk to the senior woman teacher and are more open. Through the sensitization, there is less stigma.” [Uganda, implementing partner staff]*

*“Sometimes it’s possible to say that it’s not sustainable etc., money could go elsewhere, greater needs, but when you go to the settlement, and you see a fifteen year old mother who has nothing at all, I will know that the dignity kit is so important. This fifteen year-old has received something to cover her baby for the time being.” [Uganda, UNFPA staff]*

---

<sup>118</sup> Ukraine implementing partner key informants.

<sup>119</sup> Uganda implementing partner key informants.

<sup>120</sup> UNFPA. Evaluation of UNFPA’s Provision of Dignity Kits in Humanitarian and Post-Crisis Settings. 2011.

## EQ 5: Coverage

**EQ5:** To what extent does the UNFPA humanitarian programming achieve both geographic and demographic coverage?

### Findings

12. While there is recognition of the need to preposition commodities nationally in certain settings, UNFPA has no organization-wide preparedness strategy for humanitarian supplies and has not yet reached a common consensus on national prepositioning or regional stockpiling at a corporate level.

*The evaluation was not able to gather comprehensive evidence on the reach of commodities (both IARH kits and dignity kits) to all geographic and demographic populations in crises due to insufficiency of data (see EQ4). Therefore, this question covers prepositioning (at global, regional, and country levels) from the perspective of geographic coverage and how this impacts on UNFPA humanitarian programming.*

**12. While there is recognition of the need to preposition commodities nationally in certain settings, UNFPA has no organization-wide preparedness strategy for humanitarian supplies and has not yet reached a common consensus on national prepositioning or regional stockpiling at a corporate level.**

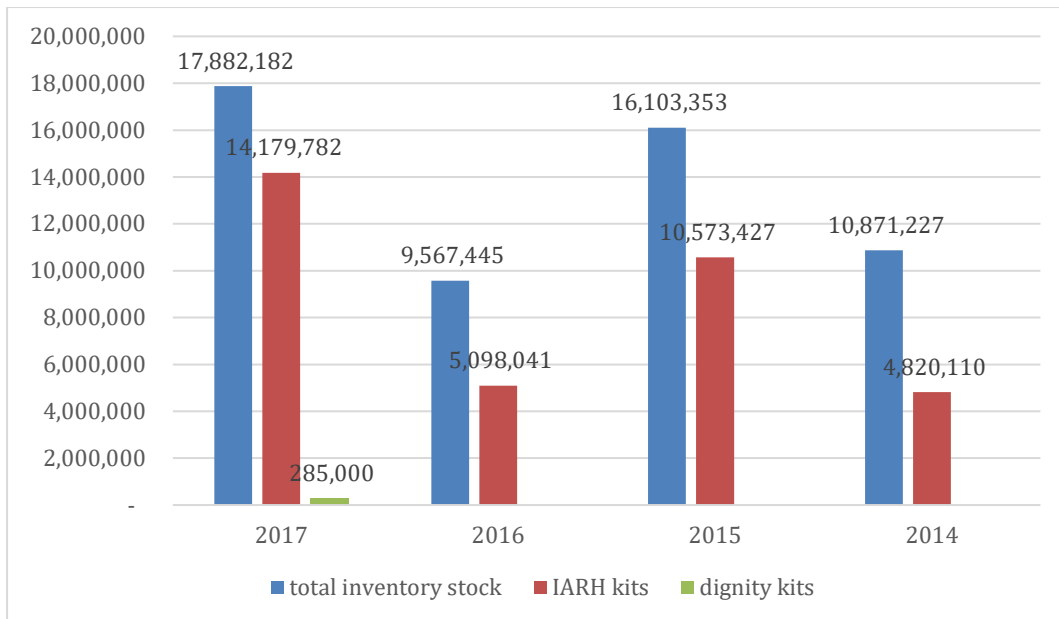
The evaluation identified many different perceptions and beliefs with respect to prepositioning across UNFPA globally. Specific areas of concern include prepositioning is worthwhile and cost-effective and if so, whether it should be at global, regional, country, and sub-national levels. Currently the situation is different for IARH kits and dignity kits, with dignity kits (composed of non-medical items and therefore not subject to UNFPA quality controls relating to pharmaceuticals) being held at regional and country levels on a case-by-case basis.

For IARH kits, with perishable pharmaceuticals, the situation is more complex. Currently, UNFPA holds PSB-purchased global stocks of IARH kit contents and some dignity kits at supplier warehouses in Shanghai and Amsterdam but do not manage any stocks in UNFPA warehouses.<sup>121</sup> However, the inventory stock held at supplier warehouses is pre-paid by UNFPA using a revolving fund mechanism (whereby UNFPA purchase the stock but physically leave it within the supplier warehouse until needed). When country offices order commodities, they order and pay PSB directly.

### **Figure 7: PSB inventory stock held per year<sup>122</sup>**

<sup>121</sup> UNFPA has an insurance broker who provide insurance coverage for loss or damage for all stock to which title has transferred to UNFPA, regardless of where it is held. UNFPA. UNFPA Policy Procurement. 2015.

<sup>122</sup> UNFPA. Annual procurement statistics. 2014,2015,2016,2017.



When a crisis occurs a UNFPA country office, or external partner, places an order with PSB.<sup>123</sup> For UNFPA orders, the IARH order is reviewed and approved by the regional office, the Humanitarian and fragile context branch (HFCB), and PSB, and the funding source verified. The order is then placed with the supplier for dispatch to the crisis country<sup>124</sup>. For PSB stock, all warehousing costs, and freight forwarding to country of destination is the responsibility of the supplier, with the cost passed to UNFPA. This is in contrast to other United Nations agencies such as UNICEF, WHO, and WFP. These agencies either manage their own warehouses or utilize the United Nations humanitarian response depot (UNHRD) - a network of strategically positioned depots used to store and facilitate quick distribution of emergency supplies for humanitarian organizations. UNHRD maintain warehouses in Italy, Ghana, The United Arab Emirates, Malaysia, Panama, and Spain (Gran Canaria), managed by WFP.<sup>125</sup>

The 2018 mid-term evaluation of the UNFPA supplies programme reported that *“There is mixed evidence regarding effective pre-positioning of commodities by UNFPA supplies.”*<sup>126</sup> The review cites a 2015 audit of the Sudan country office which noted poor capacity to manage stock at national level. The review also cites UNFPA Nepal as having a more positive experience with managing pre-positioned stocks in-country.<sup>127</sup>

In 2018 UNFPA commissioned a prepositioning options paper which used mathematical modelling to compare the current UNFPA approach with alternatives.<sup>128</sup> This paper identified both benefits and drawbacks to prepositioning at global and regional levels and concluded that regional prepositioning is the best of the following three options:

- (1) Current layout (using the warehouse in the Netherlands and keeping stock at suppliers’ warehouses)
- (2) UNHRD layout (using regional UNHDR warehouses in Accra, Ghana, and Dubai, United Arab Emirates)

<sup>123</sup> Note that other agencies can and do order directly with PSB. PSB estimate approximately 20 per cent of IARH kits are ordered by other partners.

<sup>124</sup> Note that the evaluation team was provided with different review processes by different UNFPA key informants with some reporting that the approval process included the regional office, HFCB (now the HO) and PSB, and others reporting that only HFCB and PSB review IARH kit orders.

<sup>125</sup> “These depots provide their customers with standard as well as specific services. Most of the standard services such as stock keeping and customs clearance are free of charge for the utilizers of the UNHRD network. This also includes storage of drugs and issuing of stock reports. The specific services include transport facilitation by the WFP/UNHRD. The prices obtained for these are charged with an additional 7 per cent recovery cost added to the price received in the quotation. The UNHRD network would be able to offer kitting services. Lunds University. Evaluation of strategic stock points for UNFPA using a facility location model. 2018

<sup>126</sup> UNFPA. Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020). 2018

<sup>127</sup> Ibid.

<sup>128</sup> Lunds University. Evaluation of strategic stock points for UNFPA using a facility location model. 2018

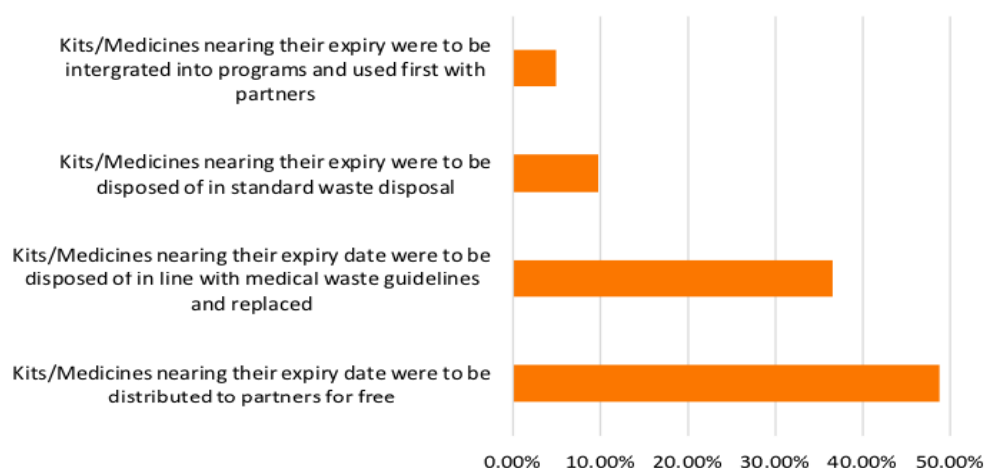
(3) “Free” layout (choosing from seven or more warehouse locations across the world).<sup>129</sup>

Evidence from key informants suggests that prepositioning at a country level as a UNFPA policy would have more drawbacks than benefits.<sup>130</sup> Country offices have no sustainable funding sources for IARH kits before a crisis occurs (if at all). Country offices also rarely have the capacity to batch and cold-chain manage perishable items, particularly as kits are comprised of items with shelf-lives that vary from eight to 60 months.<sup>131</sup> If stocks are purchased and held at country-level, they would need to be used (i.e. donated to partners) during normal programming if no crisis occurs, and then when a crisis does occur, new stock would need to be ordered. It would also then be difficult, if those stocks had been purchased by the country office, to move them to a neighbouring country in case of need.

Under the Asia Pacific Regional Prepositioning Initiative prepositioning takes place in 11 priority APRO countries which are frequently or cyclically impacted by disasters. This modality has significant benefits and few drawbacks and therefore country-level prepositioning should not be automatically ruled out.

As the APRO example shows, despite the absence of an official global UNFPA policy in this regard, prepositioning of IARH kits has taken place on an ad-hoc basis. This is typically when countries have ordered kits with available funding in anticipation of either cyclical climate-related disasters or humanitarian spikes within a protracted crisis.<sup>132</sup> Many countries also end up storing over-ordered kits. The 2016 UNFPA Supplies annual report summarized extant country office plans for kits/commodities:<sup>133</sup>

**Figure 8: Reported Plans for prepositioned IARH kits near expiration<sup>134</sup>**



As shown in Figure 8, almost half of the country offices involved preferred distribution of unused kits to partners for integration into programming outside the context of a specific response, with a similar number disposing of the kits in some manner. Few country offices sought to expedite use of the kits in their own supported programming.

The 2018 prepositioning options paper noted several considerations for UNFPA in reviewing prepositioning options:<sup>135</sup>

1. UNFPA has a considerably longer lead time for procurement than other agencies

<sup>129</sup> Ibid.

<sup>130</sup> UNFPA key informants across country and global levels.

<sup>131</sup> The WHO standard is that all commodities should have at least 75 per cent of the shelf-life remaining when dispatched to countries. Lunds University. Evaluation of strategic stock points for UNFPA using a facility location model. 2018

<sup>132</sup> UNFPA key informants reported both Iraq and Bangladesh have prepositioned kits.

<sup>133</sup> UNFPA. 2016 Supplies annual report. 2016.

<sup>134</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017. For further information please refer to the IAWG UNFPA 2017 Evaluation.

<sup>135</sup> Lunds University. Evaluation of strategic stock points for UNFPA using a facility location model. 2018.

2. An increase in predictable/cyclical disasters has led to country offices being able to forecast their demands more efficiently
3. The nature of conflicts, such as in Syria, means that windows of opportunity for delivering aid can be short and intermittent
4. Some countries have a reluctance to accept foreign aid. In-country supplies are often exempted from this reluctance even if it was originally provided by international donors
5. A desire to expend any unused balance on annual budgets may lead to country offices using national pre-positioning to achieve this
6. If crisis contingency planning demonstrates a risk that transportation access points will be destroyed in a disaster, national pre-positioning may be the only effective way to deliver aid
7. Risk of stock-outs at the central warehouse.

Evidence gathered by this evaluation suggests that these factors are not all valid. Point 3 is applicable only to limited contexts (e.g. Syria and Yemen), and point 5 assumes limited responsible or strategic thinking on the part of country offices. Point 6 is highly unlikely (even in large-scale natural disasters such as the Haiti earthquake, Typhoon Haiyan in the Philippines, and the Nepal earthquake, importation entry points were damaged and limited but not destroyed entirely), and point 7 would be true regardless of where stocks are prepositioned, assuming UNFPA does not significantly increase stocks above current levels.

However, point 1 is valid and the study suggests that for UNFPA to be considered a credible humanitarian actor this must change. Further, in relation to point 2, the increase in predictable/cyclical disasters<sup>136</sup> can indeed lead to country offices being able to forecast their demands more efficiently. With improvements in *humanitarian* population dynamics data expertise UNFPA country offices should be better able to predict numbers of people (appropriately disaggregated) affected by a more predictable disaster.

**Figure 9: Cost conclusions of the Lunds University study:<sup>137</sup>**

	Total cost (US\$)	Transport costs (US\$)	Response time
Option 1: Current layout (leaving inventory stocks at supplier warehouses) - <i>global</i>	\$10,300,000	\$2,660,000	788 hours (32 days)
Option 2: UNHRD layout - <i>regional</i>	\$10,060,000	\$2,250,000	469 hours (19 days)
Option 3: Free layout - <i>regional</i>	Same cost results as UNHRD layout: \$10,060,000	Same cost results as UNHRD layout: \$2,250,000	Same cost results as UNHRD layout: 469 hours (19 days)

Both the lower cost and the substantially reduced lead time for delivery of goods to acute crises is a compelling argument for option 2. This suggests a clear imperative, on an efficiency and effectiveness basis, for implementing improved demand forecasting by country offices as existing practice.

An internal PSB comparative prepositioning options paper<sup>138</sup> contradicted the above analysis. It proposed the following estimated write-off risks for the three different options of global, regional and country-level prepositioning:

**Figure 10: UNFPA comparative study of prepositioning options for emergency response<sup>139</sup>**

<sup>136</sup> ODI. Forecasting hazards, averting disasters. 2018. <https://www.odi.org/sites/odi.org.uk/files/resource-documents/12104.pdf>

<sup>137</sup> Lunds University. Evaluation of strategic stock points for UNFPA using a facility location model. 2018.

<sup>138</sup> This internal and undated UNFPA paper: "Comparative study of three pre-positioning options for UNFPA's emergency response" is unclear with respect to the methodology applied to reach its conclusions.

<sup>139</sup> Ibid

Options for management of stocks:	Inventory managed by PSB (for all countries) “Global Pre-pos.”	Inventory managed by ROs (for COs in their region only) “Regional Pre-pos.”	Inventory managed by COs (for CO itself) “National Pre-positioning”
Cost and risk for write-off of expired goods (especially pharmaceuticals) including cost for disposal of expired goods	Risks and costs currently almost negligible.	Estimated at 5 to 10 percent of inventory value. (N/A for non-expiry items)	Estimated at 10 to 20 per cent of inventory value. (N/A for non-expiry items)

This comparative study notes that if UNFPA increases its stock of items with limited shelf-lives (a necessity for effectively meeting demand) even at global level, the write-off risk increases to five per cent. It bases this calculation on the assumption that regional offices have less ability to off-set unexpected changes in demand as goods can only be transferred within the region, and that countries have no ability to off-set unexpected changes.<sup>140</sup>

However, over the past two years the Asia Pacific regional prepositioning initiative reported a value of US\$ 13,512 in write-off supplies (donated to country operations before expiry date and therefore still used) against a total value of commodities of US\$ 1,271,474– a one per cent write-off. In comparison, UNICEF operates within a general threshold of five per cent write-off for emergency supplies.<sup>141</sup>

Across all regions, the evaluation has identified support for prepositioning but equally has identified resistance at the global level. The Latin America and Caribbean regional office (LACRO) reported challenges in trying to use the UNHRD warehouse in Panama for dignity kits (i.e. non-medical items) due to the length of time required to obtain an LTA via UNFPA procurement systems. LACRO wanted to establish LTAs with regional suppliers of dignity kits who could guarantee delivery of the kits to the UNHRD warehouse within five days of placing an order. However, UNFPA internal systems would not permit a regional call for tenders. Thus LACRO had to manage a global call for tenders with criteria specifying delivery to different countries rather than delivery direct to the UNHRD Panama warehouse (from which supplies could be delivered onwards to specific countries within the interagency logistics system). UNFPA systems also required that cost was the determining factor when assessing tenders, rather than speed.<sup>142</sup>

**Case Study: Regional Asia and Pacific Prepositioning Reproductive Health Supplies Initiative<sup>143</sup>**

In 2015, UNFPA established the Asia Pacific Regional Prepositioning Initiative with support from Australia’s Department of Foreign Affairs and Trade. Supplies are procured and stored at two regional hubs in Brisbane, Australia and Suva, Fiji and within select priority countries. In 2018, Australia’s support through the initiative made lifesaving supplies immediately available in 17 emergency responses across nine countries in Asia and the Pacific. The initiative is managed by the UNFPA APRO.

The prepositioned supplies cover (1) small-scale responses or (2) immediate needs in the aftermath of a large-scale disaster while additional procurement takes place. Select quantities of vital supplies, including IARH kits, dignity kits and tents, are procured and stored in disaster-prone countries that face cyclical or recurrent emergencies. The procurement of supplies for prepositioning is considered to have negligible risks associated with expiration - the quantity of supplies that have been disposed of (via donation) because of approaching expiry has been 1per cent.

Stakeholders report that prepositioning has dramatically improved the humanitarian response of UNFPA in Asia and the Pacific in terms of speed, quality and efficiency. It has strengthened the reputation and reliability of UNFPA as a humanitarian actor, provided new opportunities to advocate for SRH and GBV

<sup>140</sup> Ibid.

<sup>141</sup> UNICEF. Access to affordable vaccines in emergency and Humanitarian response. 2016. [https://www.unicef.org/supply/files/Humanitarian\\_Access\\_to\\_Affordable\\_Prices.pdf](https://www.unicef.org/supply/files/Humanitarian_Access_to_Affordable_Prices.pdf)

<sup>142</sup> LACRO key informants.

<sup>143</sup> UNFPA. Delivery Supplies When Crisis Strikes. 2018

initiatives in humanitarian response, including mobilizing additional resources, and helped to build trust with governments and other partners.

Beyond supplies, the Regional Prepositioning Initiative also aims to build humanitarian capacity, particularly in logistics, and ensure the effective management and use of SRH commodities in emergencies. In the first two years of the initiative more than 200 people from UNFPA, government and partner organizations completed humanitarian logistics trainings, and more than 50 people completed courses on humanitarian preparedness and gender-based violence in emergencies.

The 2018-2019 annual report of the prepositioning initiative provides information on the effectiveness of regional prepositioning.<sup>144</sup> It reports savings of over US\$ 100,000 by using sea freight rather than airfreight for prepositioning of supplies that were distributed for response in 16 different emergencies across nine countries. Against the outcome indicator of *percentage of total responses where (prepositioned) supplies are distributed within 48 hours of receiving DFAT approval*, UNFPA reported six to 16 emergency responses had supplies distributed within 72 hours (missing the indicator but still exceeding UNFPA global lead times for delivery – see EQ4). Note that the indicator was not met in three responses when supplies were distributed from regional hubs, and in four responses when there were outbreaks of conflict in a protracted crisis situation when humanitarian partners' access to affected populations was restricted.

---

<sup>144</sup> UNFPA. Strengthening emergency preparedness to address life-saving sexual and reproductive health and protection needs in the Asia Pacific Region. 2019.



## EQ 6: Efficiency

**EQ6:** To what extent do UNFPA inputs (financial and human resources) and internal systems, processes, policies and procedures support efficient and effective humanitarian response?

### Findings

13. Funding ceilings for humanitarian commodity procurement at the global level are too low for a global humanitarian actor leading on SRHR and GBV responses.
14. The limited investment in supply chain management at country level negatively impacts the efficiency of UNFPA humanitarian commodity supply.
15. There is a clear evolution of the type of partnership UNFPA has with commodity suppliers through successive long-term agreements (LTAs) which benefit UNFPA in terms of greater predictability and transparency of prices.

**13. Funding ceilings for humanitarian commodity procurement at the global level are too low for a global humanitarian actor leading on SRHR and GBV responses.** As of mid-2019, funding for commodity procurement was sourced at two geographical levels: at the global level, stock is procured and held at suppliers. At country level, various funding mechanisms are in place to internally procure that stock from UNFPA PSB by a UNFPA country office. As discussed above, UNFPA country offices can also procure locally.

At the global level, inventory stock of IARH kits is funded through two revolving funds. The first is the Global Contraceptive Commodity Programme (GCCP) fund of US\$ five million, used to procure IARH kits.<sup>145</sup> The GCCP was established in 1996 by Executive Board decision 95/36 (with ceiling funding increasing incrementally since then). The fund was originally used for all inventory procurement but now is used exclusively for ensuring liquidity of IARH kit stock held by UNFPA (in supplier warehouses).<sup>146</sup> This fund is managed by PSB. When UNFPA country offices or external partners order IARH kits, the funding that they provide for their order replenishes the fund.

UNFPA procurement stakeholders report that in the past two years (2017-2019) this fund has been fully utilized - not the case previously. As of 2019, the full fund amount - US\$ five million - is tied up in inventory stock - as intended. However, this amount is insufficient to cover the full annual global stock requirements of IARH kits in line with demands: in 2018 this fund was turned over twice.<sup>147 148</sup>

Respondents report that the fund ceiling has not been reviewed for “*many years*” and is not aligned with the current breadth and scope of UNFPA humanitarian action. Further, insufficiency of funding has “*made a direct impact on maintaining stock levels at a healthy level and placing replenishment orders on time.*”<sup>149</sup>

Best practice stock management uses a financial model that can be used to determine optimal funding levels against turnover.<sup>150</sup> PSB reports that turnover is consistently faster than the current US\$ five million GCCP fund can cover and therefore stock on hand does not cover needs. To address this shortfall in liquidity, PSB uses a second fund – the Supplies Sexual and Reproductive Health (SSRH) fund, totaling US\$14 million - to order additional stock and retroactively assigns expenses to GCCP when GCCP funding is available.<sup>151</sup>

<sup>145</sup> Lunds University. Evaluation of strategic stock points for UNFPA using a facility location model. 2018.

<sup>146</sup> UNFPA. Policy and Procedures for Regular Procurement. 2015

<sup>147</sup> UNFPA key informant.

<sup>148</sup> UNFPA headquarter key informants report that in 2019 UNFPA management approved doubling the amount of IARH kits held by PSB from \$5 million to \$10 million.

<sup>149</sup> UNFPA key informant.

<sup>150</sup> As reported by PSB key informants but the evaluation team did not have access to any financial modelling formulations used by UNFPA or the results of these.

<sup>151</sup> PSB key informants. The evaluation team does not have access to the specific process of re-allocating codes.

The SSRH fund is used for IARH kits and other (non-humanitarian) inventory. PSB respondents report that over the years the initial clear differentiation between the two funds has disappeared and both are now used for inventory purchases.<sup>152</sup>

The evaluation has identified two challenges specific to these revolving funds. Firstly, two funds to meet one need is inefficient, particularly when procurement services must order inventory stock using one fund code 'artificially' for accounting purposes, and then retroactively convert to another code.<sup>153</sup> This approach adds to an administrative burden for processes which (in the case of humanitarian response) should be more rather than less streamlined. Underlying this issue is the nature of GCCP as a core resources fund while the SSRH is a co-financing funding allocation. The different administrative nature of these funds obliges PSB to track the funds separately.<sup>154</sup>

Secondly, inventory stock is not held based on predicted need as good-practice stock management would prescribe. Stock is, instead, held on the basis of the revolving fund ceiling of US\$ five million. A significant constraint that this places on IARH kit stocks is a six to nine month production lead time required for some IARH kits. Therefore, once inventory stock for a specific kit has been exhausted (which may happen with a single order), additional orders may be faced with a long lead time for replacement stock.<sup>155</sup> This is partly an issue related to the lack of liquidity that the low fund ceiling imposes, and partly reflective of the low-risk appetite within UNFPA. As the internal PSB comparative study highlighted, if UNFPA was to hold more stock, then write-off risk would go from 'negligible' to up to five per cent. Thus, there is little incentive to hold more stock.<sup>156</sup>

*At the country level*, when a crisis occurs, UNFPA country offices can apply for funding via UNFPA emergency mechanisms. These include an emergency fund (\$7.5 million from core resources in 2018),<sup>157</sup> and a humanitarian response reserve (HRR) - being established at the time of research - with a planned ceiling of \$10 million.<sup>158</sup> The DFID 2018 review<sup>159</sup> provides details of the various means by which country offices can finance IARH kits (for immediate use rather than for prepositioning):

- Commodity security branch (CSB) \$three million annual budget line: all UNFPA country offices can receive IARH kits funded through this budget line. The Humanitarian Office<sup>160</sup> manages the budget and approves requests
- Emergency Fund/Humanitarian Thematic Fund - managed by the Humanitarian Office and used for all humanitarian activities, not just supplies
- Regional office and country office core budgets
- External donor funding.

The 2017 IAWG and UNFPA evaluation also specifies the different funding sources for IARH kits showing that most IARH kits are procured using internal UNFPA funding streams.<sup>161</sup>

---

<sup>152</sup> Ibid.

<sup>153</sup> UNFPA PSB key informants.

<sup>154</sup> UNFPA finance key informants.

<sup>155</sup> Ibid.

<sup>156</sup> UNFPA. Comparative study of three pre-positioning options for UNFPA's emergency response. no date.

<sup>157</sup> DFID. DFID review of UNFPA supplies in humanitarian settings, May-August 2018. 2018

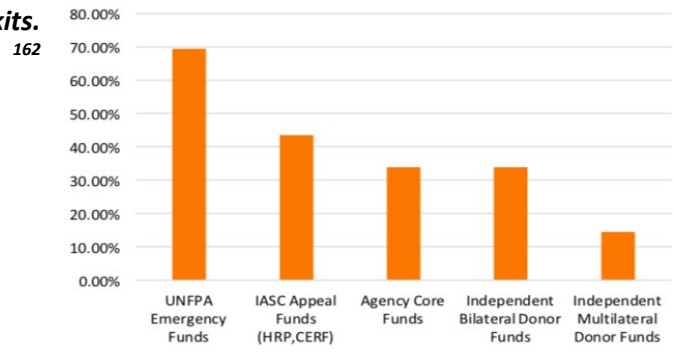
<sup>158</sup> UNFPA is currently establishing a humanitarian trust fund which will consolidate and replace the emergency fund and the HRR.

<sup>159</sup> DFID. DFID review of UNFPA supplies in humanitarian settings, May-August 2018. 2018

<sup>160</sup> Previously the humanitarian and fragile contexts branch (HFCB).

<sup>161</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017

**Figure 11: Funding sources for the IARH kits.**



---

<sup>162</sup> Ibid.

**14. The limited investment in supply chain management at country level negatively impacts the efficiency of UNFPA humanitarian commodity supply.** The UNFPA humanitarian supplies process faces a systemic challenge around supply chain management expertise at country level. This affects both IARH kits and dignity kits. When a response to a crisis is mounted, inadequate expertise within UNFPA country offices of import regulations (particularly in relation to IARH kit contents and their regulatory registration status within a given country), warehousing options, and transportation for last mile delivery options can constitute a significant element of delay. These issues have all been identified in the 2017 IAWG and UNFPA evaluation<sup>163</sup> and have been confirmed by key UNFPA informants for this evaluations.<sup>164</sup>

*“We have a high volume of emergency response procurement needs in DRC and we need a unit dedicated to commodities that works with operations. Needs change during the year, they are not static.” [DRC, UNFPA staff]*

*“With the [IA]RH kits, one of the challenges we had was at that time we didn’t have a logistics person.” {Haiti, UNFPA staff}*

All country offices should ideally have a logistics focal point but it is unclear from the evidence gathered during this evaluation as to whether (a) this is in place in all countries at all times (see above report from Haiti, for example) and (b) whether the logistics focal point has adequate expertise. Respondents report that logistics focal point responsibility is frequently delegated to a programme assistant that may have other responsibilities and limited logistics understanding or capacity.<sup>165</sup>

There is no data to ascertain mean distribution times - from when commodities arrive in countries (as highlighted in EQ4, often months after an order has been placed) to when they are distributed to final end-users. Therefore, while there is ample anecdotal evidence from respondents that these country-level issues (both importation and customs regulations, and last-mile delivery options) represent delays additional to the global level delays, UNFPA cannot quantify the extent to which this happens, or any particular trend with respect to the nature of bottlenecks.

This evaluation also notes that although the evidence gathered is primarily around limited investment in supply chain at the country level, limited human resourcing for humanitarian commodities at global level is also evident. The PSB emergency team comprises one G7 position and two G5 positions only. Thus, three staff members manage inventory and distribution of commodities to every UNFPA country office.<sup>166</sup>

**15. There is a clear evolution of the type of partnership UNFPA has with commodity suppliers through successive long-term agreements (LTAs) which benefit UNFPA in terms of greater predictability and transparency of prices.** However, time lags between placing an order and dispatch from the supplier warehouse for IARH kits significantly increased between 2015 and 2017.

Within the second-to-last LTA awarded for IARH kits (2009) suppliers were awarded a contract at individual kit level. At that point UNFPA had two global suppliers: one that could provide the full range of kits, and another that could provide only kits that did not contain pharmaceutical products. Pricing was per kits, without UNFPA having a clarity on pricing for individual items in their contents.

This changed in the next call for tenders in 2013 when suppliers provided an itemized price list for every commodity within kits. However, the LTA was still awarded based on entire kits (given that kits are assembled and stored at supplier warehouses). This did not represent more flexibility for UNFPA given that contracts were still awarded based on kit price, but it did allow UNFPA visibility of different pricing structures for the same product across different kits or as a stand-alone commodity, and provided a point of negotiation with suppliers.

---

<sup>163</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017.

<sup>164</sup> Ibid.

<sup>165</sup> UNFPA regional key informants.

<sup>166</sup> UNFPA headquarter key informant.

In the latest call for tenders (2017, and yet to be implemented) every supplier provides a price per item and additionally, warehousing, kitting,<sup>167</sup> and packaging costs, and UNFPA applies a formula to select potential suppliers.<sup>168</sup> Moreover, in addition to the price review, the 2017 tender process included suppliers' various kit management services, such as the process of dispatch when an emergency occurs. These LTAs had not been fully implemented at the time of this evaluation in early 2019<sup>169</sup> (with previous LTAs expiring in March 2019) but four potential suppliers met UNFPA standards within the new LTA period. None had a full coverage of products, and UNFPA expressed intention to work with all suppliers so two or more could supply a full range of IARH kit contents (to the UNFPA standard).<sup>170</sup> The evaluation could not determine if lead time between placing an order and dispatch from the supplier warehouse was a factor in the tendering process.

---

<sup>167</sup> The process of putting kits together.

<sup>168</sup> UNFPA PSB key informants.

<sup>169</sup> At the time of interview (March 2019), UNFPA PSB was still operating under the old LTAs which expired end of April 2019.

<sup>170</sup> UNFPA PSB key informants.

## EQ 7: Coordination

**EQ7:** To what extent does the formal leadership by UNFPA of the GBV AoR (at international and country levels) and informal leadership of RH working groups (at hub and country levels) and youth working groups (at hub and country levels) contribute to an improved SRH, GBV, and youth-inclusive response?

### Findings

16. UNFPA plays an important role within the inter-agency pharmaceutical coordination group which is a useful coordination platform.
17. Coordination on the ground between stakeholders conducting humanitarian response activities with UNFPA-ordered IARH kits and those ordered by other actors is not systematic.
18. UNFPA engagement with the logistics cluster is ad-hoc and inadequate at global level and varies at country levels.

**16. UNFPA plays an important role within the inter-agency pharmaceutical coordination group which is considered to be a useful coordination platform.** The Inter-agency pharmaceutical coordination group (IPC)<sup>171</sup> is coordinated by WHO and includes UNFPA, UNICEF, and UNDP, as well as the Global Fund (GFATM), Médecins sans Frontières (MSF) and the International Committee of the Red Cross (ICRC). The group coordinates standardization of pharmaceuticals and medical devices and clinical furniture and shares quality issues via biannual meetings.

While not a formalized inter-agency standing committee (IASC) structure, the inter-agency pharmaceutical coordination group is reported by UNFPA staff to be an effective platform for coordination. As such, it has produced a number of joint position statements such as the 2016 Joint Statement on the value of WHO prequalification<sup>172</sup> and the more recent, 2019, WHO, UNICEF, and UNFPA joint statement on the storage and management of oxytocin.<sup>173</sup> While this is not a specific humanitarian coordination mechanism, it does address issues relevant to humanitarian situations as much as development situations. The working group does not discuss humanitarian issues on a regular basis.

**17. Coordination on the ground between stakeholders conducting humanitarian response activities with UNFPA-ordered IARH kits and those ordered by other actors is not systematic.** The UNFPA IARH kits are available to order both internally (by UNFPA country offices) and externally - by other partners. UNFPA PSB key informants reported the internal to external ratio for IARH kits as approximately 80 per cent internal orders to 20 per cent external orders. There is no centralized mechanism to ensure coordination of ordering. PSB respondents report that coordination is addressed at country level.<sup>174</sup> However, there is no consensus on this across UNFPA, suggesting that coordination, where it exists, is ad-hoc.<sup>175</sup>

The evaluation has identified different perceptions of coordination effectiveness at country level. UNFPA PSB provided examples of non-UNFPA actors ordering for specific countries without informing the relevant UNFPA country office.<sup>176</sup>

*“Part of the RH working group is to make [IA]RH kits known to all partners and build capacity, we have then been distributing through the working group partners, building, finding where gaps are, then providing kits.... the RH working group is an important platform to identify needs. The governorate health officers RH directors come to the working group.” [Yemen]*

<sup>171</sup> <https://www.who.int/medicines/areas/policy/ipc/en/>

<sup>172</sup> IPC. Interagency statement on the value of WHO prequalification. 2016.

[https://www.who.int/medicines/areas/policy/Interagency\\_statement\\_PQ\\_23September2016\\_Web\\_version2.pdf?ua=1](https://www.who.int/medicines/areas/policy/Interagency_statement_PQ_23September2016_Web_version2.pdf?ua=1)

<sup>173</sup> WHO, UNICEF, UNFPA. Joint Statement: Appropriate storage and management of oxytocin - a kit commodity for maternal health. 2019. <https://apps.who.int/iris/bitstream/handle/10665/311524/WHO-RHR-19.5-eng.pdf?ua=1>

<sup>174</sup> UNFPA PSB key informants.

<sup>175</sup> Multiple UNFPA key informants across country, regional, and global levels.

<sup>176</sup> UNFPA PSB key informants.

*“There might be some preparation on prepositioning, but this is bilateral between UNFPA and MoH - it is not part of the cluster system.” [Indonesia]*

*“We discussed mapping of where all kits were (e.g. PEP kits) in the field in the sub cluster but nothing was then implemented Situation room has updates of UNFPA’s knowledge of stocks, but what about other partners’ contributions/stocks?” [DRC]*

UNFPA has a clear IASC-mandated coordination and leadership role for GBV as the sub-cluster lead agency for the GBV AoR. However, there is no formalized equivalent SRHR responsibility for UNFPA even when it normally adopts an informal SRHR leadership role in emergencies. This is typically via establishment of RH working groups under the WHO-led health cluster.

UNFPA is custodian of IARH kits globally, both in terms of working collaboratively within IAWG to determine contents, and holding the global LTAs for providing the kits. On this basis, and its informal RH mandate, UNFPA is accountable for ensuring coordination of kit ordering and usage during humanitarian crises. Currently this occurs on an ad-hoc basis and is not systematized within UNFPA. At country level, coordination should be achieved through the RH working group but these are not always established in a crisis (only at the discretion of UNFPA, WHO, and/or government partners), and not always effective when they are established.<sup>177</sup>

**18. UNFPA engagement with the logistics cluster is ad-hoc and inadequate. This is true at both global and country levels.**

*At the global level*, UNFPA was not represented at the April 2019 biannual logistics cluster global meeting in Dubai.<sup>178</sup> While UNFPA PSB respondents reported sometimes attending logistics cluster calls,<sup>179</sup> this is not systematic and combined with UNFPA not utilizing the UNHRD storage across multiple locations, results in missing out on inter-agency support for humanitarian response. For example, respondents reported that the United Arab Emirates offered a free charter flight for humanitarian goods stored in Dubai to Mozambique for cyclone Idai in March 2019, which UNFPA could not take advantage of, having no commodities stored in Dubai.<sup>180</sup>

*At the country level*, there is limited evidence across the evaluation of country offices engaging systematically with the logistics cluster and thereby taking advantage of inter-agency support and infrastructure for coordinated and cost effective in-country logistics. The evaluation found only one country (Yemen) among the sample of countries examined with specific and sustained engagement with the logistics cluster. In Yemen, UNFPA assumed the lead agency role for managing and coordinating the rapid response mechanism in October 2018, which provides immediate life-saving assistance to newly displaced populations within 72 hours. The assistance includes UNICEF hygiene kits, WFP immediate response ration food kits and UNFPA dignity kits. UNFPA manages the mechanism and works closely with the logistics cluster that physically stores, transports, and delivers the commodities. The logistics cluster also coordinates national deliveries to humanitarian service points and transit points. Within this system UNFPA can take advantage of the WFP-led logistics capacity within Yemen to ensure regular transportation of UNFPA commodities within the country to where they are needed and ensure continuous supply of SRHR commodities to women and girls in need through collaboration within the cluster system.<sup>181</sup>

---

<sup>177</sup> Please see the Humanitarian Capacity of UNFPA final synthesis report for an in-depth analysis of RH working groups at country level.

<sup>178</sup> WFP. Logistics cluster meeting April 2019 Dubai participant list.

<sup>179</sup> UNFPA Copenhagen key informants.

<sup>180</sup> Ibid.

<sup>181</sup> Yemen key informants. Please see Yemen extended desk review for further information.

## EQ 8: Connectedness

**EQ8:** To what extent does UNFPA humanitarian programming take account of and align with longer-term needs and root causes of crises and development and peace programming (both by UNFPA and partners and other actors) and work to enhance the capacity of national and local actors (particularly women and youth civil society organizations)?

### Findings

19. UNFPA country offices are not all adequately prepared for importation, storage, distribution, and monitoring of IARH kits before a crisis occurs.

*There is limited data available on how commodity supply has contributed to improved programming across the humanitarian-development nexus within UNFPA that has not already been covered in previous findings, such as the impact of dignity kits – please see finding 11. Therefore, this section focusses on the preparedness aspect of UNFPA humanitarian commodities,*

**19. UNFPA country offices are not all adequately prepared for importation, storage, distribution, and monitoring of IARH kits before a crisis occurs.** The 2017 UNFPA IAWG evaluation<sup>182</sup> recognizes an opportunity within crises for connectedness in terms of utilizing importation and delivery of commodities during a crisis as an essential step towards fixing many of the issues in SRHR service delivery. This can be achieved by capacity-building in country, transferring focus from ‘delivering aid’ to ‘ending need’ as a key goal of the World Humanitarian Summit, the New Way of Working, and the Agenda for Humanity.<sup>183</sup>

To effectively avail of this opportunity for SRHR services, high-quality SRHR commodities delivered via a robust supply chain - including batch management and cold chain facilities where necessary - are required.

The 2018 DFID review expressed positive findings regarding the potential for UNFPA across the continuum: *[i]ndeed, UNFPA as a whole is well positioned to bridge the humanitarian-development ‘nexus’ - and this must apply to the provision of SRMNCAH supplies.”*<sup>184</sup> The review concludes that:

*“The complexity of crises that the world faces requires a more holistic approach to delivering supplies across a wide range of contexts – “supplies in humanitarian settings” does not just mean providing kits in acute emergencies.”*<sup>185</sup>

While this is true, it is equally important that IARH kits themselves be utilized, as designed, as life-saving commodities for sustaining life and dignity in the immediate aftermath of an acute emergency.

Despite these findings this evaluation has identified a limited foundational level of preparedness among many UNFPA country offices. A contributory factor to this is a limited understanding of the nature and functioning of logistics and supply systems and national registration status of products in IARH kits. To address this, country offices require advance (and up-to-date) familiarity with all the IARH kits, national-level importation requirements, the regulatory status of all products within kits, whether waivers are allowed, storage options, and distribution mechanisms on an ongoing basis.

Subsequent to immediate crisis response, IARH kits can be used to assist a country to build back better. In Yemen, and after seven years of conflict (as of 2018/19), the UNFPA Yemen Country Office is supporting the Ministry of Health (MoH) by continuing to purchase IARH kits and purchasing other commodities in bulk (to address the failure of markets within Yemen). UNFPA works with the MoH to distribute commodities to MoH facilities at governorate level and the reporting is conducted through the MoH. UNFPA has also provided support to the MoH operational logistics and supply-chain capacity with trainings and through commissioning a 2016 Yemen reproductive health supply chain management needs

<sup>182</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017.

<sup>183</sup> IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017. And <https://www.agendaforhumanity.org/cr/4>.

<sup>184</sup> DFID. DFID review of UNFPA supplies in humanitarian settings, May-August 2018. 2018. Note, DFID use the language of ‘sexual, reproductive, maternal, new-born, child and adolescent health.

<sup>185</sup> Ibid.



assessment,<sup>186</sup> with a workplan to assist the MoH in implementing recommendations.<sup>187</sup> In Uganda, and in line with the overall framework of the ReHoPE (refugee and host population empowerment ) strategy, the UNFPA country office is mindful of the humanitarian-development nexus and works through existing structures and systems as much as possible for both procurement (of items for dignity kits) and distribution channels.<sup>188</sup>

However, while contributing to building back better reproductive health commodity security and supply chains is important, more critical is ensuring all UNFPA country offices are prepared, logistically speaking, for the management of IARH kits during an acute emergency should it strike.

**Case Study - Jordan Reproductive health commodity security initiative.**<sup>189</sup>

In Jordan, UNFPA conducted a study in 2014 to identify good practices and determine where support was most needed, then launched an initiative to improve the capacity and resilience of the national health system. The initiative helped UNFPA design cost-effective interventions to address the availability of skilled staff, supply chain management and safe access to services. UNFPA undertook a number of operational steps to improve cost-effectiveness and reduce delays, including bulk procurement of family planning methods and post-rape treatment kits, procurement from the local market and collaboration with local implementing partners for distribution of supplies. UNFPA assigned a reproductive health commodity security focal point in the Jordan office to oversee critical areas which included verification of partners' procurement requests and distribution plans, improvement for communication for customs clearance and certificates, development of implementing partner capacity, provision of technical expertise to strengthen supply chain management, and development a procurement plan with fast-tracking procedures and improve the emergency reproductive health forecasting tool.

---

<sup>186</sup> PSA. Yemen reproductive health supply chain managements needs assessment 2016. 2016.

<sup>187</sup> Yemen key informants.

<sup>188</sup> Uganda key informants.

<sup>189</sup> UNFPA. Delivery Supplies When Crisis Strikes. 2018. Note that this case study reflects an initiative 3 years after the start of a protracted refugee crisis in Jordan.

## Conclusions

1. While UNFPA provides various commodities in humanitarian settings, the two commodities for which UNFPA is most associated – IARH kits and dignity kits – are perceived as useful and lifesaving. UNFPA is organizationally identified with IARH kits which are relevant, critical, life-saving humanitarian commodities for women and girls in emergencies. However, the global humanitarian context is changing with fewer camp-based crises and an increasing ratio of urban, out-of-camp refugees and internally displaced persons (IDPs) and refugee crises in middle-income countries. In these settings some of the IARH kits, designed for the ‘lowest common denominator’ of camp settings with no basic utilities such as electricity become less relevant. Dignity kits are considered by all UNFPA stakeholder groups as useful and relevant and have a value beyond immediate hygiene needs and contributing to mobility for women and girls. Dignity kits mean women and girls “feel remembered” within a crisis and are also widely used as incentives and entry points to encourage women and girls to access services.

2. UNFPA has a reputation for slow delivery of IARH kits in an emergency and the speed of delivery of commodities at the beginning of a crisis does not always match other agencies, albeit with regional variations. A humanitarian supplies review by the UK Department for International Development in 2018 stated that *“the risk appetite, financial mechanisms and operating model for the delivery of SRMNCAH supplies across humanitarian settings [within UNFPA] must be radically adjusted in order to be fully fit for purpose”*<sup>190</sup>

Currently, the supply-chain model operated by UNFPA is not optimal or specific for humanitarian response. Changing this requires acceptance by UNFPA that it is not possible to be an effective humanitarian supplies agency without assuming a higher level of risk. This shift in thinking is a precondition to ensure a meaningful review and adaptation of systems (logistics systems and funding modalities) and policies to the requirements of humanitarian action. Examples of such UNFPA systems requiring review are quality standards and procurement policies (that currently barely reference humanitarian response).<sup>191</sup>

3. There is a perception of over-ordering and wastage of IARH kits but due to an absence of comprehensive tracking data at global and country levels this perception is anecdotal and cannot be quantified. There is a robust consensus that, for a variety of reasons, IARH kits are often used for longer than the intended purpose.

4. Feedback from end-users (women and girls affected by crises) on dignity kits is integral to the process of contextualizing dignity kits to the specific needs at country-level. However, there is limited evidence that this feedback regularly links back to the global level standardized minimum kit. Feedback from end-users (service providers working within crises) on IARH kits is more ad-hoc, with the systems in place for regular feedback being relatively unknown. Feedback is collated when there is an IARH kit revision process.

5. The current level for revolving funding mechanisms for IARH kits is not commensurate with global humanitarian requirements. Therefore even with other changes made or regional prepositioning considered, UNFPA cannot hold enough stock within the current funds allocated to meet all needs across all humanitarian contexts.

6. UNFPA inconsistently invests in logistics capacity (including logistics, supply, and pharmacy human resources capacity) at global and country level. Investment in engaging with other humanitarian actors such as through the logistics cluster or the United Nations humanitarian response depot warehousing system is also inconsistent. More engagement with humanitarian logistics systems would in fact support an improvement in UNFPA humanitarian commodities capacity.

---

<sup>190</sup> DFID. DFID review of UNFPA supplies in humanitarian settings, May-August 2018. 2018.

<sup>191</sup> UNFPA Division of Management Services report that a risk appetite statement is currently being developed.

## Suggestions for Recommendations

### **High priority recommendations**

1. UNFPA should develop a “No Regrets” policy to include acceptable levels of loss/wastage at global level and clear guidance for Country Representatives for ordering at country level where appropriate.<sup>192</sup>

*Priority: high*

*Cost: high (in relation to commitment and financial cost)*

*Links to conclusion 2*

2. UNFPA should enhance monitoring capacity of the PSB so data will be available on lead times, ordering, different freight modalities with a cost-benefit analysis, to allow for informed decision-making and planning.

*Priority: high*

*Cost: high (in relation to commitment and financial cost)*

*Links to conclusion 3*

3. UNFPA should review and increase the revolving fund level for IARH kits.

*Priority: high*

*Cost: high*

*Links to conclusion 5*

4. UNFPA should develop a costed workplan for investment in UNFPA global logistics capacity and prepositioning. This should include:

- (i) An evaluation of the APRO pre-positioning initiative<sup>193</sup> to adapt, and then implement, the recommendation of the 2018 Lunds study on warehousing options, utilizing UNHRD facilities (and considering national prepositioning also, which was not covered by the Lunds study).
- (ii) Creation of a targeted prepositioning workplan at the corporate level, focusing on countries experiencing frequent disasters or protracted crises.
- (iii) Review of most recent technology advances in last-mile delivery monitoring and usage monitoring.
- (iv) Development of a plan to ensure consistent global-level engagement with the logistics cluster and to disseminate information from this to regional and country offices, encouraging country offices to participate in logistics cluster/sector meetings at country level (i.e. where there is an activated logistics cluster/sector) if they are not already participating.
- (v) Review of existing logistics, supply and pharmacy management human resources at headquarters (including the Humanitarian Office), regional office and country office level as well as within the roving team and the surge rosters. This should include assessment of the correct level of logistics-related human resources that would allow UNFPA to become a fully functional, responsive and efficient humanitarian organization in any crisis, and recruit accordingly with commensurate prioritized and mobilized funds.

*Priority: High*

*Cost: High*

*Links to conclusion 6*

---

<sup>192</sup> Note that ASRO is currently undertaking a prepositioning analysis including optimal levels of wastage and this should be finalized in October 2019 and can contribute to a global No Regrets policy.

<sup>193</sup> This is planned for late 2019.

### **Medium priority recommendations**

5. UNFPA should develop a clear internal procedure for ensuring coordination between internal and external ordering of IARH kits. This could include a requirement that that for all external orders, the UNFPA country office in question is informed of the order and subsequently coordinates at the country level.

*Priority: High*

*Cost: Medium*

*Links to conclusion 3*

6. UNFPA should review all procurement, supplies, and logistics policies (such as the Safe Disposal and Management of Unused Unwanted Contraceptives, 2013; the UNFPA Quality Assurance Framework for the Procurement of Reproductive Health Commodities; the Green procurement strategy, 2013; and UNFPA post-shipment testing for male condoms) and integrate humanitarian-specific considerations.

*Priority: medium*

*Cost: medium*

*Links to conclusion 2*

7. UNFPA should establish an internal system for consolidating and analyzing all feedback on dignity kits through regional offices up to global level.

*Priority: medium*

*Cost: medium*

*Links to conclusion 4*

8. UNFPA should develop feedback forms in multiple languages to proactively solicit feedback on IARH kits from end-user service providers, emphasizing that complaints will not result in any negative consequences and UNFPA welcomes all feedback. These forms should be included with kits, either at point of kitting or - more cost-effective - at country level when kits arrive.

*Priority: medium*

*Cost: medium*

*Links to conclusion 4*

### **Low priority recommendations**

9. UNFPA at global level should disseminate guidance on emergency contraception, misoprostol, ketamine, and any other pharmaceutical with which there are numerous country registration issues across country offices. This should aim to ensure complete awareness of potentially problematic items within kits before onset of a humanitarian crisis.

*Priority: low*

*Cost: low*

*Links to conclusion 1*

10. UNFPA at global level should establish a check-in point mechanism to be implemented at the regional level for every country ordering and re-ordering IARH kits. Initially, this could take the form of a standard questionnaire regarding a transition plan and estimates on re-establishment of normal supply chain channels (short-term). After a period of time (1one to two years) use this data to analyze levels, causes and consequences of over-dependence, with a strategy to address this.

*Priority: low*

*Cost: low*

*Links to conclusion 2*

11. UNFPA should commission a dignity kit evaluation that assesses the kits against the varied goals of addressing immediate hygiene needs, increasing mobility and access to services, and increasing well-being by ensuring women and girls do not feel left behind. Ensure this evaluation covers other kits by other actors (e.g. UNICEF hygiene kits) - as a way of understanding and capitalizing on the actual added-value of UNFPA dignity kits.

*Priority: high*

*Cost: high*

*Links to conclusion 4*

## Annex I: Key Informant List

Name (Interviewee)	Job Title	Agency	Duty Station	Country
Jeffrey Bates	Media Specialist	UNFPA	New York	USA
Omar Gharzeddine	Media Specialist	UNFPA	New York	USA
Hanno Ranck	Online Communications Manager	UNFPA	New York	USA
Benoit Kalasa	Director, Technical Division	UNFPA	New York	USA
Sarah Reis	Special Assistant, Technical Division	UNFPA	New York	USA
Iva Gorcnik	Chief, Resource Planning and Budgeting Branch	UNFPA	New York	USA
Klaus Simoni-Pederson	Chief, Resource Mobilization Branch	UNFPA	New York	USA
Letizia Montecalvo	Technical Specialist, Resource Mobilization Branch	UNFPA	New York	USA
Daniel Baker	Humanitarian Advisor	UNFPA	New York	USA
Fabrizia Falcione	GBV Capacity Development Specialist	UNFPA	New York	USA
Ramiz Alakbarov	Director, Policy and Strategy Division	UNFPA	New York	USA
Yann Lacayo	Health Financing Specialist, Commodity Security Branch	UNFPA	New York	USA
Dr. Akinyele Eric Dairo	Chief, Non-Core Funds Management Unit, Office of the Executive Director	UNFPA	New York	USA
Tim Sladden	Senior Advisor, HIV and Key Populations	UNFPA	New York	USA
Daniela Andries	Inventory Associate	UNFPA	Copenhagen	Denmark
Christian Nielsen	Inventory Associate	UNFPA	Copenhagen	Denmark
Roberto Mena	Procurement Specialist	UNFPA	Copenhagen	Denmark
Seloi Mogatle	Technical Specialist	UNFPA	Copenhagen	Denmark
Stephane Arnaud	Senior Emergency Supply Manager	UNICEF	Copenhagen	Denmark
Udara Bandera	Deputy Chief, PSB	UNFPA	Copenhagen	Denmark
Mira Cuturilo	Surge Manager	UNFPA	New York	USA
Elke Mayrhofer	Regional Humanitarian Adviser, ASRO	UNFPA	Cairo	Egypt
Branwen Millar	Humanitarian Project Coordinator, APRO	UNFPA	Bangkok	Thailand
Emmanuel Roussier	Humanitarian Response Specialist, EECARO	UNFPA	Istanbul	Turkey
James Okara Wanyama	On detail assignment, Humanitarian Unit, ESARO	UNFPA	Johannesburg	South Africa
Jayne Adams	Regional Programme Advisor, LACARO	UNFPA	Panama City	Panama
Klaus Beck	Programme Adviser, APRO	UNFPA	Bangkok	Thailand
Katherine Nichol	Humanitarian Analyst, EECARO	UNFPA	Istanbul	Turkey
Nadine Cornier	Reproductive Health Adviser	UNFPA	Geneva	Switzerland

## Annex II: Bibliography

- Abbott, L et al. Evaluation of UNFPA's provision of dignity kits in humanitarian and post-crisis settings. School of International and Public Affairs, Columbia University. 2011
- IAWG. Inter-agency reproductive health kits for crisis situations. 2011
- ODI. Forecasting hazards, averting disasters. 2018
- UN Women. UN Commission on life-saving commodities for women and children: Commissioner's report. 2012
- UN. Key data and findings: contraceptive commodities for women's health, March 2012. 2012
- UN. UN Supplier code of Conduct, Rev 06. 2017
- UNFPA. Basic dignity kits. [no date]
- UNFPA. Contraceptive price indicator year 2012. 2012
- UNFPA. Contraceptive price indicator year 2012. 2012
- UNFPA. Contraceptive price indicator year 2013. 2013
- UNFPA. Contraceptive price indicator year 2014. 2014
- UNFPA. Contraceptive price indicator year 2015. 2015
- UNFPA. Contraceptive price indicator year 2017,.2017
- UNFPA. Contraceptives Spend Analysis Report, 2013. 2013
- UNFPA. Contraceptives Spend Analysis Report, 2014. 2014
- UNFPA. Core UNFPA items procurement plan 2012 (excel). 2012
- UNFPA. Core UNFPA items procurement plan 2014 (excel). 2014
- UNFPA. Core UNFPA items procurement plan 2015 (excel). 2015
- UNFPA. Core UNFPA items procurement plan 2016 (excel). 2016
- UNFPA. Core UNFPA items procurement plan 2017 (excel). 2017
- UNFPA. Delivering supplies when crisis strikes. 2018
- UNFPA. Emergency Procurement Procedures. 2011
- UNFPA. Fast track policies and procedures, revised August 2015. 2015
- UNFPA. Frequently purchased commodities. 2015
- UNFPA. Green procurement strategy. 2013
- UNFPA. Guidance note on minimum preparedness, revised version - June 2016. 2016
- UNFPA. Hormonal contraceptives procured by UNFPA, infographics. [no date]
- UNFPA. Investing in family planning is a best buy, infographics. 2017
- UNFPA. Medical devices procurement spend analysis. 2014
- UNFPA. Mid-term evaluation of the UNFPA supplies programmes (2013-2020). 2018
- UNFPA. Pharmaceutical and medical device procurement plan, 2013. 2013
- UNFPA. Policies and procedures manual for humanitarian response funding. 2018
- UNFPA. Policy and procedures for regular procurement, revision 4, April 2014. 2014
- UNFPA. Procurement Statistics, 2004. 2004
- UNFPA. Procurement Statistics, 2012. 2012
- UNFPA. Reproductive health kits management guidelines for field offices. 2017
- UNFPA. Safe disposal and management of unused, unwanted contraceptives. 2013
- UNFPA. Supplies Annual Report, 2016. 2016
- UNFPA. Supplies Annual Report, 2017. 2017
- UNFPA. The UNFPA Standard Operating Procedures for Humanitarian Settings, Working Document, April 2017. 2017
- UNFPA. UNFPA Quality Assurance Framework for the Procurement of Reproductive Health Commodities. [no date]
- UNFPA. UNFPA supplies: the world's largest provider of donated contraceptives. 2017
- UNFPA. Green procurement, infographics. [no date]
- UNFPA. Procurement statistics, 2014. 2014
- UNFPA. Procurement statistics, 2015. 2015

UNFPA. Procurement statistics, 2016. 2016

UNFPA. Procurement statistics, 2017. 2017

WHO, UNICEF, UNDP, UNFPA, World Bank. A model quality assurance system for procurement agencies. 2007

IAWG and UNFPA. 2017 Evaluation of the Use of Inter-Agency Reproductive Health Kits for Crisis Situations 2017

DFID. DFID review of UNFPA supplies in humanitarian settings, May-August 2018. 2018

UNFPA. UNFPA Supplies Annual Report. 2017

UNFPA. Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020). 2018

UNFPA. Basic Dignity Kit.

The Abu Dhabi Declaration. 2015

UNFPA. WHO. Granada Consensus on Sexual and Reproductive Health in Protracted Crises and Recovery. 2009.

UNFPA. UNFPA Supplies: The World's Largest Provider of Donated Contraceptives. 2017

UNFPA. UNFPA Supplies Annual Report 2016. 2016

UNFPA. UNFPA Quality Assurance Framework for the Procurement of Reproductive Health Commodities. ??

UNFPA. Safe Disposal and Management of Unused Unwanted Contraceptives. 2013

UN. Contraceptive Commodities for Women's Health: Prepared for the United Nations Commission on Life-Saving Commodities for Women and Children. 2012

UNFPA. Policy and Procedures for Regular Procurement. 2015

UNFPA. Medical Device Procurement Spend Analysis Report. 2014

UN. UN Commission on Life-Saving Commodities for Women and Children. Commissioners' Report. 2012

UNFPA. Delivery Supplies When Crisis Strikes. 2018

UNFPA. Procurement Statistics. 2014

UNFPA. Procurement Statistics. 2015

UNFPA. Procurement Statistics. 2016

Lunds University. Evaluation of strategic stock points for UNFPA using a facility location model. 2018

UNFPA. Comparative study of three pre-positioning options for UNFPA's emergency response -Estimated lead-times and costs.

UN. UN supplier code of Conduct. 2017

UNFPA. The UNFPA Standard Operating Procedures for Humanitarian Settings. Working Document April 2017. 2017.

UNFPA. Emergency procurement procedures. 2011

UNFPA. Evaluation of UNFPA's Provision of Dignity Kits in Humanitarian and Post-Crisis Settings. 2011