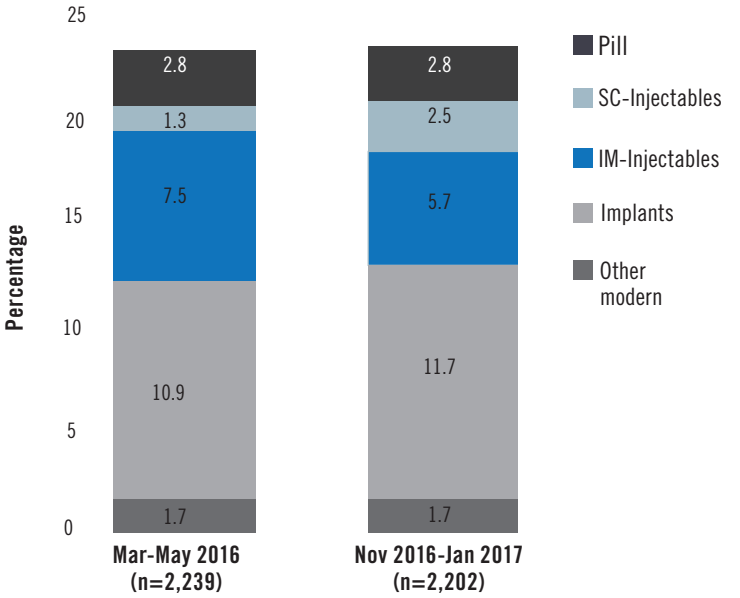
Use and Availability of Subcutaneous Injectables

Data from PMA2020 Burkina Faso and the DRC

The subcutaneous injectable, or SC-Injectable, is a new type of contraceptive injectable administered under the skin. Unlike traditional injectables injected into muscle (IM-Injectable), SC-Injectables combine drug and needle into one device, making it easier for lower-level health workers to administer.

PMA2020 began collecting SC-Injectables data in DRC (Kinshasa and Kongo Central) in 2015 and in Burkina Faso in 2016, making it the first survey to provide national estimates of SC-Injectable prevalence.

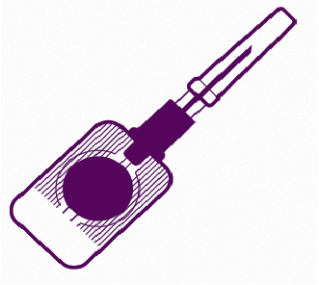
Modern Contraceptive Prevalence Among Women in Union in Burkina Faso, 2016-2017



Sayana® Press Introduction in Burkina Faso

Sayana® Press, the brand name for SC-Injectables available in Burkina and the DRC, was first introduced among 4 pilot regions in Burkina in July of 2014.

In 2017, 2.5% of all married women in Burkina were using Sayana® Press, though availability remains limited to the 4 pilot regions.

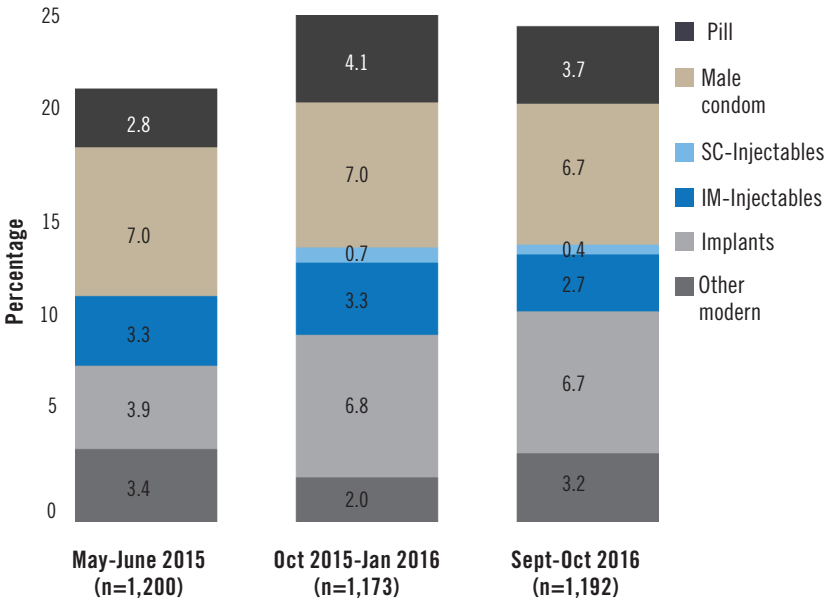


This translates to 10.3% of the total method mix among women in union.

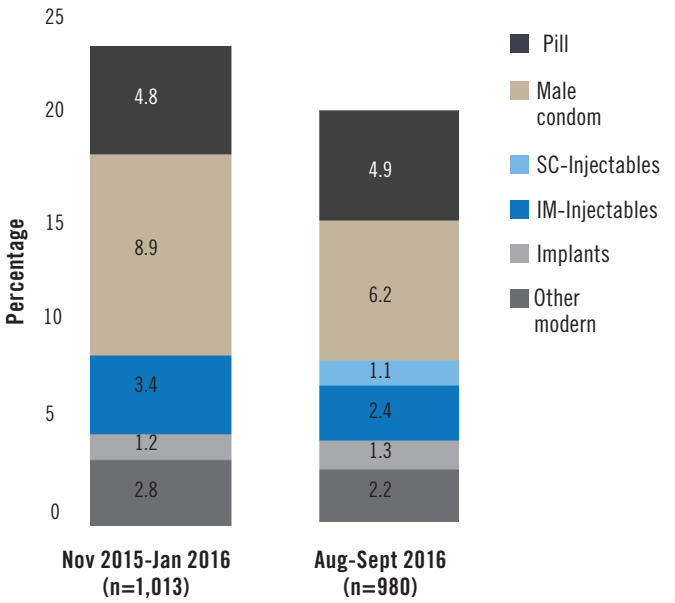
Sayana® Press Introduction in the DRC

Sayana® Press was first introduced to Kinshasa in May 2015 via a pilot study to evaluate the feasibility of community-based provision by medical and nursing students. This approach was replicated in Kongo Central starting in October of 2016. SC-Injectables are not yet widely used in either province.

Modern Contraceptive Prevalence Among Women in Union in Kinshasa, 2015-2016

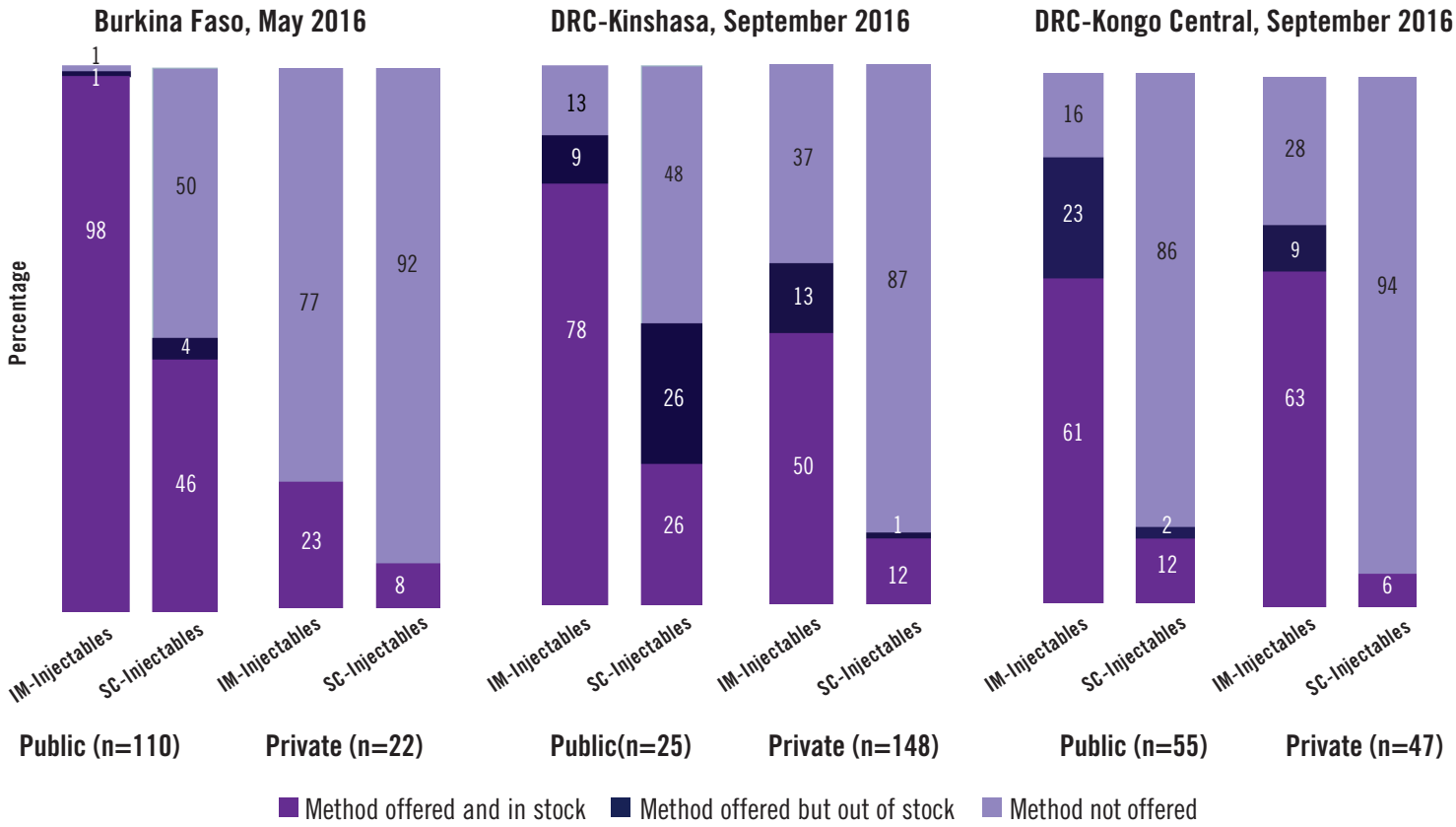


Modern Contraceptive Prevalence Among Women in Union in Kongo Central, 2015-2016



PERFORMANCE MONITORING & ACCOUNTABILITY 2020

Availability of SC-Injectables across Public and Private Service Delivery Points (SDP) in Burkina Faso and the DRC



SC-Injectables User Profile in Burkina Faso*

While the number of Sayana® Press users in the PMA2016-17/Burkina Faso sample remains small (n=61), results seem to suggest SC-Injectable users have a similar profile with other modern users, except that they are somewhat more likely to live in rural areas.

*The number of SC-Injectable users in the PMA2016/Kinshasa and Kongo Central samples was not large enough to present a typical user profile. The sample size for PMA2016-17/Burkina Faso is too small to assert statistical significance.

SAMPLE DESIGN

PMA2020 uses a two-stage cluster design to randomly select enumeration areas (EAs) using selection probabilities proportional to EA size. In Burkina Faso, 83 enumeration areas were selected within urban and rural strata. In the DRC, 58 enumeration areas in Kinshasa and 52 EAs in Kongo Central were selected. Across all three geographies, between 33 and 35 households (33 in the DRC and 35 in Burkina), were selected and enumerated. Women of reproductive age (ages 15-49) were then contacted and consented for interviews.

The most recent round of data collection in Burkina Faso took place November 2016 – January 2017. A total of 2,718 households (97.9% response rate) and 3,150 females (95% response rate) were enumerated. The most recent available service delivery point (SDP) data were collected March-May 2016, and 132 facilities were enumerated (98.5% response rate).Data collection for Round 5 in Kinshasa took place September-October of 2016. A total of 1,841 households (97.2% response rate) and 2,582 females (95.3% response rate) were interviewed, along with 173 SDPs (93.5% response rate). Round 2 of data collection in Kongo Central took place August-September, 2016. 1,575 households (96.0% response rate) and 1,668 females (96.9% response rate) were interviewed, along with 102 SDPs (response rate 97.1%).

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