**2.6 COUNTRY NAME Storage Assessment**

**REPLACE THIS TEXT with a 3 - 5 paragraph narrative describing storage facilities and access to such facilities around the country. Identify if enough capacity exists for current needs; identify any key bottle necks or constraints with regards to storage. Describe the overall national storage infrastructure; mention if reliable facilities are easy or difficult to locate. Mention if facilities are required to obtain specific certifications to handle pharmaceuticals and if quarantine is applicable to specific item categories. ENSURE COMPANIES IDENTIFIED IN THESE PARAGRAPHS HAVE THEIR CONTACT DETAILS IN SECTION 4.6: Storage and Milling Companies Contact List. Create the list by completing the 4.6 template.**

For more information on storage company contact details, please see the following link: **HQ staff will input a link to section 4.6 Storage and Milling Companies Contact List here.**

## Commercial Storage

**REPLACE THIS TEXT with a 1 - 3 paragraph narrative describing any additional information regarding commercial storage. ENSURE COMPANIES IDENTIFIED IN THESE PARAGRAPHS HAVE THEIR CONTACT DETAILS IN SECTION 4.6: Storage and Milling Companies Contact List. You may add additional lines to the table as required.**

|  |  |
| --- | --- |
| **Location** |  |
| **Owner** |  |
| **Available for Rent** | Yes / No |
| **General Cargo** **Capacity**  ***(mt / m² / m³)*** |  |
| **Type of Facility** | Open storage, container, rub-hall, silo, concrete, other, unspecified. |
| **Access to the Facility** | **Raised-siding, flat, etc. Specify whether reception and dispatch areas are clearly defined.** |
| **Condition of the Facility** | **Appears intact, appears damaged, under construction/repair. Specify if there is the possibility to extend the warehouse.** |
| **Minimum Operating Standards** | **Does the warehouse meet minimum operating standards (e.g., security, inventory management, pest control)?** |
| **SOPs** | **Does the facility have SOPs on safety and security measures, access controls, etc.? Are they clearly displayed / available to the workers?** |
| **Provides Storage and Services for Medical Supplies** | **Yes / No**  **If yes, insert this provider in the table of the last paragraph ‘Medical Supplies’.** |
| **Additional services** | **Specify if other services are provided: e.g. kitting, repalletizing, repacking, waste disposal and pest control.** |

**Storage Used by Humanitarian Organizations**

**REPLACE THIS TEXT with a 1 - 3 paragraph narrative describing how major humanitarian organizations store their items. Identify if main preference is to run their own facilities or contract out to a private service provider. Identify the largest organizations storing items in the country and of what items are being stored. Ensure you capture any national Red Cross / Crescent Societies. ENSURE ANY AGENCIES IDENTIFIED IN THESE PARAGRAPHS HAVE THEIR CONTACT DETAILS IN SECTION 4.2: Humanitarian Agency Contact List. Create the list by completing the 4.2 template.**

|  |  |
| --- | --- |
| **Location** |  |
| **Organization** |  |
| **Sharing Possibility** | Yes / No |
| **General Cargo** **Capacity**  ***(mt / m² / m³)*** |  |
| **Type of Facility** | Open storage, container, rub-hall, silo, concrete, other, unspecified. |
| **Access to the Facility** | **Raised-siding, flat, etc. Specify whether reception and dispatch areas are clearly defined.** |
| **Condition of the Facility** | **Appears intact, appears damaged, under construction/repair. Specify if there is the possibility to extend the warehouse.** |
| **Minimum Operating Standards** | **Does the warehouse meet minimum operating standards (e.g., security, inventory management, pest control)?** |
| **SOPs** | **Does the facility have SOPs on safety and security measures, access controls, etc.? Are they clearly displayed / available to the workers?** |
| **Provides Storage and Services for Medical Supplies** | **Yes / No**  **If yes, insert this provider in the table of the last paragraph ‘Medical Supplies’.** |
| **Additional services** | **Specify if other services are provided: e.g. kitting, repalletizing, repacking, waste disposal and pest control.** |

**Public Sector Storage**

**REPLACE THIS TEXT with a 1 - 3 paragraph narrative describing public sector storage. Focus on those agencies which support disaster / emergency response for the country and identify the types of items they have in storage and ability for humanitarian community to access such items if required.  ENSURE GOVERNMENT AGENCIES IDENTIFIED IN THESE PARAGRAPHS HAVE THEIR CONTACT DETAILS IN SECTION 4.1: Government Contact List. Create the list by completing the 4.1 template.**

|  |  |
| --- | --- |
| **Location** |  |
| **Ministry / Agency** |  |
| **Use Possibility** | Yes / No |
| **General Cargo** **Capacity**  ***(mt / m² / m³)*** |  |
| **Type of Facility** | Open storage, container, rub-hall, silo, concrete, other, unspecified. |
| **Access to the Facility** | **Raised-siding, flat, etc. Specify whether reception and dispatch areas are clearly defined.** |
| **Condition of the Facility** | **Appears intact, appears damaged, under construction/repair. Specify if there is the possibility to extend the warehouse.** |
| **Minimum Operating Standards** | **Does the warehouse meet minimum operating standards (e.g., security, inventory management, pest control)?** |
| **SOPs** | **Does the facility have SOPs on safety and security measures, access controls, etc.? Are they clearly displayed / available to the workers?** |
| **Provides Storage and Services for Medical Supplies** | **Yes / No**  **If yes, insert this provider in the table of the last paragraph ‘Medical Supplies’.** |
| **Additional services** | **Specify if other services are provided: e.g. kitting, repalletizing, repacking, waste disposal and pest control.** |

**Medical Supplies**

**REPLACE THIS TEXT with a 1 - 3 paragraph narrative describing Medical Logistics options in the country. Identify any specific issues with regards to medicine / vaccine storage options, including power cut occurrence and back up plans usually in place. ENSURE COMPANIES IDENTIFIED IN THESE PARAGRAPHS HAVE THEIR CONTACT DETAILS IN SECTION 4.6: Storage and Milling Companies Contact List. You may add additional lines to the table as required.**

|  |  |
| --- | --- |
| **Location** |  |
| **Owner/ Organization/ Ministry / Agency** |  |
| **Bonded/Non-bonded** | **Specify m³ per type** |
| **Use / Sharing / Renting Possibility** | **Specify which option is available.** |
| **15 to 25°C Capacity**  **(m³)** |  |
| **2 to 8°C capacity**  **(m³)** |  |
| **- 25 to - 15°C Capacity**  **(m³)** |  |
| **- 80 to - 60°C Capacity**  **(m³)** |  |
| **Narcotics Capacity (m³)** |  |
| **Power** | **What type of electric source does the facility have (e.g. electric mains or electric solar, gas or kerosene)? Specify if there is a back-up system in case the primary system fails, and type of back-up (solar energy, generators, UPS system, battery, inverter charger, etc.). Specify if a safety review of the electrical installation happens regularly.** |
| **Access to the Facility** | **Raised-siding, flat, etc. Specify whether reception and dispatch areas are clearly defined.** |
| **Condition of the Facility** | **Appears intact, appears damaged, under construction/repair. Specify if there is the possibility to extend the warehouse.** |
| **SOPs** | **Does the facility have SOPs on safety and security measures, access controls, etc.? Are they clearly displayed / available to the workers?** |
| **Certifications** | **Does the facility have a certification to handle pharmaceuticals? List certifications obtained by the facility.** |
| **Minimum Operating Standards** | **Does the facility meet minimum operating standards (e.g., security, inventory management, pest control)?** |
| **Good Services Practices** | **If national Good Service Practices registration is required, does the warehouse have it?**  **Yes/No/Not required**  **Does the facility have quality assurance capability? How is it performed? And by whom? (Independent QA team?)** |
| **Tracking systems** | **Does the facility have inventory management systems, batch number /lot / expiry date tracking systems, etc.? What is the type of stock reports/software used?** |
| **Temperature Control Systems** | **Does the facility have temperature sheets, data loggers (if yes, what type?), remote temperature control, etc. Specify also if humidity and light regulation is in place. Is the data shared with partners?** |
| **Humidity and Light Regulation** | **Specify whether humidity and light regulations are in place.** |
| **Cold Storage Equipment** | **Specify the frequency of maintenance and calibration / recalibration of the equipment.** |
| **Qualified Staff** | **Is there qualified staff at the facility (Pharmacist, Medical Logistician, Quality Responsible, etc.)?** |
| **Pharmaceutical Waste** | **Are waste management regulations in place? Is there an area dedicated to pharmaceutical waste and what are the procedures on pharmaceutical waste disposal/destruction?** |
| **Additional Services** | **Specify if the following services are provided: pick and pack, coolant packs, area for conditioning, cold boxes, ability to produce dry ice, kitting, repalletizing, repacking, reconditioning keep cool and pest control, and whether related SOPs are available.** |