

# DMPA-SC self-injection program: supportive supervision checklist

ADMINISTRATIVE DIVISION (REGION, DISTRICT, STATE): ..... DATE: .....

SITE (CIRCLE ONE): CLINIC CHW DRUG SHOP PHARMACY

SITE/FACILITY NAME: .....

HEALTH WORKER NAME: .....

MONITOR NAME: .....

**INSTRUCTIONS:** This checklist is a customizable tool that can be used to monitor self-injection programs. Please review the content in this tool, and adapt the questions to align with your program design or country guidelines. Once adapted, use the *italicized questions* to guide your discussion with health workers. Based on their responses, assess whether the health workers are following correct practices. If not, counsel health workers on correct practices. Document reasons why they are not following the correct practices, along with action items (page 4) to follow up on during the next visit. Findings from the supervision visits should be shared with the appropriate supervisors.

ASSESSMENT QUESTIONS	ASSESSMENT (YES/NO)	DETAILS
<b>Facility readiness to offer self-injection</b>		
<p><i>Are there any new health workers who need to be trained in self-injection (SI)? Do you or any other health workers feel you need more training in self-injection?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> there are any health workers who need new or refresher training on SI.</p> <ul style="list-style-type: none"> <li>If yes, indicate the number of individuals requiring SI training in the details column (at right). Include a plan for retraining in the action items section on page 4.</li> </ul>		
<p><i>Do you have all necessary supplies for self-injection? What supplies are available for training and equipping women for SI? Is there anything you feel you are missing?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers have all supplies needed for SI.</p> <ul style="list-style-type: none"> <li>If not, list any missing supplies in the details column, such as DMPA-SC stock, client instruction sheet, calendar, puncture-proof disposal container, salt-filled condom model, training video, stock cards.</li> </ul>		
<p><i>Are there any family planning (FP) methods you are currently stocked out of? How long have you been stocked out?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers have all contraceptive methods available.</p> <ul style="list-style-type: none"> <li>If no, indicate the methods out of stock in the details column.</li> </ul>		
<b>Managing service delivery and continuity of care</b>		
<p><i>How do you counsel women who come asking for FP methods? What information do you give to women before they select SI?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers are counseling women on all available methods and giving them a choice of methods.</p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers are counseling women about side effects when they select a method.</p>		
<p><i>Has your service delivery site trained any women to self-inject over the last month?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers are training women to self-inject.</p> <ul style="list-style-type: none"> <li>If not, list the reason(s) in the details column.</li> </ul>		

ASSESSMENT QUESTIONS	ASSESSMENT (YES/NO)	DETAILS
<p><i>Are there any women to whom you do not offer SI?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers are offering SI to all women who are eligible, including women with no formal education, women who have never had children, and young women.</p> <ul style="list-style-type: none"> <li>If not, advise health workers that all women can be offered the opportunity to try SI in accordance with World Health Organization (WHO) guidelines. Make note in the details column of any restrictions health workers are placing on women.</li> </ul>		
<p><i>Are there particular days or times when you offer the SI training?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers are offering SI training every day, just on particular days or times, or if it varies depending on their workload.</p> <ul style="list-style-type: none"> <li>In the details column, make note of any specific 'SI training' days or times for future supervision visits.</li> </ul>		
<p><i>What information do you give women using injectable contraception about HIV?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers give women appropriate guidance (i.e., aligned with Ministry of Health and WHO) about HIV protection while using DMPA.</p> <ul style="list-style-type: none"> <li>If not, review with health workers the training on this topic.</li> </ul>		
<p><i>How do you typically train women to self-inject? Are there any challenges you face when training women? Do you have any questions?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers are appropriately training women. Consider the following questions:</p> <ul style="list-style-type: none"> <li>If they are training in groups, are they in groups smaller than 10 people?</li> <li>Are the health workers demonstrating SI?</li> <li>Are health workers emphasizing the 4 critical steps (shake device, activate, gently pinch skin/insert needle, press slowly)?</li> <li>Are health workers walking through the instruction sheet with clients during the training?</li> <li>Are health workers training clients to use the calendar?</li> <li>Are health workers supervising a client's first self-injection (see below)?</li> </ul>		
<p><i>How do you determine if a woman is ready to self-inject independently at home?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers can identify who is ready for independent SI. Do they know the 4 critical steps for SI?</p> <ul style="list-style-type: none"> <li>If not, please review the 4 critical steps and remind health workers of the importance of checking clients' injection competency at the end of training.</li> </ul>		
<p><i>What do you do if a woman does not seem ready for independent SI?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers are appropriately handling clients who are not ready for independent SI. This can include:</p> <ul style="list-style-type: none"> <li>Health workers give the DMPA-SC injection, then ask the client to return for SI retraining at their next injection.</li> <li>Health workers do not give out units until the client has demonstrated readiness.</li> <li>As a reminder, clients may also choose a method other than DMPA-SC.</li> </ul>		

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<p><i>What information are you discussing with women for home storage of units and waste management?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers are giving correct guidance about storage and disposal. If the program provides disposal containers, is the health worker giving them to clients?</p>		
<p><i>Do you discuss follow-up with clients? What follow-up options are discussed?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers are giving guidance for follow-up.</p> <ul style="list-style-type: none"> <li>If any follow-up option is not mentioned, list the option at right in the details column and emphasize it to the health worker.</li> </ul>		
<p><i>What materials or supplies are given to clients who are self-injecting at home?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> clients are given instruction sheets and calendars to take home. Are health workers sharing the training video (if applicable)?</p>		
<p><i>Have you had any returning SI clients? Explain to me how you handle a returning SI client.</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers follow the correct procedures for resupply visits. This can include:</p> <ul style="list-style-type: none"> <li>Evaluate whether the client is experiencing any problems, including side effects.</li> <li>Screen for eligibility to continue DMPA.</li> <li>Check if client wants to continue self-injection.</li> <li>Review the 4 critical injection steps and any questions about SI.</li> <li>Provide additional training/guidance on injection or reinjection timing as needed.</li> <li>Provide the agreed-upon number of units of DMPA-SC and any other applicable supplies.</li> </ul>		
<p><i>Have any women returned used DMPA-SC units to you? If so, what did you do with them?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers handle waste disposal correctly, according to country guidelines.</p>		
<b>Data collection</b>		
<p><i>Ask the provider if you can see the register where they record self-injection clients, then answer the questions below.</i></p>		
<p><input checked="" type="checkbox"/> <b>Assess whether</b> the register is available and being used.</p>		
<p><input checked="" type="checkbox"/> <b>Assess whether</b> the register is used correctly and consistently.</p> <ul style="list-style-type: none"> <li>If not, please specify which columns are incorrect or incomplete.</li> </ul>		
<p><i>How do you integrate this information into your monthly reporting? Do you have any challenges doing so?</i></p> <p><input checked="" type="checkbox"/> <b>Assess whether</b> health workers record SI information in the registry and link self-injection information correctly with HMIS?</p>		

