Subnational Market for DMPA-SC: Kenya

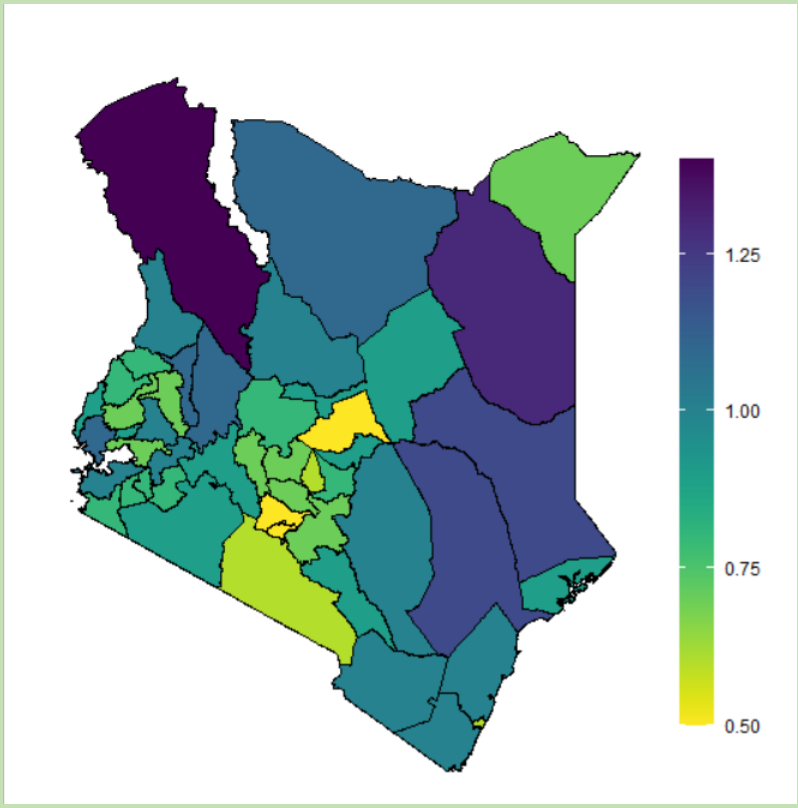
The **Projecting Subcutaneous and Self-Injectable Use Model** is a web-based tool developed by Track20 to estimate the number of potential subcutaneous injectable (SC) and self-injectable (SI) users annually through 2030 for low- and middle-income countries. The model can be applied at lower geographic areas, giving policy makers and chance to see the largest potential markets within a country.

Who will use DMPA-SC?

The growth in subcutaneous users is theorized to come from current (intramuscular) injectable users, other short-term method users, and non-users (both from decreased discontinuation of SC and non-users who start using SC). Additional increases will come from these populations when self-injectables become fully available, because of the additional ease of use over provider-administered subcutaneous injectables.

	mCPR	Additional Number of Users
Region with Highest Growth Potential	1.4% points: Turkana County	10,758: Nairobi County
Region with Smallest Growth Potential	0.5% points: Kiambu, Meru, and Nairobi Counties	439: Lamu County

The Effect of DMPA-SC on mCPR



The model estimates additional growth in mCPR ranging from 0.5% to 1.4% points by 2030 (than would have been seen without the wide-scale availability of SC and SI). The region with the largest potential growth is Turkana County.

Try our interactive tool:
https://track20.shinyapps.io/DMPASC_SI/

Visit our GitHub:
https://github.com/Track20/SCSIModel

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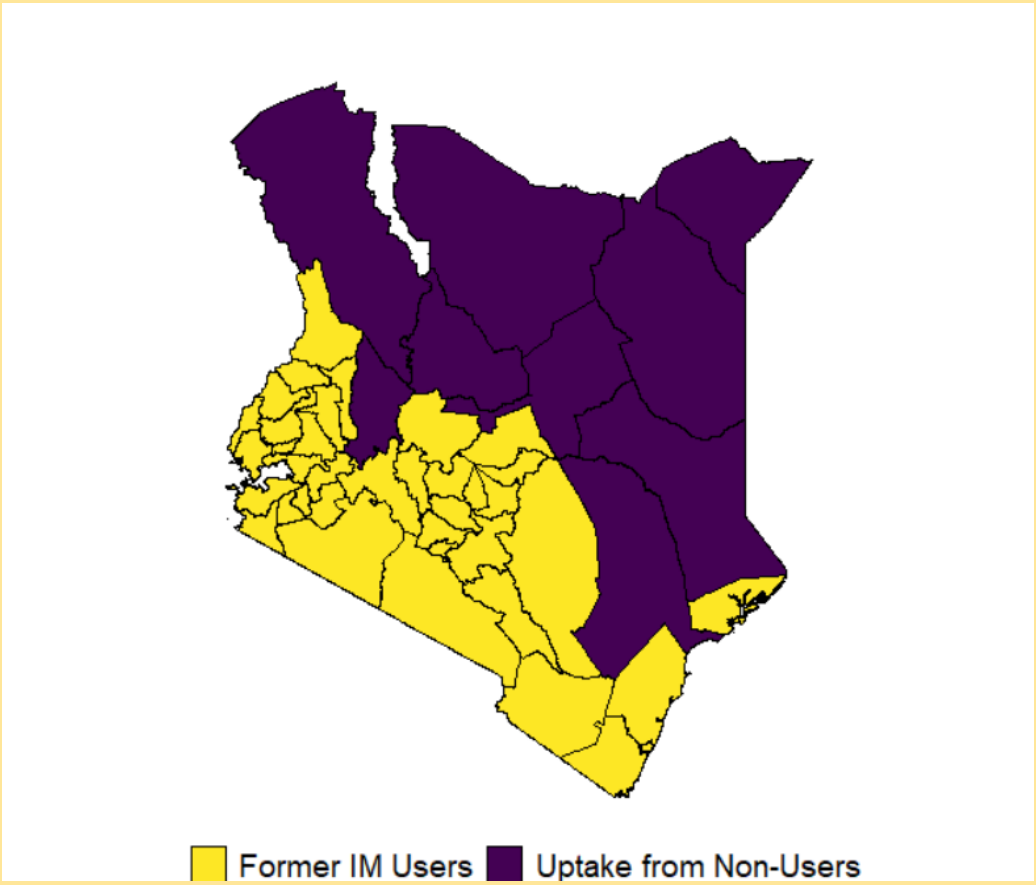
Where will the plurality of DMPA-SC Users Come From?



SC users come from 4 populations: 1: they switch from IM use; 2: they switch from other short-term methods; 3: they are using because of decreased discontinuation (they would have been IM or short-term users who discontinued, but because they switched to SC they did not discontinue); and 4: women who would otherwise be non-users. In 38 counties in Kenya, the plurality of potential SC users in 2030 are women who would otherwise have been DMPA-IM users, while in the other 9 regions the plurality would otherwise have been non-users.

The subnational model uses subnational data whenever available. Most data comes from the DHS. Subnational FPETs must be run before preparing the subnational DMPA-SC estimates. National data is used for discontinuation information, year of introduction and scale up, and injectable use as the share of mCPR regression information. In some countries, larger geographic groupings are used for method source, if observations are small.