Instructions:

In order to process your request, please complete sections A-C and return this form to your UNFPA focal point (listed below) by email.

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| 1. Contact details - Please complete steps A.1-A.3
 |
| 1. Customer details
 |
| Organization Name:       |  | Type of organization (check one):UN agency [ ]  NGO [ ]  Government [ ]  other (please specify)       |
| Funding source, if different from requesting organization:      If applicable (i.e. World Bank-funded): Loan/Credit/Grant Agreement Number:      Project Closing Date and/or Fund expiration date (DD/MM/YYYY):       |
| Address: |
| Contact person first name:  | Last name:  | Title:      |
| E-mail:      | Telephone (include country code): | Fax number (include country code): |
| 1. **Consignee details\*** (if different from A.1)
 |
| Organization Name:      |
| Address: |
| Contact person first name:       | Last name: | Title**:** |
| E-mail: | Telephone (include country code): | Fax number (include country code): |
| Preferred seaport/airport of goods delivery:  |
| 1. **Additional parties to be notified** (if different from A.1)
 |
| Organization Name:      |
| Address: |
| Contact person first name:       | Last name:      | Title**:**      |
| E-mail:      | Telephone (include country code):      | Fax number (include country code):      |
| *\*Goods will be delivered to nearest port/airport if nothing else specified*  |

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| **B. Requested items**  |
| **Product ID** |  **Product description**  | **Quantity** |
| **IARH Kits**  |
| **Kit No. 1A** | Male Condoms |       |
| **Kit No. 2A** | Clean Delivery, Individual |       |
| **Kit No. 2B** | Clean Delivery, Birth attendants |       |
| **Kit No. 3** | Post-Rape Treatment |       |
| **Kit No. 4** | Oral and Injectable Contraception  |       |
| **Kit No. 5** | Sexually Transmitted Infections (STI) |       |
| **Kit No. 6A** | Clinical Delivery Assistance kit – Midwifery Supplies, Reusable Equipment |       |
| **Kit No. 6B** | Clinical Delivery Assistance kit – Midwifery Supplies, Drugs and Disposable Equipment |       |
| **Kit No. 8\*** | Management of Complications of Miscarriage or Abortion |       |
| **Kit No. 9** | Repair of Cervical and Vaginal Tears  |       |
| **Kit No. 10A** | Assisted Delivery with Vacuum Extraction -model HM Healthcare  |       |
| **Kit No. 11A** | Obstetric Surgery and Severe Obstetric Complications, Reusable Equipment |       |
| **Kit No. 11B\*** | Obstetric Surgery and Severe Obstetric Complications, Drugs and Disposable Equipment |       |
| **Kit No. 12** | Blood Transfusion kit |       |
| **Complementary Commodities**  |
| **Kit No.0** | Administration kit |       |
| **Kit No. 1B** | Female Condoms kit |       |
| **CCchx** | Chlorhexidine gel |       |
| **CCmis** | Misoprostol  |       |
| **CCdsc** | Depot-Medrroxyprogesterone Acetate (DMPA-SC) |       |
| **Kit No. 7** | Intra Uterine Devices (IUD) kit |       |
| **CCimp** | Contraceptive Implant kit |       |
| **CCasg** | Non-Pneumatic Anti Shock Garment  |       |
| **CCoxy** | Oxytocin |       |
| **CCmalb** | IEHK Basic Malaria Module  |       |
| **CCmals** | IEHK Supplementary Malaria Module  |       |
| **CCmif** | Mifepristone  |       |
| **CCvad** | Hand-held Vacuum Assisted Delivery System |       |
| \*IARH Kit 8, 6B and 11B include Misoprostol, a lifesaving medicine recommended by WHO. Please be aware that Misoprostol may not be registered yet in all countries. We therefore recommend you verify as soon as possible with the authorities in your country if there are special requirements for you to comply with, before clearing this kit from customs. |
| \*\*Please make sure that all items contained in the kits, especially medicines, are authorized to be imported in your country by the respective authorities and that you have made all necessary logistics arrangements for receipt and inspection, domestic transportation, storage and management.  |

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| **C. Additional information**  |
| **C.1 Special order requirements**  |
| Preferred mode of shipment: AIR [ ]  SEA [ ]  TRUCK [ ]  |
| Requirements for INCOTERMs other than CIP (Port of Destination):        |
| Special import or export requirements (chamberized Certificates of Origin, etc):      |
| Customized packaging/printing for the order(please describe):       |
| **C.2 Procurement purpose** (please check box that apply) |
| Acute-Emergency [ ]  Protracted Emergency [ ]  Pre-positioning [ ]  Regular Procurement [ ]  Other [ ]  |
| **C.3 Distribution plan availability**  |
| (if yes, please check box) [ ]  |

UNFPA contact for Procurement Questions: rhkits@unfpa.org

UNFPA contact for Programmatic Supply Questions: Humanitarian-SRHsupplies@unfpa.org

UNFPA has created a “IARH Kit Calculator (2019)” which can be used to support partners in determining their orders. The Calculator is available at the IAWG and UNFPAs website.

For your convenience, a funding tool is available to help donor funding recipients bridge delays in disbursement. To learn more about how Pledge Guarantee for Health can accelerate access to funding, visit [www.pledgeguarantee.org](http://www.pledgeguarantee.org)