

# QUICK REFERENCE FOR DETERMINING ORDERS FOR DMPA-SC

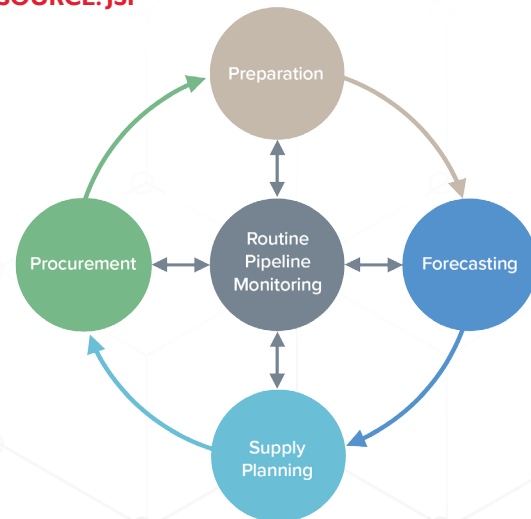
Family planning quantification teams and program managers can use this checklist as a quick reference guide during DMPA-SC quantification exercises and to validate their quantification methodology before placing DMPA-SC orders.

Subcutaneous DMPA, otherwise known as DMPA-SC, is currently being introduced and scaled up as a new family planning (FP) method in numerous countries across public, private, and social marketing sectors. DMPA-SC offers several advantages over existing injectables as well as opportunities to help health programs and projects to meet family planning goals.

Introducing any new product into a health system presents several supply chain challenges. Ensuring that the right quantities of DMPA-SC are available to the user at the right time requires that orders and shipments are carefully planned, timed, and monitored. Program success and health outcomes are dependent on strong supply chain management to keep the program within target stock levels (neither under-stocked nor over-stocked) for DMPA-SC as well as other methods whose consumption may be affected by DMPA-SC uptake.

The following checklist serves as a quick reference to ensure that key aspects have been considered and incorporated into planned DMPA-SC orders and that the necessary steps have been taken to properly complete the quantification process (see figure above). Supply chain and FP program managers should make sure that the following tasks have taken place before placing an order for DMPA-SC with a donor, procuring organization or manufacturer. Completing these tasks will help avoid delays, stockouts, and overstocks and support program success across all sectors engaged in DMPA-SC introduction.

## HIGH LEVEL STEPS IN QUANTIFICATION SOURCE: JSI



## RESOURCES

1. John Snow, Inc. 2017. [\*Quantification of Health Commodities: A Guide to Forecasting and Supply Planning for Procurement\*](#). Arlington, Va.: John Snow, Inc.
2. John Snow, Inc. 2017. [\*Quantification of Health Commodities: DMPA-SC Companion Guide\*](#). Arlington, Va.: John Snow, Inc.
3. PATH. [\*How to Introduce and Scale Up Sayana Press \(DMPA-SC in Uniject\): Practical Guidance from PATH Based on Lessons Learned During Pilot Introduction\*](#). Seattle: PATH; 2017.
4. PATH. [\*Monitoring Sayana Press Pilot Introduction\*](#). January 2017.

## CHECKLIST

Was the quantification based on a final, widely-agreed-upon introduction and/or scale-up plan for DMPA-SC?

Did the quantification process include input and review from a broad stakeholder body?

- Does the quantification reflect and account for program design aspects including:
  - Through which service delivery channels and locations will DMPA-SC be offered?
  - Will DMPA-SC be offered alongside other injectables?
  - Will self-injection be offered to DMPA-SC users?
  - The anticipated timings of service provider trainings and the numbers of service providers to be trained? (see page 22 in *Quantification of Health Commodities: DMPA-SC Companion Guide*)

Does the quantification reflect the estimated effect of DMPA-SC introduction on consumption of other family planning methods? (see pages 11-13 in *Quantification of Health Commodities: DMPA-SC Companion Guide*)

Did stakeholders arrive at the final forecasted consumption based on review of multiple forecasting methodologies?

Does the quantification include quantities required for training purposes?

Are desired order quantities based on a supply plan?

- Does the supply plan reflect:
  - Forecasted consumption from the quantification exercise?
  - Target inventory levels measured as Maximum and Minimum levels of stock for the national pipeline?
  - Current quantities on hand in the system (if any)?
  - DMPA-SC's three-year shelf life?
  - Current manufacturer or supplier lead times?

Have required product registration or waiver efforts begun in time to support desired shipment receipt dates?

Has a distribution plan been outlined to ensure that initial quantities of DMPA-SC reach health facilities shortly before or after provider trainings?

Are plans in place to adjust health and/or logistics management information system (HMIS, LMIS) records and reporting tools as necessary to facilitate tracking and reporting on DMPA-SC uptake?

Will quarterly (or more frequent if possible) pipeline monitoring be in place to adjust order timings and quantities based on observed actual consumption patterns (for DMPA-SC as well as other affected methods such as DMPA-IM)? (note: routine pipeline monitoring is strongly recommended but in many settings is an aspirational goal rather than a current reality)

### FOR MORE INFORMATION

JSI has developed step-by-step guidance to support DMPA-SC quantification, including forecasting examples. Please refer to *Quantification of Health Commodities: DMPA-SC Companion Guide* to learn more. If you are interested in using this guidance to support your program or country quantification, please contact [fpaccessprogram@jsi.com](mailto:fpaccessprogram@jsi.com).

Country-level efforts to improve forecasting and supply planning for DMPA-SC help support coordination at the global level. The FP Access Program and the Coordinated Supply Planning group assist countries, donors, partners, and Pfizer to monitor and prioritize DMPA-SC orders. To provide data to this group or for more information, please contact [Maggie\\_Murphy@jsi.com](mailto:Maggie_Murphy@jsi.com).