Toward Effective Common Operating Policies in Humanitarian Supply Operations

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The Problem

Project-specific:

- -29% of consumable items were either in rupture or at risk of rupture
- —58% of consumable items were in overstock

Organization-wide:

- -60% of product forecasts result in stockout or overstock

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The Research Scope



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The Research Question

Q: Could segmentation, or the grouping of medical items with similar characteristics and tailored inventory polices for these segments, improve item availability in ongoing humanitarian operations while maintaining appropriate costs?

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The Research Answer

A: The results of such item segmentation, and the application of common operating policies, was a theoretical increase over the current rule of thumb, single operating policy by 22% in average expected item availability and a decrease in total costs of 2-8%. Yet, similar results were achieved without segmentation.

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Methodology

- 1. Obtain a list of medical items to stock.
- 2. Determine candidate drivers, key drivers and their respective values.
- 3. Group items into segments by key drivers.
- 4. Assign an inventory policy per segment.
- 5. Evaluate.

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The Analysis

- 1. Medical Items (n=143) to stock
- 2. Demand Variability, Physical Size as key drivers
- Coefficient of Variation (CV≥1.33); Physical Size ≥ 1m³ as segment boundaries
- 4. Scenarios 1-5 (unsegmented | segmented)
- 5. Expected Item Availability & Expected Costs (Annual | Investment) adapted single-stage, guaranteed service time model

Graves, S.C., & Willems, S.P. (2000). Optimizing Strategic Safety Stock Placement in Supply Chains. *Manufacturing & Service Operations Management* Vol.2 No.1, pp. 68–83.

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The Results

-Scenario 1 rule of thumb safety stock (unsegmented)
-Scenario 5 safety stock based upon variability of demand (segmented)
High variability | mid-low size | shorter review | air transport

average expected service level percent change 22% expected annual costs + expected inventory investment percent change -8%

-Scenario 2 safety stock based upon demand variability (unsegmented)

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1. Expected item availability can improve when demand variability is formally considered.

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2. Segmentation benefits from visual assessment, iterative analysis and formal sensitivity analysis.

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3. For the practitioner, a clear, repeatable process may be preferable.

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4. Optimization is not necessary for improvement in outcomes.

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5. Common operating policies can allow for decisions based upon informed levels of risk.

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1. Models. Box (1986) notes, "Essentially, all models are wrong, but some are useful."

Box, G.P.,& Draper, N.R. (1986). Empirical model-building and response surface. New York: Wiley, c. 1986.

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2. Math. For some practitioners in the case study, it was the belief that statistics does not have a role in inventory management.

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$$c_{t} * \frac{12}{r} + \sum_{i=1}^{N} 12 * C_{i} * \frac{FMC_{i}}{AMC_{i}} \mu_{i} + \alpha_{i}c_{i} \left(z_{i}\sigma_{i}\sqrt{\tau}_{i} + \frac{\mu_{i}r}{2} + T_{i}\mu_{i} \right) + 12 * (c_{i} + v_{i})\sigma_{i}G(z_{i})$$

ordering cost

procurement cost

holding cost

stockout cost

FMC_i forecasted monthly consumption (units/time)

AMC_i average monthly consumption (units/time)

- μ_i average demand (average monthly consumption) (units/time)
- **o**_i standard deviation of demand (units/time)
- r review period (time)
- T stage time [lead time] (time)
- v_i net replenishment time [review period + stage time] (time)
- z_i safety factor (unitless)

 $G(z_i)$ unit normal loss function (unitless)

- α_i annual holding rate (\notin /inventory (\notin /time)
- c_t fixed cost of transport (\notin /order)
- c_i purchase cost (ϵ /unit)
- v_i variable cost of transport (\notin /unit)
- C_i cumulative cost [purchase + variable transport] (\notin /unit)

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3. Cost. At times it appeared that any discussion of cost as regards humanitarian operations was taboo.

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1. Models

- 2. Math
- 3. Cost

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Segment, or perhaps don't, but formally incorporate demand variability into inventory policies for medical items in ongoing humanitarian operations.

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