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

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

SUGGESTED CITATION

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ACRONYMS

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<tr>
<td>DMPA-SC</td>
<td>Subcutaneous depot medroxyprogesterone acetate</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>KAP</td>
<td>Knowledge, Attitudes and Practices</td>
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<td>MEWG</td>
<td>Measurement Expert Working Group</td>
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<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<td>SRH</td>
<td>Sexual and reproductive health</td>
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<td>SMA</td>
<td>Self-managed abortion</td>
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* 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.” 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 themself, 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

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.

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


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.
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

<table>
<thead>
<tr>
<th>NOV 2022</th>
<th>DEC 2022</th>
<th>JAN 2023</th>
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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) 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

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| 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 |
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<td>Description</td>
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<td>50.</td>
<td>Protocols for comprehensive abortion care aligned with global standards are in national medical/treatment guidelines</td>
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<td>Percentage of accredited educational institutions for all relevant cadres with a competency-based SRHR component in pre-service curricula, consistent with global normative guidance</td>
<td>76</td>
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<td>52.</td>
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<td>Percentage of health providers who know the clinical policies prohibiting reporting of SMA clients to authorities</td>
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<td>Percentage of individuals who understand what to expect at each step of the self-managed abortion process</td>
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<td>60.</td>
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<tr>
<td>61.</td>
<td>Percentage of respondents who reported feeling prepared to determine if their abortion was complete</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Question</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
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<td>--------------------------------------------------------------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>62.</td>
<td>Percentage of respondents who report trusting their provider(s)/pharmacist(s) to keep their personal information confidential</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td>63.</td>
<td>Percentage of respondents who report they were treated with respect at all times</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>64.</td>
<td>Percentage of individuals that do not feel judged for seeking follow up care during/after self-managed abortion</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>65.</td>
<td>Percentage of individuals who desire follow-up care for any reason are able to obtain timely desired care</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>66.</td>
<td>Percentage of SMA users seeking follow-up care who receive appropriate medical treatment</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>67.</td>
<td>Percentage of SMA users who are no longer pregnant</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>68.</td>
<td>Individual has a complete abortion without surgical intervention</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>69.</td>
<td>Proportion of individuals with moderate or severe complications</td>
<td>94</td>
<td></td>
</tr>
</tbody>
</table>
SELF-INJECTABLE DMPA-SC INDICATORS
# SELF-INJECTABLE DMPA-SC INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. National regulatory approval for DMPA-SC</td>
<td>20</td>
</tr>
<tr>
<td>02. Status of policy that authorizes self-injection of DMPA-SC</td>
<td>21</td>
</tr>
<tr>
<td>03. Status of policy that authorizes CHWs to initiate self-injection</td>
<td>22</td>
</tr>
<tr>
<td>04. Status of policy that authorizes private sector staff to initiate self-injection</td>
<td>23</td>
</tr>
<tr>
<td>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)</td>
<td>24</td>
</tr>
<tr>
<td>06. DMPA-SC is integrated into national quantification and supply planning calculations/forecasts</td>
<td>25</td>
</tr>
<tr>
<td>07. Procurement systems and annual budgets include provision of self-injectable (SI) materials</td>
<td>26</td>
</tr>
<tr>
<td>08. Temporary or permanent structure with authority, resources and information meets quarterly to coordinate scale-up</td>
<td>27</td>
</tr>
<tr>
<td>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)</td>
<td>28</td>
</tr>
<tr>
<td>10. Data on self-injection are recorded in the routine HMIS and can be extracted to review progress with SI scale-up</td>
<td>29</td>
</tr>
<tr>
<td>11. DMPA-SC and self-injection are integrated into the pre-service training curricula for health workers</td>
<td>30</td>
</tr>
<tr>
<td>12. Percentage of women aged 15-49 who have heard of a self-injectable contraceptive</td>
<td>31</td>
</tr>
<tr>
<td>13. Percentage of women aged 15-49 who heard about self-injection from various sources</td>
<td>32</td>
</tr>
</tbody>
</table>
14. Percentage of women aged 15-49 who know where they can obtain a self-injectable contraceptive

15. Percentage of women ever trained in self-injection

16. Among injectable users who are not currently self-injecting, percentage who prefer to be self-injecting

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

18. Among current DMPA-SC users, percentage of women aged 15-19 who self-injected their current method

19. Percentage of women who have ever self-injected, by reason for discontinuation

20. Number and percentage of service delivery points (SDPs) actively offering SI services

21. Number and percentage of DMPA-SC doses provided for self-injection

22. Number and percentage of providers trained to offer self-injection

23. Number and percentage of service delivery points (SDPs) with at least one trained provider

24. Number and percentage of DMPA-SC clients who are self-injecting disaggregated by age and new or returning FP user

25. Percentage of FP providers unwilling to offer DMPA SC for SI to young unmarried clients

26. Number and percentage of facilities with uninterrupted stock of DMPA-SC in the past 3 months

27. Percentage of DMPA-SC units being dispensed to clients for SI

28. Number and percentage of DMPA users ever informed about self-injection by a provider

29. Percentage of clients who report receiving counseling on side effects of DMPA-SC
**INDICATOR 1 | ENABLING ENVIRONMENT**

**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
- Biennially
**INDICATOR 2 | ENABLING ENVIRONMENT**

**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).

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

**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.

**WHERE IT’S BEING USED**
Routine reporting for the DMPA-SC Donor Consortium

Access Collaborative AC dashboard ([https://dashboard.access-collaborative.com](https://dashboard.access-collaborative.com))

AC country briefs ([https://fpoptions.org/resource/ac-country-briefs/](https://fpoptions.org/resource/ac-country-briefs/))

Clinton Health Access Initiative (CHAI) policy landscape

**EXAMPLE OF USE FOR DECISION MAKING**
This data was used to launch introduction of self-injection outside of a research setting (in many countries).

**FREQUENCY**
- **NON-ROUTINE**
- **MONTHLY**
- **QUARTERLY**
- **ANNUALLY**
- **BIENNIALY**
INDICATOR 3 | ENABLING ENVIRONMENT

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.

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.

EXAMPLE OF USE FOR DECISION MAKING
Status of CHW policy was used to inform task-sharing/task-shifting and self-care policies in Nigeria.

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

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

<table>
<thead>
<tr>
<th>Purpose</th>
<th>How It’s Calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td><strong>Authorized:</strong> 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. <strong>In process:</strong> The policy allowing private sector staff to initiate self-injection users is in the drafting and approval process. <strong>No policy:</strong> The policy allowing private sector staff to initiate self-injection users does not currently exist and is not currently being written.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Example of Use for Decision Making</th>
<th>Where It’s Being Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>National policy documents, meeting minutes/verbal updates from routine meetings, programmatic records, communications with MOH, etc.</td>
<td>Status of policy to allow SI initiation through drug shops was used to inform training activities in Uganda.</td>
<td>Routine reporting for the DMPA-SC Donor Consortium</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-routine</td>
</tr>
</tbody>
</table>

**Status:** 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)

**PURPOSE**
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.

**HOW IT’S CALCULATED**
Yes/No: A costed implementation plan that specifically references self-injection has been approved by the MOH.

**DATA SOURCE**
Key informant interviews with 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
- BIENNIALLY

× NOT ESTABLISHED
## INDICATOR 6 | ENABLING ENVIRONMENT

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

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>HOW IT’S CALCULATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrating full institutionalization as part of national FP method mix public sector procurement plans.</td>
<td>Yes/No: Annual or semi-annual quantification calculations and orders include DMPA-SC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATA SOURCE</th>
<th>WHERE IT’S BEING USED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collected at national level via LMIS.</td>
<td>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).</td>
</tr>
</tbody>
</table>

**EXAMPLE OF USE FOR DECISION MAKING**
- Informs national supply plan, supply monitoring, and product distribution plans.

### FREQUENCY
- **NON-ROUTINE**
- **MONTHLY**
- **QUARTERLY**
- **ANNUALLY**
- **BIENNIALLY**
**INDICATOR 7 | ENABLING ENVIRONMENT**

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

**PURPOSE**
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.

**HOW IT’S CALCULATED**
Yes/No: Job aids are distributed to facilities as part of the supply chain.

**DATA SOURCE**
Key informant interviews with 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**
- Biennially
INDICATOR 8 | ENABLELING ENVIRONMENT

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
- Biennially

STATUS
- Not Established

X
INDICATOR 9 | ENABLING ENVIRONMENT

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 BIENNIALLY
## INDICATOR 10 | ENABLING ENVIRONMENT

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

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>HOW IT’S CALCULATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collecting and reviewing data for course correction is essential for tracking progress with self-injection scale-up.</td>
<td><strong>Yes/No:</strong> Data on the mode of administration for DMPA-SC (provider-administered or self-injected) is available for review through the routine HMIS.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATA SOURCE</th>
<th>STATUS OF DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS data extraction to reveal whether SI data is captured in the routine system.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NON-ROUTINE</strong></td>
</tr>
</tbody>
</table>
**INDICATOR 11 | ENABLING ENVIRONMENT**

**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**
- **BIENNIALLY**

**NOT ESTABLISHED**
INDICATOR 12 | KAP (KNOWLEDGE)

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)

### Percentage of Women Aged 15-49 Who Heard About Self-Injection from Various Sources

<table>
<thead>
<tr>
<th>Purpose</th>
<th>How It’s Calculated</th>
</tr>
</thead>
</table>
| Ascertain the source of knowledge for self-injection to assess common forms of communication media facilitating the programs’ penetration in different sectors. | **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 |

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Example of Use for Decision Making</th>
<th>Where It’s Being Used</th>
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<tr>
<th>Frequency</th>
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<tbody>
<tr>
<td>Non-routine</td>
</tr>
</tbody>
</table>
**INDICATOR 14 | KAP (KNOWLEDGE)**

**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.

**WHERE IT’S BEING USED**
The Performance Monitoring for Action (PMA) surveys (https://www.pmadata.org/data/survey-methodology)

**EXAMPLE OF USE FOR DECISION MAKING**
Used to monitor investments in DMPA-SC and SI by CIFF and BMGF.

**FREQUENCY**
- Non-Routine
- Monthly
- Quarterly
- **Annually**
- Biennially
## INDICATOR 15 | KAP (KNOWLEDGE)

**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**
- **BIENNIALLY**
**INDICATOR 16 | KAP (ATTITUDES)**

**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.pmadata.org/data/survey-methodology)

**FREQUENCY**
- NON ROUTINE
- MONTHLY
- QUARTERLY
- **ANNUALLY**
- BIENNIALY
INDICATOR 17 | KAP (ATTITUDES)

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.

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.

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

FREQUENCY
NON-ROUTINE
MONTHLY
QUARTERLY
ANNUALLY
BIENNIALLY

× NOT 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.

**Data Source**
PMA annual longitudinal female survey.

**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

**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 19 | KAP (PRACTICES)

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.

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.

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

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 20 | Service Delivery and Health Outcomes

**Number and Percentage of Service Delivery Points (SDPs) Actively Offering SI Services**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>How it’s calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measuring activity level:</strong> Scale and geographic scope for availability of self-injection services.</td>
<td><strong>Numerator:</strong> Number of service delivery points (SDPs) recording any self-injection visits within a geographical/administrative area. <strong>Denominator:</strong> Total SDPs in a geographical/administrative area. <strong>Calculation of percentage:</strong> Numerator ÷ denominator × 100.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Where it’s being used</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Example of use for decision making</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobilize partners to target SDPs with low activity levels to provide training and support trained providers to offer services and submit data.</td>
<td><strong>Non-Routine</strong></td>
</tr>
</tbody>
</table>

- **Established**
**INDICATOR 21 | SERVICE DELIVERY AND HEALTH OUTCOMES**

**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:** Numerator ÷ denominator X 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**
- **BIENNIALEY**
**Indicator 22 | Service Delivery and Health Outcomes**

**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.

**Data Source**
iHRIS-Human Resources Information System.

**How It’s Calculated**
- **Numerator:** Number of providers trained to offer self-injection
- **Denominator:** Total number of providers targeted
- **Calculation of percentage:** Numerator ÷ denominator × 100

**Example of Use for Decision Making**
Track SI scale-up progress and for coordination to avoid duplication of training efforts among partners.

**Where It’s Being Used**
- Routine reporting for the DMPA-SC Donor Consortium

**Frequency**
- Monthly
- Annually
- Biennially
**INDICATOR 23 | SERVICE DELIVERY AND HEALTH OUTCOMES**

**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:**
\[
\text{Percentage} = \frac{\text{Numerator}}{\text{Denominator}} \times 100
\]

### DATA SOURCE
iHRIS-Human Resources Information System.

### EXAMPLE OF USE FOR DECISION MAKING
Track progress with training of providers; identify training gaps.

### 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](https://dashboard.access-collaborative.com)

### FREQUENCY
- Non-Routine
- Monthly
- Quarterly
- Annually
- Biennially
### Indicator 24 | Service Delivery and Health Outcomes

**Number and Percentage of DMPA-SC Clients Who Are Self-Injecting, Disaggregated by Age and New or Returning FP User**

<table>
<thead>
<tr>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How It’s Calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numerator:</strong> Number of SI clients, total and by age category or new/returning FP user</td>
</tr>
<tr>
<td><strong>Denominator:</strong> Total number of DMPA-SC clients</td>
</tr>
<tr>
<td><strong>Calculation of percentage:</strong> Numerator ÷ denominator X 100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example of Use for Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where It’s Being Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>National and subnational quarterly reporting for Ugandan MOH.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
</tr>
</tbody>
</table>
**INDICATOR 25 | SERVICE DELIVERY AND HEALTH OUTCOMES**

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.

**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.

**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

*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).*

**Calculation of percentage:**
Numerator ÷ denominator X 100

**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
- Biennially
INDICATOR 26 | SERVICE DELIVERY AND HEALTH OUTCOMES

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: Numerator ÷ denominator × 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
- Biennially
INDICATOR 27 | SERVICE DELIVERY AND HEALTH OUTCOMES

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 × 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  

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: Numerator ÷ denominator X 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
- Biennially
INDICATOR 29 | SERVICE DELIVERY AND HEALTH OUTCOMES

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

PLOT

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
- Biennially
HIV SELF-TESTING INDICATORS
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of countries with national policies and implementing HIV self-testing</td>
<td>52</td>
</tr>
<tr>
<td>Number of countries with regulations on HIVST</td>
<td>53</td>
</tr>
<tr>
<td>Number of HIVST kits procured annually</td>
<td>54</td>
</tr>
<tr>
<td>Number of HIVST products listed with WHO prequalification approvals annually</td>
<td>55</td>
</tr>
<tr>
<td>Number of countries with at least one HIVST registered annually, disaggregated by product</td>
<td>56</td>
</tr>
<tr>
<td>Percentage of people aged 15-49 who have ever heard of HIV self-testing</td>
<td>57</td>
</tr>
<tr>
<td>Number of people reached with messages about HIVST</td>
<td>58</td>
</tr>
<tr>
<td>Source of last HIVST obtained during the last 12 months</td>
<td>59</td>
</tr>
<tr>
<td>Percentage of HIVST users who would recommend HIV self-testing to a friend</td>
<td>60</td>
</tr>
<tr>
<td>Number and percentage of users who report willingness to distribute a HIVST to their partner or peer</td>
<td>61</td>
</tr>
<tr>
<td>HIVST users stating preference for blood-based or oral fluid-based test kit</td>
<td>62</td>
</tr>
<tr>
<td>Percentage of people aged 15-49 who have ever used HIV self-test kits/used HIVST kit in the last 3/6/12 months</td>
<td>63</td>
</tr>
<tr>
<td>Percentage of HIVST users who have confidence to perform HIVST</td>
<td>64</td>
</tr>
<tr>
<td>Percentage of people who have self-tested at testing sites</td>
<td>65</td>
</tr>
<tr>
<td>Percentage of HIVST users who report using at least one other self-care product in the last 6 months</td>
<td>66</td>
</tr>
<tr>
<td>Number of HIVST kits distributed</td>
<td>67</td>
</tr>
</tbody>
</table>
### Domain:

<table>
<thead>
<tr>
<th></th>
<th>Percentage of HTS, ART, PrEP and VMMC clinic attendees using HIVST</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>46.</td>
<td>Number of individuals self-tested for HIV, who screened reactive and who received confirmed positive result through provider RDT testing</td>
<td>69</td>
</tr>
<tr>
<td>47.</td>
<td>Number of new positive tests who report self-test use</td>
<td>70</td>
</tr>
<tr>
<td>48.</td>
<td>Number of people newly enrolled on antiretroviral therapy who report self-test use</td>
<td>71</td>
</tr>
</tbody>
</table>
INDICATOR 30 | ENABLING ENVIRONMENT

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

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**

**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**
- Biennially
**INDICATOR 32 | ENABLING ENVIRONMENT**

**NUMBER OF HIVST KITS PROCURED ANNUALLY**

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>HOW IT’S CALCULATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting triangulation of HIVST kit procurement indicator data pulled from several sources for validation.</td>
<td>Number of test kits procured reported by countries.</td>
</tr>
</tbody>
</table>

**DATA SOURCE**


**WHERE IT’S BEING USED**

Collected annually through Global AIDS Monitoring system and donor reporting.

**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).

**FREQUENCY**

- Non-Routine
- Monthly
- Quarterly
- **Annually**
- Biennially
Indicator 33 | Enabling Environment

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).

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

How it's calculated
Number of HIVST products listed with approvals (WHO prequalification) annually.

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
- Biennially
INDICATOR 34 | ENABLING ENVIRONMENT
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)

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.

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: Numerator ÷ denominator X 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.

WHERE IT’S BEING USED
HIV self-testing monitoring and evaluation guidance for HIV programmes (psi.org)

DHS

FREQUENCY
NON-ROUTINE  MONTHLY  QUARTERLY  ANNUALLY  BIENNIALLY
INDICATOR 36 | KAP (KNOWLEDGE)

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.

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).

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.

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
- BIENNIALLY
**INDICATOR 37 | KAP (KNOWLEDGE)**

**SOURCE OF LAST HIVST OBTAINED DURING THE LAST 12 MONTHS**

**PURPOSE**
Understanding where users are obtaining HIVST (which channels)

**DATA SOURCE**
National survey (e.g., DHS/AIS).

**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.).

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

**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.

**FREQUENCY**

- **NON-ROUTINE**
- **MONTHLY**
- **QUARTERLY**
- **ANNUALLY**
- **BIENNIALLY**
**INDICATOR 38 | KAP (ATTITUDES)**

**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:** 
Numerator ÷ denominator X 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
- BIENNIALLY
**INDICATOR 39 | KAP (ATTITUDES)**

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**

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
- BIENNIALLY
**INDICATOR 40 | KAP (ATTITUDES)**

**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).

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

**WHERE IT’S BEING USED**
Indicator is collected/analyzed across a variety of PSI projects and included in documented research studies.

**HOW IT’S CALCULATED**
The data can be collected routinely through sales/distribution registers or through periodic 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).

**FREQUENCY**
- NON-Routine
- MONTHLY
- QUARTERLY
- ANNUALLY
- BIENNIALY

ESTABLISHED

62
### Indicator 41 | KAP (Practices)

**Percentage of people aged 15-49 who have ever used HIV self-test kits/used HIVST kit in the last 3/6/12 months**

<table>
<thead>
<tr>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitating the planning of educational/awareness campaigns to target particular groups based on reported knowledge gaps or used to measure success of IEC campaigns.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary:</strong> National/sub-national surveys.</td>
</tr>
<tr>
<td><strong>Other uses:</strong> Could be collected at a programmatic level through surveys of target population.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How it’s calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numerator:</strong> Number of people reporting ever having used a HIVST kit</td>
</tr>
<tr>
<td><strong>Denominator:</strong> Number of people in the sample</td>
</tr>
<tr>
<td><strong>Calculation of percentage:</strong> Numerator ÷ denominator X 100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example of use for decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used to target sub-populations with HIVST IEC materials.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where it’s being used</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV self-testing monitoring and evaluation guidance for HIV programmes (psi.org)</td>
</tr>
<tr>
<td>DHS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-routine</strong></td>
</tr>
</tbody>
</table>

**Established**
INDICATOR 42 | KAP (PRACTICES)

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  BIENNIALY
INDICATOR 43 | KAP (PRACTICES)

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: 
Numerator ÷ denominator × 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  BIENNIALLY
**INDICATOR 44 | KAP (PRACTICES)**

**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.

**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.

**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 × 100

**WHERE IT’S BEING USED**
PSI’s Strengthening HIVST in the Private Sector (SHIPS) project.

**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.

**FREQUENCY**
- NON-Routine
- MONTHLY
- QUARTERLY
- ANNUALLY
- BIENNIALLY
INDICATOR 45 | SERVICE DELIVERY AND HEALTH OUTCOMES

NUMBER OF HIVST KITS DISTRIBUTED

PURPOSE
Estimating impact of HIVST through use in data triangulation.

DATA SOURCE
Implementers/DHIS2.

WHERE IT’S BEING USED
Usually collected by implementers and now, in some countries, in the national DHIS2.

HOW IT’S CALCULATED
Number of HIVST distributed.

EXAMPLE OF USE FOR DECISION MAKING
Used in data triangulation to estimate impacts of HIVST.

FREQUENCY
- NON-ROUTINE
- MONTHLY
- QUARTERLY
- ANNUALLY
- BIENNIALLY
INDICATOR 46 | SERVICE DELIVERY AND HEALTH OUTCOMES

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

PURPOSE
Estimating impact of HIVST through use in data triangulation.

DATA SOURCE
Implementers /DHIS2.

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

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
- BIENNIALLY
INDICATOR 47 | SERVICE DELIVERY AND HEALTH OUTCOMES

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
- BIENNIALLY
## Indicator 48 | Service Delivery and Health Outcomes

**Number of New Positive Tests Who Report Self-Test Use**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>How It’s Calculated</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Example of Use for Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementers/DHIS2.</td>
<td>Used in data triangulation to estimate impacts of HIVST.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where It’s Being Used</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usually collected in national DHIS2.</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

**Frequency**

- Non-Routine
- Monthly
- Quarterly
- Annually
- Biennially

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

PURPOSE
Estimating impact of HIVST through use in data triangulation.

DATA SOURCE
DHIS2.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>62.</td>
<td>Percentage of respondents who report trusting their provider(s)/ pharmacist(s) to keep their personal information confidential</td>
<td>87</td>
</tr>
<tr>
<td>63.</td>
<td>Percentage of respondents who report they were treated with respect at all times</td>
<td>88</td>
</tr>
<tr>
<td>64.</td>
<td>Percentage of individuals that do not feel judged for seeking follow up care during/after self-managed abortion</td>
<td>89</td>
</tr>
<tr>
<td>65.</td>
<td>Percentage of individuals who desire follow-up care for any reason are able to obtain timely desired care</td>
<td>90</td>
</tr>
<tr>
<td>66.</td>
<td>Percentage of SMA users seeking follow-up care who receive appropriate medical treatment</td>
<td>91</td>
</tr>
<tr>
<td>67.</td>
<td>Percentage of SMA users who are no longer pregnant</td>
<td>92</td>
</tr>
<tr>
<td>68.</td>
<td>Individual has a complete abortion without surgical intervention</td>
<td>93</td>
</tr>
<tr>
<td>69.</td>
<td>Proportion of individuals with moderate or severe complications</td>
<td>94</td>
</tr>
</tbody>
</table>
**Indicator 50 | Enabling Environment**

### Protocols for Comprehensive Abortion Care Aligned with Global Standards Are in National Medical/Treatment Guidelines

<table>
<thead>
<tr>
<th>Purpose</th>
<th>How It’s Calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Qualitative assessment of deviations from WHO abortion guidelines with respect to the provision of quality abortion care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Example of Use for Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationally available official government documents; abortion care standards and guidelines; Global Abortion Policies Database (GAPD).</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where It’s Being Used</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAPD (<a href="https://abortion-policies.srhr.org/">https://abortion-policies.srhr.org/</a>)</td>
<td>Non-Routine</td>
</tr>
</tbody>
</table>

**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**
- Biennially
**INDICATOR 51 | ENABLING ENVIRONMENT**

**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.

**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).

**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:** Numerator ÷ denominator × 100

**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
- BIENNIALEY

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76
**INDICATOR 52 | ENABLING ENVIRONMENT**

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

<table>
<thead>
<tr>
<th><strong>PURPOSE</strong></th>
<th><strong>HOW IT’S CALCULATED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying targets to strive for or maintain in area of health workforce. National systems for continuing professional development.</td>
<td>Qualitative assessment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DATA SOURCE</strong></th>
<th><strong>STATUS OF DEVELOPMENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>National health workforce policy, strategy and planning documents.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EXAMPLE OF USE FOR DECISION MAKING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FREQUENCY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-ROUTINE</td>
</tr>
</tbody>
</table>
**INDICATOR 53 | ENABLING ENVIRONMENT**

**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
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 BIENNIALLY
INDICATOR 55 | ENABLING ENVIRONMENT

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
- BIENNIALLY
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: Numerator ÷ denominator X 100

DATA SOURCE
ACQTool.

WHERE IT’S BEING USED
ACQTool, indicator #21 (https://www.acqtool.org/metric/indicators/)

FREQUENCY
NON-ROUTINE  MONTHLY  QUARTERLY  ANNUALLY  BIENNIALY
INDICATOR 57 | KAP (ATTITUDES)

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 BIENNIALLY
**Indicator 58 | KAP (Attitudes or Practices)**

**Percentage of individuals who received quality medications from a reliable source or knew where to obtain them**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>How it’s calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td><strong>Numerator:</strong> 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?”&lt;br&gt;<strong>Denominator:</strong> Number of respondents&lt;br&gt;&lt;br&gt;<strong>Calculation of percentage:</strong> Numerator ÷ denominator X 100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data source</th>
<th>Where it’s being used</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACQTool.</td>
<td>ACQTool, indicator #4 (<a href="https://www.acqtool.org/metric/indicators/">https://www.acqtool.org/metric/indicators/</a>)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-routine</strong></td>
</tr>
</tbody>
</table>
**INDICATOR 59 | SERVICE DELIVERY AND HEALTH OUTCOMES**

**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:**
Numerator ÷ denominator × 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/](https://www.acqtool.org/metric/indicators/))

**FREQUENCY**
Non-Routine
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: Numerator ÷ denominator X 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
BIENNIALY
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:**
\[ \text{Numerator} \div \text{denominator} \times 100 \]

**NB:** meets quality threshold if 90% of respondents report feeling prepared to determine when their abortion was complete.

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/](https://www.acqtool.org/metric/indicators/))

FREQUENCY
**NON-ROUTINE**
**INDICATOR 62 | SERVICE DELIVERY AND HEALTH OUTCOMES**  

**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:**  
Numerator ÷ denominator × 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/](https://www.acqtool.org/metric/indicators/))

**FREQUENCY**  
- **Non-Routine**  
- **Monthly**  
- **Quarterly**  
- **Annually**  
- **Biennially**
INDICATOR 63 | SERVICE DELIVERY AND HEALTH OUTCOMES

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
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:
Numerator ÷ denominator X 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 BIENNIALLY
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
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: Numerator ÷ denominator X 100

DATA SOURCE
HMIS data.

STATUS OF DEVELOPMENT
Pilot testing.

FREQUENCY
MONTHLY

NOT ESTABLISHED
## Indicator 67 | Service Delivery and Health Outcomes

### Percentage of SMA Users Who Are No Longer Pregnant

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>Evaluating the overall patient-centered measure of abortion success.</th>
</tr>
</thead>
</table>
| **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  
Biennially*  
*frequency depends on model of care |

[DATA SOURCE](#)
**INDICATOR 68 | SERVICE DELIVERY AND HEALTH OUTCOMES**

**INDIVIDUAL HAS A COMPLETE ABORTION WITHOUT SURGICAL INTERVENTION**

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>HOW IT’S CALCULATED</th>
<th>DATA SOURCE</th>
<th>STATUS OF DEVELOPMENT</th>
<th>FREQUENCY</th>
</tr>
</thead>
</table>
| Evaluating the overall patient-centered measure of abortion success. | **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 | **Periodic surveys or accompaniment group data.** | **Field tested.** | **NON-ROUTINE**  
**MONTHLY**  
**QUARTERLY**  
**ANNUALLY**  
**BIENNially** |

*frequency depends on model of care*
INDICATOR 69 | SERVICE DELIVERY AND HEALTH OUTCOMES

PROPORTION OF INDIVIDUALS WITH MODERATE OR SEVERE COMPLICATIONS

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

HOW IT’S CALCULATED
Numerateur: Number of SMA users who report one of the following: blood transfusion, overnight stay, emergency surgery, sepsis
Denominator: Number of SMA users

DATA SOURCE
HIMS data; periodic surveys.

STATUS OF DEVELOPMENT
Field tested.

FREQUENCY
NON-ROUTINE MONTHLY QUARTERLY ANNUALLY BIENNIALLY
*frequency depends on model of care
## ANNEX 1: ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC</td>
<td>Access Collaborative</td>
</tr>
<tr>
<td>AIS</td>
<td>AIDS Indicator Survey</td>
</tr>
<tr>
<td>ACQ</td>
<td>Abortion Care Quality</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>BMGF</td>
<td>Bill &amp; Melinda Gates Foundation</td>
</tr>
<tr>
<td>CAC</td>
<td>Comprehensive abortion care</td>
</tr>
<tr>
<td>CE</td>
<td>Conformité Européenne (European Conformity)</td>
</tr>
<tr>
<td>CEPED</td>
<td>Centre Population &amp; Développement (France)</td>
</tr>
<tr>
<td>CHAI</td>
<td>Clinton Health Access Initiative</td>
</tr>
<tr>
<td>CHW</td>
<td>Community Health Workers</td>
</tr>
<tr>
<td>CIFF</td>
<td>Children’s Investment Fund Foundation</td>
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<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>DHIS2</td>
<td>District Health Information Software</td>
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<tr>
<td>DMPA-IM</td>
<td>Intramuscular depot medroxyprogesterone acetate</td>
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<tr>
<td>DMPA-SC</td>
<td>Subcutaneous depot medroxyprogesterone acetate</td>
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<tr>
<td>ELWG</td>
<td>Evidence and Learning Working Group</td>
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<tr>
<td>EPIC</td>
<td>Meeting Targets and Maintaining Epidemic Control project</td>
</tr>
<tr>
<td>ERPD</td>
<td>Expert Review Panel for Diagnostics</td>
</tr>
<tr>
<td>EVIHDAF</td>
<td>Evidence for Sustainable Human Development Systems in Africa</td>
</tr>
<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
</tr>
<tr>
<td>FHI</td>
<td>360 Family Health International</td>
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<tr>
<td>FP</td>
<td>Family Planning</td>
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<tr>
<td>GAM</td>
<td>Global AIDS Monitoring Survey</td>
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<tr>
<td>GAPD</td>
<td>Global Abortion Policies Database</td>
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<tr>
<td>GFPVAN</td>
<td>Global Family Planning Visibility and Analytics Network</td>
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<tr>
<td>GIWYN</td>
<td>Generation Initiative for Women and Youth Network</td>
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<tr>
<td>HIPS</td>
<td>Family Planning High Impact Practices</td>
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<tr>
<td>HIS</td>
<td>Health Information System</td>
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<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>HIVST</td>
<td>HIV self-testing</td>
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<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>HRP</td>
<td>Human Reproduction Programme</td>
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<tr>
<td>HTS</td>
<td>HIV testing services</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IHRIS</td>
<td>Human Resources Information System</td>
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<tr>
<td>INED</td>
<td>Institut National d’Etudes Démographiques (France)</td>
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<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitudes and Practices</td>
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<tr>
<td>LMIS</td>
<td>Logistic management information systems</td>
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<td>MAKSPH</td>
<td>Makerere University School of Public Health (Uganda)</td>
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<td>MEWG</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>MOE</td>
<td>Ministry of Education</td>
</tr>
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<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>NRA</td>
<td>National regulatory approval</td>
</tr>
<tr>
<td>NSN</td>
<td>National Self-Care Network</td>
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<tr>
<td>PAC</td>
<td>Postabortion care</td>
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<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PMA</td>
<td>Performance Monitoring for Action</td>
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<td>PQ</td>
<td>Prequalification</td>
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<td>PQED</td>
<td>Pre-qualified</td>
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<td>PREP</td>
<td>Pre-exposure prophylaxis</td>
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<td>PSI</td>
<td>Population Services International</td>
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<tr>
<td>RDT</td>
<td>Rapid diagnostic test</td>
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<tr>
<td>SA</td>
<td>Safe abortion</td>
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<td>SCARU</td>
<td>Self-Care Academic Research Unit (UK)</td>
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<tr>
<td>SCEG</td>
<td>Self-Care Expert Group</td>
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<td>SCTG</td>
<td>Self-Care Trailblazer Group</td>
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<td>SDPS</td>
<td>Service delivery points</td>
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<td>SEED</td>
<td>Supply-Enabling Environment-Demand (Model for Family Planning Programming)</td>
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<td>SHIPS</td>
<td>Strengthening HIV Self-Testing in the Private Sector</td>
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<tr>
<td>SI</td>
<td>Self-injectable</td>
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<td>SMA</td>
<td>Self-managed abortion</td>
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<tr>
<td>SRA</td>
<td>Stringent Regulatory Authority</td>
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</table>