

REMOTE SUPPORTIVE SUPERVISION INSTRUCTIONS

Instructions for the remote supportive supervision tool for family planning health workers offering DMPA-SC self-injection

Who should use the remote supportive supervision form

This form is designed to be used by ministry of health and program implementation partners to prepare and conduct remote/virtual supervision to assess and support health workers who have recently been trained in offering subcutaneous DMPA (DMPA-SC) self-injection to clients. Guidance on conducting supportive supervision is available in a companion document at www.FPoptions.org/supervision-toolkit. Remote supervision can be a useful way to support health workers and ensure quality of services when in-person supervision is not possible. When possible, conduct a role play of self-injection counseling (Section 3 below) using live video to enable the most comprehensive assessment of health worker skill and allow for accurate feedback.

Recommended platforms for conducting live video supervision

- WhatsApp video, Zoom, Skype, or other live video platforms.
- If local bandwidth supports it, supervisors and health workers should use live video where visual observation is indicated below (i.e., Section 3 Self-injection role play of self-injection counseling).

HOW TO USE THIS SUPERVISION TOOL	
Section 1: FAMILY PLANNING COUNSELING <i>(No video required)</i>	<input checked="" type="checkbox"/> Ask each question as written. Select the appropriate box based on the health worker's response. <input checked="" type="checkbox"/> Take notes in the "Observations" column on aspects that the health worker does very well, and areas for improvement.
Section 2: SELF-INJECTION COUNSELING <i>(No video required)</i>	
Section 3: SELF-INJECTION ROLE PLAY Health worker turns on video function. If internet is weak, the supervisor can keep their video off while the health worker's video remains on for demonstration.	
Section 4: CLIENT FOLLOW-UP Select the appropriate box. <i>(No video required)</i>	
Section 5: PRODUCTS AND DATA MANAGEMENT <i>(No video required)</i> Select the appropriate box.	
Section 6: REVIEW OF REMOTE SUPERVISION VISIT <i>(No video required)</i>	

Steps to prepare for conducting remote supervision

1. Orient district supervisors

- ☑ Schedule a virtual meeting (using WhatsApp video, Zoom, Skype, or other video platform that will be used for the later supervision session) to orient district health teams or supervisors on how to use a remote/virtual approach. This will be an opportunity to review the remote supportive supervision tool with them.
- ☑ Review or orient health workers on how to record self-injection information in the family planning registry.

2. Contact family planning health workers who will be supervised

- ☑ After completing orientation, supervisors should contact health workers at the facilities needing supervision to plan the date and time of remote supervision. Supervisors should explain that health workers will receive a supervision visit conducted through a video platform, and that:
 - The estimated time to complete the visit will be an hour.
 - The visit will include a series of questions asked by the supervisor, along with a simulation exercise or role play in which the supervisor will pretend to be a client who has decided to self-inject DMPA-SC. The health worker will play their role as the family planning health worker.
 - The health worker will role play counseling the supervisor as the “client” on self-injection. The phone or computer video will need to be turned on for a portion of this section. It is recommended that the health worker bring someone who can serve as a “video assistant” to hold and operate the device for ease of capturing the live video.
 - The supervisor will confirm that the health worker knows how to record self-injection information in the family planning registry.
- ☑ The supervisor should ask health workers to make themselves and their video assistant available for at least one hour on the scheduled date and time. They should bring all supplies and documents they will need to counsel a client on self-injection.

3. Send text/SMS reminders to health workers in advance of the remote visit

- ☑ One day before the remote monitoring visit, the supervisor should send a text/SMS message to the health worker(s) to confirm the date and time of the planned supervision call.
- ☑ The supervisor should remind health workers to have their phones or computers well charged for the call and to have their video assistant and all necessary self-injection supplies and documents available.

4. Plan administrative aspects in advance

- ☑ Ministry of health and program implementation partners using this tool should ensure that health teams or supervisors are provided with all necessary information in advance:
 - How to access the video platform to be used.
 - The method to be used for any payment of internet/phone credits.
 - Allowances if applicable.
 - Any documents they may be responsible for sharing before or after the supervision visit.

REMOTE SUPPORTIVE SUPERVISION FOR SELF-INJECTION

Tool for remote supportive supervision of family planning health workers offering DMPA-SC self-injection

General demographic information

Health worker name:	Supervisor name:
Health facility name:	Date:
Region/province/state:	District/zone:
Health facility type: <i>(select all that apply)</i> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hospital <input type="checkbox"/> Health center/clinic <input type="checkbox"/> Health post <input type="checkbox"/> Pharmacy <input type="checkbox"/> Drug shop <input type="checkbox"/> Other (specify): _____	
Health center level: <i>(select or adapt as relevant to country health system)</i> <input type="checkbox"/> IV <input type="checkbox"/> III <input type="checkbox"/> II	
Where does the health worker perform most duties? <i>(select one)</i> <input type="checkbox"/> Facility <input type="checkbox"/> Community	
What function/role does the health care worker hold? <i>(select the most appropriate response)</i> <input type="checkbox"/> District chief medical officer <input type="checkbox"/> Health worker <input type="checkbox"/> District health team member <input type="checkbox"/> Community health worker (e.g., village health team [VHT], accredited social health activist [ASHA], <i>relais</i> .) <input type="checkbox"/> In-charge <input type="checkbox"/> FP counselor <input type="checkbox"/> Family planning (FP) focal person <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Head nurse <input type="checkbox"/> Primary health care supervisor	
What DMPA-SC training has the health worker completed? <i>(select one)</i> <input type="checkbox"/> Online training: eLearning course on DMPA-SC self-injection <input type="checkbox"/> On-job training only (no eLearning) <input type="checkbox"/> Online training: eLearning course on health worker administration of DMPA-SC and self-injection <input type="checkbox"/> Off-site training only (e.g., classroom-based training)	
When did the health worker receive the above training (most recent experience)? ____/____/____	

Section 1: FAMILY PLANNING COUNSELING		Observations
<p>Directions: The supervisor should ask each question as written. Select the appropriate box based on the health worker's response. The supervisor should take notes in the "Observations" column on aspects that the health worker does very well, and areas for improvement.</p>		
Do you do FP education/ awareness activities at this facility (i.e., group education sessions for clients)? How often? Frequency per month: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you talk about self-injection of DMPA-SC with any client considering using injectable contraception?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which family planning products do you counsel women on?		
Male condoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Female condoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Intrauterine devices (hormonal or nonhormonal IUDs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Injectables: DMPA-IM (Depo-Provera or other brand)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Injectables: DMPA-SC (Sayana Press)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Implants (Jadelle, Implanon, other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oral contraceptive pills (combined estrogen-progestin oral contraceptives [COCs] or progestin-only pills [POPs])	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency contraception pills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which of the below print materials do you provide to DMPA-SC self-injection clients?		
DMPA-SC self-injection job aids (DMPA-SC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DMPA-SC self-injection calendar (DMPA-SC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Notes: (For example, note any products or methods that are not offered in the facility or notable issues related to demand or supply as the health worker reports.)</p>		

Section 2: SELF-INJECTION COUNSELING

Observations

Directions: The supervisor should ask each question as written. Select the appropriate box based on the health worker’s response. The supervisor should take notes in the “Observations” column on aspects that the health worker does very well, and areas for improvement.

<p>Since your training, approximately how many times have you counseled a client on self-injection?</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> Fewer than 10 times <input type="checkbox"/> Fewer than 20 times <input type="checkbox"/> More than 20 times</p>	
<p>For clients interested in self-injection, do you invite them to attend a self-injection counseling session?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>For women who are ready to proceed with self-injection, do you conduct individual counseling, group counseling, or both?</p>	<p><input type="checkbox"/> Individual <input type="checkbox"/> Group <i>If yes, how many in groups? ____</i></p>	
<p>Do you offer self-injection to all women who are interested and eligible? If no, why?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>When you have counseled clients to self-inject, have any clients successfully administered their first self-injection in front of you while you observed?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Since you began counseling clients to self-inject, have any clients returned used devices to you? <i>If yes, what have you done with the used devices?</i> _____ _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Section 3: SELF-INJECTION COUNSELING ROLE PLAY Observations

Directions: The health worker should turn ON the video at this point and display the supplies and materials they use to counsel a client on self-injection.

Question to be asked by the supervisor to the health worker: “Can you tell me what supplies and materials you have prepared in front of you for today’s counseling simulation? Remember to turn on your video.”

There are six key supplies and materials the health worker needs to train clients on self-injection, listed below. Do not prompt for all the possible supplies and materials listed—instead, let the health worker provide the answers. For anything that is mentioned spontaneously (unprompted by supervisor), select the “Mentioned” box. If the health worker does not mention specific supplies and materials, ask “What about [insert supply item here]?” Select the “Mentioned after verbal prompt” box to indicate the answer was received after the supervisor prompted verbally. If the health worker does not have the supplies on hand, indicate this in the Observations column.

Supplies gathered in preparation for role play		Observations
DMPA-SC devices	<input type="checkbox"/> Mentioned <input type="checkbox"/> Mentioned after verbal prompt	
DMPA-SC self-injection instruction sheet/job aid for clients	<input type="checkbox"/> Mentioned <input type="checkbox"/> Mentioned after verbal prompt	
Calendar to be given to clients	<input type="checkbox"/> Mentioned <input type="checkbox"/> Mentioned after verbal prompt	
Safety box	<input type="checkbox"/> Mentioned <input type="checkbox"/> Mentioned after verbal prompt	
Example of appropriate storage container to keep in the house for placing used devices	<input type="checkbox"/> Mentioned <input type="checkbox"/> Mentioned after verbal prompt	
Condom filled with salt to use as a model	<input type="checkbox"/> Mentioned <input type="checkbox"/> Mentioned after verbal prompt	
Training video (optional)	<input type="checkbox"/> Mentioned <input type="checkbox"/> Mentioned after verbal prompt	

Directions: The supervisor should say to the health worker: “Now let us simulate a client’s self-injection counseling through a role play. I will be the client who chose to self-inject. Step by step, proceed as if you are counseling the client to initiate self-injection.”

During the simulation/role play, note whether the health worker provides adequate advice to the client on the topics listed below. If the answer is “no” for a given topic, indicate the findings in the “Observations” column.

Praise the health worker for elements of client counseling they presented clearly and comprehensively. Note and discuss any aspects that can be improved and make suggestions for how the health worker can counsel clients more effectively.

Comprehensive and correct explanation of self-injection is given.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Highlights the four critical injection steps: M = Mix the solution by shaking device for 30 seconds; check for leakage. A = Activate device by closing the gap (push needle cap and port together). P = Pinch the skin gently to create a tent; insert needle at downward angle. S = Slowly press reservoir for about 5 to 7 seconds to inject.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Correct information is given to the client on common possible side effects of DMPA-SC.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Correct explanation given to the client on how to calculate the reinjection dates using the calendar. <i>Instructions at:</i> www.FPoptions.org/si-job-aid-calendar .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Explanation given to the client on how to check the resupply date after she has used all her DMPA-SC devices.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Confirms the client correctly calculates future reinjection dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Discusses how to store the product at home and how to dispose of it properly after use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Discusses follow-up options with the client.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4: CLIENT FOLLOW-UP		Observations
<p>Directions: The supervisor should say to the health worker: “Now let us do a role play in which I will play the role of a client coming for resupply of DMPA-SC for self-injection. Please proceed as if you are a health worker receiving a self-injection client who is coming for resupply.”</p> <p><i>During the role play, note whether the health worker correctly addresses the following topics. If the answer is “no” for a given topic, indicate the observations in the “Observations” column.</i></p> <p><i>At the end of the role play, review any aspects not covered by the health worker.</i></p>		
Client satisfaction with the method	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any challenges with home storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any challenges with waste management	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any challenges with home self-injection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any side effects or questions about side effects	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reviews the four critical injection steps (MAPS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Client confirms desire to continue with self-injection or not	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asks about and listens to the client’s questions	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5: PRODUCTS AND DATA MANAGEMENT		Observations
<p>Directions: The supervisor should ask each question as written. Select the appropriate box based on the health worker’s response. The supervisor should take notes in the “Observations” column.</p>		
Are you currently stocked out of DMPA-SC? (optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If “yes,” how long has it been stocked out? (optional)	___ Days ___ Month(s)	
If stocked out, have you placed an order? When? (optional) Date order placed: ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How do you note self-injection information in the FP client registry?	<i>Indicate health worker’s response here:</i>	

Section 6: REVIEW OF REMOTE SUPERVISION VISIT

Directions: Share your observations from the remote supervision session with the health worker. Praise things they did well and cover areas where they can make improvements. List the top three highlights and three opportunities to improve service provision.

Performance highlights

Opportunities for improvement

Follow-up needed or requested

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