Priority indicators for sexual and reproductive health self-care: recommendations from an expert working group

Self-care has been lauded as a strategy to advance universal health coverage by placing users at the centre of health systems, supporting equitable access to health services, and improving health system resilience.¹ Because self-care is by its nature often practised outside of the formal health system, self-care monitoring and evaluation (M&E) is challenging and requires novel approaches. The WHO has issued and updated global sexual and reproductive health (SRH) self-care guidance,² but M&E standards have not yet been developed. As a result, routine M&E of self-care practice and programmes within national health systems is sparse and fragmented.³ Improving the validity, availability, and standardisation of SRH self-care data is critical for strengthening evidence-based self-care delivery models. The Self-Care Trailblazer Group (SCTG) is a global coalition that aims to advance evidence-based SRH self-care policies and programmes. The SCTG Evidence and Learning Working Group (ELWG) led the development of an SRH self-care measurement tool, with the goal of developing a practical and adaptable M&E resource including a set of priority indicators for SRH self-care.

To develop this tool, ELWG recruited a measurement tool development committee comprising 15 members representing academic institutions, non-governmental organisations (NGOs), and clinical practitioners. The committee defined the scope, content, and target users of the tool, and led planning of an expert working group meeting to develop priority indicators. Drawing from extant self-care conceptual models,³ ⁴ the committee identified three distinct measurement domains: the enabling regulatory and policy environment; individual knowledge, attitudes, practices, and preferences for SRH self-care; and healthcare service delivery and outcomes. The committee determined that the first edition of the tool would focus on three high-priority SRH self-care interventions that have been the focus of measurement attention and innovation: self-injection of the hormonal contraception subcutaneous depot medroxyprogesterone acetate (DMPA-SC), HIV self-testing, and self-managed abortion.

The committee identified expert speakers, discussants, and participants to engage in a virtual expert working group meeting. Speakers recommended indicators specific to measurement domains and interventions in their areas of expertise.

---

Table 1 Illustrative indicators from the SRH Self-Care Measurement Tool, by intervention and measurement domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>No.</th>
<th>Indicator name</th>
<th>Purpose</th>
<th>Where it's being used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling environment</td>
<td>4</td>
<td>Status of policy that authorises private sector staff to initiate SI</td>
<td>Expanding access by reaching women who tend to rely on the private sector for their contraceptive methods</td>
<td>Routine reporting for the DMPA-SC Donor Consortium: Access Collaborative dashboard (<a href="https://dashboard.access-collaborative.com">https://dashboard.access-collaborative.com</a>), AC country briefs (<a href="https://ifoption.com/resource/ac-country-briefs/)">https://ifoption.com/resource/ac-country-briefs/)</a></td>
</tr>
<tr>
<td>KAP (knowledge)</td>
<td>12</td>
<td>Percentage of women aged 15–49 who have heard of a self-injectable contraceptive</td>
<td>Gauging knowledge as a precursor for informed decision-making</td>
<td>The Performance Monitoring for Action (PMA) surveys (<a href="https://www.pma-data.org/data/survey-methodology">https://www.pma-data.org/data/survey-methodology</a>)</td>
</tr>
<tr>
<td>Service delivery and health outcomes</td>
<td>20</td>
<td>Number and percentage of service delivery points (SDPs) actively offering SI services</td>
<td>Measuring availability and access, including geographic scope of availability of SI services</td>
<td>Routine reporting for the DMPA-SC Donor Consortium Access Collaborative dashboard &amp; SI quarterly report (<a href="https://dashboard.access-collaborative.com">https://dashboard.access-collaborative.com</a>)</td>
</tr>
<tr>
<td>HIV self-testing indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enabling environment</td>
<td>33</td>
<td>Number of HIVST products approved annually, among those with WHO prequalification</td>
<td>Understanding number of HIVST kits pre-qualified (PQd) or listed by Stringent Regulatory Authority (SRA)/Expert Review Panel for Diagnostics (ERPd).</td>
<td>Collected biannually by WHO</td>
</tr>
<tr>
<td>KAP (knowledge)</td>
<td>38</td>
<td>Percentage of HIVST users who would recommend HIVST to a friend</td>
<td>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</td>
<td>PSI’s Strengthening HIVST in the Private Sector (SHIPS) project. Data are collected through opt-in chatbot surveys but could also be collected through a more widespread consumer survey</td>
</tr>
<tr>
<td>Service delivery and health outcomes</td>
<td>49</td>
<td>Number of people newly enrolled on antiretroviral therapy who report self-test use</td>
<td>Estimating impact of HIVST through use in data triangulation</td>
<td>Usually collected in national DHIS2</td>
</tr>
<tr>
<td>Self-managed abortion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enabling environment</td>
<td>53</td>
<td>National essential medicines list includes combination mifepristone and misoprostol, or misoprostol and mifepristone as separate presentations</td>
<td>Identifying targets to strive for or maintain in area of medicines and other health products</td>
<td>GAPD, IPPF Medical Abortion Commodities Database WHO/HIP multi-country initiative health system monitoring</td>
</tr>
<tr>
<td>KAP (knowledge)</td>
<td>56</td>
<td>Percentage of individuals who understand what to expect at each step of the self-managed abortion process</td>
<td>Ensuring quality of abortion care; specifically provision of information to prepare clients</td>
<td>ACQTool, indicator #21 (<a href="https://www.acqtool.org/metric/indicators/">https://www.acqtool.org/metric/indicators/</a>)</td>
</tr>
<tr>
<td>Service delivery and health outcomes</td>
<td>61</td>
<td>Percentage of respondents who reported feeling prepared to determine if their abortion was complete</td>
<td>Facilitating quality SMA requires information and support about abortion completeness. This includes effective communication and preparedness</td>
<td>Field-tested and validated as part of ACQ project ACQTool, indicator #24 (<a href="https://www.acqtool.org/metric/indicators/">https://www.acqtool.org/metric/indicators/</a>)</td>
</tr>
</tbody>
</table>

prioritised based on three criteria: usefulness for informing evidence-based decision-making; feasibility of collecting data on the indicator with reasonable and affordable effort; and demonstrated or expected validity of the indicator. More than 70 participants engaged in the 3-day virtual expert working group meeting, held in November 2022, including researchers, implementers, M&E experts, government representatives and donors. Proposed indicators were discussed and debated, with additional feedback from participants captured through online indicator rating polls. After the meeting, speakers convened with the committee to revise and finalise indicators. A consultation session with 13 Kenyan stakeholders representing NGOs, advocates, professional associations, and the Kenyan Ministry of Health was held in January 2023 to capture feedback on the tool’s design and content from target users.

The first edition of the SCTG’s SRH Self-Care Measurement Tool was published online in February 2023 and includes a total of 69 priority indicators. Each indicator is accompanied by its definition and description of calculations, data sources, and relevant references. A set of illustrative indicators is presented in Table 1.

As self-care policies expand around the world, consensus on priority measures and measurement approaches for monitoring self-care is critical. To our knowledge, the SRH Self-Care Measurement Tool presents the first global good for measurement of SRH self-care, and can serve as a practical ‘user guide’ for M&E of SRH self-care for programme implementers and policymakers. It was developed through a replicable process for rapid consensus-driven indicator selection, which may serve as a reference for future efforts to develop standardised indicators across a broader range of self-care interventions.

Claire W Rothschild,1,2 Gilda Sedgh,3 Martha Brady,2 Holly McClain Burke,4 Jane Cover,5 Andrea Cuthrell,6 Austen El-Osta,7 Kelsey Holt,8 Dinesh Kumar,9 Fredrick Makumbi10

1Department of Sexual and Reproductive Health, Population Services International, Washington, DC, USA
2Independent Consultant, Philadelphia, Pennsylvania, USA
3Independent Consultant, Washington, DC, USA
4Reproductive, Maternal, Newborn, and Child Health Division, FHI 360, Durham, NC, USA
5Department of Reproductive Health, PATH, Seattle, WA, USA
6Impact for Health, Nairobi, Kenya
7Self-Care Academic Research Unit, Imperial College London, London, UK
8University of California San Francisco, San Francisco, CA, USA
9Dr. R.P. Government Medical College, Himachal Pradesh, India
10Department of Epidemiology & Biostatistics, Makerere University, Kampala, Uganda

Correspondence to Dr Claire W Rothschild, Sexual and Reproductive Health, Population Services International, Washington, District of Columbia, USA; claire.w.rothschild@gmail.com

Twitter Austen El-Osta @austenenlosta

Acknowledgements We thank the efforts of the many people who made development of the SRH Self-Care Measurement Tool possible, including the tool development committee members: Martha Brady, Caila Brander, Aurélie Brunie, Holly Burke, Jane Cover, Austen El-Osta, Caitlin Gerdts, Kelsey Holt, Karin Hartzold, Dinesh Kumar, Kristen Little, Fredrick Makumbi, Saumya Ram Rao, Claire Rothschild, Gilda Sedgh; experts who assisted in indicator selection, including our presenters, Phil Anglewicz, Helen Anyasi, Sarah Baum, Caitlin Corneliess, Ijeoma Egwuatu, Cheryl Johnson, Heidi Bart Johnston, Joseph Larmarange, Moses Muwonge, Allen Namagembe, Colleen Oakes, Funmilola Olaolorun, Elizabeth Omoluabi, Olive Sentumbwe, and Arlette Simo Fotso. We also thank Impact for Health International (Andrea Cuthrell, Justine Fisher, Tabitha Kibuka, and Jaitra Sathyandran) for strategic, logistic, and design support. We would also like to thank the over 70 participants who joined the 3-day expert working group meeting and provided invaluable contributions to refine and identify the final priority indicators.

Collaborators Evidence and Learning Working Group of the Self-Care Trailblazer Group

Contributors Claire W Rothschild and Gilda Sedgh led the conceptualisation and planning of the work described and led the interpretation of findings and writing and editing of the manuscript. All other authors were involved in the planning and execution of the work described, contributed to the interpretation of results, and participated in writing and editing of the manuscript.

Funding This work was supported by the Children’s Investment Fund Foundation (CIFF) and the William and Flora Hewlett Foundation. The views and opinions expressed in this tool are those of the authors and not necessarily the views of the Foundations. Representatives from each of the donor foundations were invited to participate in the expert working group meeting but played no other role in the methodology or content included in the Sexual and Reproductive Health Measurement Tool.

Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; internally peer reviewed.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution 4.0 Unported (CC BY 4.0) license, which permits others to copy, redistribute, remix, transform and build upon this work for any purpose, provided the original work is properly cited, a link to the licence is given, and indication of whether changes were made. See: https://creativecommons.org/licenses/by/4.0/.

© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY. Published by BMJ.