

# Manual

## Inter-Agency Emergency Reproductive Health Kits for Use in Humanitarian Settings



6th edition  
2019



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## PREFACE

The first reproductive health kits were developed by Marie Stopes International in 1992, specifically for use during the Bosnian crisis, when thousands of women were raped and there was an urgent need for appropriate medical equipment. The Sexuality and Family Planning Unit of the World Health Organization (WHO) Regional Office for Europe then reviewed and updated these kits for a second phase in Bosnia.

In 1997, unrest in Albania led to the collapse of the health system and maternity hospitals urgently requested basic surgical equipment to respond to the reproductive health needs of women. A referral/surgical obstetrics kit was designed by the representative of the United Nations Population Fund (UNFPA) in the country, which was intended to be adapted to local situations.

A third version of the kits was assembled by a number of agencies, including the International Federation of Red Cross and Red Crescent Societies (IFRC), UNFPA, the United Nations High Commissioner for Refugees (UNHCR) and WHO, to respond to the refugee crisis in the Great Lakes region of Africa in 1997.

These experiences led UNFPA to produce a consolidated set of reproductive health kits for use by organizations responding to humanitarian emergencies. These kits are intended to speed up the provision of lifesaving reproductive health services in acute humanitarian settings, such as mass population displacements and natural disasters. The first version of the current reproductive health kits was agreed on by the members of the Inter-Agency Working Group (IAWG) on Reproductive Health in Crisis in June 1997 and became available from June 1998. A survey among field users was conducted by UNFPA at the end of 1999 and the survey results were discussed at the fifth IAWG meeting in February 2000. In July 2000, an IAWG subgroup developed a revised version of the kits with input from field users. Further reviews in 2003, 2005, 2010 and 2013 led to modification of the contents of the kits, based on suggestions of users, newly identified needs and new technologies.

The current revision is informed by an in-depth technical review of recent evidence-based treatment updates, as well as by the outcome of a 2017 research study on the use of the kits, which investigated the causes and consequences of over-ordering and waste, as well as logistics and supply chain challenges, and elicited feedback from users. The Interagency Emergency Reproductive Health Kits are now in their 6th edition. This booklet provides information on their contents, use and ordering procedures as of January 2020.

The Inter-Agency Emergency Reproductive Health (IARH) kits are complementary to the Inter-Agency Emergency Health Kit (IEHK) and other health kits designed to meet the primary health-care needs of people affected by humanitarian emergencies.

Users are invited to make comments on this revised version of the IARH kits. All inputs will be considered for future revisions. Comments and suggestions should be sent to [Humanitarian-SRHsupplies@unfpa.org](mailto:Humanitarian-SRHsupplies@unfpa.org).

## **ACKNOWLEDGEMENTS**

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## ABBREVIATIONS

<b>ACT</b>	artemisinin-based combination therapy
<b>AIDS</b>	acquired immunodeficiency syndrome
<b>ART</b>	antiretroviral therapy
<b>ARV</b>	antiretroviral
<b>BEmONC</b>	Basic Emergency Obstetric and Newborn Care
<b>CBR</b>	crude birth rate
<b>CEmONC</b>	Comprehensive Emergency Obstetric and Newborn Care
<b>DMPA-SC</b>	depot subcutaneous medroxyprogesterone acetate
<b>HIV</b>	human immunodeficiency virus
<b>IARH</b>	Inter-Agency Emergency Reproductive Health
<b>IAWG</b>	Inter-Agency Working Group
<b>ICPD</b>	International Conference on Population and Development
<b>IEHK2017</b>	Inter-Agency Emergency Health Kit 2017
<b>IUD</b>	intrauterine device
<b>MISP</b>	Minimum Initial Service Package
<b>MOH</b>	Ministry of Health
<b>MVA</b>	manual vacuum aspiration
<b>NaDCC</b>	sodium dichloroisocyanurate
<b>NGO</b>	non-governmental organization
<b>PMTCT</b>	prevention of mother-to-child transmission
<b>SRH</b>	sexual and reproductive health
<b>STI</b>	sexually transmitted infection
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization



# 1 INTRODUCTION

## 1.1 MISPP OBJECTIVES

A major objective of the Programme of Action, adopted at the International Conference on Population and Development (ICPD) in Cairo in September 1994, was to make reproductive health care, including family planning, accessible to all by 2015. The Programme of Action drew attention to the needs of especially vulnerable populations, including displaced persons and refugees. Reproductive health had previously rarely been considered in responses to humanitarian emergencies and, with this in mind, the concept of a Minimum Initial Service Package (MISP) was developed at the Inter-Agency Symposium on Reproductive Health in Emergency Situations held in June 1995. 25 years after Cairo we are still striving to ensure access to sexual and reproductive health (SRH) services and rights for all, including those surviving through a humanitarian emergency. The ICPD25 Nairobi summit in 2019 brought back together world leaders to recognize the progress that has been made since 1994, evaluate how far we still have to go and catalyze progress to achieve universal access to SRH services and rights, particularly for those affected by crisis.

The aim of the MISP is to reduce the mortality and morbidity associated with SRH issues during any acute crisis situation. This is accomplished by ensuring the provision of a minimum set of SRH services from the beginning of the response to a humanitarian crisis. The MISP (see [Table 1](#)) is implemented in a coordinated manner by appropriately trained staff and encompasses a minimum set of lifesaving SRH services and related equipment and supplies, such as those included in the Inter-Agency Emergency Reproductive Health (IARH) kits, and SRH programme planning activities. The availability of the following is important if the MISP is to be implemented appropriately:

- trained personnel, including a coordinator for reproductive health;
- protocols and job aids on the implementation of selected interventions; and
- essential medicines and health technologies and basic equipment and supplies.

The essential medicines and health technologies, equipment and supplies needed to implement the service objectives of the MISP have been assembled into a set of specially designed pre-packaged kits: the IARH kits. The objectives of the IARH kits are in line with those laid out in the *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*:<sup>1</sup>

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1 *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* (New York, IAWG, 2018). <https://iawgfieldmanual.com> (in English, French and Arabic).

The service objectives of the MISP, which the supplies in the IARH kits support, are as follows:

▲ **Objective 2: prevent sexual violence and respond to the needs of survivors:**

- make clinical care available for survivors of rape (Kits 3 and 9).

▲ **Objective 3: prevent the transmission of, and reduce morbidity and mortality due to, human immunodeficiency virus (HIV) infection and other sexually transmitted infections (STIs):**

- establish safe and rational use of blood transfusion (Kit 12);
- ensure the application of standard precautions (integrated in all IARH kits);
- guarantee the availability of free condoms (Kits 1A and 1B and complementary commodities);
- provide post-exposure prophylaxis to survivors of sexual violence (Kit 3);
- ensure the availability of syndromic diagnosis and treatment of STIs (Kit 5); and
- clotrimazole prophylaxis for opportunistic infections (Kit 5).

▲ **Objective 4: prevent excess maternal and newborn morbidity and mortality:**

- ensure the availability of clean and safe delivery and essential newborn care and the management of obstetric and newborn complications at health facilities – Basic Emergency Obstetric and Newborn Care (BEmONC) (Kits 6 and 8–10) – and referral hospitals – Comprehensive Emergency Obstetric and Newborn Care (CEmONC) (Kits 11 and 12);
- provide clean delivery kits to visibly pregnant women and birth attendants for use in home deliveries when access to a health facility is not possible (Kit 2); and
- ensure the availability of lifesaving post-abortion care in health centres and hospitals (Kit 8).

▲ **Objective 5: prevent unintended pregnancies:**

- ensure the availability of a range of long-acting reversible and short-acting contraceptive methods at primary health-care facilities to meet demand (Kits 1 and 4 and complementary commodities).

Experience has shown that, in addition to providing the MISP, it is also important to respond to other reproductive health needs in the early phase of a humanitarian response, including:

- ensure the availability of safe abortion care to the fullest extent of the national law (complementary commodities).

It is important to remember that the MISP comprises the minimum essential services, not the only services that need to be provided to affected populations. If the context you are working in has the capacity to do more during the acute

response, you should do more. **As soon as possible, the MISP should be expanded on to ensure a context-appropriate and comprehensive SRH response; as such, supplies should be procured outside the IARH kits to meet the demands of a comprehensive SRH programme.** The United Nations Population Fund (UNFPA) Procurement Services Branch can provide high-quality bulk individual items to support this expansion of services and the UNFPA Humanitarian Office can support operations in determining how to make this supply transition.

**Note on MISP objective 3: prevent the transmission of, and reduce morbidity and mortality due to, HIV infection and other STIs.** One of the essential components of MISP objective 3 is to “support the provision of antiretrovirals (ARVs) to continue treatment for people who were enrolled in an anti-retroviral therapy (ART) program prior to the emergency, including women who were enrolled in PMTCT [prevention of mother-to-child transmission] programs”. The IARH kits do not ensure the provision of ARVs to fulfill this component of MISP objective 3. The IARH kits include a limited amount of ARVs for post-exposure prophylaxis when conducting clinical management of rape. UNFPA is not able to ensure the availability of ARVs to allow for continued treatment for people who were enrolled in an ART programme prior to an emergency, including women who were enrolled in PMTCT programmes for a number of clinical and logistical reasons. It is essential to refer to the vertical HIV/acquired immunodeficiency syndrome (AIDS) programme in the setting you are working in and/or work with the United Nations Children’s Fund (UNICEF) or United Nations Development Programme (UNDP) in close cooperation with the World Health Organization (WHO) to ensure that supplies to implement this MISP objective are available to the target population. It is important to be aware that providing ARV therapy and PMTCT programmes, even in times of stability, can be incredibly complex, including the potential for varying and inconsistent treatment protocols and global/national stock outs of key drugs. In addition to the partners above, the Global Fund<sup>2</sup> can also be a source of support and information on challenges that may have existed in supply availability for ARVs and PMTCT at the national level prior to the emergency in your setting. Finally, it is important to consider the impact of cross-border migration and potential differences in national treatment protocols.

*Reference and training materials on the IARH kits can be found on the Inter-Agency Working Group (IAWG) website resources page under “IARH Kit Reference Documents” or can be sent on request.*

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2 The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 to respond to three of the deadliest infectious diseases the world has ever known. The mission of The Global Fund is to invest the world’s money to defeat these three diseases. Please go to The Global Fund website (<https://www.theglobalfund.org/en/sourcing-management/health-products/antiretrovirals/>) to find out more about how to coordinate with The Global Fund to ensure access to quality-assured ARVs and learn how to access their negotiated terms and pricing.

**Table 1. Objectives of the MISIP**

<p>Objective 1: ensure the health sector/ cluster identifies an organization to lead implementation of the MISIP</p>	<ul style="list-style-type: none"> <li>• Nominate a sexual and reproductive health (SRH) coordinator to provide technical and operational support to all agencies providing health services</li> <li>• Host regular meetings with all relevant stakeholders to facilitate coordinated action to ensure implementation of the MISIP</li> <li>• Report back to the health, gender-based violence sub-cluster/ sector and/or HIV national coordination meetings on any issues related to MISIP implementation</li> <li>• In tandem with health/gender-based violence/HIV coordination mechanisms, ensure mapping and analysis of existing SRH services</li> <li>• Share information about the availability of SRH services and commodities</li> <li>• Ensure that the community is aware of the availability and location of reproductive health services</li> </ul>
<p>Objective 2: prevent sexual violence and respond to the needs of survivors</p>	<ul style="list-style-type: none"> <li>• Work with other clusters, especially the protection or gender-based violence sub-cluster, to put in place preventative measures at community, local and district levels, including health facilities to protect affected populations, particularly women and girls, from sexual violence</li> <li>• Make clinical care and referral to other supportive services available for survivors of sexual violence</li> <li>• Put in place confidential and safe spaces within health facilities to receive survivors of sexual violence and provide them with appropriate clinical care and referral</li> </ul>
<p>Objective 3: prevent the transmission of, and reduce morbidity and mortality due to, HIV and other STIs</p>	<ul style="list-style-type: none"> <li>• Establish safe and rational use of blood transfusion</li> <li>• Ensure the application of standard precautions</li> <li>• Guarantee the availability of free lubricated male condoms and, where applicable (e.g. already used by the population), ensure provision of female condoms</li> <li>• Support the provision of antiretrovirals ARVs to continue treatment for people who were enrolled in an antiretroviral therapy ART programme prior to the emergency, including women who were enrolled in PMTCT programmes</li> <li>• Provide post-exposure prophylaxis to survivors of sexual violence, as appropriate, and for occupational exposure</li> <li>• Support the provision of clotrimazole prophylaxis for opportunistic infections for patients found to have HIV or already diagnosed with an HIV infection</li> <li>• Ensure the availability in health facilities of the syndromic diagnosis and treatment of STIs</li> </ul>
<p>Objective 4: prevent excess maternal and newborn morbidity and mortality</p>	<ul style="list-style-type: none"> <li>• Ensure the availability and accessibility of clean and safe delivery, essential newborn care and lifesaving emergency obstetric and newborn care (EmONC) services</li> <li>• Establish a 24 hours per day, 7 days per week referral system to facilitate transport and communication from the community to the health centre and hospital</li> <li>• Ensure the availability of lifesaving post-abortion care in health centres and hospitals</li> <li>• Ensure the availability of supplies and commodities for clean delivery and immediate newborn care where access to a health facility is not possible or unreliable</li> </ul>

Objective 5: prevent unintended pregnancies	<ul style="list-style-type: none"> <li>• Ensure the availability of a range of long-acting reversible and short-acting contraceptive methods (including male and female condoms and emergency contraception) at primary health-care facilities to meet demand</li> <li>• Provide information, including existing information, education and communication (IEC) materials, and contraceptive counselling that emphasizes informed choice and consent, effectiveness, client privacy and confidentiality, equity and non-discrimination</li> <li>• Ensure that the community is aware of the availability of contraceptives for women, adolescents and men</li> </ul>
Objective 6: plan for comprehensive SRH services, integrated into primary health care as soon as possible	<ul style="list-style-type: none"> <li>• Work with the health sector/cluster partners to address the six health system building blocks, including service delivery, health workforce, health information system, medical commodities, financing and governance, and leadership</li> </ul>

## 1.2 KEY POINTS ABOUT THE KITS

### ▲ The reproductive health kits are designed for use in the early phase of a crisis situation.

The IARH kits have been designed to facilitate the provision of priority reproductive health services to displaced populations without medical facilities or where medical facilities are disrupted during a crisis.<sup>3</sup> They contain essential drugs, supplies and equipment to be used for a limited period of time and a specific number of people.

Some of the medicines and medical devices contained in the kits may not be appropriate for all settings. This is inevitable as these are standardized emergency kits, designed for worldwide use, that are pre-packed and kept ready for immediate dispatch. In addition, not all settings may need all kits, depending on the availability of supplies in a setting prior to a crisis and the capacity of the health facilities.

The kits are **not** intended as resupply kits and, if used as such, may result in the accumulation of items and medicines that are not needed. **However**, we recognize the prolonged nature of many emergencies, and the challenges in transitioning back to stable supply chains may lead to prolonged kit procurement; please see the *IARH Kit Management Guidelines for Field Offices* for more information on how to manage this or contact the UNFPA Humanitarian Office for support in making this transition.

It must be emphasized that, although supplying medicines and medical devices in standard pre-packed kits is convenient early in a humanitarian response, specific

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<sup>3</sup> Primary health-care services in emergency situations may be implemented through a standard Inter-Agency Emergency Health Kit, which contains essential drugs, supplies and equipment. This kit was developed some 30 years ago by WHO in collaboration with United Nations agencies and NGOs. The kit was revised in 1998, 2006, 2011 and 2017 and is now known as the Inter-Agency Emergency Health Kit 2017 (IEHK2017). Like the IARH kits, the IEHK2017 is designed to serve the acute phase of an emergency; the complete kit provides the essential medicines and medical devices urgently needed. For implementation of reproductive health services in emergency situations, the IEHK2017 recommends the IARH kits. For more information on the IEHK2017 and the other emergency kits managed by WHO, please go to <https://www.who.int/emergencies/kits/en/>

local needs must be assessed as soon as possible and further supplies must be ordered accordingly. Once basic reproductive health services have been established, the reproductive health coordinator should assess reproductive health needs and attempt to order based on consumption, to ensure that the reproductive health programme can be sustained. You can order supplies through regular channels [the national procurement system, non-governmental organizations (NGOs) or other agencies] or through the UNFPA Procurement Services Branch. For more information on this transition, please see the *IARH Kit Management Guidelines for Field Offices*.

### **How to place a follow-up order of SRH supplies through the UNFPA Procurement Services Branch**

Determine which medicines, devices and equipment have been consumed and conduct a forecast to determine future needs based on a simplified supply chain assessment exercise. The UNFPA Humanitarian Office can support this exercise with tools and expertise.

- Undertake a supply planning exercise (including a procurement plan).
- Place an order through the UNFPA Emergency Procurement Team (see section 1.3.2).

### **External customers**

For detailed information on the procurement process, external customers should visit the UNFPA procurement website at <https://www.unfpaprocurement.org/order>.

### **UNFPA Country Offices**

The Procurement Services Branch emergency team will manage the procurement process and guide the Country Office accordingly.

### **▲ Each kit is formulated to be self-sufficient.**

Each of the IARH kits responds to a particular reproductive health need and contains supplies calculated for a specific number of people for a 3-month period. Thus, the kits can be ordered separately as a “stand-alone” response to a particular situation. One exception relates to sterilization equipment: Kits 7–10 do not include sterilizing equipment as they are primarily used in conjunction with Kit 6A (which contains a pressure cooker-type autoclave). Kit 11A (referral level) does not include an autoclave because it is assumed that hospitals have a sterilization service.

### **▲ Kits are designed according to the level of knowledge, competencies and qualifications necessary to use them.**

The level of skill required for the use of each kit is detailed in this booklet. You are advised to review this information before ordering any of the kits. For example, the individual clean delivery kits do not require skills but can be given to any visibly pregnant woman; BEmONC kits require midwifery skills; and CEmONC kits require advanced obstetric and surgical skills.

### ▲ The IARH kits are updated on a regular basis.

The IARH kits are revised regularly, using the most up-to-date information available. Users are invited to comment on the functioning of the individual kits in the field. All inputs will be considered for future revisions. Please contact Humanitarian-SRHsupplies@unfpa.org with any feedback on the kits.

### Notes

- Kit 11B includes ketamine and ephedrine hydrochloride, which are essential items in obstetric surgery. These are controlled substances and their importation might be subject to special controls by local and international authorities. Guidance on management of the importation of these substances in the context of emergencies has been created by WHO and can be found in Annex 6 of the Inter-Agency Emergency Health Kit 2017 manual (Management of Controlled Substances in Emergencies). It is important to keep in mind that failure to consider and comply with controlled substances regulations prior to arrival of supplies at the port of entry may result in significant demurrage charges. Additionally, failure to comply with national regulations in the management of controlled substances can violate national law and may impact the ability of the operation to continue. UNFPA has packaged the controlled substances in a separate box in Kit 11B; in the event that there are challenges related to the controlled substances, the rest of the kit can be negotiated for release.
- Kits 6B, 11B and 12 contain items that must be kept cold: oxytocin and tests for blood grouping, hepatitis and syphilis (rapid plasma reagin or RPR). For these items the cold chain must be maintained and the temperature must be monitored and recorded during transportation and storage. These products are therefore packed and shipped separately in a cold box and as an active cold chain.
- Oxytocin: the WHO/UNICEF/UNFPA joint statement on the appropriate storage and management of oxytocin specifically states that “While some manufacturers labelling oxytocin continue to indicate that oxytocin is stable at ambient temperatures, the data supporting these claims may not be fully sufficiently conclusive or applicable to some climates. Consistent product management is critical and the general practice for all oxytocin products should be to store and transport at 2–8 °C (35–46 °F). Further WHO guidance on storage and transport of time- and temperature-sensitive pharmaceutical products can be found in WHO Technical Report Series, No. 961, 2011, Annex 9.” For any questions or concerns regarding the quality of oxytocin received through the IARH or its use, please contact UNFPA Procurement Services Branch quality assurance at qa-team-group@unfpa.org or the UNFPA Humanitarian Office, who will connect you to the appropriate colleagues.

### **Major changes since the 5th edition of the IARH kits**

#### **Kit 2A: clean delivery, individual**

- The razor blade has been replaced with a pair of umbilical cord scissors.

### **Kit 3: post-rape treatment**

- Post-exposure prophylaxis has been updated as per the new WHO recommendations (2014).

### **Kit 6A: clinical delivery assistance – midwifery supplies: reusable equipment**

- An infant scale and sling have been added to support the treatment of a sick newborn.
- A mechanical stopwatch has been added to monitor the baby's breathing.

### **Kit 6B: clinical delivery assistance – midwifery supplies: drugs and disposable equipment**

- The antibiotics to prevent and manage maternal peri-partum infection have been updated. The following medicines have been added to conform to WHO recommendations:
  - misoprostol for second-line management of post-partum haemorrhage;
  - hydralazine as part of the management of eclampsia or severe pre-eclampsia;
  - paracetamol to manage fever and post-partum pain; and
  - Ringer's lactate solution replaces dextran and normal saline as fluid replacement.
- Supplies to treat major neonatal complications in the first week of life have been added:
  - antibiotics to treat newborn infection when referral is not possible (ampicillin, gentamicin, cloxacillin); and
  - vitamin K to prevent haemorrhagic disease of the newborn.

### **Kit 7: intrauterine device**

- This kit is now referred to as Kit 7A and is now part of the complementary commodities.
- The antibiotic prophylaxis for transcervical procedures has been updated.

### **Kit 8: management of complications of miscarriage and abortion**

- Antibiotic prophylaxis for transcervical procedures has been updated.
- The dilatation and curettage set has been updated in line with WHO guidelines. The metal curettes and uterine sound have been removed.
- Oxytocin has been replaced by misoprostol to treat post-abortion haemorrhage.

### **Kit 10: assisted delivery with vacuum extraction**

- The specifications of the Bird vacuum extractor have been updated. A posterior cup has been added.

### **Kit 11A: obstetric surgery and severe obstetric complications: reusable equipment**

- UNICEF/WHO/UNFPA updated the instrument set for abdominal surgery in 2016 to conform with WHO guidelines.



### **Kit 11B: obstetric surgery and severe obstetric complications: drugs and disposable equipment**

- Tranexamic acid has been added to manage post-partum haemorrhage.
- The antibiotics to manage and prevent maternal post-partum infection have been updated to conform with WHO recommendations.
- Povidone-iodine has been added for vaginal cleansing prior to caesarean section.
- Atropine and epinephrine (adrenaline) have been added to prevent and manage anaesthetic complications.
- Dextrose 10% has been added to treat neonatal severe hypoglycaemia.
- Lidocaine 5% has been replaced by bupivacaine hydrochloride for spinal anaesthesia.
- Antibiotics for prophylaxis and treatment of sepsis have been updated in line with WHO recommendations for the prevention and treatment of maternal peri-partum infection and newborn infection.

### **Kit 12: blood transfusion**

- Blood collection bags are now available in the following sizes: 350ml, 450ml and 250ml.
- Reusable blood grouping tiles have been added to allow for blood testing.

### **Complementary commodities are available for settings where they are appropriate**

- Female condoms have been moved to complementary commodities, to complement Kit 1A.
- Chlorhexidine digluconate gel 7.1% is available for umbilical care to complement Kit 2B.
- Additional misoprostol is available to prevent post-partum haemorrhage to complement Kits 2B and 6B where there is no cold chain, and Kit 8 where quantities are not sufficient.
- Kit 7B has been created as a complementary commodity containing contraceptive implants to complement Kits 4/7A.
- A non-pneumatic anti-shock garment is available to complement Kit 6A.
- Mifepristone and/or misoprostol are available to complement Kit 8.
- A hand-held vacuum extractor (Vacca Reusable OmniCup) is available to complement Kit 10.
- Supplies for the treatment of malaria in pregnant women have been removed from the IARH kits and information on procuring the IEHK2017 malaria module to complement Kits 6B and 11B is included in the complementary commodity information.

## **1.3 OBTAINING THE KITS**

### **1.3.1 Who can order the kits?**

Reproductive health kits may be ordered by the following entities:

- UNFPA Humanitarian Office;
- UNFPA Country Offices;
- funding agencies, such as European Civil Protection and Humanitarian Aid (ECHO), the World Bank, the UK Department for International Development (DFID), the Canadian International Development Agency (CIDA) and the US Agency for International Development (USAID);

- United Nations system funds, programmes and agencies, such as the United Nations High Commissioner for Refugees (UNHCR), WHO, UNICEF, the UNDP, the International Organization for Migration (IOM), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Department of Peacekeeping Operations (DPKO);
- international agencies, such as the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Planned Parenthood Federation (IPPF) and other NGOs that have a memorandum of understanding with UNFPA; and
- national authorities.

### **1.3.2 Contact points within UNFPA**

The kits can be ordered\* directly from:

UNFPA Procurement Services Branch  
 Emergency Procurement Team  
 Marmorvej 51  
 2100 Copenhagen  
 Denmark  
 Tel.: +45 3546 7000  
 Fax: + 45 3546 7018  
 Email: rhkits@unfpa.org

\*Please note that all orders of IARH kits should be sent to both rhkits@unfpa.org and Humanitarian-SRHsupplies@unfpa.org

Information on the IARH kits or assistance with ordering can be provided by:

- UNFPA staff in Country Offices (national level of the country);
- UNHCR, United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) or other United Nations coordinating agencies in the country of operation;
- the UNFPA Humanitarian Office:

Avenue de la Paix 8–14  
 Geneva, Switzerland 1211  
 Tel.: +41 22.555.81.21  
 Email: Humanitarian-SRHsupplies@unfpa.org

### **1.3.3 Conditions to be fulfilled for ordering the kits**

Before ordering the kits:

- Undertake a rapid assessment of the local situation to confirm that reproductive health kits are needed, which types are needed [e.g. was the population using female condoms or intrauterine devices (IUDs) before the crisis?] and where they are needed. If possible, utilize available pre-crisis demographic and services data.

- The revised MISP calculator (2019; <https://iawg.net/resources/misp-calculator>) allows for partners to access the most up-to-date pre-crisis data (if available) on the target population.
- Base the quantity and type of IARH kits requested on the size of the population to be served, the location and type of health centres and the skills of health-care providers in these centres.<sup>4</sup>
  - You can use the revised IARH kit calculator (2019) to help determine the number and types of kits needed and the potential need for complementary commodities.
- Ensure that necessary funds are available (see section 1.3.4).
- Complete a detailed distribution plan (see Annex 3).

### **1.3.4 Funding**

There are two possible sources of funding:

- External customers (e.g. of government, NGO or other agency): Orders should be placed directly with the UNFPA Procurement Services Branch (see section 1.3.2). Funds must be received by UNFPA before the kits can be shipped.
- UNFPA Country Offices: Funds may be drawn from the regular UNFPA country programme (including umbrella projects). UNFPA Country Offices can apply to the Humanitarian Office and Regional Offices for emergency funding.

### **1.3.5 Cost of the kits**

- The cost of each kit changes periodically. The latest prices can be obtained from the UNFPA Procurement Services Branch catalogue located at <https://www.unfpaprocurement.org/products>.
- Transport cost: At the onset of an emergency, supplies will be sent by air in most cases in order to have them rapidly. However, land or sea freight should be considered when kits can be procured in advance (e.g. preparedness phase) or after the acute phase of the emergency has passed.
- Air freight costs: An amount equivalent to 30% of the cost of each kit should be added to cover these costs (except for the condom kit, for which shipping costs can vary between 30% and 100% of the basic cost, depending on the destination).
- Overhead costs: UNFPA charges a procurement fee of a maximum of 5% to cover administrative costs.

### **1.3.6 Delivery of the order**

- At the onset of an emergency: delivery will be 2–7 days after finalization of the budget allocation.

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<sup>4</sup> It is important to understand the total need for supplies to fulfil 100% of the need of the target population identified. From there, based on funding and other logistical restraints, determine the role that your organization can fill in the provision of supplies and work with the SRH coordination body and/or UNFPA in the setting to ensure that the gap in supplies can be filled by other means.

- In a post-acute response situation (when kits are ordered to complete a first order or to resupply because a stable supply chain cannot yet be put in place): delivery will be 10–12 weeks after finalization of the budget allocation.

### **1.3.7 Placing an order**

When placing an order, provide the following information to the UNFPA Procurement Services Branch using the IARH kit request form (available at [rhkits@unfpa.org](mailto:rhkits@unfpa.org)). Please keep in mind that an order can be processed only on receipt of a valid requisition (for UNFPA Country Offices) or advance payment (external customers). Shipment cannot be made until funding issues are resolved.

- The name and contact details of the person responsible for ordering and coordinating the delivery of the kits.
- The name and contact details (address, telephone, fax, email) of the person responsible for receiving the kits in the field.
- A detailed distribution plan (see template on page 81).

If multiple destinations in a county are involved, a detailed list is required outlining the respective destinations, types of kit and quantities of each kit to be delivered to each destination, contact details, etc. (e.g. 4 × Kit 1 and 2 × Kit 6 to NGO A, address, contact person, telephone number; 3 × Kit 2 to health centre B, address, contact person, telephone number; 2 × Kit 11 to hospital C, address, contact person, telephone number).

### **1.3.8 Packaging**

To facilitate logistics, the boxes containing the supplies:

- are marked with the weight and volume of each box of the kits;
- indicate the temperature range that should be respected to keep the drugs and medical supplies safe;
- are small enough to be handled by one or two people;
- are clearly marked with the kit number and box number, description, consignee and other relevant information;
- are marked with a coloured band on all sides, with a distinct colour for each kit (see section 1.5); and
- have a self-adhesive pouch attached to the outside containing a detailed list of contents.

### **1.3.9 Quality assurance of the IARH kit components**

All medicines and health technologies in the IARH kits comply with the UNFPA Quality Assurance Policy for Reproductive Health Medicines and the Quality Assurance Framework for the Procurement of Reproductive Health Commodities. These documents have been developed in line with the principles of the Model Quality Assurance System for Procurement Agencies and the Procurement Process Resource Guide: WHO Medical Device Technical Series. Each of the reproductive health commodities has undergone technical evaluation for compliance with internationally acceptable standards (i.e. medicines comply with internationally

recognised pharmacopeia and health technologies comply with relevant International Organization for Standardization standards). For more information on quality assurance of reproductive health commodities, please see the UNFPA procurement website (<https://www.unfpaprocurement.org>).

In order to improve the quality of the kits, feedback from recipients on reproductive health commodities is important. We encourage comments on packaging, shipping issues, quality of products, etc. In case of quality complaints, partners are encouraged to complete the complaint form, which may be found on the UNFPA procurement website, and send it to the quality assurance team at [qa-team-group@unfpa.org](mailto:qa-team-group@unfpa.org). All complaints are investigated by the quality assurance team according to a standard operating procedure. The aim is to identify the most probable root cause and to propose corrective and preventative actions. During this period, collaboration between UNFPA and clients is critical for the successful completion of the quality complaint investigation.

We also encourage recipients to make suggestions on how the procurement system can be improved. Please send any suggestions to the UNFPA Procurement Services Branch (see section 1.3.2).

## **1.4 MANAGEMENT OF THE KITS**

### **1.4.1 Arrival of the kits**

Government requirements have an impact on the processes of ordering, importing, transporting, disposing and reporting on the kits. Important regulations include humanitarian import exemptions, expedited clearance, pharmaceutical importation procedures, custom clearances, local transport requirements and medical waste management guidelines (or lack thereof). It is recommended that agencies contact their Ministry of Health (MOH), national drug regulatory authorities, customs authorities and/or other appropriate governing bodies, including the logistics cluster, to obtain the necessary information and permissions for a particular context.

- Know the mode of transport by which the supplier will send the product and when and where the arrival of the product is scheduled and have staff on the ground ready to receive the shipment.
- Ensure that all of the paperwork/approvals needed for customs clearances, and any invoicing/payments, are with the member of staff picking up the shipment.
- Be ready to address potential policy and/or operational challenges over products that can be controversial because of misperceptions about their function or use, such as emergency contraception, the manual vacuum extractor, misoprostol and narcotics.
- United Nations agencies are covered by a blanket duty-free exemption because of their diplomatic status and a letter of donation can be included in a shipment; working through the United Nations may expedite arrival.

### **1.4.2 Storage, warehousing and transport**

Organizations must identify partners for in-country transport and warehousing, from the port of entry through to last-mile delivery. Some supplies in the kits, such as

oxytocin, require a cold chain. The logistics cluster or United Nations World Food Programme may be able to provide support for storage, warehousing and transport.

- The availability of cold chain infrastructure and the capacity of local warehousing staff to maintain cold chains are essential.
- Consider how conflict may affect the safe transport of staff or the potential loss of items on transport routes and find alternative solutions and warehousing methods.
- Ensure that warehouses follow proper warehouse management guidelines and that warehouses have the capacity to store all of the IARH kits.
- Coordinate with WHO and UNICEF where possible in the warehousing and transport of kits.
- Work with staff/implementing partners to ensure that health facilities are using proper pharmacy management principles.
- UNFPA has included stock cards for each item included in the IARH kits.

#### **1.4.3 Last-mile delivery**

Distribution plans should be shared with other agencies through the clusters/sectors. It is important to ensure that all goods can be stored properly once they reach the health facility. Consider both the amount of space needed and the cold chain requirements.

- Ensure that health facility staff are aware of storage requirements prior to kit/item distribution.
- Use the method(s) of delivery to the facility or distribution site that are accessible and appropriate to the context – from low-tech solutions to high-tech solutions.
- It is important to ensure that supplies distributed directly to the end user (condoms, emergency contraceptives, contraceptive methods, etc.) do not increase the protection risk of the end user.

#### **1.4.4 Waste**

There may not be a functioning waste disposal system in place for medical waste. It is essential to dispose of medical waste<sup>5</sup> in an appropriate manner to ensure that people, animals and the environment are protected from expired medicines, used equipment or hazardous substances.

- Ensuring that procurement is carried out responsibly will help reduce the amount of over-ordered, and therefore wasted, commodities.
- Create agreements with the MOH to integrate commodities close to expiry into other facilities.
- Ensure that staff at all levels of the supply chain are aware of, and are trained in, the guidelines on medical waste management. If no medical waste disposal exists, it is the duty of the organization to transport and manage this waste in a safe manner.

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<sup>5</sup> Please see the WHO and UNFPA guidelines on waste management and the IARH kit management guidelines for field offices for more information on medical waste management requirements.

#### **1.4.5 Monitoring and follow-up**

Establishing basic data collection tools to track products and stock levels in facilities and warehouses is critical for an effective response. These data inform procurement processes to meet commodity needs, avoid stock-outs and minimize wasted products. A variety of tracking systems and reporting tools exists, from basic spreadsheets to powerful Logistics Management and Information System (LMIS) software that optimizes quantification and planning.

- In coordination with the health sector/cluster, agencies should select and immediately deploy basic tracking and tracing tools for use in the acute phase, considering factors such as existing national tools, the internet connectivity required and staff training needed. Where possible, the same management system should be used for all health commodities.
- When using implementing partners, ensure that implementing partner agreements include data collection and information sharing on utilization of commodities at the last mile to help inform future procurement and programming (ensuring that supplies procured are sufficiently meeting needs and adapting future orders if necessary).

#### **1.4.6 National prepositioning**

National prepositioning of the IARH kits, especially those including medicines, should be treated as a last resort in preparedness. Prepositioning of medical commodities requires a significant amount of resources, planning and capacity building to avoid major waste and financial losses.

- The time to arrival for kits procured for prepositioning can be significantly longer.
- Regional prepositioning (when not carried out in coordination with relevant parties) can potentially result in delays because of transport or administrative issues.
- Prior to prepositioning a number of other preparedness measures can be implemented that will ensure a fast supplies response in an emergency.
- Ensuring that you have the necessary resources – staff, financial resources, warehouse capacity, cold chain, etc. – prior to procuring kits for prepositioning is essential.

For more information related to requirements for prepositioning IARH kits, ordering IARH kits for prepositioning, delivery and management of IARH kits for prepositioning and funding of IARH kits for prepositioning, please see the *Guidance Note on Prepositioning Interagency Emergency Health Kits as an Element of Preparedness (2019)*.

For more information on management of the IARH kits, please see the *IARH Kit Management Guidelines for Field Offices*.

## **1.5 PRACTICAL INFORMATION**

### **1.5.1 Overview of the kits**

The IARH kits are designed for specific health service delivery levels and for specific population sizes for a period of 3 months. When there is a Kit A and a Kit B, these kits are usually used together, but they can be ordered separately.<sup>6</sup>

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<sup>6</sup> Some supplies may be replaced with a similar product if absolutely necessary or the kit may be sent without the problematic item. The UNFPA Procurement Services Branch will have decided with the procuring partner or Country Office the best plan to address this on a per-case basis.



### Community level/health post

Community-level/health post kits are intended for use by service providers delivering SRH care at the community health-care level. Each kit is designed to provide for the needs of 10,000 people over a 3-month period. The kits contain mainly medicines and disposable items.

Kit	Name	Color code
Kit 1A	Male condoms	Red
Kit 2	Clean delivery (A and B)	Dark blue
Kit 3	Post-rape treatment	Pink
Kit 4	Oral and injectable contraception	White
Kit 5	Treatment of STIs	Turquoise

### Primary health-care facility level (BEmONC)

Primary health-care facility level (BEmONC) kits contain both disposable and reusable material for use by trained health-care providers with additional midwifery and selected obstetric and neonatal skills at the health centre or hospital level. These kits are designed to be used for a population of 30,000 people over a 3-month period. It is possible to order these kits for a population of less than 30,000 people; this means that the supplies will last longer.

Kit	Name	Color code
Kit 6	Clinical delivery assistance – midwifery supplies (A and B)	Brown
Kit 8	Management of complications of miscarriage or abortion	Yellow
Kit 9	Repair of cervical and vaginal tears	Purple
Kit 10	Assisted delivery with vacuum extraction	Grey

### Referral hospital level (CEmONC)

Referral hospital level (CEmONC) kits contain both disposable and reusable supplies to provide comprehensive emergency obstetric and newborn care at the referral (surgical obstetrics) level. In acute humanitarian settings patients from the affected populations are referred to the nearest hospital, which may require support in terms of equipment and supplies to provide the necessary services for this additional case load. It is estimated that a hospital at this level covers a population of approximately 150,000 people over a 3-month period. It is possible to order these kits for a population of less than 150,000 people; this means that the supplies will last longer.

Kit	Name	Color code
Kit 11	Obstetric surgery and severe obstetric complications (A and B)	Fluorescent green
Kit 12	Blood transfusion	Dark green

## 1.5.2 Complementary commodities

Complementary commodities are a set of disposable and consumable items and/or kits to complement the IARH kits that can be ordered in specific circumstances<sup>7</sup> to complement existing kits:

- where providers are trained to use the special supply;
- where the supplies were accepted and used prior to the emergency;
- in protracted or post-emergency settings (although efforts must be directed to procuring these items from more sustainable local and regional procurement channels); and
- where the use of the supplies is allowed to the fullest extent of the national law.

Level	Item	Format	To complement
Coordination	Kit 0: administration and training	Kit	All kits
Community/ health post	Kit 1B: female condoms	Bulk	Kit 1A
	Chlorhexidine gel	Bulk	Kit 2A
	Misoprostol <sup>a</sup>	Bulk	Kits 2A, 6B and 8
	Newborn Care Supply Kit (Community Newborn Kit) <sup>b</sup>	Kit	Kits 2A and 2B
	Depot medroxyprogesterone acetate (DMPA-SC)	Bulk	Kit 4
Primary health-care facility (BEmONC)	Kit 7A: intrauterine device	Kit	Kit 4
	Kit 7B: contraceptive implant	Kit	Kit 4
	Non-pneumatic anti-shock garment	Bulk	Kit 6A
	Newborn Care Supply Kit (Primary Health Facility Newborn Kit) <sup>b</sup>	Kit	Kits 6A and 6B
	Oxytocin	Bulk	Kits 6B and 11B
	Inter-Agency Emergency Health Kit (Basic and Supplementary Malaria Modules)	Kit	Kits 6B and 11B
	Mifepristone <sup>a</sup>	Bulk	Kit 8
	Hand-held vacuum-assisted delivery system	Bulk	Kit 10
Referral hospital (CEmONC)	Newborn Care Supply Kit (Hospital Kit) <sup>b</sup>	Kit	Kits 11A and 11B

a Misoprostol can also be procured to complement Kit 8 for the primary health-care facility.

b As of September 2019, these kits are not yet available for procurement. Please contact the UNFPA Humanitarian Office, IAWG or UNICEF for more information on the availability of these kits.

**Complementary commodities that are ordered as a KIT** are procured based on the same catchment populations as for the standard kits at that level.

<sup>7</sup> Guidance on things to consider before ordering complementary commodities in a specific setting can be found in the revised IARH kit calculator (2019).

**Complementary commodities that are ordered in BULK** can be procured in boxes containing a specific number of the individual product. UNFPA has packaged these items in a volume that should support the target populations of the kits they complement; however, depending on the response, an informed order will have to be made [the revised IARH kit calculator (2019) can support the determination of an order]. Please see the complementary commodity details in section 3 of the manual for more information.

**Complementary commodities with specific agency names** can be ordered through the respective organizations, including:

- Newborn Care Supply Kit (Newborn Kits) – UNICEF; and
- Inter-Agency Emergency Health Kit Malaria Module – WHO.

### **1.5.3 Reference and training materials**

Some practical clinical guidelines and wall charts are included as hard copies inside the IARH kits.

Additional reference materials, tools and training materials for the IARH kits include:

- clinical guidelines and support materials;
- logistics management guidelines, tools and training;
- supply chain strengthening guidance and tools; and
- programming guidance.

These can be downloaded from the IAWG website repository at <http://iawg.net> under “IARH Kit Reference Documents”.

Programming partners at the national level should adapt, translate or print resources/wall charts, etc., where necessary for the health facilities using the supplies in the kits.

## 2 CONTENTS OF THE REPRODUCTIVE HEALTH KITS

### COMMUNITY LEVEL/HEALTH POST (BASIC SRH CARE) KITS SERVING THE NEEDS OF 10,000 PEOPLE FOR 3 MONTHS

Kit 1A	Male condoms
Kit 2	Clean delivery, individual: part A (for mother) and part B (for attendants)
Kit 3	Post-rape treatment
Kit 4	Oral and injectable contraception
Kit 5	Treatment of STIs

## KIT 1A MALE CONDOMS

- Use:** To provide male condoms in the community and at all health service delivery levels.
- Instructions:** Health staff and community workers should be able to explain correct condom use.
- Target population:** Kit contents are based on the assumptions that 20% of the population are adult males (20% of 10,000=2000), that 20% of this group will use condoms (i.e. 400 users) and that each user will need 12 condoms each month for 3 months (number of condoms=400 × 12 × 3= 14,400).

### Contents

Supplies	Total quantity
Male condoms, 53mm, standard, natural	17,280
Information, education and communication materials/guidelines	Total quantity
Leaflet on use of male condoms, EN	150
Leaflet on use of male condoms, FR	150
Leaflet on use of male condoms, UNFPA Turkey Office, AR	150
Leaflet on use of male condoms, US Centers for Disease Control, SP	150

### Remarks

- Depending on the culture of the countries where this kit will be used, the pictures in the leaflets may have to be adapted.
- To order smaller size male condoms, contact the UNFPA Procurement Services Branch.

## KIT 2 CLEAN DELIVERY

- Use:** Individual, clean deliveries, at home or in an underequipped maternity unit, without skilled birth attendants.
- Kit 2A: individual delivery – packages to be distributed to every woman who is visibly pregnant.
  - Kit 2B: equipment for birth attendants – depending on the situation and local practices, five birth attendants may be given a shoulder bag containing a clean delivery kit (as in Kit 2A) and other items.
- Instructions:** Birth attendants should be instructed on the contents and use of the kit.
- Target population:** Kit contents are based on the assumptions that, in a population of 10,000 people with a crude birth rate (CBR) of 4%, there will be 100 deliveries in 3 months. In total, 100 kits will be used for women delivering during the first 3 months and another 100 kits will be distributed to women who are 3–6 months pregnant.

### Contents

Kit 2A: individual delivery

Supplies	Total quantity
Bag (envelope), plastic, for drugs, 18 × 28cm, snap-lock	200
Soap, hand, bar, 110g, wrapped	200
Draw sheet, plastic, 100 × 100 cm	200
Scissors for umbilical cord cutting, reusable, sterile	200
Tape, umbilical, 3 mm × 15 cm, non-sterile	600
Cotton cloth, “tetra”, 100 × 100cm	400
Gloves, examination, latex, medium, non-sterile	400
Information, education and communication materials/guidelines	Total quantity
Clean delivery kit instruction leaflet, UNFPA 2019, multilingual	200

## Kit 2B: equipment for birth attendants

Supplies	Total quantity
Bag, shoulder, UNFPA logo, vinyl, approx. 360×230×610mm	5
Gloves, examination, latex, medium, non-sterile	500
Flashlight, LED, rechargeable	5
Apron, protection, plastic, reusable	5
Poncho, wet weather, reusable, heavy duty	5

## Remarks

- Kits 2A and 2B can be ordered separately in different quantities.
- Clothes or blankets to protect the baby and culturally appropriate, high-quality menstrual hygiene management products (which can be used after delivery) should be procured locally wherever possible. Local products are often less expensive and more familiar to mothers. UNFPA can provide support in the procurement of high-quality menstrual hygiene supplies.
- Obstetric complications may be prevented or managed if women have access to a skilled birth attendant – doctor, nurse, midwife – during childbirth. Pregnant women should be encouraged to deliver at a health facility with a skilled birth attendant wherever possible; clean delivery kits are a last resort to prevent infection when a pregnant woman cannot access a health facility to give birth.
- When mothers are trained and when chlorhexidine for umbilical care is integrated in an ongoing national programme, 7.1% chlorhexidine gel can be ordered as a complementary commodity.
- If your target population has a CBR of less than 4%, please keep in mind that your supplies may last longer than 3 months.

## KIT 3 POST-RAPE TREATMENT

**Use:** Management of the immediate consequences of sexual violence.

**Instructions:** Health personnel should have been trained to:

- conduct pregnancy tests;
- prescribe emergency contraception, if the client chooses to have this;
- prescribe presumptive treatment for STIs and post-exposure prophylaxis to prevent HIV infection; and
- counsel clients and refer clients to psychosocial and protection services.

**Target population:** Kit contents are based on the assumptions that around 25% of the population are sexually active women (25% of 10,000=2500), 2% of these may seek care after being raped (50 women), 10 children may seek care after being raped (5 weighing less than 30kg and 5 weighing 30kg or more) and 50% of clients will need a pregnancy test. Post-exposure prophylaxis must be given within 72 hours of an assault. It is assumed that 30 adults and 8 children (4 weighing 10–19kg and 4 weighing 20–39kg) present within that time limit.

### Contents

Supplies	Total quantity
Levonorgestrel 1.5 mg, tablet (treatment: single dose)	55
Azithromycin 250 mg, tablet	220
Azithromycin dihydrate 200 mg base/5-ml suspension, 15-ml bottle	5
Cefixime 200 mg, tablet	110
Cefixime trihydrate 100 mg/5-ml powder for oral suspension, 30 ml	10
Lamivudine 300 mg + tenofovir 300 mg, tablet	900
Atazanavir (ATV) 300 mg + ritonavir (r) 100 mg, tablet	900
Lamivudine 30 mg + zidovudine 60 mg, tablet	1440
Lopinavir (LPV) 200 mg + ritonavir (r) 50 mg, tablet	240
Lopinavir (LPV) 100 mg + ritonavir (r) 25 mg, tablet	360
Test pregnancy, strip, temperature stable	25
Bag (envelope), plastic, for drugs, 10 × 15 cm	100



Information, education and communication materials/guidelines	Total quantity
Emergency contraception sample client form, to be adapted locally, EN	2
Emergency contraception sample client form, to be adapted locally, FR	2
Emergency contraception sample client form, to be adapted locally, AR	2
Emergency contraception sample client form, to be adapted locally, SP	2
Post-exposure prophylaxis guidance, UNFPA/UNHCR, EN	2
Post-exposure prophylaxis guidance, UNFPA/UNHCR, FR	2
Post-exposure prophylaxis guidance, UNFPA/UNHCR, AR	2
Post-exposure prophylaxis guidance, UNFPA/UNHCR, SP	2
Post-rape care checklist for women and men, PATH 2010, EN	2
Post-rape care checklist for women and men, PATH 2010, FR	2
Post-rape care checklist for women and men, PATH 2010, AR	2
Post-rape care checklist for women and men, PATH 2010, SP	2
Stock card, UNFPA 2019, EN	2
Stock card, UNFPA 2019, FR	2

- a Azithromycin: for patients weighing 45 kg or more, treatment is a single dose of 1 g (4 × 250-mg capsules); for patients weighing less than 45 kg, treatment is a single dose of 20 mg/kg.
- b Cefixime: for patients weighing 45 kg or more, treatment is a single dose of 400 mg; for patients weighing less than 45 kg, treatment is a single dose of 8 mg/kg.

## Remarks

- Men may also present after rape and should receive appropriate treatment and referral.
- For tetanus and hepatitis vaccines, refer to the nearest operational health centre.

## KIT 4 ORAL AND INJECTABLE CONTRACEPTION

**Use:** To respond to women’s needs for hormonal contraception.

- Instructions:** Health personnel should have been trained to:
- explain the advantages and disadvantages of oral and injectable contraceptives;
  - explain how emergency contraception is used;
  - identify contraindications to hormonal contraception; and
  - give injections.

**Target population:** The contents of the kit are based on the assumptions that 25% of the population are women aged 15–49 years (25% of 10,000 = 2500) and that 15% of these women use contraception (i.e. 375 women). Of these:

- 30% use combined oral contraceptives (113 women);
- 55% use injectable contraceptives (210 women);
- 5% use progestin-only contraceptives (20 women); and
- each month, 5% may request emergency contraception (20 women).

### Contents

Supplies	Total quantity
Levonorgestrel 0.15 mg + ethinylestradiol 0.03 mg	375
Levonorgestrel 1.5 mg, tablet (treatment: single dose)	60
Levonorgestrel 0.03 mg, tablet, one strip for one cycle	60
Medroxyprogesterone acetate 150 mg/ml, 1-ml vial	300
Chlorhexidine digluconate 5% solution, 1-litre bottle	3
Syringe, Luer, 2 ml, sterile, single use	300
Needle, Luer, 21G, sterile, single use	600
Cotton wool, 500g, roll, non-sterile	4
Safety box, disposal of used syringes and needles, 5 litres	3
Information, education and communication materials/guidelines	Total quantity
Family planning wall chart, USAID/Johns Hopkins/WHO 2017, EN/FR	2
Family planning wall chart, USAID/Johns Hopkins/WHO 2017, AR/SP	2
Humanitarian family planning wheel, WHO 2018, EN	5
Stock card, UNFPA 2019, EN	2
Stock card, UNFPA 2019, FR	2

## Remarks

- The contents of this kit are based on a 15% contraceptive prevalence rate. Check available data on the contraceptive prevalence rate in your setting and adapt your order if needed.
- In settings where IUDs, contraceptive implants and/or subcutaneous DMPA-SC were used prior to the emergency, please see section 3.

## KIT 5

# TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS

**Use:** To treat STIs and reproductive tract infections in people presenting with symptoms.

**Instructions:** Health personnel should have been trained to:

- diagnose and treat STIs according to the syndromic approach;
- explain the importance of treating the sexual partner(s); and
- promote and explain the use of condoms.

**Target population:** The kit contents are based on the assumptions that 50% of the affected population are adults (50% of 10,000= 5000) and that 5% of these (250 people) have a STI symptom. Of these:

- 20% have genital ulcer syndrome (50 people);
- 50% have urethral discharge syndrome (125 people);
- 30% have vaginal discharge syndrome (75 people);
- for each syndrome, it is assumed that there are an additional 25 patients who are children (10 weighing less than 30 kg and 15 weighing 30–45 kg).

## Contents

Supplies	Total quantity
Benzathine benzylpenicillin 1.44 g (2.4 MIU), 5-ml vial	65
Benzathine benzylpenicillin 900 mg (1.2 MIU), 5-ml vial	10
Water for injection, sterile, 10-ml ampoule	80
Azithromycin 250 mg, tablet	1120
Azithromycin dihydrate 200 mg base/5-ml suspension, 15-ml bottle	30
Chlorhexidine digluconate 5% solution, 1-litre bottle	3
Cefixime 200 mg, tablet	470
Cefixime trihydrate 100 mg/5-ml powder for oral suspension, 30-ml bottle	30
Metronidazole 250 mg, tablet	2000
Clotrimazole 500 mg + applicator, vaginal tablet	100
Male condom, 53 mm, standard, natural	2880
Condomize! condom nitrile sheath inner retention ring, 175 mm	90
Syringe, Luer, 5 ml, sterile, single use	100
Needle, Luer, 21G, sterile, single use	200
Cotton wool, 500 g, roll, non-sterile	3
Safety box, disposal of used syringes and needles, 5 litres	4
Bag (envelope), plastic, for drugs, 10 × 15 cm	1000

Information, education and communication materials/guidelines	Total quantity
Male condom leaflet, EN	80
Male condom leaflet, FR	80
Male condom leaflet, UNFPA Turkey Office, AR	80
Male condom leaflet, US Centers for Disease Control, SP	80
Female condom leaflet, Female Health Company, multilingual (EN, FR, SP)	30
Female condom leaflet, Female Health Company, UNFPA Turkey Office (translation), AR	20
Sexually transmitted infection wall chart, EN/FR	2
Sexually transmitted infection wall chart, AR/SP	2
Stock card, UNFPA 2019, EN	2
Stock card, UNFPA 2019, FR	2

- a Azithromycin: for patients weighing 45 kg or more, treatment is a single dose of 1 g (4x250-mg capsules); for patients weighing less than 45 kg, treatment is a single dose of 20 mg/kg.
- b Cefixime: for patients weighing 45 kg or more, treatment is a single dose of 400 mg; for patients weighing less than 45 kg, treatment is a single dose of 8 mg/kg.

## Remarks

- Medicines and renewable supplies should be reordered after a reproductive health needs assessment. The antibiotics ordered should be based on the national STI treatment protocol. The antibiotics in the national protocol may be different from those in this kit.
- HIV tests are not included in this kit. HIV testing should be provided as part of a programme of voluntary counselling and testing and not in isolation.
- With regard to the target population, it is assumed that the final 10% use only male condoms or another form of contraception that can be procured through complementary commodities

## PRIMARY HEALTH-CARE FACILITY LEVEL (BEMONC) KITS SERVING THE NEEDS OF 30,000 PEOPLE FOR 3 MONTHS

Kit 6	Clinical delivery assistance (A and B)
Kit 8	Management of complications of miscarriage or abortion
Kit 9	Repair of cervical and vaginal tears
Kit 10	Assisted delivery with vacuum extraction

Details about Kit 7 have been moved to section 3 of the manual addressing complementary commodities.

## KIT 6A

# CLINICAL DELIVERY ASSISTANCE – MIDWIFERY SUPPLIES: REUSABLE EQUIPMENT

**Use:** This kit is for use in health facilities, together with Kit 6B, to support clinical delivery assistance at the BEmONC level.

**Instructions:** For use by trained personnel: midwives, nurses with midwifery skills and doctors. Health personnel should have been trained to:

- perform normal deliveries;
- suture episiotomies and perineal tears under local anaesthesia;
- stabilize patients with obstetric complications (e.g. eclampsia or haemorrhage) before referring to higher level care; and
- perform basic essential newborn care (resuscitation, infection prevention).

## Contents

Supplies	Total quantity
Sphygmomanometer, aneroid, adult	1
Stethoscope, binaural, complete	1
Stethoscope, obstetrical, Pinard, monoaural	2
Basin, kidney, stainless steel, 825 ml	2
Thermometer, clinical, digital, 32–43°C	4
Brush, hand, scrubbing, plastic	2
Tourniquet, latex rubber, 75 cm	2
Resuscitator, hand operated, child/newborn	1
Tray, instruments, stainless steel, 22.5 × 12.5 × 5 cm	1
Scale, infant, spring type, 5 kg × 25 g	1
Sling, for use with infant scale	5
Timer, mechanical, battery less, respiration rate measurement	3
Scissors, Mayo, 14 cm, curved, blunt/blunt	2
Scissors, gynaecological, 20 cm, curved, blunt/blunt	2
Forceps, artery, Kocher, 14 cm, straight	7
Scissors, Deaver, 14 cm, curved, sharp/blunt	2
Needle holder, Mayo-Hegar, 18 cm, straight	2
Forceps, tissue, standard, 145 mm, straight	2
Stove, kerosene, single burner, pressure type	1
Sterilizer, steam, pressure type, 39 litres	1

Timer, 60 minutes, mechanical	1
Drum, sterilizing, diameter 165 mm	2
Drum, sterilizing, diameter 260 mm	2
Drum, sterilizing, diameter 290 mm	2
Flashlight, frontal, LED, battery operated, including batteries	1
Kerosene storm lamp + extra socks	1
<b>Information, education and communication materials/guidelines</b>	<b>Total quantity</b>
Instrument sterilization wall chart, adapted from EngenderHealth, PATH, EN/FR	1
Instrument sterilization wall chart, adapted from EngenderHealth, Path, SP/AR (UNFPA Turkey Office, translation)	1
Reprocessing neonatal resuscitation equipment, PATH/Helping Babies Breathe/USAID/American Academy of Pediatrics, EN/FR	1
Reprocessing neonatal resuscitation equipment, PATH/Helping Babies Breathe/USAID/American Academy of Pediatrics, AR/SP	1
Stock card, UNFPA, 2019, EN	2
Stock card, UNFPA, 2019, FR	2



## KIT 6B

# CLINICAL DELIVERY ASSISTANCE – MIDWIFERY SUPPLIES: DRUGS AND DISPOSABLE EQUIPMENT

**Use:** This kit is for use in health facilities, together with Kit 6A, to support clinical delivery assistance at the BEmONC level.

**Instructions:** For use by trained personnel: midwives, nurses with midwifery skills and medical doctors. Health personnel should have been trained to:

- perform normal deliveries;
- suture episiotomies and perineal tears under local anaesthesia;
- stabilize patients with obstetric complications (e.g. eclampsia or haemorrhage) before referring to higher level care; and
- perform basic essential newborn care (resuscitation, infection prevention).

**Target population:** The kit contents are based on the assumptions that the affected population has a CBR of 4% and that 300 deliveries will occur in 3 months (4% of 30,000 = 1200 deliveries per year/4 months = 300 deliveries). If 15% of these occur in the health facility, supplies will be needed for 45 deliveries. The estimated number of pregnant women in the population at any time is 300 in the first trimester of pregnancy, 300 in the second trimester and 300 in the last trimester.

## Contents

Supplies	Total quantity
Ampicillin sodium 500mg, powder for injection in vial	200
Gentamicin sulfate 40-mg base/ml for injection in 2-ml ampoule	100
Clindamycin, injection, 600mg (as phosphate)/4-ml ampoule	125
Amoxicillin, powder for oral suspension, 125 mg/5 ml, 100-ml bottle	5
Misoprostol 200 µg, tablet	60
Ferrous fumarate 185 mg (60 mg iron)/folic acid 0.4 mg, tablet	5000
Tetracycline hydrochloride 1%, eye ointment, 5-g tube	6
Lidocaine hydrochloride 1%, 20-ml ampoule USP or BP or equivalent	20
Oxytocin 10IU/ml for injection in 1-ml ampoule (keep cold: 2–8°C)	100
Sodium lactate (Ringer's lactate), IV infusion, 1 litre+ giving set	30
Glucose 5%, isotonic, 1 litre+ infusion set, sterile, single use	20

Magnesium sulfate 500mg/ml for injection in 10-ml ampoule	10
Hydralazine hydrochloride 20 mg/2ml for injection in 2-ml ampoule	60
Calcium gluconate 100mg base/ml for injection in 10-ml ampoule	20
Paracetamol 500mg, tablet	1000
Vitamin K, injection, 2mg/0.2-ml vial	50
0.5-ml syringe with 0.01-ml increments	50
Sodium chloride 0.9%, injection, 10-ml ampoule	80
Water for injection, sterile, 10-ml ampoule	260
Chlorhexidine digluconate 5% solution, 1 litre	12
Chlorhexidine gluconate 4% solution (Hibiscrub), 500-ml bottle	1
Povidone-iodine 10% solution for cutaneous use, 1-litre bottle	5
Clamp, umbilical, 5.2 cm, sterile, single use	100
Cannula, IV short, 20G, sterile, single use	100
Syringe, Luer, 10ml, sterile, single use	500
Syringe, Luer, 2ml, sterile, single use	400
Syringe, Luer, 1ml, sterile, single use	200
Needle, Luer, 21G, sterile, single use	1100
Needle, Luer, 25G, sterile, single use	200
Syringe, feeding, catheter tip, 50 ml, sterile, single use	10
Gloves, surgical, size 8, powder free, sterile, single use	50
Gloves, surgical, size 7, powder free, sterile, single use	50
Gloves, gynaecological, medium, powder free, sterile	5
Gloves, examination, latex, medium, non-sterile	300
Suture, absorbable, DEC3(2-0), 3/8, 30mm, round, sterile	36
Extractor, mucus, 20ml, sterile, single use	50
Tube, suction, CH10, 50-cm long, conical tip, sterile	10
Tube, suction, CH14, 50-cm long, conical tip, sterile	10
Catheter, urethral, CH12, sterile	20
Gauze, compress, 10 × 10cm, sterile	300
Cotton wool, 500g, roll, non-sterile	3
Tape, adhesive, zinc oxide, 2.5cm × 5m	5
Soap, hand, bar, 110g, wrapped	30
Safety box, disposal of used syringes and needles, 5 litres	11
Glasses, safety, regular size, disposable	2
Bag (envelope), plastic, for drugs, 10 × 15 cm	1000
Apron, protection, plastic, reusable	2
Draw sheet, plastic, 90 × 180 cm, reusable	2
Test urinary protein, strip	200
Indicator, TST control, spot, adhesive	300
Bag, biohazard, yellow, 50 litres	50
Book, exercise, A4, ruled, 100 pages	2

Pen, ballpoint, blue	10
Bag, shoulder, UNFPA logo, vinyl, approx. 360×230×610mm	1
<b>Information, education and communication materials/guidelines</b>	<b>Total quantity</b>
Infection prevention in healthcare setting, EngenderHealth, EN	1
Infection prevention in healthcare setting, EngenderHealth, FR	1
Infection prevention in healthcare setting, EngenderHealth, AR	1
Infection prevention in healthcare setting, EngenderHealth, SP	1
Injectables job aid, UNFPA 2018, EN	2
Injectables job aid, UNFPA 2018, FR	2
Injectables job aid, UNFPA 2018, AR	2
Injectables job aid, UNFPA 2018, SP	2
Managing pre-/eclampsia and preventing/managing post-partum haemorrhage, UNFPA 2018, EN/FR	1
Managing pre-/eclampsia and preventing/managing post-partum haemorrhage, UNFPA 2018, SP/AR	1
Preventing and managing newborn and maternal uterine infection, UNFPA 2018, EN/FR	1
Preventing and managing newborn and maternal uterine infection, UNFPA 2018, SP/AR	1
Stock card, UNFPA 2019, EN	2
Stock card, UNFPA 2019, FR	2

- a Oxytocin must be kept cool during transport and storage. It is therefore packaged and sent separately.
- b The sterile syringe with a 50-/60-ml catheter tip can be used for manual pharyngeal or tracheal aspiration/suction.

## Remarks

- Kits 6A and 6B can be ordered separately in different quantities.
- Diazepam is not included in this kit because of import licensing requirements. This drug should be purchased locally (10 vials for injection, 5 mg/ml, 2 ml).
- Clothes or blankets to protect the baby and culturally appropriate sanitary products should be procured locally wherever possible. Local products are often less expensive and more familiar to mothers.
- If your target population has a CBR of less than 4%, please keep in mind that your supplies may last longer than 3 months.
- If you are working with a population that has a high rate of facility delivery (greater than 15%) you may need extra supplies to support facility-based deliveries.
- Partographs can be obtained by making copies of the model on the IARH kit resources page of the IAWG website.

## KIT 8 MANAGEMENT OF COMPLICATIONS OF MISCARRIAGE OR ABORTION

**Use:** To treat the complications arising from miscarriage (spontaneous abortion) and from unsafe induced abortion, including sepsis, incomplete evacuation and bleeding.

**Instructions:** Health personnel should have been trained to:

- manage miscarriages and the complications of abortion, including performing uterine evacuation.

**Target population:** The contents of this kit are based on the assumption that an additional 20% of pregnant women may have a miscarriage (spontaneous abortion) or suffer from the complications of an unsafe abortion (20% of 300 = 60). We assume that 45 women will present with sepsis after an unsafe abortion. Intramuscular antibiotics to treat sepsis will be provided for 2 days and women should be referred as soon as possible

### Contents

Supplies	Total quantity
Gentamicin sulfate 40-mg base/ml for injection in 2-ml ampoule	100
Ampicillin sodium 500mg, powder for injection in vial	1500
Misoprostol 200 µg, tablet	180
Disinfectant tablet for water containing 1.67g of sodium dichloroisocyanurate (NaDCC)	400
Ibuprofen 400mg, tablet	1000
Lidocaine hydrochloride 1%, 20-ml ampoule USP or BP or equivalent	60
Atropine sulfate 1mg/ml for injection in 1-ml ampoule	30
Water for injection, sterile, 10-ml ampoule	500
Chlorhexidine gluconate 4% solution (Hibiscrub), 500-ml bottle	3
Povidone-iodine 10% solution for cutaneous use, 1-litre bottle	6
Gloves, surgical, size 8, powder free, sterile, single use	50
Gloves, surgical, size 7, powder free, sterile, single use	50
Gloves, examination, latex, medium, non-sterile	100
Syringe, Luer, 10ml, sterile, single use	1000
Syringe, Luer, 2ml, sterile, single use	200
Needle, Luer, 21G, sterile, single use	1300
Gauze, compress, 10 × 10cm, sterile	1200
Bag (envelope), plastic, for drugs, 10 × 15cm	100

Safety box, disposal of used syringes and needles, 5 litres	15
Bag, biohazard, yellow, 50 litres	50
Manual vacuum aspiration (MVA) with 2 ml of silicone	4
Accessory kit for MVA, including (1) O-ring and (1) collar stop	2
Silicone, 2 ml	60
Cannula, EasyGrip, 6 mm, integrated base, SR6	8
Cannula, EasyGrip, 7 mm, integrated base, SR7	8
Cannula, EasyGrip, 8 mm, integrated base, SR8	8
Cannula, EasyGrip, 9 mm, integrated base, SR9	4
Cannula, EasyGrip, 10 mm, integrated base, SR10	4
Cannula, EasyGrip, 12 mm, integrated base, SR12	4
Dilators, Denniston, polymer	20
Basket, sterilizing, approx. 120 × 250 × 60 mm	1
Forceps, dressing, Cheron, 25 cm	1
Forceps, uterine, Museux, 24 cm, curved	1
Forceps, uterine evacuation, ovum, Bierer, large	1
Forceps, uterine evacuation, ovum, Bierer, small	1
Retractor, vaginal, Doyen, 8.5 × 4.5 cm	1
Speculum, vaginal, Auvard, retractor, weighted, 8 × 3.8 cm	1
Bowl, stainless steel, 180 ml	1
<b>Information, education and communication materials/guidelines</b>	<b>Total quantity</b>
Instructions for use of misoprostol for managing incomplete miscarriage or abortion, Gynuity Health Projects, EN	1
Instructions for use of misoprostol for managing incomplete miscarriage or abortion, Gynuity Health Projects, FR	1
Instructions for use of misoprostol for managing incomplete miscarriage or abortion, Gynuity Health Projects, AR	1
Instructions for use of misoprostol for managing incomplete miscarriage or abortion, Gynuity Health Projects, SP	1
Post-procedure patient leaflet: how to take care of yourself, adapted from EngenderHealth, EN	50
Post-procedure patient leaflet: how to take care of yourself, adapted from EngenderHealth, FR	50
Post-procedure patient leaflet: how to take care of yourself, adapted from EngenderHealth, AR	50
Post-procedure patient leaflet: how to take care of yourself, adapted from EngenderHealth, SP	50
Processing the Ipas MVA Plus Aspirator and Ipas EasyGrip Cannula, Ipas, EN/FR	1
Processing the Ipas MVA Plus Aspirator and Ipas EasyGrip Cannula, Ipas, SP/AR (UNFPA Turkey Office, translation)	1
Steps for performing uterine evacuation with the Ipas MVA Plus Aspirator and the Ipas EasyGrip Cannula guidance note, Ipas, EN/FR	1

Steps for performing uterine evacuation with the Ipas MVA Plus Aspirator and the Ipas EasyGrip Cannula guidance note, Ipas, SP/AR (UNFPA Turkey Office, translation)	1
Stock card, UNFPA 2019, EN	2
Stock card, UNFPA 2019, FR	2

- a Misoprostol: for incomplete abortion, treatment is a single dose of 600 µg orally OR a single dose of 400 µg sublingually.
- b NaDCC: each effervescent tablet releases 1 g of available chlorine when dissolved in water.

## Remarks

- Sharp curettage is no longer recommended. Instead of curettage, forceps (uterine evacuation, ovum, small and large) are introduced to help remove large retained products during a complication of miscarriage.
- This kit does not include sterilizing equipment. It is usually ordered in conjunction with Kit 6A (Clinical delivery assistance), which includes a steam sterilizer. If Kit 8 is ordered without Kit 6A, sterilizing equipment should be procured separately.
- If your target population has a CBR of less than 4%, please keep in mind that your supplies may last longer than 3 months.
- This kit is not designed to support induced abortion. Where legal, and where providers are trained, complementary commodities can be procured to support induced abortion services.

## KIT 9

### REPAIR OF CERVICAL AND VAGINAL TEARS

**Use:** To suture cervical and high vaginal tears.

**Instructions:** This kit should be used by trained health personnel: doctors, midwives or nurses with midwifery skills. Health personnel should have been trained to:

- suture cervical and high vaginal tears; and
- examine women who have been raped or who have undergone female genital mutilation or other perineal injury.

**Target population:** The contents of the kit are based on the assumption that 15% of women who give birth will need suturing (15% of 300 = 45 women over 3 months).

### Contents

Supplies	Total quantity
Povidone-iodine 10% solution for cutaneous use, 1-litre bottle	15
Chlorhexidine gluconate 4% solution (Hibiscrub), 500-ml bottle	3
Vaginal lubricant jelly/exploration gel, approx. 100-g tube	1
Suture, absorbable, DEC4(1), 3/8, 36 mm, triangular, sterile	72
Suture, absorbable, DEC3(2-0), 1/2, 30 mm, round, sterile	60
Suture, absorbable, DEC3(2-0), 3/8, 50 mm, round, sterile	72
Gauze, compress, 10 x 10 cm, sterile	400
Gloves, surgical, size 8, powder free, sterile, single use	40
Gloves, surgical, size 7, powder free, sterile, single use	40
Gloves, examination, latex, medium, non-sterile	200
Scissors, Mayo, 17 cm, curved, blunt/blunt	1
Needle holder, Mayo-Hegar, 18 cm, straight	1
Retractor, vaginal, Doyen, 8.5 x 4.5 cm	2
Speculum, vaginal, Graves, 75 x 20 mm	1
Speculum, vaginal, Graves, 95 x 35 mm	1
Speculum, vaginal, Graves, 115 x 35 mm	1
Forceps, dressing, Cheron, 25 cm	2
Tray, instruments, stainless steel, 32 x 20 x 8 cm, with cover	1

## Remarks

- In cases of sexual assault, use this kit in combination with Kit 3 (post-rape treatment), if emergency contraception, post-exposure prophylaxis or antibiotic treatment are indicated.
- This kit does not include sterilizing equipment. It is usually ordered in conjunction with Kit 6A (clinical delivery assistance), which includes a steam sterilizer. If Kit 9 is ordered without Kit 6A, sterilizing equipment should be procured separately.
- If your target population has a CBR of less than 4%, please keep in mind that your supplies may last longer than 3 months.



## KIT 10

### ASSISTED DELIVERY WITH VACUUM EXTRACTION

- Use:** To perform manual vacuum extraction.
- Instructions:** This kit should be used only by skilled health personnel: doctors, midwives or nurses with midwifery skills. Health personnel should have been trained to:
- perform assisted delivery with vacuum extraction.
- Target population:** Deliveries that require vacuum extraction assistance; one health worker per provider should be trained in assisted delivery with vacuum extraction

### Contents

Supplies	Total quantity
Vacuum extractor, Bird, anterior + posterior cups, manual, set	1
Information, education and communication materials/guidelines	Total quantity
Use of vacuum extractor in assisted delivery wall chart, adapted from WHO, PATH, EN/FR	1
Use of vacuum extractor in assisted delivery wall chart, adapted from WHO, PATH, SP/AR (UNFPA Turkey Office, translation)	1

### Remarks

- If a handle vacuum extractor is the preferred method of providers and providers trained, the Vacca Reusable OmniCup (soft cups) is available as a complementary commodity.

**REFERRAL/SURGICAL OBSTETRIC LEVEL (CEMONC)  
SERVING THE NEEDS OF 150,000 PEOPLE FOR 3 MONTHS**

Kit 11	Obstetric surgery and severe obstetric complications (A and B)
Kit 12	Blood transfusion

## KIT 11A

### OBSTETRIC SURGERY AND SEVERE OBSTETRIC COMPLICATIONS: REUSABLE EQUIPMENT

**Use:** This kit is for use in health facilities, together with Kit 6B, to support clinical delivery assistance at the CEmONC level.

**Instructions:** This kit should be used only by medical staff skilled in providing comprehensive emergency obstetric care, including performing obstetric surgery. Health personnel should have been trained to:

- perform caesarean sections and other obstetric surgical interventions;
- resuscitate mothers and babies;
- provide intravenous treatment (e.g. for puerperal sepsis or eclampsia); and
- perform basic essential newborn care (resuscitation, infection prevention).

## Contents

Supplies	Total quantity
Basket, instruments, for sterilization, wired, 400×200×90 mm	1
Clamp, towel, Backhaus, 120 mm	4
Forceps, artery, Kelly, 14 cm, curved	10
Forceps, artery, Halsted-Mosquito, 12.5 cm, curved	6
Forceps, artery, Kocher, 14 cm, straight	2
Forceps, artery, Rochester-Pean, 20 cm, curved	2
Forceps, artery, Rochester-Pean, 24 cm, curved	2
Forceps, artery, Mixer, 23 cm	1
Forceps, dressing, standard, 145 mm, straight	1
Forceps, dressing, standard, 250 mm, straight	1
Forceps, intestinal clamp, Doyen, 23 cm, curved	1
Forceps, dressing, Cheron, 25 cm	2
Forceps, uterine, Phaneuf, 21.5 cm, curved	2
Forceps, uterine, Duplay, 28 cm, curved	1
Forceps, tissue, Allis, 4×5 teeth, 15 cm	2
Forceps, tissue, Babcock, 20 cm	1
Forceps, tissue, Duval, 23 cm	2
Forceps, tissue, standard, 145 mm, straight	1
Forceps, tissue, standard, 250 mm, straight	1

Bowl, stainless steel, 500ml	1
Needle holder, Mayo-Hegar, 18 cm, straight	1
Retractor, abdominal, Collin, three blades	1
Retractor, abdominal, Balfour, three blades	1
Retractor, double-ended, Farabeuf, 15 cm, pair	1
Scalpel handle no. 4, blade holder, 13 cm	1
Scissors, Metzenbaum/Nelson, 18 cm, curved, blunt/blunt	1
Scissors, Metzenbaum/Nelson, 23 cm, curved, blunt/blunt	1
Scissors, Mayo, 17 cm, curved, blunt/blunt	1
Scissors, Mayo, 23 cm, curved, blunt/blunt	1
Spatula, Ribbon retractor, malleable, 27 × 250 mm	2
Tube, suction, Yankauer, 28 cm	1
Cranioclast, Braun, 420 mm	1
Perforator, Smellie, 25 cm	1
Scissors, gynaecological, 20 cm, curved, blunt/blunt	1
Hook, decapitation, Braun, 31 cm	1
Bowl, stainless steel, 180 ml	1
Pump, suction, foot operated, aspirator	1
Resuscitator, hand operated, child/newborn	1
Resuscitator, hand operated, neonate, set	1
Resuscitator, hand operated, adult, set	1
<b>Information, education and communication materials/guidelines</b>	<b>Total quantity</b>
Instrument sterilization process wall chart, adapted from EngenderHealth, PATH, EN/FR	1
Instrument sterilization process wall chart, adapted from EngenderHealth, PATH, SP/AR (UNFPA Turkey Office, translation)	1
Reprocessing neonatal resuscitation equipment, PATH/Helping Babies Breathe/USAID/American Academy of Pediatrics, EN/FR	1
Reprocessing neonatal resuscitation equipment, PATH/Helping Babies Breathe/USAID/American Academy of Pediatrics, SP/AR	1
Stock card, UNFPA 2019, EN	2
Stock card, UNFPA 2019, FR	2

## Remarks

- This kit does not include sterilizing equipment. If an autoclave is not available, one can be ordered through the usual procurement channels or through the UNFPA Procurement Services Branch.

# KIT 11B

## OBSTETRIC SURGERY AND SEVERE OBSTETRIC COMPLICATIONS: DRUGS AND DISPOSABLE EQUIPMENT

**Use:** This kit is for use in health facilities, together with Kit 6A, to support clinical delivery assistance at the CEmONC level.

**Instructions:** This kit should be used only by medical staff skilled in providing comprehensive emergency obstetric care, including performing obstetric surgery. Health personnel should have been trained to:

- perform caesarean sections and other obstetric surgical interventions;
- resuscitate mothers and babies;
- provide intravenous treatment (e.g. for puerperal sepsis or eclampsia); and
- perform basic essential newborn care (resuscitation, infection prevention).

**Target population:** In a population of 150,000 with a CBR of 4%, there will be 6000 deliveries in 12 months or 1500 deliveries in 3 months. It is assumed that approximately 5% of these will require a caesarean section (5% of 1500 = 75). Approximately 30 additional women will need other emergency care.

### Contents

Supplies	Total quantity
Ampicillin sodium 500mg, powder for injection in vial	400
Clindamycin, injection, 600mg (as phosphate)/4-ml ampoule	300
Amoxicillin, powder for oral suspension, 125mg/5ml, 100-ml bottle	5
Gentamicin sulfate 40mg base/ml for injection in 2-ml ampoule	150
Cloxacillin, powder for solution (IV/IM), 500-mg vial	90
Paracetamol 500mg, tablet	2000
Tetracycline hydrochloride 1%, eye ointment, 5-g tube	30
Glucose 10%, injection, 10-ml ampoule	120
Water for injection, sterile, 10-ml ampoule	500
Sodium chloride 0.9%, injection, 10-ml ampoule	100
Oxytocin 10IU/ml for injection in 1-ml ampoule (keep cold: 2–8°C)	200
Misoprostol 200µg, tablet	60
Tranexamic acid, injection, 100mg/ml, 10-ml ampoule	10
Calcium gluconate 100mg base/ml for injection in 10-ml ampoule	40

Magnesium sulfate 500mg/ml for injection in 10-ml ampoule	100
Hydralazine hydrochloride 20mg/2ml for injection in 2-ml ampoule	60
Lidocaine hydrochloride 1%, 20-ml ampoule USP or BP or equivalent	160
Epinephrine (adrenaline), injection, 1 mg/ml, 1-ml ampoule	10
Bupivacaine hydrochloride (as anhydrous) 0.5%, intrathecal injection, 5 mg/ml, 10-ml ampoule	100
Atropine sulfate 1 mg/ml for injection in 1-ml ampoule	20
Ephedrine hydrochloride, 30 mg/ml for injection in 1-ml ampoule	150
Ketamine hydrochloride 50mg base/ml for injection in 10-ml vial	50
Vitamin K1, injection, 1 mg/ml, 1-ml vial	110
Syringe, 0.5 ml, permanently attached needle, sterile, single use	110
Glucose 5%, isotonic, 1 litre + infusion set, sterile, single use	320
Sodium lactate (Ringer's lactate), IV infusion, 1 litre + giving set	210
Disinfectant tablet for water containing 1.67 g of sodium dichloroisocyanurate (NaDCC)	400
Chlorhexidine gluconate 4% solution (Hibiscrub), 500-ml bottle	21
Chlorhexidine digluconate 5% solution, 1-litre bottle	30
Povidone-iodine 10% solution for cutaneous use, 1-litre bottle	15
Tube, suction, CH10, 50-cm long, conical tip, sterile	60
Tube, suction, CH14, 50-cm long, conical tip, sterile	60
Cannula, IV short, 20G, sterile, single use	500
Cannula, IV short, 18G, sterile, single use	100
Clamp, umbilical, 5.2 cm, sterile, single use	200
Syringe, Luer, 1 ml, sterile, single use	400
Syringe, Luer, 2 ml, sterile, single use	500
Syringe, Luer, 5 ml, sterile, single use	500
Syringe, Luer, 10 ml, sterile, single use	900
Syringe, Luer lock, 20ml, sterile, single use	100
Needle, Luer, 21G, sterile, single use	3500
Needle, Luer, 23G, sterile, single use	100
Needle, Luer, 25G, sterile, single use	500
Needle, scalp vein, butterfly, 25G, sterile, single use	200
Brush, hand, scrubbing, plastic	10
Gloves, surgical, size 8, powder free, sterile, single use	400
Gloves, surgical, size 7, powder free, sterile, single use	400
Gloves, gynaecological, medium, powder free, sterile	10
Gloves, examination, latex, medium, non-sterile	500
Suture, absorbable, DEC4(1), 3/8, 36 mm, triangular, sterile	288
Suture, absorbable, DEC3(2-0), 1/2, 30 mm, round, sterile	288
Suture, non-absorbable, DEC3(2-0), 3/8, triangular, 30 mm, sterile	144
Catheter, urethral, Foley, CH14, sterile	150

Bag, urine, collecting, 2 litres	150
Drape, surgical, woven, 100 × 150 cm	6
Needle, spinal, 22G, sterile, single use	120
Gauze, compress, 10 × 10 cm, sterile	1000
Tape, adhesive, zinc oxide, 2.5 cm × 5 m	50
Tape, adhesive, zinc oxide, perforated, 10 cm × 5 m	5
Blade, scalpel, sterile, single use, no. 22	100
Safety box, disposal of used syringes and needles, 5 litres	35
Bag (envelope), plastic, for drugs, 10 × 15 cm	1000
Bag, biohazard, yellow, 50 litres	150
Glasses, safety, regular size, disposable	2
Test pregnancy, strip, temperature stable	100
<b>Information, education and communication materials/guidelines</b>	<b>Total quantity</b>
Injectables job aid, UNFPA 2018, EN	2
Injectables job aid, UNFPA 2018, FR	2
Injectables job aid, UNFPA 2018, AR	2
Injectables job aid, UNFPA 2018, SP	2
Infection prevention in healthcare setting, EngenderHealth, EN	1
Infection prevention in healthcare setting, EngenderHealth, FR	1
Infection prevention in healthcare setting, EngenderHealth, AR	1
Infection prevention in healthcare setting, EngenderHealth, SP	1
Managing pre-/eclampsia and preventing/managing post-partum haemorrhage, UNFPA 2018, EN/FR	1
Managing pre-/eclampsia and preventing/managing post-partum haemorrhage, UNFPA 2018, AR/SP	1
Preventing and managing newborn and maternal uterine infection, UNFPA 2018, EN/FR	1
Preventing and managing newborn and maternal uterine infection, UNFPA 2018, AR/SP	1
Surgical safety checklist, WHO, EN/FR	1
Surgical safety checklist, WHO, AR/SP	1
Stock card, UNFPA 2019, EN	2
Stock card, UNFPA 2019, FR	2

- a Oxytocin must be kept cool during transport and storage. It is therefore packaged and sent separately.
- b Epinephrine is used for caesarean section under local anaesthesia.
- c NaDCC: each effervescent tablet releases 1 g of available chlorine when dissolved in water.

## Remarks

- Injectable diazepam and injectable pentazocine are not included because of import/export licensing requirements. These drugs should be purchased locally (diazepam: 5 mg/ml, 2-ml ampoule, 50 ampoules; pentazocine: 30 mg/ml, 1-ml ampoule, 6 ampoules).
- Culturally appropriate sanitary products should be procured locally wherever possible.
- If your target population has a CBR of less than 4%, please keep in mind that your supplies may last longer than 3 months.
- If you are working with a population that has a high rate of facility delivery (greater than 15%) or a high rate of caesarean section (greater than 5%) you may need extra supplies to support facility-based deliveries and conduct obstetric surgery.



## KIT 12 BLOOD TRANSFUSION

**Use:** To perform safe blood transfusion after testing for HIV, syphilis, hepatitis B and hepatitis C.

**Instructions:** This kit should be used only by a trained laboratory technician with access to basic laboratory facilities.

**Target population:** People requiring blood transfusions.

### Contents (adapted from Médecins Sans Frontières)

Supplies	Total quantity
Test blood group, anti-A, 10-ml bottle, fl. dropper	1
Test blood group, anti-A + B, 10-ml bottle, fl. dropper	1
Test blood group, anti-B, 10-ml bottle, fl. dropper	1
Test rhesus, anti-D, 10-ml bottle, dropper	1
Test HIV 1 +2, rapid	100
Test hepatitis B surface antigen (HBsAg), rapid	100
Test hepatitis C virus (HCV), rapid	100
Test syphilis, rapid plasma reagin (RPR)	100
Haemoglobin photometer handheld with accessories	1
Capillary tubes for HemoCue Hb 301	200
Pressure cuff, infusion/transfusion, for 500- to 1000-ml bags	1
Battery, dry cell, AA, alkaline, 1.5V, for photometer	8
Blood bag + CDPA-1, 250 ml, sterile	50
Blood bag + CDPA-1, 350 ml, sterile	40
Blood bag + CDPA-1, 450 ml, sterile	40
Blood-giving set	100
Gloves, examination, latex, medium, non-sterile	500
Tile, porcelain, with depressions for blood grouping	1
Information, education and communication materials/guidelines	Total quantity
Clinical transfusion process and patient safety checklist, WHO, EN	1
Clinical transfusion process and patient safety checklist, WHO, FR	1
Clinical transfusion process and patient safety checklist, WHO, AR	1
Clinical transfusion process and patient safety checklist, WHO, SP	1
Blood donation and transfusion, adapted from US Centers for Disease Control/Australian Red Cross, UNFPA, EN	1
Blood donation and transfusion, adapted from US Centers for Disease Control/Australian Red Cross, UNFPA, FR	1
Blood donation and transfusion, adapted from US Centers for Disease Control/Australian Red Cross, UNFPA, AR	1

Blood donation and transfusion, adapted from US Centers for Disease Control/Australian Red Cross, UNFPA, SP	1
Stock card, UNFPA 2019, EN	2
Stock card, UNFPA 2019, FR	2

**a** These items need to be kept cool during transport and storage and are therefore packaged and sent separately.

### 3 CONTENTS OF THE COMPLEMENTARY COMMODITIES

Level	To complement	Commodity
Coordination	All kits	Kit 0: administration and training
Community/ health post	Kit 1A	Kit 1B: female condoms
	Kit 2A	Chlorhexidine gel
	Kits 2A, 6B and 8	Misoprostol
	Kits 2A and 2B	UNICEF/Save the Children Newborn Care Supply Kit (Community Newborn Kit) <sup>a</sup>
	Kit 4	Depot medroxyprogesterone acetate (DMPA-SC)
Primary health- care facility (BEmONC)	Kit 4	Kit 7A: intrauterine device
	Kit 4	Kit 7B: contraceptive implant
	Kit 6A	Non-pneumatic anti-shock garment
	Kits 6A and 6B	Newborn Care Supply Kit (Primary Health Facility Newborn Kit) <sup>a</sup>
	Kits 6B and 11B	Oxytocin
	Kits 6B and 11B	Inter-Agency Emergency Health Kit (Basic and Supplementary Malaria Modules)
	Kit 8	Mifepristone
Kit 10	Hand-held vacuum-assisted delivery system	
Referral hospital (CEmONC)	Kits 11A and 11B	Newborn Care Supply Kit (Hospital Kit) <sup>a</sup>

a As of September 2019, these kits are not yet available for procurement. Please contact the UNFPA Humanitarian Office, IAWG or UNICEF for more information on the availability of these kits.

## KIT 0 ADMINISTRATION AND TRAINING

- Use:** To complement all kits in order to facilitate administration and training activities.
- Instructions:** None.
- Target population:** Community health workers and health personnel.

### Contents

Supplies	Total quantity
Calculator, solar powdered	1
Board, white, adhesive, washable, roll, 67 × 100 cm	2
Binder with lever, 31 × 29 cm, various colours	5
Book, exercise, 17 × 22 cm, 5 mm <sup>2</sup> , 100 pages	20
Book, exercise, 21 × 29.7 cm, 5 mm <sup>2</sup> , 100 pages	3
Paper, A4, 21 × 29.7 cm, 80 g, white	1000
Glue, stick, large	3
Sticker, UNFPA, 6 × 12 cm	20
Sticker, UNFPA, 11 × 22 cm	20
Pen, ballpoint, black	20
Pen, ballpoint, red	20
Marker, erasable, black	12
Marker, erasable, red	12
Marker, erasable, blue	12
Marker, flipchart, red, tip 4.5 mm	12
Marker, flipchart, black, tip 4.5 mm	12
Pencil, HB	20
Pencil sharpener, tapered	2
Scissors, blended, 170 mm	1
Tape, adhesive, 19 mm × 33 m, clear, roll	4

**ONLY ORDER IF:**

- you are unable to procure basic administration supplies from the local market.

## KIT 1B FEMALE CONDOMS

- Use:** To complement Kit 1A to provide condoms in the community and at all health service delivery levels.
- Instructions:** Health and community workers should be able to explain the correct condom use.
- Target population:** Contents are based on the assumptions that around 25% of the affected population are potentially sexually active women (25% of 10,000=2500), that 1% of this group will use female condoms (i.e. 25 users) and that each user will need six condoms each month for the 3 months (number of condoms =  $25 \times 6 \times 3 = 450$ ).

### Contents

Supplies	Total quantity
Condomize! condom nitrile sheath inner retention ring, 175 mm	540
Information, education and communication materials/guidelines	Total quantity
Female condom leaflet, Female Health Company, multilingual (EN, FR, SP)	25
Female condom leaflet, Female Health Company, UNFPA Turkey Office (translation), AR	20

#### ONLY ORDER IF:

- female condoms were available in your setting prior to the acute emergency; and
- female condoms were used by the population prior to the acute emergency; or
- sex workers are being specifically targeted in your response.

## CHLORHEXIDINE DIGLUCONATE

- Use:** To complement Kit 2A to prevent infection in newborns (i.e. omphalitis, sepsis, etc.) in individual, clean deliveries at home or in an underequipped maternity unit, without skilled birth attendants.
- Instructions:** To be used by trained women. Birth attendants should be instructed on the contents and use of the kit.
- Target population:** Contents are based on the assumption that, in a population of 10,000 people with a CBR of 4%, there will be 100 deliveries in 3 months. In total, 100 kits will be used for women delivering during the first 3 months and another 100 kits will be distributed to women who are 3–6 months pregnant.

### Contents

Supplies	Total quantity
Chlorhexidine digluconate 7.1%, gel, tube, 20g	200
Information, Education and Communication materials/Guidelines	Total quantity
Chlorhexidine job aid, Government of Nepal/JSI/Chlorhexidine Navi Care Programme, EN	1
Chlorhexidine job aid, Government of Nepal/JSI/ Chlorhexidine Navi Care Programme, FR	1
Chlorhexidine job aid, Government of Nepal/JSI/ Chlorhexidine Navi Care Programme, AR	1
Chlorhexidine job aid, Government of Nepal/JSI/ Chlorhexidine Navi Care Programme, SP	1

#### ONLY ORDER IF:

- chlorhexidine gel was available in your setting prior to the emergency;
- women in the affected population have been trained on the safe use of chlorhexidine for cord care prior to the emergency; or
- skilled birth attendants/community health workers were trained on the use of chlorhexidine for cord care prior to the emergency.

# MISOPROSTOL

## **Use:**

To complement:

- Kit 2A for the active management of the third stage of labour;
- Kit 6B for the active management of the third stage of labour and first-line management of post-partum haemorrhage where there is no cold chain for oxytocin; and
- Kit 8 for the management of induced abortion with or without mifepristone.

## **Instructions:**

- Kit 2A to be used by women and skilled birth attendants;
- Kit 6B to be used by trained personnel in a BEmONC-level facility; and
- Kit 8 to be used for the management of induced abortion by trained personnel.

## **Target population:**

- Kit 2A: contents are based on the assumption that, in a population of 10,000 people with a CBR of 4%, there will be 100 deliveries in 3 months. In total, 100 kits will be used for women delivering during the first 3 months and another 100 kits will be distributed to women who are 6–9 months pregnant.
- Kit 6B: contents are based on the assumption that, in a population of 30,000 people with a CBR of 4%, there will be 300 deliveries in 3 months. If 15% of these occur in the health facility, supplies will be needed for 45 deliveries.
- Kit 8: where abortion is legal, 36 out of 1000 women will request an induced abortion in 1 year (270 women). We therefore assume that 70 women will request an induced abortion in 3 months.

## Contents

<b>Supplies</b>	<b>Total quantity</b>
Misoprostol 200µg, tablet	300
<b>Information, education and communication materials/guidelines</b>	<b>Total quantity</b>
Mifepristone plus misoprostol or misoprostol alone for treatment of intrauterine fetal death 12–24 weeks' LMP, Gynuity Health Projects, EN	2
Mifepristone plus misoprostol or misoprostol alone for treatment of intrauterine fetal death 12–24 weeks' LMP, Gynuity Health Projects, FR	2

Mifepristone plus misoprostol or misoprostol alone for treatment of intrauterine fetal death 12–24 weeks’ LMP, Gynuity Health Projects, AR	2
Mifepristone plus misoprostol or misoprostol alone for treatment of intrauterine fetal death 12–24 weeks’ LMP, Gynuity Health Projects, SP	2
Post-procedure patient leaflet: how to take care of yourself, adapted from EngenderHealth, EN	50
Post-procedure patient leaflet: how to take care of yourself, adapted from EngenderHealth, FR	50
Post-procedure patient leaflet: how to take care of yourself, adapted from EngenderHealth, AR	50
Post-procedure patient leaflet: how to take care of yourself, adapted from EngenderHealth, SP	50

Suggested order:

Per Kit 2A

Misoprostol	2 kits
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Include three tablets in each individual clean delivery kit; you would need 600 tablets, which is two orders.

Per Kit 6B

Misoprostol	1 kit <sup>a</sup>
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<sup>a</sup> If there is no capacity for a cold chain in your setting, double the order to two kits

Per Kit 8

Misoprostol	3 kits
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ONLY ORDER IF:

- Misoprostol was registered in your country for gyno-obstetric use in your setting prior to the acute emergency.
- Kit 2A:
  - Skilled birth attendants/midwives in the setting were trained in use of misoprostol for active management of the third stage of labour prior to the acute emergency.
- Kit 6B:
  - Misoprostol was used by health-care providers in the setting for active management of the third stage of labour or for management of post-partum haemorrhage in health facilities prior to the acute emergency; and
  - The rate of facility births was greater than 75% prior to the emergency; or
  - There is no capacity for a cold chain at BEmONC-level facilities or along the supply chain.



- Kit 8:
  - There are circumstances in which safe abortion is legal in your country – if you don't know whether this is the case, please refer to the Global Abortion Policies Database (<https://abortion-policies.srhr.org/>); and
  - Health-care providers in your setting were trained in the provision of safe induced abortion care prior to the acute emergency.

## MEDROXYPROGESTERONE ACETATE (DMPA-SC)

**Use:** To complement Kit 4 for responding to women's needs for hormonal self-injectable contraception.

**Instructions:** Health personnel should have been trained to:

- explain the advantages and disadvantages of injectable contraceptives (if provider injection);
- explain the advantages, disadvantages and process for use of self-injectable contraceptives (if self-injection);
- identify contraindications to hormonal contraception;
- give injections;

### AND

- to be used by women for self-injection and skilled attendants for provider injection in settings where they have been trained previously.

**Target population:** The contents are based on the assumptions that 25% of the population are women aged 15–49 years (25% of 30,000 = 7500) and that 15% of these women use contraception (i.e. 1125 women). Of these, 55% use injectable contraceptives (619 women).

## Contents

Supplies	Total quantity
Medroxyprogesterone acetate 104 mg/0.65 ml, subcutaneous injection	200
Information, education and communication materials/guidelines	Total quantity
DMPA-SC injection job aid for providers, PATH, EN	4
DMPA-SC injection job aid for providers, PATH, FR	4
DMPA-SC injection job aid for providers, PATH, AR	4
DMPA-SC injection job aid for providers, PATH, SP	4

## Remark

- This is for a 15% prevalence of contraception use among women of reproductive age. Please check available data on prevalence of contraception use and contraceptive method mix in your setting and adapt your order accordingly.

ONLY ORDER IF:

- DMPA-SC was registered in your country prior to the emergency (for provider injection and, if relevant, self-injection); and
- providers have been trained to identify contraindications to hormonal contraception; and
- providers have been trained to administer DMPA-SC; and
- providers have been trained to explain the advantages, disadvantages and possible side effects of self-administered DMPA-SC and to support women in self-injection and knowing when to seek medical advice in case of side effects (if procuring for a programme of self-injection); and
- women and skilled attendants have been trained in self-injection.

## KIT 7A INTRAUTERINE DEVICE

- Use:** To complement Kit 4 at the BEmONC level.
- Instructions:** For use by trained health personnel who should have been trained to:
- explain the advantages and disadvantages of a copper IUD as a contraceptive method;
  - insert a copper IUD;
  - remove an IUD;
  - provide preventative antibiotic treatment.
- Target population:** The kit contents are based on the assumptions that 25% of the population are women aged 15–49 years (25% of 30,000 = 7500), that 15% of these women are using contraception (1125 women) and that, of these, 5% will choose an IUD (60 women).

### Contents

Supplies	Total quantity
Intrauterine device (IUD), Cu-T 380A	90
Azithromycin 250 mg, tablet	240
Cefixime 200 mg, tablet	170
Povidone-iodine 10% solution for cutaneous use, 1-litre bottle	6
Bag (envelope), plastic, for drugs, 10 × 15 cm	100
Gloves, surgical, size 8, powder free, sterile, single use	50
Gloves, surgical, size 7, powder free, sterile, single use	50
Gauze, compress, 10 × 10 cm, sterile	1000
Speculum, vaginal, Graves, 95 × 35 mm	2
Speculum, vaginal, Graves, 115 × 35 mm	1
Forceps, dressing, Cheron, 25 cm	1
Forceps, artery, Rochester-Pean, 22 cm, straight	2
Sound, uterine, Martin, 32 cm	3
Forceps, uterine, Duplay, 28 cm, curved	1
Scissors, gynaecological, 20 cm, curved, blunt/blunt	1
Bowl, stainless steel, 180 ml	1
Basin, kidney, stainless steel, 825 ml	2
Tray, instruments, stainless steel, 32 × 20 × 8 cm, with cover	1

## Remarks

- This kit does not include sterilizing equipment. It is usually ordered in conjunction with Kit 6A (clinical delivery assistance), which includes a steam sterilizer. If this kit is ordered without Kit 6A, sterilizing equipment should be procured separately.
- This kit is for a prevalence rate of contraception use of 15% among women of reproductive age. Please check available data on prevalence of contraception use and contraceptive method mix in your setting and adapt your order accordingly.
- IUDs can also be used as a method of emergency contraception in settings where emergency contraceptive pills may be restricted.

### ONLY ORDER IF:

- health-care providers were trained in IUD insertion/removal in your setting prior to the emergency; and
- IUDs were a method of choice for the affected population prior to the acute emergency; and
- there is no chance that the population will migrate to a setting where health-care providers are not trained in the removal of IUDs.

## KIT 7B CONTRACEPTIVE IMPLANT

**Use:** To complement Kit 4 at BEmONC level.

**Instructions:** For use by health personnel who have been trained to:

- explain the advantages and disadvantages of an implant as a contraceptive method;
- insert a contraceptive implant; and
- remove a contraceptive implant.

**Target population:** The kit contents are based on the assumptions that 25% of the population are women aged 15–49 years (25% of 30,000 = 7500), that 15% of these women are using contraception (1125 women) and that, of these, 3% will choose a contraceptive implant (34 women).

### Contents

Supplies	Total quantity
Povidone-iodine 10% solution for cutaneous use, 500-ml bottle	2
Cotton wool, 500g, roll, non-sterile	2
Gloves, surgical, size 7, powder free, sterile, single use	50
Gloves, surgical, size 7.5, powder free, sterile, single use	50
Gloves, surgical, size 8, powder free, sterile, single use	50
Lidocaine hydrochloride 1%, 20-ml ampoule USP or BP or equivalent	60
Syringe, Luer, 5 ml, with needle, 23G, sterile, single use	50
Adhesive bandage, wound plaster, waterproof	50
Gauze, 8 cm × 4 m, roll, non-sterile	10
Blade, scalpel, sterile, single use, no. 10	100
Tape, adhesive, zinc oxide, 2.5 cm × 5 m	10
Levonorgestrel 75 mg × 2	50

### Remarks

- This kit is for a prevalence rate of contraception use of 15% among women of reproductive age. Please check available data on prevalence of contraception use and contraceptive method mix in your setting and adapt your order accordingly.
- One consumable kit is designed for 20 insertions and 5 removals.

ONLY ORDER IF:

- health-care providers were trained in implant insertion/removal in your setting prior to the emergency; and

- implants were a method of choice for the affected population prior to the acute emergency; and
- there is no chance that the population will migrate to a setting where health-care providers are not trained in the removal of implants.

## NON-PNEUMATIC ANTI-SHOCK GARMENT

- Use:** To complement Kit 6A to manage post-partum haemorrhage as a temporary measure until appropriate care is available (i.e. surgery and/or referral).
- Instructions:** To be use by trained health providers.
- Target population:** To be ordered on an individual basis.

### Contents

Supplies	Total quantity
Non-pneumatic anti-shock garment	1

#### ONLY ORDER IF:

- health-care providers have been trained in the correct use of the non-pneumatic anti-shock garment.



## OXYTOCIN

- Use:** To complement Kits 6B and 11B for the active management of the third stage of labour in settings where almost all women are delivering in an EmONC-enabled facility and where there is a cold chain.
- Instructions:** To be used by trained personnel (midwives, nurses with midwifery skills and medical doctors).
- Target population:** For a population size of 30,000 people with 300 deliveries par trimester (based on a CBR of 4%).

### Contents

Supplies	Total quantity
Oxytocin 10IU/ml for injection in 1-ml ampoule (keep cold: 2–8°C)	300

#### ONLY ORDER IF:

- almost all women (75% or more) in your setting were delivering in a health facility prior to the emergency; and
- you have adequate continuous cold-chain capacity down to the health facility level; and
- there is high rate of caesarean section delivery at the CEmONC level (10% or higher).

## MIFEPRISTONE

- Use:** To use combined with misoprostol (Kit 8) for induced abortion.
- Instructions:** To be used by health providers who have been trained in:
- explaining pregnancy options to patients.
- Target population:** For a population size of 30,000. Where abortion is legal, 36 out of 1000 women will request an induced abortion per year (270 women). Therefore, 67 women will request an abortion in 3 months, which can be rounded up to 70 women.

### Contents

Supplies	Total quantity
Mifepristone 200mg, tablet	70
Information, education and communication materials/guidelines	Total quantity
Protocols for medical abortion, Ipas, EN	2
Protocols for medical abortion, Ipas, FR	2
Protocols for medical abortion, Ipas, AR	2
Protocols for medical abortion, Ipas, SP	2
Mifepristone plus misoprostol or misoprostol alone for treatment of intrauterine fetal death 12–24 weeks' LMP, Gynuity Health Projects, EN	2
Mifepristone plus misoprostol or misoprostol alone for treatment of intrauterine fetal death 12–24 weeks' LMP, Gynuity Health Projects, FR	2
Mifepristone plus misoprostol or misoprostol alone for treatment of intrauterine fetal death 12–24 weeks' LMP, Gynuity Health Projects, AR	2
Mifepristone plus misoprostol or misoprostol alone for treatment of intrauterine fetal death 12–24 weeks' LMP, Gynuity Health Projects, SP	2

**ONLY ORDER IF:**

- mifepristone was registered for gyno-obstetric use in your setting prior to the emergency; and
- safe abortion is legal in your country – if you don't know if this is the case, please refer to the Global Abortion Policies Database (<https://abortion-policies.srhr.org/>); and
- health-care providers were trained in the provision of safe induced abortion care prior to the acute emergency.

## HAND-HELD VACUUM-ASSISTED DELIVERY SYSTEM

- Use:** To complement or replace Kit 10.
- Instructions:** If a hand-held vacuum extractor is preferred, to be used by health-care providers trained in the use and care of the device.
- Target population:** Order one device per trained provider.

### Contents

Supplies	Total quantity
Vacuum extractor, Vacca OmniCup, hand-held, one person, reusable	1

#### ONLY ORDER IF:

- hand-held vacuum-assisted delivery used as a method of delivery prior to the emergency; and
- skilled birth attendants (e.g. midwives) were trained to use a hand-held vacuum-assisted extractor prior to the emergency.

## INTER-AGENCY EMERGENCY HEALTH KIT (BASIC MALARIA MODULE AND SUPPLEMENTARY MALARIA MODULE)

- Use:** To complement Kits 6B and 11B, to treat complicated malaria.
- Instructions:** To be used by trained health-care providers.
- Target population:** The IEHK2017 Basic and Supplementary Malaria Modules contain antimalarial oral medicines (Basic) and injectable medicines (Supplementary) for the treatment of malaria, in line with WHO guidelines.
- Kit 6B: For a population of 30,000 people, there will be 900 pregnant women at any given time. In total, 25% of women who are pregnant are at risk of malaria acquisition and therefore 225 women will potentially require treatment for malaria. A total of 8.8% of women with malaria are classified as severe; therefore, 20 pregnant women will require treatment for severe malaria and 205 will require treatment for non-severe malaria.
  - Kit 11B: For a population of 150,000 people, there will be 4500 pregnant women at any given time. In total, 25% of women who are pregnant are at risk of malaria acquisition and therefore 1125 women will potentially require treatment for malaria. A total of 8.8% of women with malaria are classified as severe; therefore, 99 pregnant women will require treatment for severe malaria and 1026 will require treatment for non-severe malaria.

Basic Malaria Module (IEHK2017)	Quantity
Artemether + lumefantrine, disp. tablets, 20 mg + 120 mg, 6 × 1 tablet. Box, 30 treatments	5
Artemether + lumefantrine, disp. tablets 20 mg + 120 mg, 6 × 2 tablets. Box, 30 treatments	1
Artemether + lumefantrine, tablets 20 mg + 120 mg, 6 × 3 tablets. Box, 30 treatments	1
Artemether + lumefantrine, tablets 20 mg + 120 mg, 6 × 4 tablets. Box, 30 treatments	6
Malaria rapid diagnostic test with lancets and buffer	800
Safety box for used lancets, capacity 5 litres	2

Using the standard treatment protocol [artemisinin-based combination therapy (ACT): 4 tablets, twice daily, 3 days], this kit has supplies to support 254 cases of non-complicated malaria and ACT treatment following intravenous treatment of complicated malaria.

<b>Supplementary Malaria Module (IEHK2017)</b>	<b>Quantity</b>
Artesunate injection, 60 mg/ml, 1-ml/ampoule Each box of the single-source WHO-prequalified product contains the following: <ul style="list-style-type: none"> <li>• 1 vial of artesunate powder for injection containing 60 mg of artesunate/vial</li> <li>• 1 ampoule of 5% sodium bicarbonate solvent</li> <li>• 1 ampoule of saline (0.9% sodium chloride) solution</li> </ul>	500
Disposable syringe, 5 ml, with needle, 21G or 18G	1200
Disposable syringe, 5 ml	500
Needle, single use, sterile, 25G	500
Needle, single use, sterile, 23G	500
Needle, single use, sterile, 21G	500
<b>Information, education, communication materials and guidelines</b>	<b>Quantity</b>
<i>Management of Severe Malaria: A Practical Handbook</i> , 3rd edition (Geneva, WHO, April 2013)	1
<i>Guidelines for Administration of Injectable Artesunate for Severe Malaria</i> (poster)	20 English, 20 French, 20 Portuguese

Using the standard treatment protocol (2.4 mg/kg on admission and then at 12 hours and 24 hours after admission, then once daily until oral administration is possible + 3 days of ACT), this kit has supplies to support 100–200 cases of non-complicated malaria.

Suggested order:

Per Kit 6B

<b>Module</b>	<b>Quantity</b>
Basic Malaria Module (IEHK2017)	1
Supplementary Malaria Module (IEHK2017)	1

Per Kit 11B

<b>Module</b>	<b>Quantity</b>
Basic Malaria Module (IEHK2017)	5
Supplementary Malaria Module (IEHK2017)	1

## Remarks

- If you are in a malaria-prone area, coordinate first with other partners on the availability of treatment for complicated malaria.
- Patients with complicated malaria need to be referred for follow-up treatment.
- The IEHK2017 Malaria Module does not contain prophylaxis treatment for pregnant women.

ONLY ORDER IF:

- you are providing primary or referral-level obstetric care in a malaria-prone context;
- you are providing primary or referral-level obstetric care during malaria season; and
- there is no other availability of medicines for the treatment of complicated malaria.

## ANNEX 1 ASSUMPTIONS USED IN CALCULATING SUPPLIES

The contents of the reproductive health kits are based on assumptions derived from epidemiological data, population profiles, disease patterns and experience gained from using the kits in emergency situations. These assumptions are listed in the table below. All kits are calculated to meet the specific reproductive health needs of the population for 3 months.

Assumptions	Number in target population		
	Kits 1–5: 10,000 people	Kits 6–10: 30,000 people	Kits 11 and 12: 150,000 people
Population data assumptions			
20% are adult males	2000		
25% are women aged 15–49 years	2500		
CBR is 4%: <sup>a</sup>			
No. of deliveries in 12 months	400	1200	6000
No. of deliveries in 3 months	100	300	1500
No. of pregnant women	300	900	
2% of women aged 15–49 years will seek treatment for rape	50		
15% of women aged 15–49 years use contraception, of whom:	375		
40% use oral contraceptives	150		
55% use injectable contraceptives	210		
20% of pregnancies end in miscarriage or unsafe abortion		60	
15% of women who deliver have vaginal tears		45	
5% of births require a caesarean section			75

a A CBR of 4% is an overestimation.

## ANNEX 2

### IARH KITS PER MISP OBJECTIVES

Health-care level	Kit	Kit name
<i>Obstetric care</i>		
Community/health post	Kit 2	Clean delivery (A and B)
Primary health-care facility (BEmONC)	Kit 6	Clinical delivery assistance – midwifery supplies (A and B)
	Kit 8	Management of complications of miscarriage or abortion
	Kit 9	Repair of cervical and vaginal tears
	Kit 10	Assisted delivery with vacuum extraction
Referral hospital (CEmONC)	Kit 11	Obstetric surgery and severe obstetric complications (A and B)
	Kit 12	Blood transfusion
<i>HIV infection prevention and STI prevention and treatment</i>		
Community/health post	Kit 1A	Male condoms
	Kit 3	Post-rape treatment
	Kit 5	Treatment of STIs
Referral hospital (CEmONC)	Kit 12	Blood transfusion
<i>Managing the consequences of sexual violence</i>		
Community/health post	Kit 3	Post-rape treatment
Primary health-care facility (BEmONC)	Kit 9	Repair of cervical and vaginal tears
<i>Preventing unintended pregnancy</i>		
Community/health post	Kit 1A	Male condoms
	Kit 3	Post-rape treatment
	Kit 4	Oral and injectable contraceptives



**ANNEX 3**  
**SAMPLE DISTRIBUTION PLAN**



# IARH Kits - Distribution Plan

ESTIMATED DISTRIBUTION DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ ORDER DATE: \_\_\_\_\_

**Note:** Please make Locations 1, Location 2, etc. in the table below with actual naming of the dispatching locations. Please then include the estimated number of each level of health facility. The information will save time when reviewing IARH kit requests.

KIT NO.	DESCRIPTION	TOTAL OBTAINED	ESTIMATED DISTRIBUTION LOCATIONS														TOTAL DISTRIBUTED to be completed (After actual distribution)
			Location 1		Location 2		Location 3		Location 4		Location 5		Location 6		Location 7		
			Number of community level facilities	Number of Bi/EM/OC level facilities	Number of community level facilities	Number of Bi/EM/OC level facilities	Number of community level facilities	Number of Bi/EM/OC level facilities	Number of community level facilities	Number of Bi/EM/OC level facilities	Number of community level facilities	Number of Bi/EM/OC level facilities	Number of community level facilities	Number of Bi/EM/OC level facilities	Number of community level facilities	Number of Bi/EM/OC level facilities	
IARH KIT 1A	Mini Conduits																
IARH KIT 2A	Clear Delivery - Individual																
IARH KIT 2B	Clear Delivery - BFP Alternants																
IARH KIT 3	Post-Op: Repair Treatment																
IARH KIT 4	OTI & Intractable Contusion																
IARH KIT 5	Treatment of Severely Fractured Humerus																
IARH KIT 6A	Central Delivery Assistance - Menstrual Supplies, Reusable																
IARH KIT 6B	Central Delivery Assistance - Menstrual Supplies, Single Use Disposable Equipment																
IARH KIT 8	Post-operative care and repair of Musculature of Abdomen																
IARH KIT 9	Repair of Genital and vaginal tears																
IARH KIT 10	Assisted Delivery with Vacuum Extraction																
IARH KIT 11A	Obstetric Surgery and Sewing Obstetric Complications - Pelvic																
IARH KIT 11B	Obstetric Surgery and Sewing Obstetric Complications - Uterine and Vaginal																
IARH KIT 12	Drugs and Disposable Equipment																
IARH KIT 13	Blood Transfusion																
CC KIT 10	Administration & Training Kit																
CC KIT 1B	Female condoms																
CC KIT 2	Contraceptive IUD																
CC KIT 3	Marginal																
CC KIT 4	Injectable Contraception, Available Subcutaneous																
CC KIT 5A	Injectable Contraception, Available Subcutaneous																
CC KIT 5B	Injectable Contraception (IUD)																
CC KIT 6	Contraceptive Implant																
CC KIT 7	Non-Female Anastrozole (N/A&L)																
CC KIT 8	Oxytocin																
CC KIT 9	ERK Basic Medication Module																
CC Kit 10	ERK Supplementary Admin Module																
CC Kit 11	Misoprostol																
CC Kit 12	Hand-Held Vacuum Assisted Delivery System																

COMPLETED BY: \_\_\_\_\_ **TRIC** \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: Humanitarian RH Specialist/Humanitarian Coordinator

APPROVED BY: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: Logistics / Logistical Point  
 Name: \_\_\_\_\_  
 Title: Resistant Representative  
 Name: \_\_\_\_\_  
 Title: Humanitarian Specialist / HQ  
 (When the request is funded by HQ)

## ANNEX 4

### EXAMPLE IARH KIT ORDERS

This annex provides three examples of IARH kit orders for different acute emergency settings, as well as explanations for these orders. In addition to the revised IARH kit calculator (2019), these examples provide support to individuals ordering IARH kits to help them understand the way that special observations about the population and the numbers of facilities can have an impact on an order.

Example 1 is for an acute internal displacement as a result of conflict in a rural area. Example 2 is for an acute displaced population who are migratory across a border(s). Example 3 is for an acute displaced population in a refugee camp setting.

#### EXAMPLE 1: ACUTE INTERNAL DISPLACEMENT AS A RESULT OF CONFLICT, RURAL

- Number of displaced people: 60,000.
- Special observations: administrative supplies are available in the capital; female condoms are recognised and used; IUDs were not part of the contraceptive method mix prior to the crisis; malaria endemic setting; cold chain is weak or non-existent in most primary health centres; because of the security situation, women may not be able to travel to health facilities at night.
- Facilities and staff:
  - primary health-care level: three health-care centres each with one medical doctor, two trained nurses, one trained midwife; birth attendants and health-care workers in the community; and
  - referral level: two hospitals (one 10 km away, one 25 km away), poorly equipped but with trained staff able to perform emergency obstetric procedures.

Order:

Item	Quantity
Male condoms (Kit 1A)	6
Clean delivery, individual (Kit 2A)	6
Clean delivery, birth attendant (Kit 2B)	6
Post-rape treatment (Kit 3)	5
Oral and injectable contraception (Kit 4)	6
Treatment of STIs (Kit 5)	6
Clinical delivery assistance (Kit 6A)	5
Clinical delivery assistance (Kit 6B)	7
Management of complications of miscarriage and abortion (Kit 8)	5
Repair of cervical and vaginal tears (Kit 9)	5
Assisted delivery with vacuum extraction (Kit 10)	5
Referral-level kit for reproductive health (Kit 11A)	2

Referral-level kit for reproductive health (Kit 11B)	2
Blood transfusion (Kit 12)	2
<b>Complementary commodities</b>	
Female condoms	6
Inter-Agency Emergency Health Kit (Basic Malaria Module)	17
Inter-Agency Emergency Health Kit (Supplementary Malaria Module)	9
Misoprostol	14

Explanation:

Male condoms	This kit is designed for 10,000 people; therefore, six kits are needed, which would be divided between primary and referral health-care centres
Clean delivery – individual	<p>Birth attendants and health-care workers are in the community</p> <p>Because of the security situation, women may not be able to travel to health facilities at night</p> <p>This kit is designed for 10,000 people; therefore, six kits are needed, which would be distributed at community, primary and referral health-care centres to visibly pregnant women</p>
Clean delivery – birth attendant	<p>Because of the security situation, women may not be able to travel to health facilities at night</p> <p>This kit is designed for 10,000 people; therefore, six kits are needed, which would be distributed to birth attendants and health-care workers in the community</p>
Post-rape treatment	<p>This kit is designed for 10,000 people; therefore, six kits are needed, which would be divided between primary and referral health-care centres</p> <p>However, because of the required assumptions behind the post-rape treatment kits, there is often an overstock of supplies included in this kit; as a result, only five kits should be procured, with one to be distributed to each primary and referral health-care centre (of which there are also five)</p>
Oral and injectable contraception	This kit is designed for 10,000 people; therefore, six kits are needed, which would be divided between primary and referral health-care centres
Treatment of STIs	This kit is designed for 10,000 people; therefore, six kits are needed, which would be divided between primary and referral health-care centres
Clinical delivery assistance (A: reusable)	<p>This kit is designed for 30,000 people; therefore, two kits are needed, which would be sent to primary health-care centres</p> <p>However, as there are three primary health-care centres, and it is not possible to divide supplies in this kit, three kits should be procured, with one sent to each primary health-care centre</p> <p>In addition, as the kits cannot be divided, one Kit 6A should be ordered for every Kit 11A and sent to referral health-care centres; therefore two additional Kit 6As should be added to the order</p>

<p>Clinical delivery assistance (B: consumable)</p>	<p>This kit is designed for 30,000 people; therefore, two kits are needed, which would be sent to primary health-care centres</p> <p>However, as there are three primary health-care centres, and it is not possible to divide supplies in this kit, three kits should be procured, with one sent to each primary health-care centre</p> <p>In addition, as the kits cannot be divided, two Kit 6Bs should be ordered for every Kit 11B and sent to referral health-care centres; therefore four additional Kit 6Bs should be added to the order</p>
<p>Management of complications of miscarriage and abortion</p>	<p>This kit is designed for 30,000 people; therefore, two kits are needed, which would be sent to primary and referral health-care centres</p> <p>However, as there are three primary health-care centres and two referral health-care centres, and it is not possible to divide supplies in this kit, five kits should be procured, with one sent to each primary and referral health-care centre</p>
<p>Repair of cervical and vaginal tears</p>	<p>This kit is designed for 30,000 people; therefore, two kits are needed, which would be sent to primary and referral health-care centres</p> <p>However, as there are three primary health-care centres and two referral health-care centres, and it is not possible to divide supplies in this kit, five kits should be procured, with one sent to each primary and referral health-care centre</p>
<p>Assisted delivery with vacuum extraction</p>	<p>This kit is designed for 30,000 people; therefore, two kits are needed, which would be sent to primary and referral health-care centres</p> <p>However, as there are three primary health-care centres and two referral health-care centres, and it is not possible to divide supplies in this kit, five kits should be procured, with one sent to each primary and referral health-care centre</p>
<p>Referral-level kit for reproductive health (A: reusable)</p>	<p>This kit is designed for 150,000 people; therefore, one kit is needed, which would be sent to referral health-care centres</p> <p>However, as there are two referral health-care centres, and it is not possible to divide supplies in this kit, two kits should be procured, with one sent to each referral health-care centre</p>
<p>Referral-level kit for reproductive health (B: consumable)</p>	<p>This kit is designed for 150,000 people; therefore, one kit is needed, which would be sent to referral health-care centres</p> <p>However, as there are two referral health-care centres, and it is not possible to divide supplies in this kit, two kits should be procured, with one sent to each referral health-care centre</p>
<p>Blood transfusion</p>	<p>This kit is designed for 150,000 people; therefore, one kit is needed, which would be sent to referral health-care centres</p> <p>However, as there are two referral health-care centres, and it is not possible to divide supplies in this kit, two kits should be procured, with one sent to each referral health-care centre</p>
<p>Female condoms</p>	<p>Female condoms were recognised and used by the population prior to the emergency</p> <p>This complementary kit is designed for 10,000 people; therefore, six kits are needed, which would be divided between primary and referral health-care centres</p>

Inter-Agency Emergency Health Kit (Malaria Modules)	This is a malaria-endemic setting For every Kit 6B one Basic Malaria Module and one Supplementary Malaria Module should be ordered For every Kit 11B five Basic Malaria Modules and one Supplementary Malaria Module should be ordered
Misoprostol	A cold chain is weak or non-existent in most settings Misoprostol should thus be procured for the management of post- partum haemorrhage at primary health-care centres For every Kit 6B two misoprostol kits should be ordered

## EXAMPLE 2: ACUTE DISPLACED POPULATION, MIGRATORY CROSS-BORDERS

- Number of displaced people: 30,000.
- Special observations: administrative supplies are available locally; high rate of caesarean section in the country of origin and high rate of facility delivery (greater than 75%); high likelihood of onward cross-border displacement; rape was known to be used in conflict in the country of origin; implants were used in the country of origin.
- Facilities and staff:
  - mobile clinics: one mobile clinic supported by UNFPA; outpatient daytime clinic;
  - primary health-care level: two health-care centres each with two medical doctors, two trained nurses and one trained midwife along the migration path; and
  - referral level: one local hospital 10km away, poorly equipped but with trained staff able to perform emergency obstetric procedures.

Order:

Item	Quantity
Male condoms (Kit 1A)	3
Clean delivery, individual (Kit 2A)	3
Clean delivery, birth attendant (Kit 2B)	3
Post-rape treatment (Kit 3)	4
Oral and injectable contraception (Kit 4)	4
Treatment of STIs (Kit 5)	4
Clinical delivery assistance (Kit 6A)	4
Clinical delivery assistance (Kit 6B)	5
Management of complications of miscarriage and abortion (Kit 8)	4
Repair of cervical and vaginal tears (Kit 9)	4
Assisted delivery with vacuum extraction (Kit 10)	3
Referral-level kit for reproductive health (Kit 11A)	1

Referral-level kit for reproductive health (Kit 11B)	1
Blood transfusion (Kit 12)	1
<b>Complementary commodities</b>	
Oxytocin	9

Explanation:

Male condoms	This kit is designed for 10,000 people; therefore, three kits are needed, which would be divided between primary and referral health-care centres
Clean delivery kit – individual	Because of the migratory nature of the emergency, women may not have access to health facilities  This kit is designed for 10,000 people; therefore, three kits are needed, which would be distributed at community, primary and referral health-care centres to visibly pregnant women
Clean delivery kit – birth attendant	It is unknown if there are birth attendants and health-care workers in the community  As the supplies in this kit do not expire, this kit should be ordered  This kit is designed for 10,000 people; therefore, three kits are needed, which would be distributed at community, primary and referral health-care centres to visibly pregnant women
Post-rape treatment	This kit is designed for 10,000 people; therefore, three kits are needed, which would be divided between primary and referral health-care centres  However, as there are three primary and referral health-care centres and a mobile clinic, and it is difficult to divide supplies, four kits should be procured, with one to be distributed to each primary and referral health-care centre and mobile clinic
Oral and injectable contraception	This kit is designed for 10,000 people; therefore, three kits are needed, which would be divided between primary and referral health-care centres  However, as there are three primary and referral health-care centres and a mobile clinic, and it is difficult to divide supplies, four kits should be procured, with one to be distributed to each primary and referral health-care centre and mobile clinic
Treatment of STIs	This kit is designed for 10,000 people; therefore, three kits are needed, which would be divided between primary and referral health-care centres  However, as there are three primary and referral health-care centres and a mobile clinic, and it is difficult to divide supplies, four kits should be procured, with one sent to each primary and referral health-care centre and mobile clinic

<p>Clinical delivery assistance (A: reusable)</p>	<p>This kit is designed for 30,000 people; therefore, one kit is needed, which would be sent to the primary health-care centres</p> <p>However, as there are three primary and referral health-care centres, and it is difficult to divide supplies, three kits should be procured, with one sent to each primary and referral health-care centre</p> <p>The mobile clinic does not conduct deliveries so it does not receive this kit</p> <p>In addition, as the kits cannot be divided, one Kit 6A should be ordered for every Kit 11A and sent to the referral health-care centre; therefore one additional Kit 6A should be added to the order</p>
<p>Clinical delivery assistance (B: consumable)</p>	<p>This kit is designed for 30,000 people; therefore, one kit is needed, which would be sent to the primary health-care centres</p> <p>However, as there are three primary and referral health-care centres, and it is difficult to divide supplies, three kits should be procured, with one sent to each primary and referral health-care centre</p> <p>The mobile clinic does not conduct deliveries so it does not receive this kit</p> <p>In addition, as the kits cannot be divided, two Kit 6Bs should be ordered for every Kit 11B and sent to the referral health-care centre; therefore two additional Kit 6Bs should be added to the order</p>
<p>Management of complications of miscarriage and abortion</p>	<p>This kit is designed for 30,000 people; therefore, one kit is needed, which would be sent to primary and referral health-care centres</p> <p>However, as there are three primary and referral health-care centres and a mobile clinic, and it is difficult to divide supplies, four kits should be procured, with one sent to each primary and referral health-care centre and mobile clinic</p> <p>It may not be possible to use all of the supplies in the mobile clinic; it is therefore recommended that the mobile clinic integrates the unusable supplies into a primary health-care facility</p>
<p>Repair of cervical and vaginal tears</p>	<p>This kit is designed for 30,000 people; therefore, one kit is needed, which would be sent to primary and referral health-care centres</p> <p>However, as there are two primary health-care centres, one mobile clinic and one referral health-care centre, and it is not possible to divide supplies in this kit, four kits should be procured, with one sent to each primary and referral health-care centre and mobile clinic</p> <p>It may not be possible to use all of the supplies in the mobile clinic; it is therefore recommended that the mobile clinic integrates the unusable supplies into a primary health-care facility</p>
<p>Assisted delivery with vacuum extraction</p>	<p>This kit is designed for 30,000 people; therefore, one kit is needed, which would be sent to primary and referral health-care centres</p> <p>However, as there are two primary health-care centres and one referral health-care centre, and it is not possible to divide supplies in this kit, three kits should be procured, with one sent to each primary and referral health-care centre</p> <p>The mobile clinic does not conduct deliveries so it does not receive this kit</p>



Referral-level kit for reproductive health (A: reusable)	This kit is designed for 150,000 people; therefore, one kit is needed, which would be sent to the referral health-care centre
Referral-level kit for reproductive health (B: consumable)	This kit is designed for 150,000 people; therefore, one kit is needed, which would be sent to the referral health-care centre
Blood transfusion	This kit is designed for 150,000 people; therefore, one kit is needed, which would be sent to the referral health-care centre
Oxytocin	Populations coming from settings with a high rate of caesarean section and a high rate of facility delivery have more facility deliveries in primary health-care centres as a result of health-seeking behaviour. The amount of oxytocin required may be more than the average that was used in the kit estimation  For every Kit 6B and Kit 11B, order one oxytocin kit

### EXAMPLE 3: ACUTE DISPLACED POPULATION, REFUGEE CAMP SETTING

- Number of displaced people: 500,000.
- Special observations: administrative supplies available locally; high likelihood of long-term displacement in the camp; implants and IUDs used in the place of origin; abortion is legal and widely available in the hosting country.
- Facilities and staff:
  - primary health-care level: three health-care centres in the camp each with one medical doctor, two trained nurses and one trained midwife; birth attendants and health-care workers in the community; and
  - referral level: two hospitals in the camp with trained staff to perform emergency obstetric procedures; one local hospital 10 km away, poorly equipped but with trained staff able to perform emergency obstetric procedures.

Order:

Item	Quantity
Male condoms (Kit 1A)	50
Clean delivery, individual (Kit 2A)	0
Clean delivery, birth attendant (Kit 2B)	0
Post-rape treatment (Kit 3)	48
Oral and injectable contraception (Kit 4)	50
Treatment of STIs (Kit 5)	50
Clinical delivery assistance (Kit 6A)	6
Clinical delivery assistance (Kit 6B)	17
Management of complications of miscarriage and abortion (Kit 8)	17
Repair of cervical and vaginal tears (Kit 9)	17

Assisted delivery with vacuum extraction (Kit 10)	17
Referral-level kit for reproductive health (Kit 11A)	4
Referral-level kit for reproductive health (Kit 11B)	4
Blood transfusion (Kit 12)	4
<b>Complementary commodities</b>	
IUDs	17
Implants	17
Misoprostol	51
Mifepristone	17

#### Explanation:

Male condoms	This kit is designed for 10,000 people; therefore, 50 kits are needed, which would be divided between primary and referral health-care centres
Clean delivery kit – individual	In a camp it is safe to move at night and health facilities are easy to reach, so clean delivery kits are not required
Clean delivery kit – attendant	In a camp it is safe to move at night and health facilities are easy to reach, so clean delivery kits are not required
Post-rape treatment	This kit is designed for 10,000 people; therefore, 50 kits are needed, which would be divided between primary and referral health-care centres  Because of the required assumptions behind the post-rape treatment kits, there is often an overstock of supplies included in this kit; as a result, only 48 kits should be procured, to be distributed evenly to each primary and referral health-care centre (of which there are six)
Oral and injectable contraception	This kit is designed for 10,000 people; therefore, 50 kits are needed, which would be divided between primary and referral health-care centres
Treatment of STIs	This kit is designed for 10,000 people; therefore, 50 kits are needed, which would be divided between primary and referral health-care centres
Clinical delivery assistance (A: reusable)	This kit is designed for 30,000 people; therefore, 17 kits are needed, which would be sent to primary health-care centres  However, as there are three primary health-care centres and the supplies in this kit are reusable, three kits should be procured, with one sent to each primary health-care centre  In addition, as the kits cannot be divided, one Kit 6A should be ordered for every Kit 11A and sent to referral health-care centres; therefore three additional Kit 6As should be added to the order
Clinical delivery assistance (B: consumable)	This kit is designed for 30,000 people; therefore, 17 kits are needed, which would be sent to primary health-care centres
Management of complications of miscarriage and abortion	This kit is designed for 30,000 people; therefore, 17 kits are needed, which would be sent to primary and referral health-care centres

Repair of cervical and vaginal tears	This kit is designed for 30,000 people; therefore, 17 kits are needed, which would be sent to primary and referral health-care centres
Assisted delivery with vacuum extraction	This kit is designed for 30,000 people; therefore, 17 kits are needed, which would be sent to primary and referral health-care centres
Referral-level kit for reproductive health (A: reusable)	This kit is designed for 150,000 people; therefore, four kits are needed, which would be sent to referral health-care centres
Referral-level kit for reproductive health (B: consumable)	This kit is designed for 150,000 people; therefore, four kits are needed, which would be sent to referral health-care centres
Blood transfusion	This kit is designed for 150,000 people; therefore, four kits are needed, which would be sent to referral health-care centres
IUDs	IUDs were used in the place of origin and are registered in the host country  The population is not likely to migrate to a place where they cannot be removed  This complementary commodity kit is designed for 30,000 people; therefore, 17 kits are needed, which would be sent to primary and referral health-care centres
Implants	Implants were used in the place of origin and are registered in the host country  The population is not likely to migrate to a place where they cannot be removed  This complementary commodity kit is designed for 30,000 people; therefore, 17 kits are needed, which would be sent to primary and referral health-care centres
Misoprostol	Abortion is legal and widely available in the host country  Misoprostol and mifepristone are registered in the host country for the induction of medical abortion  Three misoprostol kits should be ordered per Kit 8, which would be sent to primary and referral health-care centres
Mifepristone	Abortion is legal and widely available in the host country  Misoprostol and mifepristone are registered in the host country for the induction of medical abortion  This complementary commodity kit was designed for 30,000 people; therefore, 17 kits are needed, which would be sent to primary and referral health-care centres along with misoprostol