

SEXUAL & REPRODUCTIVE HEALTH SELF-CARE MEASUREMENT TOOL

FIRST EDITION

FEBRUARY 2023



SEXUAL & REPRODUCTIVE HEALTH (SRH) SELF-CARE MEASUREMENT TOOL 2023

This tool was developed by the Evidence and Learning Working Group (ELWG) of the [Self-Care Trailblazer Group](#) (SCTG), a global coalition hosted by Population Services International (PSI) dedicated to advancing the policy and practice of safe and effective self-care.

AUTHORSHIP

This tool is the product of the combined efforts of multiple parties, including:

Strategic leadership: Claire Watt Rothschild (PSI) and Gilda Sedgh (Independent).

Oversight and reviews: Tool development committee members, Martha Brady (Independent); Caila Brander (Ibis Reproductive Health); Aurélie Brunie (FHI 360); Holly Burke (FHI 360); Jane Cover (PATH); Austen El-Osta (SCARU / Imperial College London); Caitlin Gerdts (Ibis Reproductive Health); Kelsey Holt (UCSF); Karin Hatzold (PSI); Dinesh Kumar (Dr. Rajendra Prasad Government Medical College, Himachal Pradesh); Kristen Little (PSI); Fredrick Makumbi (Makerere University School of Public Health); Saumya RamaRao (Population Council).

Indicator selection: Intervention leads and presenters, Phil Anglewicz (Johns Hopkins University); Helen Anyasi (FHI 360 Nigeria); Sarah Baum (Ibis Reproductive Health); Caitlin Corneliess (PATH Access Collaborative); Jane Cover (PATH); Ijeoma Egwuatu (GIWYN); Austen El-Osta (SCARU / Imperial College London); Caitlin Gerdts (Ibis Reproductive Health); Karin Hatzold (PSI); Kelsey Holt (UCSF); Cheryl Johnson (WHO); Heidi Bart Johnston (WHO); Dinesh Kumar (Dr. Rajendra Prasad Government Medical College, Himachal Pradesh); Joseph Larmarange (INED); Moses Muwonge (Samasha Medical Foundation); Allen Namagembe (PATH Uganda); Colleen Oakes (PSI); Funmilola OlaOlorun (EVIHDAF / University of Ibadan); Elizabeth Omoluabi (Akena+ Health); Olive Sentumbwe (WHO Uganda); Arlette Simo Fotso (CEPED).

Tool development & design: [Impact for Health International](#), Andrea Cuthrell, Justine Fisher, Tabitha Kibuka, and Jaitra Sathyandran.

ACKNOWLEDGEMENTS

The authors give thanks to the following people for their significant contributions to this tool:

Insights from more than 70 experts who participated in the MEWG Nov 1-3 2022 meeting, including the following presenters and facilitators: Phil Anglewicz (Johns Hopkins University); Helen Anyasi (FHI 360 Nigeria); Sarah Baum (Ibis Reproductive Health); Martha Brady (Independent Consultant); Holly Burke (FHI 360); Caitlin Corneliess (PATH Access Collaborative); Ijeoma Egwuatu (GIWYN); Cheryl Johnson (WHO); Heidi Bart Johnston (WHO); Dinesh Kumar (Dr. RP Government Medical College, Himachal Pradesh); Joseph Larmarange (INED); Moses Muwonge (Samasha Medical Foundation); Allen

Namagembe (PATH); Colleen Oakes (PSI); Funmilola OlaOlorun (EVIHDAF / University of Ibadan); Elizabeth Omoluabi (Akena+ Health); Gilda Sedgh (Independent); Olive Sentumbwe (WHO Uganda); Arlette Simo Fotso (CEPED).

Technical support from session and interventions leads for the MEWG meeting: Aurélie Brunie (FHI 360); Jane Cover (PATH); Austen El-Osta (SCARU / Imperial College London); Caitlin Gerdts (Ibis Reproductive Health); Karin Hatzold (PSI); Kelsey Holt (UCSF); Kristen Little (PSI); Fredrick Makumbi (MakSPH).

Feedback from 12 potential users of the tool through a consultation session in Kenya.

FUNDING STATEMENT

Support for the development of this tool was provided by the Children's Investment Fund Foundation (CIFF) and the William and Flora Hewlett Foundation. The views and opinions expressed in this tool are those of the authors and not necessarily the views of the Foundations. The funders played no role in the methodology or content included in the tool.

SUGGESTED CITATION

Rothschild CW, Sedgh G, Cover J, Gerdts C, Hatzold K, Holt K, Brady M, Brunie A, Burke H, Cuthrell A, El-Osta A, Kibuka T, Kumar D, Little K, Makumbi F, RamaRao S, Sathyandran J, and the Measurement Expert Working Group of the Self-Care Trailblazer Group. (2023) Sexual and Reproductive Health Self-Care Measurement Tool. Self-Care Trailblazer Group, Washington D.C. doi:10.6084/m9.figshare.21954377



TABLE OF CONTENTS

Acronyms & Terminology	05
Introduction	06
Methods and Approach	08
Cross-Cutting Themes	10
Indicators	12
Summary table	12
DMPA-SC	17
HIV self-testing	49
Self-managed abortion	72
Annex 1: Acronyms	95

ACRONYMS

DMPA-SC	Subcutaneous depot medroxyprogesterone acetate
HIV	Human immunodeficiency virus
KAP	Knowledge, Attitudes and Practices
MEWG	Measurement Expert Working Group
M&E	Monitoring and evaluation
SRH	Sexual and reproductive health
SMA	Self-managed abortion

** see Annex 1 for a full list of acronyms*

TERMINOLOGY

SELF-CARE

The World Health Organization (WHO) defines self-care as, “the ability of individuals, families, and communities to promote their own health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health worker.”¹ Self-care interventions are corresponding tools that support individuals, families, and communities to practice evidence-based and effective self-care, and may include health information sources, self-testing, and self-administration of medications, among others.

SELF-MANAGED ABORTION

The practice of abortion by the pregnant person themselves, with or without the supervision of a health worker. In this document, we use self-managed abortion to refer to those done in accordance with WHO guidelines.²

For a list of common self-care terms, please refer to [SCTG Common Self-Care Terms Guide](#).

SELF-INJECTABLE DMPA-SC

A progestin-only hormonal contraceptive injectable designed for subcutaneous administration at 3-month intervals. Unlike intramuscular depot medroxyprogesterone acetate (DMPA-IM), DMPA-SC has been developed specifically for injection by non-medical personnel, including contraceptive users, with or without supervision by a health worker.

HIV SELF-TESTING

An HIV diagnostic that can be self-administered through the collection of a saliva, blood or urine sample. Reactive tests require a second laboratory-based test to confirm an HIV diagnosis.

1: World Health Organization. Self-care interventions for health. https://www.who.int/health-topics/self-care#tab=tab_1

2: World Health Organization. Abortion care guideline. World Health 2: Organization, 2022. <https://apps.who.int/iris/bitstream/handle/10665/349316/9789240039483-eng.pdf>



INTRODUCTION

BACKGROUND

Measurement of self-care interventions is important for monitoring progress and for strengthening the evidence base for effective programming. While self-care is not a new phenomenon, codified consolidated national and global SRH self-care guidelines are still nascent. Moreover, the very feature that defines self-care makes it hard to track and measure many aspects of the journeys self-carers and self-caregivers undertake: by design, much if not all of a user's self-care experiences take place outside of the formal health system, and are therefore not usually included in routine data collection on health service and outcome indicators.

Established in 2018 with support from the Children's Investment Fund Foundation (CIFF) and the William and Flora Hewlett Foundation, the [Self-Care Trailblazer Group](#) (SCTG) was formed as a global coalition with the aim of advancing global and regional advocacy for evidence-based self-care; supporting national governments in institutionalizing self-care in sexual and reproductive health policy and practice; and building a global technical community of practice to advance evidence-based self-care practice and evidence.

To help address the need for pragmatic and standardized SRH self-care measures, the SCTG's Evidence and Learning Working Group set forth to develop a measurement tool for SRH self-care.

What is the self-care measurement tool?

This SRH self-care measurement tool is a practical, adaptable resource for self-care stakeholders engaged in monitoring and evaluating SRH self-care programs. The tool also established a process for identifying and building consensus around SRH self-care priority indicators, which may serve as a foundation for future

efforts to develop priority indicators across an expanded range of self-care interventions. The authors envision that future updates to the tool will incorporate additional self-care interventions and domains of self-care, as the needs of the community of practice evolve.

Who should use this tool?

The tool is intended to be used by ministries of health, implementers, evaluators, and researchers interested in measuring progress toward fulfilling the potential of self-care, and improving standardization and comparability of priority SRH self-care indicators across varying settings.

SCOPE OF THE TOOL

The first iteration of this tool includes indicators specific to **three priority self-care interventions** (self-injectable DMPA-SC, HIV self-testing, and self-managed abortion) across **three domains** (enabling environment; knowledge, attitudes and practices; and service delivery and health outcomes). A total of 69 priority indicators are included in this tool. For each indicator, this tool provides information on its definition, the purpose of the indicator, how it is calculated, relevant data sources, and the frequency of its data collection. We also specify whether the indicator is known to have been used in the field ("established"), and provide examples of where the indicator has been used and how it has been used for decision-making, where known examples exist.

While we present indicators that are specific to the three interventions, we believe that these indicators represent priority measures more broadly, and can be applied to other interventions related to self-administration of a medication, self-injection, self-testing or self-sampling.



FIGURE 1: DOMAINS OF SELF-CARE MEASUREMENT

Domains of self-care measurement

This tool presents priority indicators for each of three domains, meant to capture distinct levels of the health system environment. This organizing framework draws upon established conceptual models for measurement and programming, including the [Family Planning High Impact Practices](#) (HIPS) organizing framework and the [Supply-Enabling Environment-Demand \(SEED\) Model for Family Planning Programming](#) developed by EngenderHealth. For this iteration of the tool, we established the scopes of these domains as follows.

Enabling Environment:

Aspects of the enabling environment addressed in this tool are the policies, laws, regulations, and regulatory agencies that support or hinder the provision and uptake of self-care methods and services. This measurement domain primarily focuses on measurement of systems-level factors at the subnational or national levels.

Knowledge, Attitudes and Practices (KAP):

This tool focuses on individuals' knowledge of self-care interventions, attitudes and preferences toward these interventions, self-efficacy related to self-care, and practices regarding how to access and use the interventions.

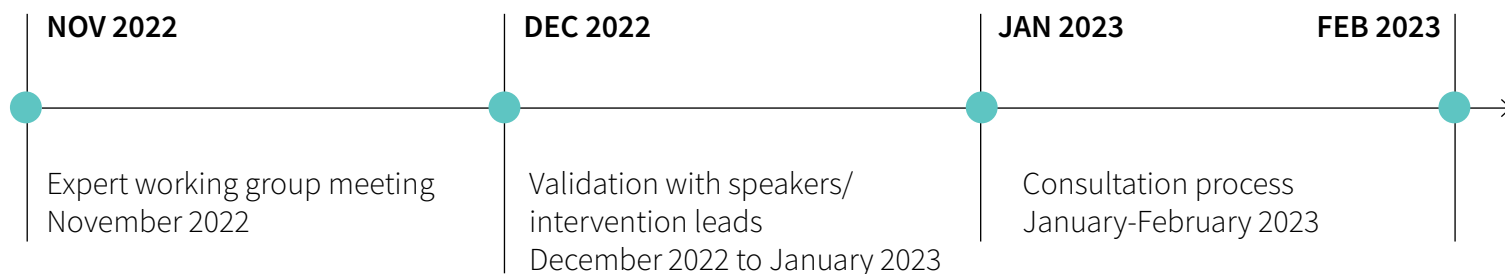
Service Delivery and Health Outcomes:

This domain focuses on availability, quality of both products and service delivery, and uptake and use of self-care services, including facility readiness; health provider knowledge, attitudes, and practices; linkages to facility- or community-based follow-up care; and other health outcomes.



METHODS & APPROACH

THE CONSENSUS PROCESS



EXPERT WORKING GROUP MEETING

To inform the development of the measurement tool, a 3-day expert working group meeting on self-care measurement was held from Nov 1-3, 2022. The meeting agenda, speakers, and participants' list were developed by the Tool Development Committee, which comprised measurement experts within the SCTG membership. Global experts in each of the measurement domains and self-care interventions were recruited to join the Tool Development Committee. During the meeting, invited experts proposed a minimum set of priority indicators for the three self-care interventions (self-injectable DMPA-SC, HIV self-testing, and self-managed abortion) across three domains (enabling environment; knowledge attitudes and practices (KAP); and service delivery and health outcomes). More than 70 experts including academics, researchers, implementers, policymakers and donors with expertise in the self-care measurement participated. Meeting participants assessed the indicators against three criteria, selected from a broader list of indicator selection criteria developed by USAID: their usefulness, their validity, and the feasibility of collecting the data needed for the measure.³

Usefulness: The indicator captures information that helps move self-care strategies or programming forward

Feasibility: Data for the indicator can be obtained with reasonable and affordable effort

Validity: To the extent possible, the indicator has been field-tested or used in practice

To learn more about the expert working group meeting and its outcomes, please find a full summary [here](#).

VALIDATION WITH SPEAKERS AND INTERVENTION LEADS

Following the expert working group meeting, the organizers developed a consolidated list of proposed indicators and shared this back with each of the speakers who had proposed the indicators. The speakers in turn coordinated with designated leads within the Tool Development Committee to re-evaluate and refine their proposed indicators based on four key factors: (1) to ensure the proposed indicator is well aligned with the domain definition; (2) to prioritize indicators that were categorized as “high priority” during the expert working group based on their validity, feasibility and usefulness,

3: Data for Impact Project. Selection of Indicators.
<https://www.data4impactproject.org/prh/overview/selection-of-indicators/>

(3) to prioritize routine M&E indicators; and (4) to identify which indicators are relevant to the cross-cutting themes (described further below). Indicator revision was conducted in close consultation with each of the designated leads for the respective self-care intervention (self-injectable DMPA-SC, HIV self-testing, and self-managed abortion) within the Tool Development Committee.

USER CONSULTATIONS

A group key informant interview took place with representatives from the Kenyan Ministry of Health (MOH), the Kenyan National Self-Care Network (NSN), and other advocacy, research, and implementation groups related to the policy and practice of self-care, to ensure the tool meets users' needs. A total of 12 stakeholders participated in the Kenya user consultation in January 2023. Their feedback was used to finalize the tool and inform dissemination efforts.

LIMITATIONS OF THE TOOL

This tool was developed using a consensus-driven process. We did not undertake a systematic review of the literature to identify indicators that have been tested or used in the field. Ideally, this tool would be informed by such a review. We instead employed a process that assumed that the meeting presenters and participants were familiar with the literature and indicators in their fields of expertise.

Potential users of this tool should exercise care when adopting the indicators, particularly to ensure that the indicators are suitable for, and appropriately adapted to, the context of proposed use. In particular, efforts to measure activities that are illegal or sensitive (e.g., self-managed abortion) may require particular attention to guarantee the safety, privacy, and confidentiality of all those involved in the measurement process.

While some of the indicators presented in this tool are well-established and integrated within national health management information systems, others are newly developed or may have been fielded only in limited contexts or settings. These new indicators are included where it was deemed that they present the state-of-the-art in measurement of a specific concept for a specific intervention and domain. However, users should be aware that not all proposed indicators have been extensively field-tested or formally validated.

The self-care interventions covered in this report have benefited from varying levels of investment and some have likely received more program support than others. Accordingly, the indicators to support these interventions are also at varying development stages. This is reflected in the uneven number and breadth of indicators across the interventions and domains covered in this report.

Finally, integration of data collection of self-care indicators into routine health data systems is critical for improving harmonization of self-care measures across varying settings as well as increasing data collection on these indicators. But the process of adding indicators to HMIS can be long and costly. Recommendations for how to support the integration of data collection on self-care into data collection systems are beyond the scope of this report.

UPDATING THIS TOOL

This tool is the first edition, with the intention of updating the tool and priority indicators therein as new evidence emerges, including additional evidence on the performance of the proposed indicators across a variety of contexts. New versions of the tool will be available in the [SCTG Resource Library](#) as they become available.



CROSS-CUTTING THEMES

The following cross-cutting themes were identified as relevant to multiple indicators, self-care interventions, and measurement domains. These themes may indicate areas where further measurement guidance is required to support the development and standardization of indicators and measurement approaches across specific use cases.

PRIVATE SECTOR

The private sector is a [key source](#) of SRH products and services in many settings. The challenge of collecting data from the private sector, including private facilities as well as informal and non-facility service delivery points, is relevant to all three interventions and domains covered in this report.

EQUITY

Program and policy goals of achieving equitable access to quality health care, including self-care, call for disaggregation of indicators by population subgroup and for targeted collection of data on marginalized and vulnerable populations. Such considerations apply to the indicators proposed in this tool.

WOMEN'S AND GIRLS' EMPOWERMENT

While a variety of measures of women's and girls' empowerment have been developed in the context of SRH, there are few measures specifically developed to assess aspects of empowerment specific to self-care. Further guidance will be required to provide recommendations on validated measures of

empowerment, including those related to psychosocial readiness, agency, and decision-making, that are best suited to the measurement of empowerment in the context of self-care.

PERSON-CENTERED CARE

Measures of person-centered care specific to self-care interventions are currently limited. Further development of measures that capture users' perceptions of care is critical for understanding when and where self-care interventions are preferred by users, and whether other interventions (such as provider-administered care) are preferred. This is critical for ensuring that health systems do not over-invest in certain self-care options at the expense of other self-care delivery models that may be better aligned with the preferences of specific groups.



SUMMARY INDICATOR TABLE

SELF-INJECTABLE DMPA-SC INDICATORS

01.	National regulatory approval for DMPA-SC	20
02.	Status of policy that authorizes self-injection of DMPA-SC	21
03.	Status of policy that authorizes CHWs to initiate self-injection	22
04.	Status of policy that authorizes private sector staff to initiate self-injection	23
05.	Self-injectable (SI) services are integrated into costed FP program implementation plans (or a strategy for integration is in place, depending on the planning cycle)	24
06.	DMPA-SC is integrated into national quantification and supply planning calculations/forecasts	25
07.	Procurement systems and annual budgets include provision of self-injectable (SI) materials	26
08.	Temporary or permanent structure with authority, resources and information meets quarterly to coordinate scale-up	27
09.	The routine data collection system (reporting forms and fields) or the national HMIS has been revised to capture mode of administration for DMPA-SC (provider-administered or self-injected)	28
10.	Data on self-injection are recorded in the routine HMIS and can be extracted to review progress with SI scale-up	29
11.	DMPA-SC and self-injection are integrated into the pre-service training curricula for health workers	30
12.	Percentage of women aged 15-49 who have heard of a self-injectable contraceptive	31
13.	Percentage of women aged 15-49 who heard about self-injection from various sources	32

Domain:

Enabling Environment

Knowledge, attitudes & practices

Service delivery & health outcomes

14.	Percentage of women aged 15-49 who know where they can obtain a self-injectable contraceptive	33
15.	Percentage of women ever trained in self-injection	34
16.	Among injectable users who are not currently self-injecting, percentage who prefer to be self-injecting	35
17.	Disaggregated by whether trained in SI, percentage of women aged 15-45 who feel confident they could inject themselves or be injected by someone other than a provider with DMPA-SC	36
18.	Among current DMPA-SC users, percentage of women aged 15-19 who self-injected their current method	37
19.	Percentage of women who have ever self-injected, by reason for discontinuation	38
20.	Number and percentage of service delivery points (SDPs) actively offering SI services	39
21.	Number and percentage of DMPA-SC doses provided for self-injection	40
22.	Number and percentage of providers trained to offer self-injection	41
23.	Number and percentage of service delivery points (SDPs) with at least one trained provider	42
24.	Number and percentage of DMPA-SC clients who are self-injecting disaggregated by age and new or returning FP user	43
25.	Percentage of FP providers unwilling to offer DMPA SC for SI to young unmarried clients	44
26.	Number and percentage of facilities with uninterrupted stock of DMPA-SC in the past 3 months	45
27.	Percentage of DMPA-SC units being dispensed to clients for SI	46
28.	Number and percentage of DMPA users ever informed about self-injection by a provider	47
29.	Percentage of clients who report receiving counseling on side effects of DMPA-SC	48



HIV SELF-TESTING INDICATORS

30.	Number of countries with national policies and implementing HIV self-testing	52
31.	Number of countries with regulations on HIVST	53
32.	Number of HIVST kits procured annually	54
33.	Number of HIVST products listed with WHO prequalification approvals annually	55
34.	Number of countries with at least one HIVST registered annually, disaggregated by product	56
35.	Percentage of people aged 15-49 who have ever heard of HIV self-testing	57
36.	Number of people reached with messages about HIVST	58
37.	Source of last HIVST obtained during the last 12 months	59
38.	Percentage of HIVST users who would recommend HIV self-testing to a friend	60
39.	Number and percentage of users who report willingness to distribute a HIVST to their partner or peer	61
40.	HIVST users stating preference for blood-based or oral fluid-based test kit	62
41.	Percentage of people aged 15-49 who have ever used HIV self-test kits/used HIVST kit in the last 3/6/12 months	63
42.	Percentage of HIVST users who have confidence to perform HIVST	64
43.	Percentage of people who have self-tested at testing sites	65
44.	Percentage of HIVST users who report using at least one other self-care product in the last 6 months	66
45.	Number of HIVST kits distributed	67
46.	Percentage of HTS, ART, PrEP and VMMC clinic attendees using HIVST	68
47.	Number of individuals self-tested for HIV, who screened reactive and who received confirmed positive result through provider RDT testing	69

48.	Number of new positive tests who report self-test use	70
49.	Number of people newly enrolled on antiretroviral therapy who report self-test use	71

SELF-MANAGED ABORTION INDICATORS

50.	Protocols for comprehensive abortion care aligned with global standards are in national medical/treatment guidelines	75
51.	Percentage of accredited educational institutions for all relevant cadres with a competency-based SRHR component in pre-service curricula, consistent with global normative guidance	76
52.	Country has system for in-service competency-based training in comprehensive abortion care (CAC) including SMA, for all recommended cadres of providers, consistent with global normative guidance	77
53.	National Essential Medicines List includes combination mifepristone and misoprostol, or misoprostol and mifepristone as separate presentations	78
54.	Number of quality-assured medical abortion products registered and available	79
55.	Percentage of health providers who know the clinical policies prohibiting reporting of SMA clients to authorities	80
56.	Percentage of individuals who understand what to expect at each step of the self-managed abortion process	81
57.	Percentage of clients who felt prepared for what to do if they experienced warning signs or in the event of complications	82
58.	Percentage of individuals who received quality medications from a reliable source or knew where to obtain them	83
59.	Percentage of respondents who reported that services were affordable	84
60.	Percentage of respondents who felt their pain was managed effectively	85
61.	Percentage of respondents who reported feeling prepared to determine if their abortion was complete	86



62.	Percentage of respondents who report trusting their provider(s)/ pharmacist(s) to keep their personal information confidential	87
63.	Percentage of respondents who report they were treated with respect at all times	88
64.	Percentage of individuals that do not feel judged for seeking follow up care during/after self-managed abortion	89
65.	Percentage of individuals who desire follow-up care for any reason are able to obtain timely desired care	90
66.	Percentage of SMA users seeking follow-up care who receive appropriate medical treatment	91
67.	Percentage of SMA users who are no longer pregnant	92
68.	Individual has a complete abortion without surgical intervention	93
69.	Proportion of individuals with moderate or severe complications	94

SELF-INJECTABLE DMPA-SC INDICATORS

SELF-INJECTABLE DMPA-SC INDICATORS

01.	National regulatory approval for DMPA-SC	20
02.	Status of policy that authorizes self-injection of DMPA-SC	21
03.	Status of policy that authorizes CHWs to initiate self-injection	22
04.	Status of policy that authorizes private sector staff to initiate self-injection	23
05.	Self-injectable (SI) services are integrated into costed FP program implementation plans (or a strategy for integration is in place, depending on the planning cycle)	24
06.	DMPA-SC is integrated into national quantification and supply planning calculations/forecasts	25
07.	Procurement systems and annual budgets include provision of self-injectable (SI) materials	26
08.	Temporary or permanent structure with authority, resources and information meets quarterly to coordinate scale-up	27
09.	The routine data collection system (reporting forms and fields) or the national HMIS has been revised to capture mode of administration for DMPA-SC (provider-administered or self-injected)	28
10.	Data on self-injection are recorded in the routine HMIS and can be extracted to review progress with SI scale-up	29
11.	DMPA-SC and self-injection are integrated into the pre-service training curricula for health workers	30
12.	Percentage of women aged 15-49 who have heard of a self-injectable contraceptive	31
13.	Percentage of women aged 15-49 who heard about self-injection from various sources	32

Domain:

Enabling Environment

Knowledge, attitudes & practices

Service delivery & health outcomes

14.	Percentage of women aged 15-49 who know where they can obtain a self-injectable contraceptive	33
15.	Percentage of women ever trained in self-injection	34
16.	Among injectable users who are not currently self-injecting, percentage who prefer to be self-injecting	35
17.	Disaggregated by whether trained in SI, percentage of women aged 15-45 who feel confident they could inject themselves or be injected by someone other than a provider with DMPA-SC	36
18.	Among current DMPA-SC users, percentage of women aged 15-19 who self-injected their current method	37
19.	Percentage of women who have ever self-injected, by reason for discontinuation	38
20.	Number and percentage of service delivery points (SDPs) actively offering SI services	39
21.	Number and percentage of DMPA-SC doses provided for self-injection	40
22.	Number and percentage of providers trained to offer self-injection	41
23.	Number and percentage of service delivery points (SDPs) with at least one trained provider	42
24.	Number and percentage of DMPA-SC clients who are self-injecting disaggregated by age and new or returning FP user	43
25.	Percentage of FP providers unwilling to offer DMPA SC for SI to young unmarried clients	44
26.	Number and percentage of facilities with uninterrupted stock of DMPA-SC in the past 3 months	45
27.	Percentage of DMPA-SC units being dispensed to clients for SI	46
28.	Number and percentage of DMPA users ever informed about self-injection by a provider	47
29.	Percentage of clients who report receiving counseling on side effects of DMPA-SC	48



INDICATOR 1 | ENABLING ENVIRONMENT

✓ ESTABLISHED

NATIONAL REGULATORY APPROVAL FOR DMPA-SC



PURPOSE

Attaining national regulatory approval (NRA) is a prerequisite for the introduction of DMPA-SC (and by extension, self-injection).



HOW IT'S CALCULATED

Yes/No: Defined as formal approval for DMPA-SC as indicated by Pfizer registration documentation.



DATA SOURCE

Industry reports and documentation (e.g., Pfizer quarterly registration list); In a given country, approved medical products can be identified through the national drug authority.



WHERE IT'S BEING USED

Routine reporting for the DMPA-SC Donor Consortium

AC country briefs (<https://fpoptions.org/resource/ac-country-briefs/>)



EXAMPLE OF USE FOR DECISION MAKING

NRA approval provides a greenlight to pursue introduction, as it indicates the product is high quality, safe, and effective.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

INDICATOR 2 | ENABLING ENVIRONMENT

✓ ESTABLISHED

STATUS OF POLICY THAT AUTHORIZES SELF-INJECTION OF DMPA-SC



PURPOSE

Establishing an enabling environment for scale-up and self-injectables (SI) (Indicator refers to health providers that are approved to train women on SI).



HOW IT'S CALCULATED

Authorized: The policy allowing for self-injection of DMPA-SC has been approved.

In process: The policy allowing self-injection of DMPA-SC is in the drafting and approval process.

No policy: The policy allowing self-injection of DMPA-SC does not currently exist and is not currently being written.



DATA SOURCE

National policy documents, meeting minutes/verbal updates from routine meetings, programmatic records, communications with MOH key informants, etc.



EXAMPLE OF USE FOR DECISION MAKING

This data was used to launch introduction of self-injection outside of a research setting (in many countries).



WHERE IT'S BEING USED

Routine reporting for the DMPA-SC Donor Consortium

Access Collaborative AC dashboard (<https://dashboard.access-collaborative.com>)

AC country briefs (<https://fpoptions.org/resource/ac-country-briefs/>)

Clinton Health Access Initiative (CHAI) policy landscape



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



INDICATOR 3 | ENABLING ENVIRONMENT

✓ ESTABLISHED

STATUS OF POLICY THAT AUTHORIZES CHWs TO INITIATE SELF-INJECTION



PURPOSE

Operationalizing alternate cadres can increase access, and leveraging Community Health Workers (CHWs) can help overcome last-mile hurdles and human resource constraints in clinic settings.



DATA SOURCE

National policy documents, meeting minutes/verbal updates from routine meetings, programmatic records, communications with MOH key informants, etc.



EXAMPLE OF USE FOR DECISION MAKING

Status of CHW policy was used to inform task-sharing/task-shifting and self-care policies in Nigeria.



HOW IT'S CALCULATED

Authorized: The policy allowing CHWs to initiate (i.e., provide training to) self-injection users has been approved.

In process: The policy allowing CHWs to initiate self-injection users is in the drafting and approval process.

No policy: The policy allowing CHWs to initiate self-injection users does not currently exist and is not currently being written.



WHERE IT'S BEING USED

Routine reporting for the DMPA-SC Donor Consortium

AC dashboard (<https://dashboard.access-collaborative.com>)

AC country briefs (<https://fpoptions.org/resource/ac-country-briefs/>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY

INDICATOR 4 | ENABLING ENVIRONMENT

✓ ESTABLISHED

STATUS OF POLICY THAT AUTHORIZES PRIVATE SECTOR STAFF TO INITIATE SELF-INJECTION



PURPOSE

Expanding to alternate cadres of health providers and channels can greatly increase access to and uptake, by reaching women who tend to rely on the private sector for their contraceptive methods.



HOW IT'S CALCULATED

Authorized: The policy allowing private sector staff (e.g., pharmacists, drug shop staff, private community health workers, etc.) to initiate (i.e., provide training to) self-injection users has been approved.

In process: The policy allowing private sector staff to initiate self-injection users is in the drafting and approval process.

No policy: The policy allowing private sector staff to initiate self-injection users does not currently exist and is not currently being written.



DATA SOURCE

National policy documents, meeting minutes/verbal updates from routine meetings, programmatic records, communications with MOH, etc.



EXAMPLE OF USE FOR DECISION MAKING

Status of policy to allow SI initiation through drug shops was used to inform training activities in Uganda.



WHERE IT'S BEING USED

Routine reporting for the DMPA-SC Donor Consortium

AC dashboard (<https://dashboard.access-collaborative.com>)

AC country briefs (<https://fpoptions.org/resource/ac-country-briefs/>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



X NOT ESTABLISHED

SELF-INJECTABLE (SI) SERVICES ARE
INTEGRATED INTO COSTED FP PROGRAM
IMPLEMENTATION PLANS (OR A
STRATEGY FOR INTEGRATION IS IN PLACE,
DEPENDING ON THE PLANNING CYCLE)



Demonstrating commitment to scaling SI as part of method mix/FP program; dedicated budget requires in-depth planning and commitment that can later be utilized for accountability monitoring.



Yes/No: A costed implementation plan that specifically references self-injection has been approved by the MOH.



Key informant interviews
with MOH staff.



Access Collaborative includes this indicator in its 'Institutionalization Tracker', which is primarily used internally, to monitor progress with SI scale up across multiple countries.



NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY

INDICATOR 6 | ENABLING ENVIRONMENT

✓ ESTABLISHED

DMPA-SC IS INTEGRATED INTO NATIONAL QUANTIFICATION AND SUPPLY PLANNING CALCULATIONS/FORECASTS



PURPOSE

Demonstrating full institutionalization as part of national FP method mix public sector procurement plans.



HOW IT'S CALCULATED

Yes/No: Annual or semi-annual quantification calculations and orders include DMPA-SC.



DATA SOURCE

Collected at national level via LMIS.



WHERE IT'S BEING USED

Globally, data added to the Global Family Planning Visibility and Analytics Network (GFPVAN) and DMPA-SC included in CPG monitoring (if countries are members of GFPVAN).



EXAMPLE OF USE FOR DECISION MAKING

Informs national supply plan, supply monitoring, and product distribution plans.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



X NOT ESTABLISHED

PROCUREMENT SYSTEMS AND ANNUAL BUDGETS INCLUDE PROVISION OF SELF-INJECTABLE (SI) MATERIALS



Including client instructions (i.e., job aids) has proved to be instrumental for successful self-injection. Early in the scaling process, countries may rely on projects and NGOs for distribution of these materials. Sustainable scale requires job aid procurement to be integrated into systems and budgets.



Yes/No: Job aids are distributed to facilities as part of the supply chain.



Key informant interviews
with MOH staff.



Access Collaborative includes this indicator in its 'Institutionalization Tracker', which is primarily used internally, to monitor progress with SI scale up across multiple countries.



NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY

INDICATOR 8 | ENABLING ENVIRONMENT

✕ NOT ESTABLISHED

TEMPORARY OR PERMANENT STRUCTURE WITH AUTHORITY, RESOURCES AND INFORMATION MEETS QUARTERLY TO COORDINATE SCALE-UP



PURPOSE

Having a clear governance model lends credibility and authority to efforts to scale DMPA-SC and SI; provides a venue for accountability; establishes systematic and coordinated approach to scale-up.



HOW IT'S CALCULATED

Yes/No: Self-injection scale-up considerations are included on a regular basis in meetings of coordinating committee (e.g., MOG, TWG, and/or task force).



DATA SOURCE

Monthly/bimonthly/quarterly meeting minutes from coordinating body; Key informant interviews with project or MOH staff.



STATUS OF DEVELOPMENT

Access Collaborative includes this indicator in its 'Institutionalization Tracker', which is primarily used internally, to monitor progress with SI scale up across multiple countries.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 9 | ENABLING ENVIRONMENT

✕ NOT ESTABLISHED

THE ROUTINE DATA COLLECTION SYSTEM (REPORTING FORMS AND FIELDS) FOR THE NATIONAL HMIS HAS BEEN REVISED TO CAPTURE MODE OF ADMINISTRATION FOR DMPA-SC (PROVIDER-ADMINISTERED OR SELF-INJECTED)



PURPOSE

Collecting and reviewing data for course correction is essential for tracking progress of implementation and scale-up of self-injection.



HOW IT'S CALCULATED

Yes/No: Data collection system for the national HMIS has been revised making it possible to record/capture data on self-injection.



DATA SOURCE

Key informant interviews with MOH staff responsible for the HMIS to reveal whether tools have been revised, printed and disseminated.



STATUS OF DEVELOPMENT

This indicator is a revision of one reported on by the Access Collaborative in their quarterly SI monitoring reports. It has been broken into two indicators (9 and 10 in this tool) to improve utility.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

INDICATOR 10 | ENABLING ENVIRONMENT

X NOT ESTABLISHED

DATA ON SELF-INJECTION ARE
RECORDED IN THE ROUTINE HMIS
AND CAN BE EXTRACTED TO REVIEW
PROGRESS WITH SI SCALE UP



PURPOSE

Collecting and reviewing data for course correction is essential for tracking progress with self-injection scale-up.



HOW IT'S CALCULATED

Yes/No: Data on the mode of administration for DMPA-SC (provider-administered or self-injected) is available for review through the routine HMIS.



DATA SOURCE

HMIS data extraction to reveal whether SI data is captured in the routine system.



STATUS OF DEVELOPMENT

This indicator is a revision of one reported on by the Access Collaborative in their quarterly SI monitoring reports. It has been broken into two indicators (9 and 10 in this tool) to improve utility.



FREQUENCY

- NON-ROUTINE
- MONTHLY
- QUARTERLY
- ANNUALLY
- BIENNIALY



INDICATOR 11 | ENABLING ENVIRONMENT

✕ NOT ESTABLISHED

DMPA-SC AND SELF-INJECTION ARE
INTEGRATED INTO THE PRE-SERVICE
TRAINING CURRICULA FOR HEALTH
WORKERS

 PURPOSE Revising the pre-service training curriculum to institutionalize self-injection.	 HOW IT'S CALCULATED Yes/No: Pre-service training curriculum has been revised to include DMPA-SC and self-injection.
 DATA SOURCE Key informant interviews with MOE and MOH staff.	 STATUS OF DEVELOPMENT Access Collaborative includes this indicator in its “Institutionalization Tracker”, which is primarily used internally, to monitor progress with SI scale-up across multiple countries.
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALY	

INDICATOR 12 | KAP (KNOWLEDGE)

✓ ESTABLISHED

PERCENTAGE OF WOMEN AGED 15-49 WHO HAVE HEARD OF A SELF-INJECTABLE CONTRACEPTIVE



PURPOSE

Gauging knowledge as a precursor for informed decision-making (not time bound; rather, whether a person is aware at all).



DATA SOURCE

Performance Monitoring for Action (PMA) annual longitudinal female survey.



EXAMPLE OF USE FOR DECISION MAKING

Used to monitor investments in DMPA-SC and SI, by CIFF and BMGF.



HOW IT'S CALCULATED

Numerator: Number of women who have heard of self-injectable contraception (SI)

Denominator: Number of women aged 15-49

Calculation: Numerator ÷ denominator X 100



WHERE IT'S BEING USED

The Performance Monitoring for Action (PMA) surveys (<https://www.pmadata.org/data/survey-methodology>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 13 | KAP (KNOWLEDGE)

✓ ESTABLISHED

PERCENTAGE OF WOMEN AGED 15-49 WHO HEARD ABOUT SELF-INJECTION FROM VARIOUS SOURCES



PURPOSE

Ascertaining the source of knowledge for self-injection to assess common forms of communication media facilitating the programs' penetration in different sectors.



DATA SOURCE

PMA annual longitudinal female survey.



EXAMPLE OF USE FOR DECISION MAKING

Used to monitor investments in DMPA-SC and SI, by CIFF and BMGF.



HOW IT'S CALCULATED

Numerator: Number of women who heard from source (e.g., provider, CHW, friend, radio, and/or TV)

Denominator: Number of women aged 15-49

Calculation: Numerator ÷ denominator X 100



WHERE IT'S BEING USED

The Performance Monitoring for Action (PMA) surveys (<https://www.padata.org/data/survey-methodology>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY

INDICATOR 14 | KAP (KNOWLEDGE)

✓ ESTABLISHED

PERCENTAGE OF WOMEN AGED 15-49 WHO KNOW WHERE THEY CAN OBTAIN A SELF-INJECTABLE CONTRACEPTIVE



PURPOSE

Measuring perceived access to self-injectables (SI).



HOW IT'S CALCULATED

Numerator: Number of women who know where to go to access DMPA-SC for self-injection

Denominator: Number of women aged 15-49 years

Calculation: Numerator ÷ denominator X 100



DATA SOURCE

PMA annual longitudinal female survey.



EXAMPLE OF USE FOR DECISION MAKING

Used to monitor investments in DMPA-SC and SI by CIFF and BMGF.



WHERE IT'S BEING USED

The Performance Monitoring for Action (PMA) surveys (<https://www.pmadata.org/data/survey-methodology>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



INDICATOR 15 | KAP (KNOWLEDGE)

✕ NOT ESTABLISHED

PERCENTAGE OF WOMEN EVER TRAINED IN SELF-INJECTION



PURPOSE

Understanding accessibility and availability of SI training.



HOW IT'S CALCULATED

Numerator: Number of women ever trained in SI*

Denominator: Number of women aged 15-49 years

Calculation: Numerator ÷ denominator X 100

**NB: training needs to be clearly defined for the specific context in order to measure this indicator.*



DATA SOURCE

PMA annual longitudinal female survey (not currently on survey, but in consideration for future).



STATUS OF DEVELOPMENT

Not currently in the PMA annual longitudinal female survey, but in consideration for future.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

INDICATOR 16 | KAP (ATTITUDES)

✗ NOT ESTABLISHED

AMONG INJECTABLE USERS WHO ARE NOT CURRENTLY SELF-INJECTING, PERCENTAGE WHO PREFER TO BE SELF-INJECTING



PURPOSE

Gauging interest in self-injectable (SI) contraception among those currently using provider-administered DMPA, as an indication of the gap in the gap in availability or access to self-injection services.



HOW IT'S CALCULATED

Numerator: Number of women who would prefer to self-inject (SI) if trained

Denominator: Number of women using provider-administered DMPA injectable either (SC or IM)

Calculation: Numerator ÷ denominator X 100



DATA SOURCE

PMA annual longitudinal female survey (not currently on survey, but in consideration for future).



WHERE IT'S BEING USED

The Performance Monitoring for Action (PMA) surveys (<https://www.padata.org/data/survey-methodology>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 17 | KAP (ATTITUDES)

✕ NOT ESTABLISHED

DISAGGREGATED BY WHETHER TRAINED IN SI, PERCENTAGE OF WOMEN AGED 15-45 WHO FEEL CONFIDENT THEY COULD INJECT THEMSELVES OR BE INJECTED BY SOMEONE OTHER THAN A PROVIDER WITH DMPA-SC

 PURPOSE Weighing self-efficacy to self-inject as a precursor to informed decision-making.	 HOW IT'S CALCULATED Numerator: Number of women confident they could inject themselves or be injected by someone other than a provider (e.g., husband, friend, and/or family member) Denominator: Number of women aged 15-49 years (disaggregated by whether trained in SI) Calculation: Numerator ÷ denominator X 100
 DATA SOURCE PMA annual longitudinal female survey (not currently on survey, but in consideration for future).	
 STATUS OF DEVELOPMENT Not currently in the PMA annual longitudinal female survey, but in consideration for future.	
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALY	

INDICATOR 18 | KAP (PRACTICES)

✓ ESTABLISHED

AMONG CURRENT DMPA-SC USER, PERCENTAGE OF WOMEN AGED 15-49 WHO SELF-INJECTED THEIR CURRENT METHOD



PURPOSE

Understanding availability and access to SI.



HOW IT'S CALCULATED

Numerator: Number of women currently using self-injectable (SI) contraception

Denominator: Number of women aged 15-49

Calculation: Numerator ÷ denominator X 100



DATA SOURCE

PMA annual longitudinal female survey.



EXAMPLE OF USE FOR DECISION MAKING

Used to monitor investments in DMPA-SC and SI, by CIFF and BMGF.



WHERE IT'S BEING USED

The Performance Monitoring for Action (PMA) surveys (<https://www.pmata.org/data/survey-methodology>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



INDICATOR 19 | KAP (PRACTICES)

✕ NOT ESTABLISHED

PERCENTAGE OF WOMEN WHO HAVE EVER SELF-INJECTED, BY REASON FOR DISCONTINUATION



PURPOSE

Delineating reasons will reveal the proportion of discontinuation that is due to system issues (access, stock, etc.) versus personal preference or other constraints.



HOW IT'S CALCULATED

Numerator: Reason of discontinuation of self-injection (multiple selections allowed)

Denominator: Past self-injection users (Women who self-injected previously but not currently)

Calculation: Numerator ÷ denominator X 100



DATA SOURCE

PMA annual longitudinal female survey (not currently on survey, but in consideration for future).



EXAMPLE OF USE FOR DECISION MAKING

Used to monitor investments in DMPA-SC and SI, by CIFF and BMGF.



WHERE IT'S BEING USED

The Performance Monitoring for Action (PMA) surveys (<https://www.padata.org/data/survey-methodology>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

INDICATOR 20 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

NUMBER AND PERCENTAGE OF SERVICE DELIVERY POINTS (SDPs) ACTIVELY OFFERING SI SERVICES



PURPOSE

Measuring activity level: Scale and geographic scope for availability of self-injection services.



HOW IT'S CALCULATED

Numerator: Number of service delivery points (SDPs) recording any self-injection visits within a geographical/administrative area

Denominator: Total SDPs in a geographical/administrative area

Calculation of percentage:
 $\text{Numerator} \div \text{denominator} \times 100$



DATA SOURCE

HMIS



EXAMPLE OF USE FOR DECISION MAKING

Mobilize partners to target SDPs with low activity levels to provide training and support trained providers to offer services and submit data.



WHERE IT'S BEING USED

Routine reporting for the DMPA-SC Donor Consortium

Access Collaborative dashboard & self-injection quarterly report (<https://dashboard.access-collaborative.com>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



INDICATOR 21 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

NUMBER AND PERCENTAGE OF DMPA-SC DOSES PROVIDED FOR SELF-INJECTION



PURPOSE

Tracking consumption of units for SI purposes is useful for quantification purposes. Note that the number of doses for self-injection should not be used as a target, since self-injection is a client's choice, neither better nor worse than provider-administration (or any other method).



HOW IT'S CALCULATED

Numerator: Number of self-injection doses (including doses given out for home use)

Denominator: Total DMPA-SC doses

Calculation of percentage:

$\text{Numerator} \div \text{denominator} \times 100$



DATA SOURCE

HMIS



WHERE IT'S BEING USED

National and subnational quarterly reporting for Ugandan MOH.



EXAMPLE OF USE FOR DECISION MAKING

Contribute to data-driven quantification with information on self-injection clients who obtain all units for the year in one visit.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

INDICATOR 22 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

NUMBER AND PERCENTAGE OF PROVIDERS TRAINED TO OFFER SELF-INJECTION

 PURPOSE Facilitating tracking of progress with the training of providers in how to counsel women for SI.	 HOW IT'S CALCULATED Numerator: Number of providers trained to offer self-injection Denominator: Total number of providers targeted Calculation of percentage: $\text{Numerator} \div \text{denominator} \times 100$
 DATA SOURCE iHRIS-Human Resources Information System.	 WHERE IT'S BEING USED Human Resources information system: (http://hris.health.go.ug) Routine reporting for the DMPA-SC Donor Consortium Access Collaborative dashboard & self-injection quarterly report (https://dashboard.access-collaborative.com)
 EXAMPLE OF USE FOR DECISION MAKING Track SI scale-up progress and for coordination to avoid duplication of training efforts among partners.	
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALLY	



INDICATOR 23 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

NUMBER AND PERCENTAGE OF SERVICE DELIVERY POINTS (SDPs) WITH AT LEAST ONE TRAINED PROVIDER



PURPOSE

Reflecting the operationalization of self-injection or the capacity to offer self-injection services.



HOW IT'S CALCULATED

Numerator: Number of service delivery points (SDPs) with at least one trained provider

Denominator: Total number of service delivery points (SDPs)

Calculation of percentage:
Numerator ÷ denominator X 100



DATA SOURCE

iHRIS-Human Resources Information System.



WHERE IT'S BEING USED

Human Resources information system:
(<http://hris.health.go.ug>)

Routine reporting for the DMPA-SC Donor Consortium

Access Collaborative dashboard & self-injection quarterly report (<https://dashboard.access-collaborative.com>)



EXAMPLE OF USE FOR DECISION MAKING

Track progress with training of providers; identify training gaps.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

INDICATOR 24 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

NUMBER AND PERCENTAGE OF DMPA-SC CLIENTS WHO ARE SELF-INJECTING, DISAGGREGATED BY AGE AND NEW OR RETURNING FP USER



PURPOSE

Quantifying contribution of SI to the FP method mix; assessment of whether SI is equitably available regardless of age or status as a new FP user.



HOW IT'S CALCULATED

Numerator: Number of SI clients, total and by age category or new/returning FP user

Denominator: Total number of DMPA-SC clients

Calculation of percentage:
 $\text{Numerator} \div \text{denominator} \times 100$



DATA SOURCE

HMIS



EXAMPLE OF USE FOR DECISION MAKING

Used in Uganda to track availability and appeal of SI, and extent to which SI is available to different types of users who may lack access (for example, adolescents or new users).



WHERE IT'S BEING USED

National and subnational quarterly reporting for Ugandan MOH.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



INDICATOR 25 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

PERCENTAGE OF FP PROVIDERS
UNWILLING TO OFFER DMPA SC FOR SI
TO YOUNG UNMARRIED CLIENTS

 PURPOSE Quantifying lack of access to DMPA-SC for self-injection for adolescents. This is a known issue, which merits addressing through periodic (non-routine) investigations.	 HOW IT'S CALCULATED Numerator: Number of providers unwilling to offer DMPA SC for SI to a young unmarried client (under 18 years old) Denominator: Total number of FP service providers <i>NB: This is only meaningful if made in comparison to the older profile (18 and above). The gap between the 2 profiles should be emphasized (rather than just the level for the younger profile by itself).</i> Calculation of percentage: Numerator ÷ denominator X 100
 DATA SOURCE Periodic Mystery Client interactions with at least 2 profiles: young, nulliparous unmarried woman vs older, married multiparous woman; Client exit interviews to learn if unmarried adolescents are offered the opportunity to try DMPA-SC and self-injection.	 EXAMPLE OF USE FOR DECISION MAKING Data analyzed, presented and reviewed as part of partner level program reviews and at technical working group meetings.
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALY	

INDICATOR 26 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

NUMBER AND PERCENTAGE OF FACILITIES WITH UNINTERRUPTED STOCK OF DMPA-SC IN THE PAST 3 MONTHS



PURPOSE

Evaluating the extent to which self-injection scale-up is hindered by stockouts of DMPA-SC commodities. In the absence of sufficient consistent supply, providers will ration DMPA-SC, limiting the offer of self-injection services.



HOW IT'S CALCULATED

Numerator: Number of facilities with uninterrupted stock of DMPA-SC in the past 3 months

Denominator: All facilities offering DMPA-SC

Calculation of percentage:
 $\text{Numerator} \div \text{denominator} \times 100$



DATA SOURCE

HMIS or LMIS data; Periodic provider surveys, PMA.



EXAMPLE OF USE FOR DECISION MAKING

Data analyzed, presented and reviewed as part of partner level program reviews and at technical working group meetings.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 27 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

PERCENTAGE OF DMPA-SC UNITS BEING
DISPENSED TO CLIENTS FOR SI

 PURPOSE Allowing assessment of whether the value proposition for SI is being realized, with women given units for home use consistent with the country’s dispensing protocol.	 HOW IT’S CALCULATED Numerator: Total Number of DMPA-SC units dispensed for SI Denominator: Total Number of DMPA-SC SI clients Calculation of percentage: Numerator ÷ denominator X 100
 DATA SOURCE HMIS	 EXAMPLE OF USE FOR DECISION MAKING Data analyzed, presented and reviewed as part of partner level program reviews and at technical working group meetings.
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALY	

INDICATOR 28 | SERVICE DELIVERY AND HEALTH OUTCOMES ✕ NOT ESTABLISHED

NUMBER AND PERCENTAGE OF DMPA USERS EVER INFORMED ABOUT SELF-INJECTION BY A PROVIDER



PURPOSE

Shedding light on whether clients are given the option of self-injection. While having a trained provider and sufficient supply are conditions that make self-injection possible, it will only be available to people if providers are willing to conduct the training.



HOW IT'S CALCULATED

Numerator: Number of DMPA (IM and SC) clients informed about SI

Denominator: Total number of DMPA (IM and SC) clients

Calculation of percentage:
 $\text{Numerator} \div \text{denominator} \times 100$



DATA SOURCE

Periodic Client Exit surveys or PMA-type surveys.



EXAMPLE OF USE FOR DECISION MAKING

This indicator has not been widely used, although small surveys are capturing this data to understand whether providers have incorporated SI into informed choice counseling.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 29 | SERVICE DELIVERY AND HEALTH OUTCOMES

X NOT ESTABLISHED

PERCENTAGE OF CLIENTS WHO REPORT
RECEIVING COUNSELING ON SIDE EFFECTS
OF DMPA-SC

 PURPOSE Ensuring comprehensive counseling for side effects. This is critical, ideally at initiation, because self-injectors have few interactions with providers.	 HOW IT'S CALCULATED Numerator: Number of DMPA-SC clients counselled on side effects Denominator: Total number of DMPA-SC clients Calculation of percentage: Numerator ÷ denominator X 100
 DATA SOURCE Periodic Client Exit surveys or PMA-type surveys.	 EXAMPLE OF USE FOR DECISION MAKING This indicator is routinely captured in surveys for contraceptive methods (as part of the Method Information Index). Data can be disaggregated by method and mode of administration.
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALY	

HIV SELF-TESTING INDICATORS

HIV SELF-TESTING INDICATORS

30.	Number of countries with national policies and implementing HIV self-testing	52
31.	Number of countries with regulations on HIVST	53
32.	Number of HIVST kits procured annually	54
33.	Number of HIVST products listed with WHO prequalification approvals annually	55
34.	Number of countries with at least one HIVST registered annually, disaggregated by product	56
35.	Percentage of people aged 15-49 who have ever heard of HIV self-testing	57
36.	Number of people reached with messages about HIVST	58
37.	Source of last HIVST obtained during the last 12 months	59
38.	Percentage of HIVST users who would recommend HIV self-testing to a friend	60
39.	Number and percentage of users who report willingness to distribute a HIVST to their partner or peer	61
40.	HIVST users stating preference for blood-based or oral fluid-based test kit	62
41.	Percentage of people aged 15-49 who have ever used HIV self-test kits/used HIVST kit in the last 3/6/12 months	63
42.	Percentage of HIVST users who have confidence to perform HIVST	64
43.	Percentage of people who have self-tested at testing sites	65
44.	Percentage of HIVST users who report using at least one other self-care product in the last 6 months	66
45.	Number of HIVST kits distributed	67

Domain:

- Enabling Environment
- Knowledge, attitudes & practices
- Service delivery & health outcomes

46.	Percentage of HTS, ART, PrEP and VMMC clinic attendees using HIVST	68
47.	Number of individuals self-tested for HIV, who screened reactive and who received confirmed positive result through provider RDT testing	69
48.	Number of new positive tests who report self-test use	70
49.	Number of people newly enrolled on antiretroviral therapy who report self-test use	71



INDICATOR 30 | ENABLING ENVIRONMENT

✓ ESTABLISHED

NUMBER OF COUNTRIES WITH NATIONAL POLICIES AND IMPLEMENTING HIV SELF-TESTING

 PURPOSE Providing annual comparable data on national HIVST policies and implementation.	 HOW IT'S CALCULATED Number of countries reporting national policy. Captures stage of policy development. Options include: Yes, Piloting, Planned and No
 DATA SOURCE Global AIDS Monitoring Survey (GAM) (WHO/UNAIDS/UNICEF).	 EXAMPLES OF USE FOR DECISION MAKING Aids decisions around support to national policy development. Helps track country progress in uptake and implementation of HIVST policies.
 WHERE IT'S BEING USED Collected annually through Global AIDS Monitoring system with UNAIDS/WHO/UNICEF.	
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALLY	

INDICATOR 31 | ENABLING ENVIRONMENT

✓ ESTABLISHED

NUMBER OF COUNTRIES WITH REGULATIONS ON HIVST



PURPOSE

Understanding existence of WHO regulatory body supporting HIVST regulation at country level.



HOW IT'S CALCULATED

Count of countries that have HIVST regulations in place.



DATA SOURCE

Global AIDS Monitoring Survey (GAM)/Donor reporting.



WHERE IT'S BEING USED

Collected annually through Global AIDS Monitoring system with UNAIDS/WHO/UNICEF.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 32 | ENABLING ENVIRONMENT

✓ ESTABLISHED

NUMBER OF HIVST KITS PROCURED ANNUALLY



PURPOSE

Supporting triangulation of HIVST kit procurement indicator data pulled from several sources for validation.



HOW IT'S CALCULATED

Number of test kits procured reported by countries.



DATA SOURCE

Global AIDS Monitoring Survey (GAM), Global Fund, PEPFAR, UN (UNDP, UNICEF).



EXAMPLES OF USE FOR DECISION MAKING

Guides investment from donors and WHO forecast.

Tracks uptake and use across countries and informs forecasting.

Helps countries assess gap between demand and supply (quantification).



WHERE IT'S BEING USED

Collected annually through Global AIDS Monitoring system and donor reporting.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY

INDICATOR 33 | ENABLING ENVIRONMENT

✓ ESTABLISHED

NUMBER OF HIVST PRODUCTS LISTED WITH WHO PREQUALIFICATION APPROVAL ANNUALLY



PURPOSE

Understanding number of HIVST kits pre-qualified (PQed) or listed by Stringent Regulatory Authority (SRA)/Expert Review Panel for Diagnostics (ERPD).



HOW IT'S CALCULATED

Number of HIVST products listed with approvals (WHO prequalification) annually.



DATA SOURCE

WHO PQ reports (WHO PQ, FDA, Global Fund, CE, TGA).



EXAMPLE OF USE FOR DECISION MAKING

Used to track product landscape.



WHERE IT'S BEING USED

Collected biannually by WHO.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 34 | ENABLING ENVIRONMENT

✓ ESTABLISHED

NUMBER OF COUNTRIES WITH AT LEAST ONE HIVST REGISTERED ANNUALLY, DISAGGREGATED BY PRODUCT



PURPOSE

Tracking national registration of HIVST test kits (blood and oral).



HOW IT'S CALCULATED

Count of countries that have at least one HIVST kit registered at the national level.



DATA SOURCE

Global AIDS Monitoring Survey (GAM).



EXAMPLE OF USE FOR DECISION MAKING

Used to track uptake and use across countries and inform forecasting.



WHERE IT'S BEING USED

Collected annually through Global AIDS Monitoring system with UNAIDS/WHO/UNICEF.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY

INDICATOR 35 | KAP (KNOWLEDGE)

✓ ESTABLISHED

PERCENTAGE OF PEOPLE AGED 15-49 WHO HAVE EVER HEARD OF HIV SELF-TESTING



PURPOSE

Facilitating the planning of educational/ awareness campaigns to target particular groups based on reported knowledge gaps or used to measure success of IEC campaigns.



DATA SOURCE

Primary: National/sub-national surveys.

Other uses: Could be collected at a programmatic level through surveys of target population.



WHERE IT'S BEING USED

HIV self-testing monitoring and evaluation guidance for HIV programmes (psi.org)

DHS



HOW IT'S CALCULATED

Numerator: Number of people reporting they've heard of HIVST (based on the question)

Denominator: Number of people in sample

Calculation of percentage:

$\text{Numerator} \div \text{denominator} \times 100$



EXAMPLE OF USE FOR DECISION MAKING

Used to target sub-populations with HIVST IEC materials or evaluate the success of awareness building/ demand creation activities.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 36 | KAP (KNOWLEDGE)

✓ ESTABLISHED

NUMBER OF PEOPLE REACHED WITH MESSAGES ABOUT HIVST



PURPOSE

Measuring demand creation activities.



DATA SOURCE

This indicator requires its own indicator reference sheet to define the various channels of demand creation. E.g., online reach data is collected from website/app analytics; and traditional demand creation reach is collected from promoters/community mobilization agent rosters/tally books.



WHERE IT'S BEING USED

Indicator has been used by PSI's Strengthening HIVST in the Private Sector (SHIPS) project and is standard across demand creation activities.



HOW IT'S CALCULATED

Data based on counts of people interacted with or reached via various channels. These can include online channels (website/app impressions and engagements based on web/app analytics) or traditional demand creation channels such as community mobilization, community activation, or in-store activation (based on registers/tally books kept by promoters).



EXAMPLE OF USE FOR DECISION MAKING

Data is used for planning/logistics to compare existing staffing levels to planned reach (are staffing levels appropriate for targets), as well as compared against outcomes such as awareness, use, or sales as a proxy for effectiveness of demand creation activities.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

INDICATOR 37 | KAP (KNOWLEDGE)

X NOT ESTABLISHED

SOURCE OF LAST HIVST OBTAINED DURING THE LAST 12 MONTHS



PURPOSE

Understanding where users are obtaining HIVST (which channels)



HOW IT'S CALCULATED

Number of people reporting that they obtained the last HIVST used from pharmacies, public health facilities, other retail, a friend, community health worker, etc.).



DATA SOURCE

National survey (e.g., DHS/AIS).



EXAMPLE OF USE FOR DECISION MAKING

Data used for targeting demand creation/awareness campaigns. It helps us understand the types of clients who prefer to obtain HIVST from various channels.



STATUS OF DEVELOPMENT

This indicator has not been used yet for HIVST, but the same indicator is used for contraceptive methods in DHS.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 38 | KAP (ATTITUDES)

✓ ESTABLISHED

PERCENTAGE OF HIVST USERS WHO WOULD RECOMMEND HIV SELF-TESTING TO A FRIEND



PURPOSE

Measuring client satisfaction which covers both their satisfaction with the actual product (ease of use) as well as their satisfaction with the information they received to prepare them to use the product.



DATA SOURCE

Periodic survey/client satisfaction survey/exit interview



WHERE IT'S BEING USED

PSI's Strengthening HIVST in the Private Sector (SHIPS) project. Data is collected through opt-in chatbot surveys but could also be collected through a more widespread consumer survey.



HOW IT'S CALCULATED

Numerator: Number of clients who agree that they would recommend HIVST

Denominator: Number of people in the sample

Calculation of percentage:

$$\text{Numerator} \div \text{denominator} \times 100$$



EXAMPLE OF USE FOR DECISION MAKING

Most useful when paired with qualitative data (interviews) to understand what consumers like/don't like, so they can be replicated or revised (e.g., the information being provided, how the information is provided, the product itself, and/or some combination).



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

INDICATOR 39 | KAP (ATTITUDES)

✕ NOT ESTABLISHED

NUMBER AND PERCENTAGE OF USERS WHO REPORT WILLINGNESS TO DISTRIBUTE A HIVST TO THEIR PARTNER OR PEER



PURPOSE

Measuring a similar but slightly different aspect of client satisfaction. Clients wouldn't be willing to distribute HIVST without adequate information about the importance of partner testing as well as their own satisfaction for the product.



DATA SOURCE

Period survey.



WHERE IT'S BEING USED

Meeting Targets and Maintaining Epidemic Control (EPIC) Project HIV Self Testing Operational Guide (<https://www.fhi360.org/sites/default/files/media/documents/epic-hiv-self-testing-guide.pdf>)

PSI projects



HOW IT'S CALCULATED

Numerator: Number of people who report willingness to distribute HIVST to their partner or peer (sexual partner/injection user)

Denominator: Number of people in the sample

Calculation of percentage:

Numerator ÷ denominator X 100



EXAMPLE OF USE FOR DECISION MAKING

Most useful when paired with qualitative data to understand the facilitators or barriers to secondary distribution.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 40 | KAP (ATTITUDES)

✓ ESTABLISHED

HIVST USERS STATING PREFERENCE FOR
BLOOD-BASED OR ORAL FLUID-BASED
TEST KIT

PURPOSE

Obtaining data helps programmers or governments understand consumer preferences to drive both messaging as well as procurement/stocking (having the preferred types of products at the places preferred by each user group).



HOW IT'S CALCULATED

The data can be collected routinely through sales/distribution registers or through periodic surveys.



DATA SOURCE

Sales/distribution registers (if sales/distribution includes a choice of products) or through periodic satisfaction or other consumer surveys.

EXAMPLE OF USE FOR
DECISION MAKING

Data helps programmers and governments understand consumer preferences to drive both messaging as well as procurement/stocking (having the preferred types of products at the places preferred by each user group).



WHERE IT'S BEING USED

Indicator is collected/analyzed across a variety of PSI projects and included in documented research studies.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY

INDICATOR 41 | KAP (PRACTICES)

✓ ESTABLISHED

PERCENTAGE OF PEOPLE AGED 15-49 WHO HAVE EVER USED HIV SELF-TEST KITS/USED HIVST KIT IN THE LAST 3/6/12 MONTHS



PURPOSE

Facilitating the planning of educational/awareness campaigns to target particular groups based on reported knowledge gaps or used to measure success of IEC campaigns.



HOW IT'S CALCULATED

Numerator: Number of people reporting ever having used a HIVST kit

Denominator: Number of people in the sample

Calculation of percentage:

$\text{Numerator} \div \text{denominator} \times 100$



DATA SOURCE

Primary: National/sub-national surveys.

Other uses: Could be collected at a programmatic level through surveys of target population.



EXAMPLE OF USE FOR DECISION MAKING

Used to target sub-populations with HIVST IEC materials.



WHERE IT'S BEING USED

HIV self-testing monitoring and evaluation guidance for HIV programmes (psi.org)

DHS



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 42 | KAP (PRACTICES)

✓ ESTABLISHED

PERCENTAGE OF HIVST USERS WHO
HAVE CONFIDENCE TO PERFORM HIVST



PURPOSE

Measuring effectiveness of information/ education campaign or of provider skills (based on program activities).



DATA SOURCE

Periodic surveys (either representative or snap shots such as client satisfaction surveys). PSI’s SHIPS project collects this through opt-in chatbot surveys sent to consumers who access information on how to use a HIVST through the chatbot.



WHERE IT’S BEING USED

PSI’s Strengthening HIVST in the Private Sector (SHIPS) project.



HOW IT’S CALCULATED

Numerator: Number of people reporting they feel well prepared to conduct a HIVST based on the information received

Denominator: Number of people surveyed

Calculation of percentage:
Numerator ÷ denominator X 100



EXAMPLE OF USE FOR DECISION MAKING

Data used to revise IEC materials, communication channels, or other aspects of an outreach campaign.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY

INDICATOR 43 | KAP (PRACTICES)

✓ ESTABLISHED

PERCENTAGE OF PEOPLE WHO HAVE SELF-TESTED AT TESTING SITES



PURPOSE

Understanding whether people prefer to self-test on site as they might require help from the provider, or whether people are confident to test on their own and take the test kit off site.



HOW IT'S CALCULATED

Numerator: Number of people reporting that they obtained an HIVST kit and self- tested on site

Denominator: Number of people who obtained an HIVST kit at testing sites

Calculation of percentage:
 $\text{Numerator} \div \text{denominator} \times 100$



DATA SOURCE

Periodic surveys (either representative or snap shots such as client satisfaction surveys).



WHERE IT'S BEING USED

PSI's STAR project.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 44 | KAP (PRACTICES)

✓ ESTABLISHED

PERCENTAGE OF HIVST USERS WHO REPORT USING AT LEAST ONE OTHER SELF- CARE PRODUCT IN THE LAST 6 MONTHS



PURPOSE

Capturing the growth of the overall self-care market.



HOW IT'S CALCULATED

Numerator: Number of people who report use of an additional self-care product (from a list of choices) in the past 6 months

Denominator: Number of people in the sample

Calculation of percentage:
Numerator ÷ denominator X 100



DATA SOURCE

Surveys (either opt-in self-report or wider, more representative surveys). Other methods of collecting growth of the overall self-care market (such as reviewing sales logs) have proven difficult or impossible in the private sector.



EXAMPLE OF USE FOR DECISION MAKING

HIVST offers the potential to promote health autonomy through concurrent promotion of other self-care products. This indicator measures if cross-selling/ up-selling other self-care activities is effective.



WHERE IT'S BEING USED

PSI's Strengthening HIVST in the Private Sector (SHIPS) project.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

INDICATOR 45 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

NUMBER OF HIVST KITS DISTRIBUTED



PURPOSE

Estimating impact of HIVST through use in data triangulation.



HOW IT'S CALCULATED

Number of HIVST distributed.



DATA SOURCE

Implementers/DHIS2.



EXAMPLE OF USE FOR DECISION MAKING

Used in data triangulation to estimate impacts of HIVST.



WHERE IT'S BEING USED

Usually collected by implementers and now, in some countries, in the national DHIS2.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 46 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

PERCENTAGE OF HTS, ART, PREP
AND VMMC CLINIC ATTENDEES
USING HIVST

 PURPOSE Estimating impact of HIVST through use in data triangulation.	 HOW IT'S CALCULATED Numerator: Number of HTS, ART, PreP, VMMC clinic attendees using HIVST kit Denominator: Total Number of HTS, ART, PreP, VMMC clinic attendees Calculation of percentage: Numerator ÷ denominator X 100
 DATA SOURCE Implementers /DHIS2.	
 WHERE IT'S BEING USED Usually collected by implementers.	 EXAMPLE OF USE FOR DECISION MAKING Used in data triangulation to estimate impacts of HIVST.
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALY	

INDICATOR 47 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

NUMBER OF INDIVIDUALS SELF-TESTED FOR HIV, WHO SCREENED REACTIVE AND WHO RECEIVED CONFIRMED POSITIVE RESULT THROUGH PROVIDER RDT TESTING

**PURPOSE**

Estimating impact of HIVST through use in data triangulation.

**HOW IT'S CALCULATED**

Number of individuals self-tested for HIV, who screened reactive and who received confirmed positive result through provider RDT testing.

**DATA SOURCE**

Implementers/DHIS2.

**EXAMPLE OF USE FOR DECISION MAKING**

Used in data triangulation to estimate impacts of HIVST.

**WHERE IT'S BEING USED**

Usually collected by implementers.

**FREQUENCY**

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 48 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

NUMBER OF NEW POSITIVE TESTS
WHO REPORT SELF-TEST USE

 PURPOSE Estimating impact of HIVST through use in data triangulation.	 HOW IT'S CALCULATED Number of new positive tests who report self-test use.
 DATA SOURCE Implementers/DHIS2.	
 WHERE IT'S BEING USED Usually collected in national DHIS2.	 EXAMPLE OF USE FOR DECISION MAKING Used in data triangulation to estimate impacts of HIVST.
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALLY	

INDICATOR 49 | SERVICE DELIVERY AND HEALTH OUTCOMES

✓ ESTABLISHED

NUMBER OF PEOPLE NEWLY ENROLLED ON ANTIRETROVIRAL THERAPY WHO REPORT SELF-TEST USE



PURPOSE

Estimating impact of HIVST through use in data triangulation.



HOW IT'S CALCULATED

Number of people newly enrolled on antiretroviral therapy (similar to TX_NEW in PEPFAR data) who report self-test use.



DATA SOURCE

DHIS2.



EXAMPLE OF USE FOR DECISION MAKING

Used in data triangulation to estimate impacts of HIVST.



WHERE IT'S BEING USED

Usually collected in national DHIS2.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



SELF-MANAGED ABORTION INDICATORS

SELF-MANAGED ABORTION INDICATORS

50.	Protocols for comprehensive abortion care aligned with global standards are in national medical/treatment guidelines	75
51.	Percentage of accredited educational institutions for all relevant cadres with a competency-based SRHR component in pre-service curricula, consistent with global normative guidance	76
52.	Country has system for in-service competency-based training in comprehensive abortion care (CAC) including SMA, for all recommended cadres of providers, consistent with global normative guidance	77
53.	National Essential Medicines List includes combination mifepristone and misoprostol, or misoprostol and mifepristone as separate presentations	78
54.	Number of quality-assured medical abortion products registered and available	79
55.	Percentage of health providers who know the clinical policies prohibiting reporting of SMA clients to authorities	80
56.	Percentage of individuals who understand what to expect at each step of the self-managed abortion process	81
57.	Percentage of clients who felt prepared for what to do if they experienced warning signs or in the event of complications	82
58.	Percentage of individuals who received quality medications from a reliable source or knew where to obtain them	83
59.	Percentage of respondents who reported that services were affordable	84
60.	Percentage of respondents who felt their pain was managed effectively	85
61.	Percentage of respondents who reported feeling prepared to determine if their abortion was complete	86



Domain:

Enabling Environment

Knowledge, attitudes & practices

Service delivery & health outcomes

62.	Percentage of respondents who report trusting their provider(s)/ pharmacist(s) to keep their personal information confidential	87
63.	Percentage of respondents who report they were treated with respect at all times	88
64.	Percentage of individuals that do not feel judged for seeking follow up care during/after self-managed abortion	89
65.	Percentage of individuals who desire follow-up care for any reason are able to obtain timely desired care	90
66.	Percentage of SMA users seeking follow-up care who receive appropriate medical treatment	91
67.	Percentage of SMA users who are no longer pregnant	92
68.	Individual has a complete abortion without surgical intervention	93
69.	Proportion of individuals with moderate or severe complications	94

INDICATOR 50 | ENABLING ENVIRONMENT

✓ ESTABLISHED

PROTOCOLS FOR COMPREHENSIVE ABORTION CARE ALIGNED WITH GLOBAL STANDARDS ARE IN NATIONAL MEDICAL/TREATMENT GUIDELINES



PURPOSE

Identifying targets to strive for or maintain in the area of Governance and Policy Frameworks.

Existence of policy, strategy, or plan for improvement of quality and safety.



HOW IT'S CALCULATED

Qualitative assessment of deviations from WHO abortion guidelines with respect to the provision of quality abortion care.



DATA SOURCE

Nationally available official government documents; abortion care standards and guidelines; Global Abortion Policies Database (GAPD).



EXAMPLE OF USE FOR DECISION MAKING

If protocols for comprehensive abortion care in national medical/treatment guidelines do not exist in the country or are not aligned with global standards, steps should be taken to develop protocols in national medical/ treatment guidelines for comprehensive abortion care that do align with global standards.



WHERE IT'S BEING USED

GAPD (<https://abortion-policies.srhr.org/>)

WHO/HRP multi-country initiative health system monitoring



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 51 | ENABLING ENVIRONMENT

X NOT ESTABLISHED

PERCENTAGE OF ACCREDITED EDUCATIONAL INSTITUTIONS FOR ALL RELEVANT CADRES WITH A COMPETENCY-BASED SRHR COMPONENT IN PRE-SERVICE CURRICULA, CONSISTENT WITH GLOBAL NORMATIVE GUIDANCE

 PURPOSE Identifying targets to strive for or maintain in area of health workforce.	 HOW IT'S CALCULATED Numerator: All accredited health education institutions nationally for health worker cadres engaged in providing SRH services with a competency-based SRHR component in the curricula (inclusive of SA/SMA/PAC/FP), consistent with global normative guidance Denominator: All accredited health education institutions nationally for health worker cadres engaged in providing SRH services Calculation of percentage: $\text{Numerator} \div \text{denominator} \times 100$
 DATA SOURCE National lists of health educational institutions for each cadre Available curricula Ministry of Education Ministry of Higher Education Ministry of Labour and Human Resources or Special assessment (which would have feasibility implications).	
 EXAMPLE OF USE FOR DECISION MAKING A low proportion indicates a need for more accredited education institutions for all relevant cadres with a competency-based SRHR component in pre-service curricula (inclusive of safe abortion/SMA/postabortion care/family planning), consistent with global normative guidance.	 STATUS OF DEVELOPMENT Adapted from WHO/HRP multi-country initiative health system monitoring. New: Specify SMA included in SRHR curricula. Monitor curricula for all 'relevant cadre' eligible to facilitate SMA, including those not typically based in health facilities.
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALY	

INDICATOR 52 | ENABLING ENVIRONMENT

✕ NOT ESTABLISHED

COUNTRY HAS SYSTEM FOR IN-SERVICE COMPETENCY-BASED TRAINING IN COMPREHENSIVE ABORTION CARE (CAC) INCLUDING SMA, FOR ALL RECOMMENDED CADRES OF PROVIDERS, CONSISTENT WITH GLOBAL NORMATIVE GUIDANCE

	PURPOSE Identifying targets to strive for or maintain in area of health workforce. National systems for continuing professional development.		HOW IT'S CALCULATED Qualitative assessment.
	DATA SOURCE National health workforce policy, strategy and planning documents.		STATUS OF DEVELOPMENT Adapted from WHO/HRP multi-country initiative health system monitoring. Specify that SMA is included in in-service competency-based CAC training. Monitor availability of in-service SMA training for all cadres eligible to facilitate SMA, including those cadres not typically based in health facilities.
	EXAMPLE OF USE FOR DECISION MAKING If country does not have system for in-service competency-based training in comprehensive abortion care (CAC) including SMA, consistent with global normative guidance, this needs to be developed.		
	FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALLY		



INDICATOR 53 | ENABLING ENVIRONMENT

✓ ESTABLISHED

NATIONAL ESSENTIAL MEDICINES LIST INCLUDES COMBINATION MIFEPRISTONE AND MISOPROSTOL, OR MISOPROSTOL AND MIFEPRISTONE AS SEPARATE PRESENTATIONS



PURPOSE

Identifying targets to strive for or maintain in area of medicines and other health products.



HOW IT'S CALCULATED

Qualitative assessment.



DATA SOURCE

National essential medicines list; GAPD; IPPF Medical Abortion Commodities Database.



WHERE IT'S BEING USED

GAPD; IPPF Medical Abortion Commodities Database

WHO/HRP multi-country initiative health system monitoring



EXAMPLE OF USE FOR DECISION MAKING

National Essential Medicines List includes combination mifepristone and misoprostol, or misoprostol and mifepristone as separate presentations.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY

INDICATOR 54 | ENABLING ENVIRONMENT

✓ ESTABLISHED

NUMBER OF QUALITY-ASSURED MEDICAL ABORTION PRODUCTS REGISTERED AND AVAILABLE

 PURPOSE Identifying targets to strive for or maintain in the area of medicines and other health products. Specifically, availability of essential medicines.	 HOW IT'S CALCULATED Qualitative assessment of number of quality assured medical abortion products registered and available (combination mifepristone and misoprostol and / or misoprostol and mifepristone as separate presentations).
 DATA SOURCE Information from National Medicines Regulatory Authority.	 WHERE IT'S BEING USED IPPF Medical Abortion Commodities Database WHO/HRP multi-country initiative health system monitoring
 EXAMPLE OF USE FOR DECISION MAKING To assure that quality-assured medical abortion products are registered and available.	
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALY	



INDICATOR 55 | ENABLING ENVIRONMENT

X NOT ESTABLISHED

PERCENTAGE OF HEALTH PROVIDERS
WHO KNOW THE CLINICAL POLICIES
PROHIBITING REPORTING OF SMA CLIENTS
TO AUTHORITIES

 PURPOSE Evaluating policies that prevent providers from reporting clients for self-managed abortion, which is important to ensure that individuals do not face legal risk for SMA and/or there is larger support for SMA.	 HOW IT'S CALCULATED Numerator: Number of health providers who know the policy and have never reported SMA clients to authorities Denominator: Number of health providers Calculation of percentage: Numerator ÷ denominator X 100
 DATA SOURCE Periodic surveys; review of hospital policies.	 STATUS OF DEVELOPMENT Newly proposed.
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALY	

INDICATOR 56 | KAP (KNOWLEDGE)

✓ ESTABLISHED

PERCENTAGE OF INDIVIDUALS WHO UNDERSTAND WHAT TO EXPECT AT EACH STEP OF THE SELF-MANAGED ABORTION PROCESS



PURPOSE

Facilitating quality abortion care requires a person-centered approach to services; ensuring client understanding of what to expect throughout their abortion visit/call will contribute to preparedness and build trust in the provider-client relationship.



HOW IT'S CALCULATED

Numerator: Number of respondents who respond affirmatively to a question about understanding each step of the SMA process

Denominator: Number of respondents

Calculation of percentage:
 $\text{Numerator} \div \text{denominator} \times 100$



DATA SOURCE

ACQTool.



WHERE IT'S BEING USED

ACQTool, indicator #21 (<https://www.acqtool.org/metric/indicators/>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



INDICATOR 57 | KAP (ATTITUDES)

✓ ESTABLISHED

PERCENTAGE OF CLIENTS WHO FELT
PREPARED FOR WHAT TO DO IF THEY
EXPERIENCED WARNING SIGNS OR IN
THE EVENT OF COMPLICATIONS



PURPOSE

Facilitating quality abortion care requires a person-centered approach to services; client knowledge about what to do following warning signs or adverse events suggests effective communication from the site and preparedness and support for the client. Preparedness may contribute to the prevention of potential negative health effects following abortion.



HOW IT'S CALCULATED

Numerator: Number of respondents who respond affirmatively to the question “Do you feel that you know what to do if you experience a warning sign of a complication?”

Denominator: Number of respondents

Calculation of percentage:
Numerator ÷ denominator X 100

NB: Meets quality threshold if 90% of respondents report feeling prepared for what to do if they experienced warning signs or in the event of complications.



DATA SOURCE

ACQTool.



WHERE IT'S BEING USED

ACQTool, indicator #23 (<https://www.acqtool.org/metric/indicators/>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

INDICATOR 58 | KAP (ATTITUDES OR PRACTICES)

✓ ESTABLISHED

PERCENTAGE OF INDIVIDUALS WHO RECEIVED QUALITY MEDICATIONS FROM A RELIABLE SOURCE OR KNEW WHERE TO OBTAIN THEM



PURPOSE

Facilitating quality abortion care requires that clients perceive their medications to be of high quality in order to instill confidence in the medical abortion process.



HOW IT'S CALCULATED

Numerator: Number of respondents who respond affirmatively to the question “Did you obtain quality medications from a reliable source?”. Or, if they have not yet obtained medications “do you know of a reliable source where you can obtain quality medications?”

Denominator: Number of respondents

Calculation of percentage:
 $\text{Numerator} \div \text{denominator} \times 100$



DATA SOURCE

ACQTool.



WHERE IT'S BEING USED

ACQTool, indicator #4 (<https://www.acqtool.org/metric/indicators/>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 59 | SERVICE DELIVERY AND HEALTH OUTCOMES X NOT ESTABLISHED

PERCENTAGE OF RESPONDENTS WHO REPORTED THAT SERVICES WERE AFFORDABLE



PURPOSE

Facilitating quality SMA requires affordable medications or follow up care for clients of all economic backgrounds.



HOW IT'S CALCULATED

Numerator: Number of respondents who reported services were affordable

Denominator: Number of respondents

Calculation of percentage:

$\text{Numerator} \div \text{denominator} \times 100$

NB: meets quality threshold if 100% of respondents report that services were affordable.



DATA SOURCE

Periodic surveys conducted by model(s) of care, or could be conducted by MOH.



STATUS OF DEVELOPMENT

Field-tested & validated as part of ASQ project

ACQTool, indicator #7 (<https://www.acqtool.org/metric/indicators/>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY

INDICATOR 60 | SERVICE DELIVERY AND HEALTH OUTCOMES ✕ NOT ESTABLISHED

PERCENTAGE OF RESPONDENTS WHO FELT THEIR PAIN WAS MANAGED EFFECTIVELY



PURPOSE

Facilitating quality SMA requires that individuals perceive effective management of pain during and after an abortion. Effective pain management can reduce anxiety, pain, and discomfort.



HOW IT'S CALCULATED

Numerator: Number of respondents who believe that their pain was effectively managed

Denominator: Number of respondents

Calculation of percentage:

$\text{Numerator} \div \text{denominator} \times 100$

NB: Meets quality threshold if 90% or more of respondents report believing that their pain was effectively managed.



DATA SOURCE

Periodic surveys conducted by model(s) of care, or could be conducted by MOH.



STATUS OF DEVELOPMENT

Field-tested & validated as part of ASQ project

ACQTool, indicator #10 (<https://www.acqtool.org/metric/indicators/>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



INDICATOR 61 | SERVICE DELIVERY AND HEALTH OUTCOMES

X NOT ESTABLISHED

PERCENTAGE OF RESPONDENTS WHO
REPORTED FEELING PREPARED TO
DETERMINE IF THEIR ABORTION WAS
COMPLETE

 PURPOSE Facilitating quality SMA requires information and support about abortion completeness. This includes effective communication and preparedness.	 HOW IT'S CALCULATED Numerator: Number of respondents who report feeling prepared to determine if their abortion was complete Denominator: Number of respondents Calculation of percentage: Numerator ÷ denominator X 100 <i>NB: meets quality threshold if 90% of respondents report feeling prepared to determine when their abortion was complete.</i>
 DATA SOURCE Periodic surveys conducted by model(s) of care, or could be conducted by MOH.	 STATUS OF DEVELOPMENT Field-tested & validated as part of ASQ project ACQTool, indicator #24 (https://www.acqtool.org/metric/indicators/)
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALLY	

INDICATOR 62 | SERVICE DELIVERY AND HEALTH OUTCOMES X NOT ESTABLISHED

PERCENTAGE OF RESPONDENTS WHO REPORT TRUSTING THEIR PROVIDER(S)/ PHARMACIST(S) TO KEEP THEIR PERSONAL INFORMATION CONFIDENTIAL



PURPOSE

Facilitating quality SMA suggests that individual's information is maintained private, therefore increasing trust and reducing stigma.



HOW IT'S CALCULATED

Numerator: Number of respondents who report trusting their provider(s)/ pharmacist(s) to keep their personal information confidential

Denominator: Number of respondents

Calculation of percentage:

$\text{Numerator} \div \text{denominator} \times 100$

NB: Meets quality threshold if 90% of respondents report trusting that their providers would keep their personal information confidential.



DATA SOURCE

Periodic surveys conducted by model(s) of care, or could be conducted by MOH.



STATUS OF DEVELOPMENT

Field-tested & validated as part of ASQ project

ACQTool, indicator #28 (<https://www.acqtool.org/metric/indicators/>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



INDICATOR 63 | SERVICE DELIVERY AND HEALTH OUTCOMES X NOT ESTABLISHED

PERCENTAGE OF RESPONDENTS WHO REPORT THEY WERE TREATED WITH RESPECT AT ALL TIMES



PURPOSE

Facilitating quality SMA requires that whenever a person interacts with the healthcare system during their abortion, they are treated with respect and dignity.



HOW IT'S CALCULATED

Numerator: Number of respondents who report they were treated with respect at all times

Denominator: Number of respondents

Calculation of percentage:
Numerator ÷ denominator X 100

NB: Meets quality threshold if 90% of respondents report feeling that they were treated with respect at all times.



DATA SOURCE

Periodic surveys conducted by model(s) of care, or could be conducted by MOH.



STATUS OF DEVELOPMENT

Field-tested & validated as part of ASQ project

ACQTool, indicator #29 (<https://www.acqtool.org/metric/indicators/>)



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY

INDICATOR 64 | SERVICE DELIVERY AND HEALTH OUTCOMES X NOT ESTABLISHED

PERCENTAGE OF INDIVIDUALS THAT DO NOT FEEL JUDGED FOR SEEKING FOLLOW-UP CARE DURING/AFTER SELF-MANAGED ABORTION



PURPOSE

Establishing linkages to follow-up care when desired/needed is an important aspect of SMA. Individuals may not seek care if they perceive they will experience judgement/stigma or legal consequences.



HOW IT'S CALCULATED

Numerator: Number of respondents who do not feel judged for seeking follow up care during/after self-managed abortion

Denominator: Number of respondents

Calculation of percentage:

$\text{Numerator} \div \text{denominator} \times 100$

NB: Meets quality threshold if 90% of respondents report feeling that they were not judged by providers during care seeking for their SMA.



DATA SOURCE

Periodic surveys conducted by model(s) of care, or could be conducted by MOH.



STATUS OF DEVELOPMENT

Newly proposed.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY



INDICATOR 65 | SERVICE DELIVERY AND HEALTH OUTCOMES

X NOT ESTABLISHED

PERCENTAGE OF INDIVIDUALS WHO
DESIRE FOLLOW-UP CARE FOR ANY
REASON ARE ABLE TO OBTAIN TIMELY
DESIRED CARE

 PURPOSE Offering follow-up care is an important step in SMA process for those who desire or need it.	 HOW IT'S CALCULATED Numerator: Number of SMA users who report obtaining follow-up care Denominator: Number of SMA users who report wanting to seek follow-up care for any reason Calculation of percentage: Numerator ÷ denominator X 100
 DATA SOURCE Periodic surveys conducted by model(s) of care, or could be conducted by MOH.	 STATUS OF DEVELOPMENT Field testing.
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALY	

INDICATOR 66 | SERVICE DELIVERY AND HEALTH OUTCOMES X NOT ESTABLISHED

PERCENTAGE OF SMA USERS SEEKING FOLLOW-UP CARE WHO RECEIVE APPROPRIATE MEDICAL TREATMENT



PURPOSE

Ensuring that SMA users receive follow-up care appropriate to their care seeking reasons/needs (e.g., no unnecessary surgical intervention, ultrasound when requested for confirmation of completion, additional doses of miso, only recommended procedural methods (no sharp curettage).



HOW IT'S CALCULATED

Numerator: Number of SMA users who receive appropriate medical treatment

Denominator: Number of SMA users who seek follow-up care

Calculation of percentage:
 $\text{Numerator} \div \text{denominator} \times 100$



DATA SOURCE

HMIS data.



STATUS OF DEVELOPMENT

Pilot testing.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALLY



INDICATOR 67 | SERVICE DELIVERY AND HEALTH OUTCOMES

X NOT ESTABLISHED

PERCENTAGE OF SMA USERS WHO
ARE NO LONGER PREGNANT

 PURPOSE Evaluating the overall patient-centered measure of abortion success.	 HOW IT'S CALCULATED Numerator: Number of SMA users who report they are no longer pregnant Denominator: Number of SMA users
 DATA SOURCE Periodic surveys or accompaniment group data.	 STATUS OF DEVELOPMENT Field tested.
 FREQUENCY NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALY	
*frequency depends on model of care	

INDICATOR 68 | SERVICE DELIVERY AND HEALTH OUTCOMES ✕ NOT ESTABLISHED

INDIVIDUAL HAS A COMPLETE ABORTION WITHOUT SURGICAL INTERVENTION



PURPOSE

Evaluating the overall patient-centered measure of abortion success.



HOW IT'S CALCULATED

Numerator: Number of SMA users who report a complete abortion and no surgical intervention (successful expulsion of the intrauterine pregnancy without need for surgical intervention)

Denominator: Number of SMA users



DATA SOURCE

Periodic surveys or accompaniment group data.



STATUS OF DEVELOPMENT

Field tested.



FREQUENCY

NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

*frequency depends on model of care



X NOT ESTABLISHED

PROPORTION OF INDIVIDUALS WITH MODERATE OR SEVERE COMPLICATIONS



Distinguishing complications from care seeking (which occurs for many reasons). Severe complications are rare for SMA.



Numerator: Number of SMA users who report one of the following: blood transfusion, overnight stay, emergency surgery, sepsis

Denominator: Number of SMA users



HIMS data; periodic surveys.



Field tested.



NON-ROUTINE

MONTHLY

QUARTERLY

ANNUALLY

BIENNIALY

*frequency depends on model of care

ANNEX 1: ACRONYMS

AC	Access Collaborative
AIS	AIDS Indicator Survey
ACQ	Abortion Care Quality
ART	Antiretroviral Therapy
BMGF	Bill & Melinda Gates Foundation
CAC	Comprehensive abortion care
CE	Conformité Européenne (European Conformity)
CEPED	Centre Population & Développement (France)
CHAI	Clinton Health Access Initiative
CHW	Community Health Workers
CIFF	Children's Investment Fund Foundation
DHS	Demographic and Health Survey
DHIS2	District Health Information Software
DMPA-IM	Intramuscular depot medroxyprogesterone acetate
DMPA-SC	Subcutaneous depot medroxyprogesterone acetate
ELWG	Evidence and Learning Working Group
EPIC	Meeting Targets and Maintaining Epidemic Control project
ERPD	Expert Review Panel for Diagnostics
EVIHDAF	Evidence for Sustainable Human Development Systems in Africa
FDA	Food and Drug Administration
FHI	360 Family Health International
FP	Family Planning
GAM	Global AIDS Monitoring Survey
GAPD	Global Abortion Policies Database
GFPVAN	Global Family Planning Visibility and Analytics Network
GIWYN	Generation Initiative for Women and Youth Network
HIPS	Family Planning High Impact Practices
HIS	Health Information System
HIV	Human immunodeficiency virus
HIVST	HIV self-testing
HMIS	Health Management Information System



HRP	Human Reproduction Programme
HTS	HIV testing services
IEC	Information, Education and Communication
IHRIS	Human Resources Information System
INED	Institut National d'Etudes Démographiques (France)
IPPF	International Planned Parenthood Federation
KAP	Knowledge, Attitudes and Practices
LMIS	Logistic management information systems
MAKSPH	Makerere University School of Public Health (Uganda)
MEWG	Measurement Expert Working Group
M&E	Monitoring and evaluation
MOE	Ministry of Education
MOH	Ministry of Health
NRA	National regulatory approval
NSN	National Self-Care Network
PAC	Postabortion care
PEPFAR	President's Emergency Plan for AIDS Relief
PMA	Performance Monitoring for Action
PQ	Prequalification
PQED	Pre-qualified
PREP	Pre-exposure prophylaxis
PSI	Population Services International
RDT	Rapid diagnostic test
SA	Safe abortion
SCARU	Self-Care Academic Research Unit (UK)
SCEG	Self-Care Expert Group
SCTG	Self-Care Trailblazer Group
SDPS	Service delivery points
SEED	Supply-Enabling Environment-Demand (Model for Family Planning Programming)
SHIPS	Strengthening HIV Self-Testing in the Private Sector
SI	Self-injectable
SMA	Self-managed abortion
SRA	Stringent Regulatory Authority

SRH	Sexual and reproductive health
SRHR	Sexual and Reproductive Health and Rights
STAR	HIV Self-Testing Africa
TGA	Therapeutic Goods Administration (Australia)
TWG	Technical Working Group
TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy
UCSF	University of California, San Francisco
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization



