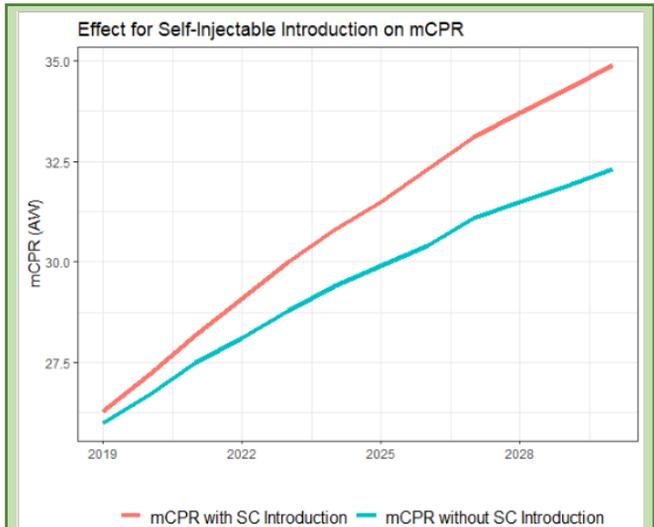


The **Projecting Subcutaneous and Self-Injectable Use Model** is a web-based tool developed by Track20 to estimate the number of potential subcutaneous injectable (SC) and self-injectable (SI) users annually through 2030 for FP2020 countries.

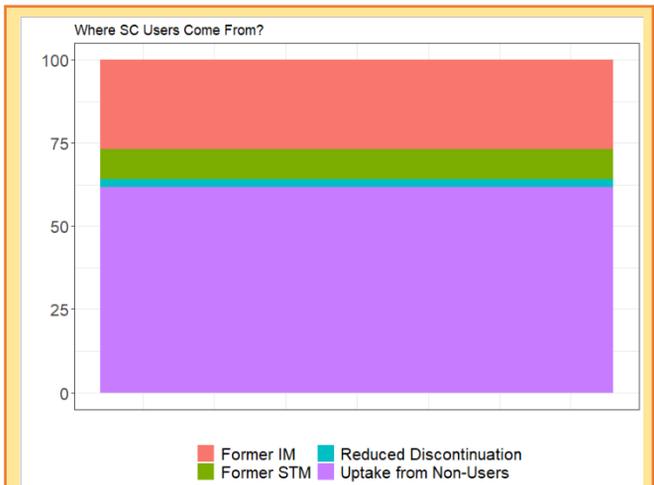
Who will use DMPA-SC?

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.

| Parameters | Burkina Faso |
|--|--------------|
| Proportion of Injectable users that will switch to SC | 16% |
| Proportion of STM users that will switch to SC | 8% |
| Proportion of fecund Non-users who do not want a child in the next year that will uptake to SC | 4% |
| SI Bonus | 1% |
| Each of the above parameters experiences an increase when SI is at full scale (partial bonus awarded during scale up) | |
| Maximum share of SC that will be SI | 40% |
| Year SC is at full scale | 2019 |
| The method has moved out of the pilot stage and is as available as similar methods (for example, offered in as many places as intramuscular injectables) | |
| Year SI is at full scale | 2022 |
| Programs and regulations are in place for women to self-inject, and providers receive training on how to teach women to self-inject | |



The model estimates an additional 2.6 percentage point growth in mCPR in 2030 than would have been seen without the wide-scale availability of SC and SI.



SC users come from 4 populations: they switch from IM use, they switch from other short term methods, 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 women who would otherwise be non-users. Most SC users in 2030 in Burkina Faso are women who would otherwise have been non-users.

Try our interactive tool:

https://track20.shinyapps.io/DMPASC_SI/

COVID-19 has the potential to cause major disruptions in family planning programs - including unwillingness of individuals to go to health facilities and programs being delayed as health workers are shifted to COVID-19 response. Globally, COVID-19 may cause disruptions in the manufacturing and shipping of contraception.

To estimate the potential impact on DMPA-SC, we conduct two additional scenarios: a delay in scale up of SI by 2 years, and a delay plus reductions in the share of women who switch from other short-term methods to SC or uptake SC by half.

| Parameters | Original | Delay | Delay + Reduction |
|--|----------|-------|-------------------|
| Proportion of Injectable users that will switch to SC | 16% | 16% | 16% |
| Proportion of STM users that will switch to SC | 8% | 8% | 4% |
| Proportion of fecund Non-users not who do not want a child in the next year that will uptake to SC | 4% | 4% | 2% |
| SI Bonus | 1% | 1% | 1% |
| Maximum share of SC that will be SI | 40% | 40% | 40% |
| Year SC is at full scale | 2019 | 2019 | 2019 |
| Year SI is at full scale | 2022 | 2024 | 2024 |

| Results | Original | Delay | Delay + Reduction |
|--|----------|---------|-------------------|
| Number of DMPA-SC Users in 2030 | 262,839 | 259,433 | 181,118 |
| % of DMPA-SC Users from Uptake in 2030 | 62% | 61% | 51% |
| DMPA-SC as share of method mix | 11% | 11% | 8% |
| mCPR | 34.9% | 34.8% | 33.8% |
| Additional Users | 168,555 | 165,721 | 98,045 |