DEMAND GENERATION (DG) STRATEGY ON SELF-CARE FOR SEXUAL REPRODUCTIVE AND MATERNAL HEALTH (SRMH) IN NIGERIA

FEDERAL MINISTRY OF HEALTH
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FOREWORD

Self-care is the ability of individuals, families and communities to prevent illness, promote health, maintain health and cope with ill health and disability, with or without the support of a health or wellness provider. This Demand-Generation (DG) strategy on Self-care for Sexual, Reproductive and Maternal Health (SRMH) focuses on awareness creation on Self-Care for SRMH at the community level as the entry point for implementing Self-Care Interventions in Nigeria. This is in line with the provision of the National Guideline on Self-Care for Sexual Reproductive and Maternal Health.

This Demand Generation strategy identifies priority populations for a phased roll out and puts a communication plan in place to outline objectives, strategies and engagement mechanisms for creating awareness on self-care interventions for SRMH. This strategy also outlines how the country will garner lessons from its implementation, while sharing how communication can be tailored to drive uptake, leverage opportunities and address barriers. This strategy will further enable stakeholders deploy appropriate Demand Generation support that will increase knowledge of self-care interventions for Sexual Reproductive and Maternal Health among the target audience and stimulate their interest for continuous use.

The National Demand Generation Strategy for Self-Care is the result of a highly consultative roadmap, comprising of widespread stakeholders' meetings and holistic desk reviews. This process commenced with a stakeholders' meeting in December 2021 to co-create the Demand Generation strategy and materials, followed by a second stakeholder meeting in May 2022 to review strategy and materials, and a subsequent pretest of the draft materials in the same month. This culminated in a final validation meeting and the finalization of the strategy.

I am convinced that widespread implementation of this strategy will go a long way in ensuring that accurate messaging on self-care interventions for SRMH is disseminated to the communities across the country. I recommend that stakeholders and partners, in both the public and private health sectors, work to ensure effective implementation of this strategy to improve awareness creation on self-care interventions and increased uptake of these interventions across the country, especially in hard-to-reach areas. Please be assured that the Federal Ministry of Health will continue to provide the leadership and coordination required to promote the effective implementation of this strategy.

Dr. Osagie Ehanire, MD, FWACS
Honourable Minister
June 2022

ACKNOWLEDGEMENT

The development of the Demand Generation (DG) Strategy on Self-care for Sexual Reproductive and Maternal Health (SRMH) in Nigeria was made possible by the concerted efforts of the Federal Ministry of Health in collaboration with several stakeholders. I must particularly appreciate the technical and financial support of John Snow Incorporated (JSI), Partnership for Transforming Health Systems (PATH), Pathfinder International, Society for Family Health (SFH), White Ribbon Alliance Nigeria (WRAN), Association for Reproductive and Family Health (ARFH) and the World Health Organization (WHO) in developing this strategy.

On behalf of the Family Health Department, I also acknowledge the immense contributions of the Demand Generation Sub-committee of the National Reproductive Health Technical Working Group and other key Stakeholders for their technical input into the Demand Generation Strategy on Self-Care for Sexual, Reproductive and Maternal Health in Nigeria.

The consultant, Kaseina Dashe, is also especially recognized for her dedication, hard work and technical contributions to ensuring that this strategy was developed in a timely and highly qualitative manner.

Finally, I appreciate the dedicated staff in the Reproductive Health Division under the leadership of Dr. Kayode Afolabi for their diligence and hard work for effectively and efficiently coordinating the implementation of the various tasks involved in producing this strategy. I cannot conclude without appreciating the officers of the Health Promotion Division for their technical inputs and support throughout the process, including the pretest of materials. To all others who contributed to the process of realizing the Demand Generation Strategy on Self-Care for Sexual, Reproductive and Maternal Health in Nigeria, you are all highly appreciated.

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ARFH	Association for Reproductive and Family Health
BA-N	Breakthrough ACTION Nigeria
CCSI	Centre for Communication and Social Impact
CHAI	Clinton Health Access Initiative
CIP	Costed Implementation Plan
COVID-19	Coronavirus disease 2019
DG	Demand Generation
DGSBC	Demand Generation & Social and Behaviour Change
DMPA-SC	Depot Medroxyprogesterone Acetate – Subcutaneous
FLHE	Family Life & HIV/AIDS Education
FMOH	Federal Ministry of Health
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
JSI	John Snow Incorporated
IPC	Interpersonal Communication
LGA	Local Government Area
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MH	Maternal Health
NPHCDA	National Primary Health Care Development Agency
NGSC-SRMH	National Guideline on Self-Care for Sexual, Reproductive & Maternal Health
PHC	Primary Health Care
PI	Pathfinder International
PPFN	Planned Parenthood Federation of Nigeria
PPMV	Patent and Proprietary Medicine Vendors
PSI	Population Services International

PrEP	Pre-exposure prophylaxis
RDT	Rapid Diagnosis Testing
RH	Reproductive Health
SBC	Social and Behaviour Change
SCTG	Self-care Trailblazer Group
SDPs	Service Delivery Points
SFH	Society for Family Health
SI	Self-Injection
SMOH	State Ministry of Health
SPHCDA	State Primary Health Care Development Agency
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRMH	Sexual, Reproductive and Maternal Health
TCI	The Challenge Initiative
UHC	Universal Health Coverage
WDC	Ward Development Committee
WHO	World Health Organization
WRAN	White Ribbon Alliance Nigeria

EXECUTIVE SUMMARY

Globally, the place of Self-care is becoming embedded within the comprehensive health and development agenda due to its cost-effective potential to improve health outcomes. The Self-care Trailblazer Group (SCTG) posit that issues around sex and reproduction are often shrouded in mystery in many communities and regarded as deeply personal[1]. Consequently, access to Sexual, Reproductive and Maternal Health (SRMH) services are often marred by social, cultural, and legal barriers. Self-care can provide an affordable approach to information and services that improve autonomy, awareness, and decision-making around Sexual and Reproductive Health and Rights (SRHR).

Described as the root of healthcare, with thoughtful and deliberate integration, Self-care can be a pathway to revolutionize health systems as an integral and complementary component of overall healthcare systems. This was especially evident during the Coronavirus disease 2019 (COVID-19) pandemic and ensuing lockdown which presented an opportunity to engage individuals and communities to proactively respond to their health concerns and those of others around them. Arising from this novel experience, the Federal Ministry of Health (FMOH) prioritized the development of the National Self-care guideline as a timely response to COVID-19 and a potential route to achieving Universal Health Coverage (UHC). As one of the pacesetters of Self-care implementation in Africa, the Federal Ministry of Health and its relevant stakeholders and partners developed and launched the National Guideline on Self-care for Sexual, Reproductive and Maternal Health to provide a strategic direction for the Self-care movement in Nigeria.

Not resting on its oars, the FMOH has undertaken the commendable steps to begin implementation of the National Self-care Guideline for the benefit of the Nigerian people. This Demand Generation (DG) strategy on Self-care for SRMH focuses on Self-care for SRMH as the entry point to implementing Self-care interventions in Nigeria in line with the provisions of the guideline. The DG strategy identifies priority populations for a phased rollout and puts a plan in place to garner learnings from implementation while sharing how communication can be tailored to drive uptake, leverage opportunities and address barriers. This will enable stakeholders to deploy appropriate demand creation support that will increase the knowledge of Self-care Interventions for SRMH among the target audience and stimulate their interest for continuous use. The intention is to use such learnings to finetune and improve implementation efforts to contribute to the overall goal of an increase in the practice of Self-care for SRMH which in turn, contributes to improved health indices and the attainment of UHC in Nigeria.

[1] Self-care Trailblazer Group (SCTG). 2019. Self-care in Sexual and Reproductive Health and Rights: A New Frontier in Healthcare. https://www.psi.org/wp-content/uploads/2019/05/SelfCare4SRHR_Brochure_WD2019.pdf

BACKGROUND

The World Health Organization (WHO) defines Self-care as "the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider," and adds in ensuing publications that "Self-care interventions are among the most promising and exciting new approaches to improve health and well-being, both from a health systems perspective and for people who use these interventions." The need for a fundamental transformation in our health system has never been more apparent. The WHO Consolidated Guideline on Self-care Intervention for Health, 2019 provides that, "worldwide, an estimated shortage of 18 million health workers is anticipated by 2030, a record 130 million people are currently in need of humanitarian assistance, and disease outbreaks are a constant global threat"[2].

With the reality check imposed by the COVID-19 pandemic, the dependency on an overstretched health workforce is very obvious thereby igniting the need for creative and urgent solutions. All over the world, there was an increase in volunteers - both clinical and non-clinical expertise to support the struggling health system during the pandemic. Self-care can mean better, more accessible, participatory, affordable and quality healthcare. Also described as being in the centre of healthcare, Self-care interventions constitute an enthusing approach to improve health outcomes and the general well-being of individuals and societies. During the pandemic, for instance, armed with appropriate information at their disposal, individuals and communities rose to the challenge of keeping themselves and others safe. This signals that a fertile ground for Self-care interventions already exists thus providing an intersection between the health system and everyday life as depicted as follows:

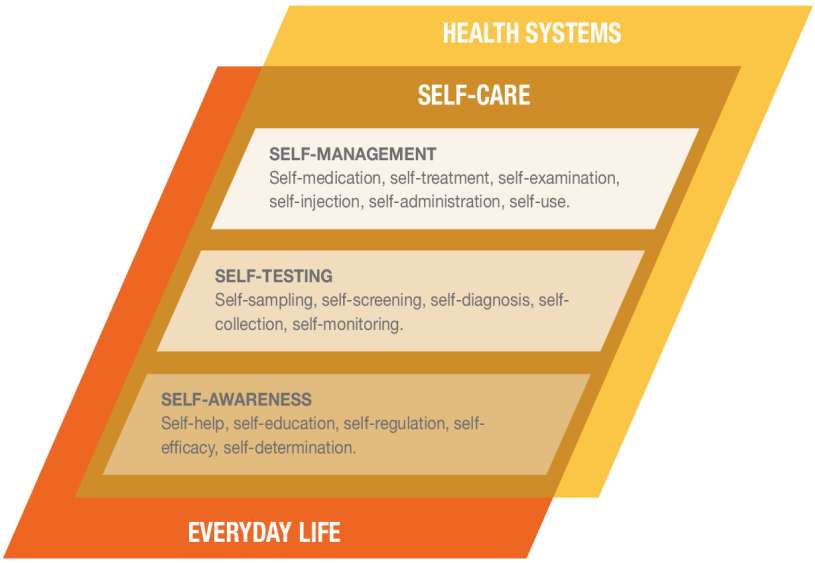


Fig 1: WHO Consolidated Guideline on Self-care Interventions for Health

[2] The WHO Consolidated Guideline on Self-care Interventions for Health
https://www.who.int/publications/i/item/9789240030909

As outlined in the WHO guidelines, Self-care is part and parcel of the health system. It is not a replacement for the health system that seeks to substitute health workers with client-led healthcare. Rather, it is a dynamic process of empowering people to make better health decisions with the help of the health system to reduce the burden of diseases and improve the dismal health indices of the country. Health systems all over the world are still recuperating from the COVID-19 pandemic and Self-care is one way to reduce the strain on the system to forestall collapse. For example, Human Immunodeficiency Virus (HIV) self-testing may be carried out in the comfort of the client's home but it still necessitates referral to the health system for result verification and treatment, if needed. Similarly, Human Papilloma Virus (HPV) DNA self-sampling may afford a woman the control and privacy to collect her specimen for cervical cancer screening, while the health system will review the results and assist clients to interpret and act on them, including administering treatment when applicable.

Other instances like the case of the emergency contraceptive pill, when available over the counter, show that Self-care efforts will require minimal or no interaction with a health worker. This implies that correct information is required to ensure that healthcare workers and other service providers deliver quality interactions that will lead the clients to carry out safe and accurate Self-care activities even in the comfort of their homes. Other instances such as the administration of self-injected Depot Medroxyprogesterone Acetate - Subcutaneous (DMPA-SC) contraception and oral Pre-exposure prophylaxis (PrEP) for HIV prevention might require an initial contact with a pharmacist, clinician, or lay health worker, but are largely used autonomously thereafter—with support provided at intervals to counsel through any adverse effects and adapt regimens or switch methods as needed. This confirms the intersection between Self-care and the health system, as depicted in Figure 1 which, if managed appropriately, will lead to better health outcomes.

To fully appreciate the Self-care efforts in Nigeria in developing this DG strategy, it is pertinent to understand the country's context and focus of SRMH as the entry point for Self-care interventions in Nigeria. The FMOH prioritized the development of the Self-care guideline as a timely response to medical emergencies such as COVID-19 and a prospective course for achieving UHC. The National Guideline on Self-care for Sexual, Reproductive and Maternal Health provides national direction on the integration of Self-care interventions for SRMH into the Nigerian health system as well as its implementation. The National guideline is the domestication of the WHO consolidated guideline on Self-care interventions built on the foundation of research findings and various stakeholder analyses and engagements. This enables the FMOH to continue prioritizing Self-care as a game-changer due to its potential to improve access to SRH services/products and contribute to the overarching goal of universal health coverage.

SITUATION ANALYSIS

The Self-care scene in Nigeria, though relatively new, has been expanding quite rapidly. The Federal Government had put measures in place for the introduction and scale up of various Self-care products such as DMPA-SC self-injection (SI). These efforts have yielded fruits in terms of increasing awareness of Self-care interventions for SRMH. Similarly, many of the available Self-care products are in use with varying degrees of success which insinuates that Self-care is a low hanging fruit to achieving UHC. Narasimhan and his colleagues advance reasons that favour the adoption of Self-care to include convenience, cost, empowerment, and a better fit with values or lifestyle. They add that, "a proven efficacy and endorsement by the health system may be another reason to choose Self-care interventions"[3]. This view was corroborated by Obiezu-Umeh et al in their 2021 study which found that Nigerian youth seem eager to adopt HIV Self-testing because of factors like lower cost, less invasive testing method, location of testing, and linkage to care and support post-testing[4].

Fig 2: Some approved National documents that support Self-care efforts for SRMH

In terms of adoption and utilization of Self-care products in Nigeria, Modibbo et al in their 2017 randomized trial evaluating self-sampling for HPV DNA based tests for cervical cancer screening, found that a significantly higher proportion of female respondents, in the self-collection group completed HPV DNA based tests for cervical cancer screening compared to women invited to hospital for health professionals' collections of samples (93% as against 56%)[5]. In another study conducted by Osinowo et al across intervention health facilities in 10 Nigerian project states in 2021, the use of DMPA-SC showed an upward trend with an

[3] Narasimhan M, Allotey P, Hardon A. Self-care interventions to advance health and wellbeing: a conceptual framework to inform normative guidance https://www.bmj.com/content/365/bmj.l688
[4] Obiezu-Umeh, C., Gbajabiamila, T., Ezechi, O. *et al*. Young people's preferences for HIV self-testing services in Nigeria: a qualitative analysis. https://doi.org/10.1186/s12889-020-10072-1
[5] F. Modibbo, K. C. Iregbu, J. Okuma. et al. 2017. Randomized trial evaluating self-sampling for HPV DNA based tests for cervical cancer screening in Nigeria. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5294803/#

increasing number of women adopting and continuing to utilize DMPA-SC as a form of birth control in Nigeria. The results showed an increase from an average of 1 reported user in August 2019 to 909 users by July 2020 across the 10 project states. The scholars attribute this upward trend to changes in contraceptive use behaviour as a result of concerted efforts aimed at creating awareness. In a previous study conducted by the same scholars, about two-thirds of the increase in modern contraceptive use was found to be due to changes in contraceptive use behaviour[6].

Preliminary survey findings across fourteen states in Nigeria, sampling over 500 respondents, found that over 84% of the respondents are aware of the term 'Self-care'. When further quizzed on specific concepts that come to mind with regard to Self-care, more than one-third of respondents mentioned caring for one's self, while 27% mentioned family planning. Interestingly, about 93% of respondents in the same study had used or were currently using a Self-care product. Analysis of the types of Self-care products used showed that contraceptive self-injection (44.3%) and malaria self-diagnosis test kits (38.9%) were the most popular Self-care products in use.[7]

Research also shows that clients desire a linkage to the health system, a position which Self-care interventions aim to promote. For instance, Obiezu-Umeh et al posit that even though the young people in their study expressed a preference for the oral-based HIVST compared to facility-based testing, they raised concerns pertaining to the lack of pre- and post-test counselling and linkage to care. In a similar survey conducted by Brown et al in 2015, their results also show that a significant number of respondents were concerned about the possible risk associated with self-testing, especially suicide and partner violence. Others were concerned about poor linkages to care and recommended that intense awareness creation activities and health education were required.[8] This is in line with the set objectives that this strategy seeks to achieve.

[6] Osinowo K., Sambo-Donga F., Ojomo O. et al Resilient and Accelerated Scale-Up of Subcutaneously Administered Depot–Medroxyprogesterone Acetate in Nigeria (RASuDiN): A Mid-Line Study in COVID-19 Era. https://doi.org/10.2147/OAJC.S326106

[7] [Unpublished raw data on Drivers and Barriers to Self-care, Opportunities for uptake to Self-care in Nigeria] 2022

[8] Brown B, Folayan MO, Imosili A, Durueke F, Amuamuziam A. HIV self-testing in Nigeria: public opinions and perspectives. https://pubmed.ncbi.nlm.nih.gov/25186234/

National Guideline on Self-care for Sexual, Reproductive & Maternal Health

Understanding the context

In developing the National guideline on Self-care for Sexual, Reproductive and maternal Health (NSG-SRMH), a rapid landscape analysis was conducted to gauge the extent to which Nigeria was already implementing the WHO Self-care recommendations in policy and practice. This assessment included a desk review of policy documents, key informant interviews as well as a key stakeholder's workshop held in October 2020. Based on the mapping exercise, the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) stakeholders decided to adopt or adapt the majority of the WHO recommendations which resulted in 26 Nigerian recommendations contained in the document. The guideline adopts a living document approach since Self-care is an evolving field and the interventions contained therein are a starting point. The intention for going forward is to update the document with a broader set of Self-care interventions, emerging implementation realities and best practices in the nearest future.

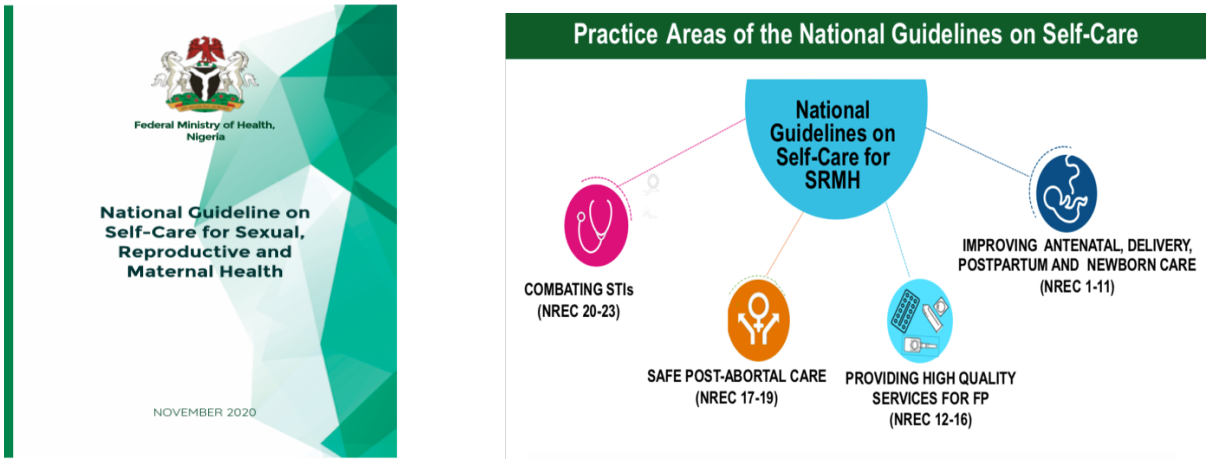


Figure 3: National Guideline on Self-care for SRMH and practice areas

The National Guideline also reflects a people-centred approach stipulating that adequate information and links to the access of Self-care products be made available and accessible when and where it is needed. The document recognizes that accelerated advances in medical and digital technologies are making it feasible for individuals to take on a more active role in managing their medical conditions by themselves.

The key features of the document include:

1. Adoption of 26 WHO recommendations for SRMH across 4 practice areas
2. Introduction of 4 new recommendations which include:
    - Self-initiation of hormonal contraception to post abortion

- HPV Self-sampling
- Self-collection of samples for STIs
- Self-efficacy and empowerment for women living with HIV

3. Conceptual framework for Self-care
4. Guidance for Self-care interventions
5. Good practice statements
6. Roll-out strategy and Costed Implementation Plan (CIP)

Other provisions of the NSG-SRMH

The guideline specifies the points/places of access to Self-care which include home, community and hospital pharmacies, patent medicine stores, supermarkets, online stores, community, peer groups, and health facilities as seen below. This further illustrates the crucial role played by Service Providers.

Figure 4: Access to Self-care interventions to improve people's autonomy

The supply of Self-care products and/or services are available at all Service Delivery Points (SDPs) with a few restrictions e.g., Patent and Proprietary Medicine Vendors (PPMVs) can only refill over the counter pills (OCP) and DMPA-SC/SI but cannot initiate new users of these methods. Therefore, these crucial links to the end users of Self-care information and products need to have their capacity built to deliver quality Self-care interventions for SRMH. In terms of the financing mechanism– the guideline specifies mainly out-of-pocket payment at the moment but advocates for alternative financing including health insurance, government subsidies, implementing partners and donor funding.

Demand Generation & Social and Behaviour Change

The Nigeria Self-care Guidelines on Sexual Reproductive and Maternal Health (NSG-SRMH) lists six thematic areas for achieving implementation strides as shown in the figure below. Social and Behaviour Change is considered critical for deploying Self-care SRMH interventions. Available, accessible, timely, reliable and accurate health information and services ensure the acceptability for Self-care adoption and practice. Therefore, the SBC aims to address how awareness can be created, behaviour modified and demand generated across all target audience groups. It also aims to enshrine the continuous and sustained practice of Self-care as a lifestyle as well as the championing of its use by satisfied users. The SBC Strategy also aims to ensure that service providers at the point of access have adequate information to disseminate correct key messages freely without bias.

Figure 5: Thematic areas of the National Self-care guidelines

The Demand Generation and Social Behaviour Change strategic objective, as stated on page 11[9] of the NSG-SRMH, is to ensure that health information on Self-care is available, accessible, tailored to individual needs and acceptable to the potential users. The guideline lists key interventions made up of awareness creation, sensitization/orientation of all stakeholders and ensuring that providers have adequate information to disseminate key messages freely. This objective is to plug into the overall Self-care SRMH goal for Nigeria which is "To accelerate progress towards achieving universal coverage of sexual, reproductive and maternal health-

[9] National Guideline on Self-care for Sexual, Reproductive and Maternal Health. Available at https://www.psi.org/wp-content/uploads/2021/07/Nigeria-Self-care-Guideline-Summary.pdf

care services through rapid, safe and effective uptake of Self-care interventions by 30% potential users by 2025"

In terms of health information systems and communication approaches, recognizing that Self-care takes place within and outside the health system, the guideline on page 34, lists stakeholders that have a role in ensuring that end-users of Self-care interventions have access to quality information. These include the Federal Ministry of Health (FMOH), State Ministries of Health (SMOH), State Primary Healthcare Development Agencies (SPHCDA), Service Delivery Points (SDPs), Family Life & HIV/AIDS Education (FLHE) as well as Community level stakeholders and has itemized some community-level interventions as follows: community dialogues, community meetings, house to house visits, compound meetings, age-grade meetings, august meetings and community theatre.

Demand Generation and Social Behaviour Change Strategic Objectives

The strategic objectives put forward by the NSG-SRMH are itemized as follows:

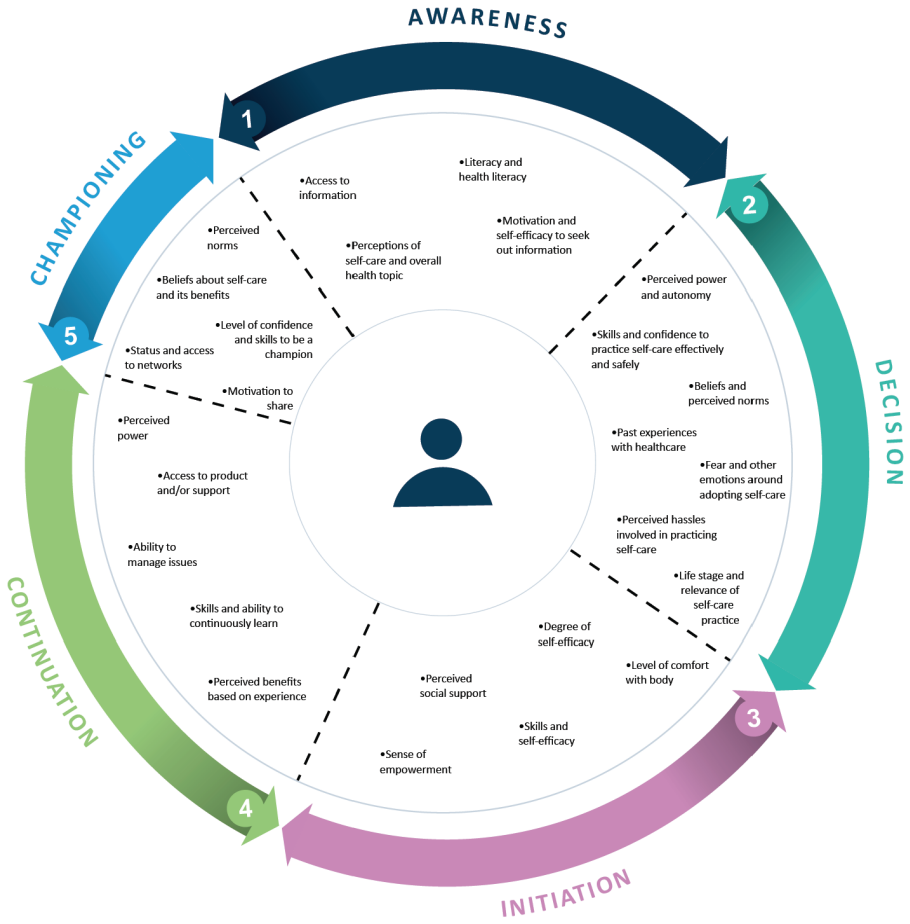
1. Increase knowledge of national and state stakeholders on Self-care for SRMH
2. Ensure health information is available and accessible at the time it is needed, and it must also be acceptable and of high quality
3. SRMH health promotion is tailored to people's specific life course across different settings and circumstances and should recognize their right to sexual and reproductive health across the life course

The 1st WHO Good Practice statement expands on the provisions of the National Guideline's objective 2 by stating that, "All Self-care interventions for health must be accompanied by accurate, understandable and actionable information, in accessible formats and languages, about the intervention itself and how to link to the relevant community- or facility-based healthcare services, and the opportunity to interact with a health worker or a trained peer supporter to support decisions around, and the use of, the intervention". [10]

[10] WHO Consolidated Guideline on Self-care Interventions for Health. Available at: https://apps.who.int/iris/bitstream/handle/10665/325480/9789241550550-eng.pdf

Self-care SBC Conceptual Framework

The Self-care SBC Conceptual Framework considers behaviour from a socio-ecological perspective – the understanding that individuals fit into a webbed system of relationships at the family, community, health system and national levels which impact on them. It is important to note that at every level, there are various factors and people that can enable or hinder the individual's movement along their behavioural journey. Therefore, the framework helps to identify important influencers and factors that can create an enabling environment for and promote the adoption of Self-care behaviours to the extent of socially facilitating others to do the same.



[11]

Figure 6: SRH SBC Conceptual framework

This framework, developed by USAID's Breakthrough Action Program, explores the social and behavioural determinants for health and recommends that health equity should be applied

[11] Supporting SRH Self-care through SBC. A Conceptual framework
https://breakthroughactionandresearch.org/supporting-sexual-and-reproductive-Self-care-through-sbc/

to Self-care interventions to ensure balanced and fair access. In terms of behavioural determinants, the framework narrows it down to 3 key behaviours listed as follows:

1. Health literacy - the availability of high-quality information
2. Motivation - the desire or willingness to promote, support, or practice Self-care
3. Agency - the confidence, self-belief, skills, and decision-making autonomy to adopt and practice Self-care in a supportive environment

According to the framework, expert stakeholders identified four key actors that play a central role in Self-care: partners, friends/social influencers, health service providers, and policymakers.

Stages of Change in Self-care Adoption and Maintenance

The framework proposes stages of change in the Self-care behavioural journey of an individual which shows the logical steps that would lead a person from a point of awareness to the place where they sustain the intervention by advocating for others within their circle of influence to take up their own Self-care journeys.

Figure 7: The 5 Stages of change in the Self-care behavioural journey

The five stages of change in the Self-care behavioural journey are listed as follows:

1. **Awareness:** In this stage, the individual must know what Self-care interventions mean, the expected Self-care behaviour, such as what the behaviour or product is, why it is relevant and beneficial to them, and where they can get the product and/or service.

2. **Decision:** In this stage, the individual should have received sufficient information at their disposal to get them to the point to believe that the Self-care behaviour or product is right for them and that its benefits outweigh any possible negative aspects.

3. **Initiation:** In this stage, the individual begins to practice the behaviour or tries the product. This initiation can be supported by various actors and conditions e.g., for products such as DMPA-SC/SI, the person needs a qualified provider, pharmacist or other community health agent to show them how to self-inject and to be supportive throughout the process and follow-up. Depending on the Self-care behaviour, some actors and conditions include product availability, peer support, and availability of healthcare personnel.

4. **Continuation:** In this stage, the individual has had a positive trial experience with the Self-care behaviour or product and its benefits. To maintain the behaviour, the individual needs support from partners, friends, communities, providers, and other actors.

5. **Championing:** In this stage, the individual has had a sustained positive experience with the behaviour or product. They feel supported and empowered to continue the practice and to encourage others to do so.

The Role of Social and Behaviour Change in Supporting Self-care

Social Behaviour Change (SBC) can be used at every level of the system to support an individual's Self-care practice. SBC has an important role to play in identifying social and behavioural barriers and facilitators to Self-care, understanding audience needs, and tailoring solutions to address specific behavioural drivers and audience needs. The framework also outlines how SBC approaches can be used at each actor level to create a supportive environment for individuals to uptake and maintain Self-care behaviours.

PROGRAM THEORY INFORMING STRATEGY DEVELOPMENT: Socio-Ecological Model

Multiple factors combine to affect the health of individuals and communities. These include social, cultural and religious beliefs that can either encourage and/or discourage the adoption of Self-care within the sphere of Sexual, Reproductive and Maternal Health. To achieve effective and sustainable behaviour change, we need to consider people's behaviour, their specific contexts and the broader factors that affect their behaviour. The latter must also be addressed to create an enabling environment for making healthy decisions. A realistic starting point would seek to address the lack of awareness and knowledge of the Self-care interventions that are available in SRMH to attain health equity. As defined by the WHO, health equity refers to the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically. It presents a level playing field for all members of the populace to access healthcare and information.

The interaction between personal, situational and social-cultural elements that combine to influence behaviour can be understood through an ecological framework. Two key concepts of the ecological perspective help to identify various intervention points for promoting health – the first shows that an individual's behaviour both affects, and is affected by, multiple levels of influence; the second refers to the ability of the individual's behaviour to shape and be shaped by the society they find themselves. Another premise here is that social behaviour change can be triggered by interventions that increase knowledge and clarify beliefs thus, increases the agency to know, act and use Self-care knowledge and products. It also goes a step further to convert users into advocates for change which, in turn, influences the long-term outcome of improved positive health-seeking behaviour and overall health status.

Social-Ecological Domains

The ecological model of Self-care's position within the broader healthcare context helps illustrate its centrality to healthcare, particularly to primary care. Individuals acting to promote their own and their families' health make decisions to prevent, treat or recover from illness, either self-managed at home or in consultation with a community-based pharmacist or health provider[12]. The Social-Ecological Framework identifies four interconnected domains that blend to affect behaviour. As a new approach, it is important to situate Self-care within

[12] White Ribbon Alliance policy brief on Self-care. https://www.whiteribbonalliance.org/wp-content/uploads/2017/11/White-Ribbon-Alliance-Self-care-Policy-Brief.pdf

the domains of influence to leverage the support system already available to encourage the adoption of Self-care practice. These include Individual, family and peer networks, community as well as social and structural domains and are represented in the following diagram:

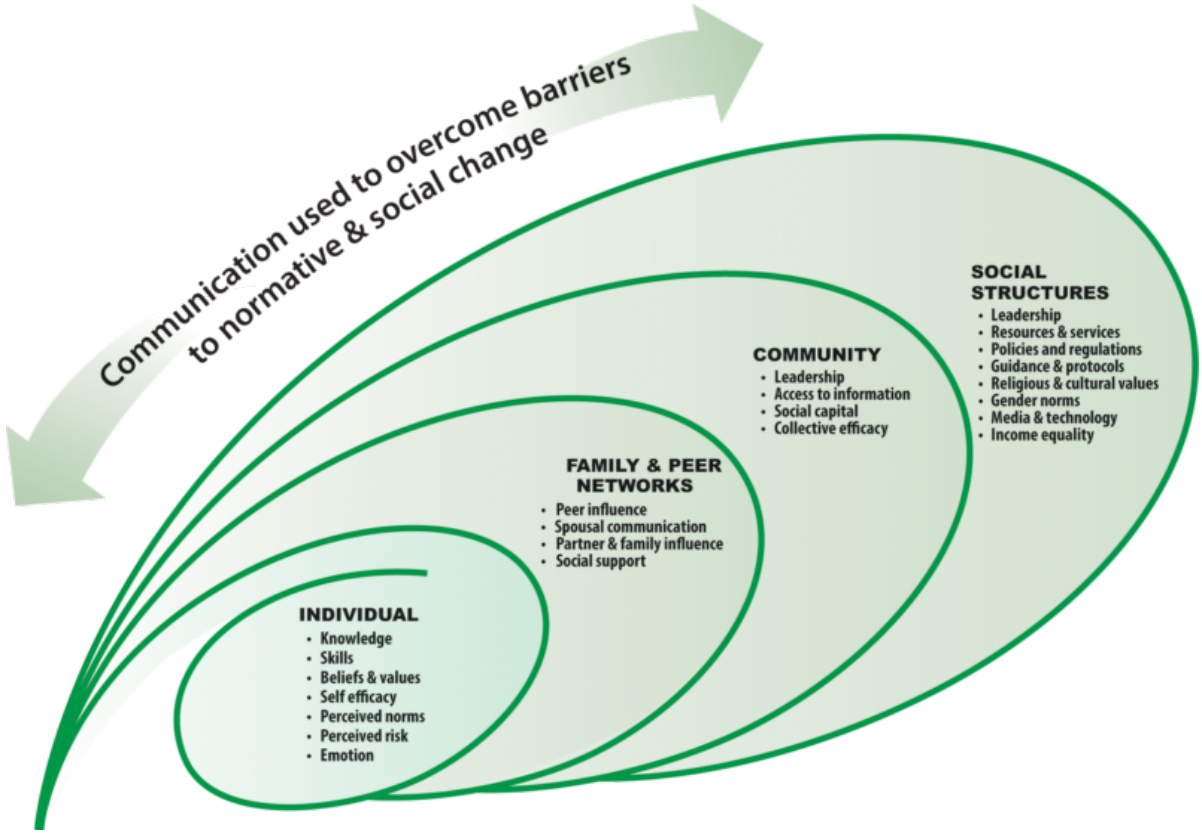


Fig 8: Socio-Ecological model

Individual: This includes biological and the distinct historical characteristics of a person such as attitudes, knowledge base, skills, beliefs and values, emotions, norms, and how they perceive risk factors and agency.

Family and Peer Networks: This looks at the personal relationships and immediate social circle an individual belongs to such as family, peer groups and other social support groups.

Community: This refers to the environment in which a person dwells and forms relationships and associations. The characteristics of this setting can affect behaviours both positively and negatively, and these include access to information and services, and collective efficacy.

Social and Structural: This comprises of the larger, macro-level environment that can promote or deter desired behaviours, such as leadership, resources and services, policies, guidance and protocols, religious and cultural values, gender norms, media and technology, and income inequality.

PROBLEM STATEMENT

In determining the problem statement and groups most affected by the issues which Self-care SRMH interventions seek to address, results from desk review and baseline assessment were considered in addition to findings gleaned from a stakeholder's workshop. Several studies such as Narasimhan et al (2019), Logie et al (2019) and WRAN (2021) have shown how important Self-care interventions for SRMH are. Research also indicates that inadequate health literacy is the biggest challenge facing the adoption and practice of Self-care interventions. For instance, the baseline survey results show the major identified barriers to uptake of Self-care products to be inadequate knowledge of Self-care products (20.2%) and accessibility/availability of these products (18.1%) [13].

In a similar vein, 40% of stakeholders interviewed for the stakeholder engagement plan, opined that Self-care portends potential disadvantages emanating majorly from ignorance and negligence[14]. The Social Behaviour Change framework for SRMH Self-care developed by USAID's Breakthrough Action Program cites health literacy as the first critical determinant for uptake of Self-care interventions and the most important for Self-care by promoting self-agency. The framework provides that the power of health literacy should be properly exploited to facilitate the Self-care journey for individuals. Emanating from these aforementioned realities, the problem statement is defined as follows: **There is low health literacy about Self-care for SRMH among men, women and young people due to limited access to information which, when utilized, will contribute to universal health coverage in Nigeria.**

In terms of the changes that this problem calls for - Men, Women, Adolescents and Young People in Nigeria should have access to information on Self-care interventions, especially as it relates to their Sexual Reproductive Health and Maternal Health. They should also be encouraged to maintain Self-care interventions to cater to their Sexual, Reproductive and Maternal health after the first use. They need to be motivated to adopt, support and have the agency to practice Self-care to influence those around them.

[13] [Unpublished raw data on Drivers and Barriers to Self-care, Opportunities for uptake to Self-care in Nigeria] 2022
[14] White Ribbon Alliance Nigeria. 2021. Self-care Stakeholder Engagement plan.

AUDIENCE SEGMENTATION

In order to contribute to the attainment of UHC, there is a need for an increase in people practising Self-care for the SRMH across Nigeria. To this end, awareness creation will focus on three major groups namely:

- Adolescents and Young people
- Women
- Men.

The audience profiles are as follows:

Primary Audience (3 groups)

1. **Adolescents and Young People** are between the ages of 10 -24 [15]

- They could be male or female
- They could be people with disabilities
- They can be sexually active or non-sexually active
- They can be in-school or out-school
- They include married and unmarried
- They live in urban, semi-urban and rural areas.
- They share and receive information through social media, peer groups, gadgets, TVs, radio, and deaf-friendly materials
- Other channels to reach them include: Betting centres, cinemas, places of work, social gatherings, schools, sport centres, recreational centres, and religious gatherings

[15] Based on WHO & UN age classification of 10-19 years for adolescents and 14 – 24 for Youth and the collective term of Young People for individuals ages 10 – 24. https://www.who.int/southeastasia/health-topics/adolescent-health; https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf and https://www.unfpa.org/sites/default/files/resource-pdf/One%20pager%20on%20youth%20demographics%20GF.pdf

2. **Women** (age 25 and above)

- They include married and unmarried
- They can be sexually active and non-sexually active
- They could be people with disabilities
- They live in urban, semi-urban and rural communities
- They are made up of mainly employees, businesswomen, housewives or retirees.
- They share and receive information through social media, word of mouth, radio, television, newspapers and deaf-friendly materials
- Other channels to reach them include: Religious gatherings, association meetings, community dialogue/meetings, markets, town announcers, saloons, social gatherings, restaurants, recreational centres, neighbours, and health centres.

3. **Men** (age 25 and above)

- They include married and unmarried
- They can be sexually active and non-sexually active
- They could be people with disabilities
- They live in urban, semi-urban and rural communities
- They are made up of mainly employees, businessmen, or retirees
- They share and receive information through social media, word of mouth, radio, television, newspapers and deaf-friendly materials
- Other channels to reach them include: Joints, viewing centres, clubs, social gatherings, football fields, saloons, religious gatherings, association meetings, community dialogue/meetings, markets, town announcers, recreational centres, betting centres, social gatherings, restaurants, neighbours, and health centres.

Secondary Audience

This category refers to actors who have a direct bearing on the decision-making capacity of the primary audience. They also serve as key influencers that can nudge the primary audience to embark on a favourable Self-care journey. These include:

1. Healthcare Providers
2. Partners/Spouses
3. Parents
4. Peers
5. Policy makers
6. Traditional and Religious leaders

Tertiary Audience

This category refers to those actors who have an indirect bearing on the decision-making capacity of the primary audience, especially in terms of interpersonal interaction. However, they have platforms which can be leveraged to share messaging about Self-care interventions for SRMH and make a convincing case for its adoption and practice. They are:

1. Social Media Influencers
2. Traditional Media Host (On-Air Personalities, Columnists etc.)
3. Support group for Self-care (e.g., support groups for PLHIV)

Hindrances to the uptake of Self-care Interventions

Self-medication is a global phenomenon and a potential contributor to human pathogen resistance to antibiotics. Studies carried out on self-medication state that it is a very common practice, especially in economically deprived communities. The adverse consequences of such practices should always be emphasized to the community and steps to curb them[16]. Similarly, the preliminary findings from the recently concluded baseline assessment on Drivers and Barriers to Self-care, Opportunities for uptake to Self-care in Nigeria, show that a significant number of respondents defined Self-care in terms of self-medication. Also, when asked about barriers to Self-care practice, a significant proportion of participants sampled cited socio-cultural norms and myths [17].

[16] Bennadi D. Self-medication: A current challenge. Journal of Basic Clinical Pharmacy 2014;5:19-23. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4012703/

[17] [Unpublished raw data on Drivers and Barriers to Self-care, Opportunities for uptake to Self-care in Nigeria] 2022

During the stakeholders' survey carried out by WRAN, some of the core concerns expressed about Self-care include harmful effects of self-medication, increase in sharp practices by private vendors, negligence in accessing health facilities when care is actually needed, socio-cultural barriers as well as an increased burden on already over-burdened care-givers, especially women. They also perceive an increase in drug abuse, negligence for actual conditions that require prompt medical attention, the feeling of the clients being knowledgeable enough to 'replace' the healthcare providers as well as defaulting in appointments and check-ups if health literacy around Self-care interventions for SRMH is not well-targeted[18].

Myths and Misconceptions to the uptake of Self-care Interventions

Therefore, based on the evidence, the following myths, misconceptions and hindrances are identified as detrimental to the uptake of Self-care and should be addressed with communication tools. These include:

Socio-cultural practices

1. The current practice of self-medication and the tendency to validate such practices as being Self-care
2. Societal norms that impede access to Self-care like herbal medication without dosage instructions

Health Service Provider Concerns

3. The tendency for drug dependence to occur
4. The tendency for drug abuse to occur
5. The fear of uncertainty and side effects
6. The mindset that some Self-care services are perceived as an incorrect approach to healthcare

Health Service Provider Bias

7. Perceived threat to job take-over by some healthcare workers as well as the fear that the power balance will shift between clients and providers
8. Resistance to new approaches by healthcare service providers is seen as supplementary rather than complementary

[18] White Ribbon Alliance Nigeria. 2021. Self-care stakeholder engagement plan.

Strategic Partnerships

To mitigate the issues raised, the following strategic partnerships are proposed as a means of ensuring buy-in and collaboration of other key stakeholders who can make or mar the smooth implementation of Self-care as shown in the figure below:

Partnering with Healthcare Providers

It is important to start with sensitizing service providers about Self-care especially due to the essential linkage between the community and the health system. The intention is to help healthcare workers understand Self-care, especially the fact that it seeks to aid rather than replace them, as well as to empower them to respond appropriately to related enquiries from prospective clients. It is also imperative to get them on board, as custodians of the health system and also because there are Self-care procedures that may require medical assistance. In a stakeholder survey conducted by WRAN, all respondents agreed that Self-care is beneficial especially in strengthening the health system and lessening the pressure on the healthcare workers and that health literacy is a critical element for strengthening the quality of care and universal health coverage and outcomes thus making universal health coverage more realistic.[19]

Odugbemi et al. share that evidence confirms what has been suspected and known about the health-seeking behaviour of the majority of Nigerians – the preference to seek treatment and care for fevers at private health establishments. They also state that key findings indicate that private providers were confident in the use of RDTs for malaria diagnosis believing it has improved the quality of their services.[20] This signals a fertile ground for the quick adoption of Self-care interventions among healthcare providers at all levels. This also demonstrates the vital role that private facilities play in the adoption and practice of Self-care as a lifestyle hence

[19] White Ribbon Alliance Nigeria. 2021. Self-care stakeholder engagement plan.
[20] Odugbemi, B., Ezeudu, C., Ekanem, A. *et al.* 2018. Private sector malaria RDT initiative in Nigeria: lessons from an end-of-project stakeholder engagement meeting. https://doi.org/10.1186/s12936-018-2222-8

the need for deliberate partnership to meet the objectives of Self-care interventions. Narasimhan et al (2019) emphasize the role of healthcare providers as crucial to encouraging the adoption and continued practice of Self-care interventions for SRMH.[21]

Therefore, communication products for this group will include information leaflets, self-instructional materials or manuals, FAQs, job aids and flip charts to help them administer Self-care information and products, especially for healthcare stakeholders including community and hospital pharmacists, PPMVs and CHIPs.

Partnering with Private Sector

The Private sector is a key stakeholder contributing to income generation and a major job creator and employer at different levels in the economy. Strategic collaboration with the private sector can reposition and strengthen the health system by helping to extend self-care services to poorer underserved communities. As major actors in local economies, these key players including pharmaceutical companies and corporate bodies, have robust Public Relations strategies where they seek partnerships that help them create an impact in the lives of their clients and consumers in an effective and mutually beneficial manner. As part of their corporate social responsibility, for instance, this category of Stakeholders can incorporate Self-care messages in all their communications. Other avenues should be explored on how best to work with this dynamic segment of society.

Partnering with Mass Media

In their 2010 study, Wakefield et al acknowledge the positive changes in behaviour that media campaigns can produce. They also opine that the media helps to prevent negative changes in health-related behaviours across large populations[22]. In his take, Odorume attributes some of the successes recorded for health programs in Nigeria to the efforts of the Media who sensitize the populace. He highlights the role the media played in the eradication of polio, awareness of family planning as well as helping to contain the outbreak of the Ebola virus in the country.[23]

[21] Narasimhan M, Allotey P, Hardon A. Self-care interventions to advance health and wellbeing: a conceptual framework to inform normative guidance https://www.bmj.com/content/365/bmj.l688
[22] Wakefield, M. A., Loken, B., & Hornik, R. C. 2010. Use of mass media campaigns to change health behaviour. https://doi.org/10.1016/S0140-6736(10)60809-4
[23] Odorume, A. 2015. Mass Media Health Communication: Imperative for Sustainable Health Development in Nigeria. Available online at: https://www.ajol.info/index.php/mjas/article/view/118513

Apart from publishing content or airing broadcast programs and jingles, the media can also be a key stakeholder in using their medium to sensitize people on Self-care. First, a stakeholder meeting should be held with representatives from the media, so they understand the issues and together devise solutions the media can bring to the table. Secondly, an information-sharing mechanism should be put in place to regularly update media partners with Self-care information. Lastly, regular review meetings should be scheduled to attend to matters arising. Such meetings should be leveraged to carry out capacity building and refresher sessions, experience sharing and feedback sharing. There is also a need to train some media personnel to increase their awareness and subsequent sensitization of the public.

Partnering with Community Leaders

While community leaders are part and parcel of the primary audience, they also have the unique role of gatekeepers which allows them to exert authority over community members. Starting the campaign with this category of influencers will be beneficial to implementing the Self-care strategy, creating awareness and generating demand for products as well.

COMMUNICATION OBJECTIVES

The communication goal is to ensure that health information on Self-care for SRMH is available, accessible, tailored to individual needs and acceptable to the potential users to encourage the practice of Self-care practice in Nigeria. For an effective communication campaign, this strategy recognizes the need for awareness creation which will increase the uptake of Self-care interventions:

SMART Communication Objectives

Primary Audience
1. To achieve a 20% increase in health literacy and practice of Self-care by women by the end of 2024
2. To achieve a 20% increase in health literacy and practice of Self-care by men by the end of 2024
3. To achieve a 20% increase in health literacy and practice of Self-care by adolescents and young people by the end of 2024
Secondary Audience
1. To achieve a 20% increase in Self-care health literacy amongst parents by the end of 2024
2. To achieve a 20% increase in Self-care health literacy amongst partners/spouses by the end of 2024
3. To achieve a 20% increase in Self-care health literacy among young people by the end of 2024
Tertiary Audience
1. To achieve a 20% increase in the proportion of social media influencers, traditional media hosts and support groups promoting Self-care for SRMH on their platforms by the end of 2024

APPROACHES FOR ACHIEVING COMMUNICATION OBJECTIVES

STRATEGIC APPROACH AND POSITIONING

In deciding how the intervention will accomplish its communication objectives, the following tables show the strategic approach that guides demand generation implementation:

Audience	**Strategic Approaches**		
	IPC/Community Engagements	Social Media	Mass media
Primary Audience - Men; Women; Adolescents & Young People			
Women	Focus group discussions, Group sensitization, Door-to-door visits, Town Announcers, Community theatre, social gatherings, Compound meetings, interpersonal communication (IPC) sessions, counselling, toll-free call centres etc.	Facebook, Twitter, TikTok, Instagram, WhatsApp messages, Sponsored ads on entertainment blogs and sites, podcasts etc.	Radio jingles, drama and talk shows/phone-in programs, Television jingles and shows, online fashion magazines, Public service announcements, email, SMS etc.
Men	Organized peer sessions, IPC sessions, Game sessions, Town Announcers, religious/social gatherings, Focus group discussions, Door-to-door visits, Community theatre, toll-free call centres etc.	Facebook, Twitter, TikTok, Instagram, WhatsApp messages, Sponsored ads on sports sites, podcasts etc.	Radio jingles, drama and talk shows/phone-in programs, Television jingles and shows, Newspapers and Magazines, public service announcements, email, SMS etc.
Adolescents and young people	Peer sessions, IPC sessions, In-school programs, Out-of-school activities (e.g., sports centre vocational skill acquisition centres,	Instagram, Twitter, WhatsApp, YouTube, TikTok, Snapchat, Facebook, podcasts etc.	Radio – music shows, Television, Online magazines, public service

	youth clubs, non-political youth groups), toll-free call centres etc.		announcements, celebrity shows, email, SMS etc.
Positioning Statement: Self-care interventions will empower you, your family members and the community at large with accurate information to take charge of your health and well-being.			
Secondary Audience			
Parents	Parents Teachers Association meetings, Community drama, Stakeholders meetings, Town announcers, social gatherings etc.	Facebook, WhatsApp, Instagram, Twitter, YouTube etc.	Television, Radio, Newspapers, Magazines etc.
Partners/ spouse	Door to door visits, Family gatherings, clubs, chambers, Specific SBC materials etc.	Facebook, WhatsApp, Instagram, Twitter, YouTube etc.	Television, Radio, Newspapers, Magazines etc.
Peers	Social gatherings, school clubs, religious gatherings, sports centres, vocational skill acquisition centres, youth clubs, non-political youth groups, toll-free call centres etc.	Facebook, WhatsApp, Instagram, Snapchat, Twitter, YouTube, TikTok, Vskit etc.	Television, Radio, Online magazines etc.
Healthcare Workers	Training, Association meetings, regulatory agencies' meetings, facilities, advocacy visits etc.	Facebook, WhatsApp, Instagram, Twitter, YouTube, health-related apps etc.	Television, Radio, Newspapers, Magazines, online professional websites etc.
Positioning Statement:			

Practising Self-care is essential in improving the SRMH of individuals across all age groups and genders to ensure UHC		
Tertiary Audience		
Social Media Influencers	Periodic (quarterly) engagement with these influencers (including Nollywood actors) as a community where they are provided with updates on Self-care interventions.	Virtual meetings with these stakeholders, training, workshops, social media kit etc.
Traditional Media Host (Such as On-Air Personalities, Columnists etc.)	Periodic (quarterly) engagement with this category where they are provided with updates on Self-care interventions	Media roundtable discussions, training, workshops, media kit etc.
Positioning Statement: Self-care interventions present a healthy environment for individuals to make informed decisions on their SRMH and well-being, towards attaining UHC and improving national health indices.		

CHANNEL MIX, KEY BENEFIT AND SUPPORT STATEMENT

Target Audience: Primary/Men; Women and Adolescents & Young People	
Audience Characteristics	● **Adolescents and young people**: 10-24 years, urban, semi-urban and rural areas, literate and illiterate, mostly students and artisans. ● **Women**: Ages 25 & above, urban, semi-urban, rural, literate and illiterate, workers, business, housewives, retired ● **Men:** Ages 25 & above, urban, semi-urban, rural, literate and illiterate, workers, business, retired.
Desired Behaviour	● **Adolescents and young people:** Adoption of appropriate Self-care practice ● **Women**: Agency to adopt appropriate Self-care practice. ● **Men:** Adoption of appropriate Self-care practice
Barriers	● **Adolescents and young people**: Inadequate information on Self-care, and socio-cultural and structural barriers. ● **Women**: Inadequate information on Self-care interventions, and socio-cultural and structural barriers. ● **Men**: Inadequate information on Self-care interventions, and negative influences.
Communication Objectives	● **Adolescents and young people**: By the end of 2024, there will be a 20% increase in health literacy and practice of Self-care interventions by adolescents and young people. ● **Women**: By the end of 2024, there will be a 20% increase in health literacy and practice of Self-care interventions by women. ● **Men**: By the end of 2024, there will be a 20% increase in health literacy and practice of Self-care interventions by men.
Communication Channels & format *(which channels will be used and in what way*	● **Adolescents and young people**: Television (short drama), social media, social gatherings (comedy skits, posts, chats, sponsored ads), email, SMS ● **Women**: Health care facility, Focus group discussions, one-on-one health talks, group sensitization (religious and community meetings, august meetings, community

e.g., Social media – Comedy skits)	theatre, Radio (through jingles), television (short drama), newspaper, social gatherings, social media, email. ● **Men**: Focus group discussions, one-on-one health talks, group sensitization (religious and community meetings), Radio (through radio drama, talk shows and jingles), television (short drama, talk shows and jingles), newspaper, social media, social gatherings, email.
Key Benefit	Targeted information on Self-care allows you to access beneficial interventions which will help you take action for improved health.
Support Points	● Self-care interventions help you assess your health status with or without a health care provider to take appropriate actions for a healthier life. ● Self-care interventions improves the early detection of diseases for better well-being. ● Self-care interventions empowers you to exercise control over your reproductive health needs. ● Self-care information eliminates the fear of stigma and discrimination by empowering you to carry out health decisions. ● Self-care interventions increases confidentiality. ● Self-care interventions reduces the cost of healthcare (e.g., early diagnosis) ● It improves the well-being of the entire family ● It helps in the prevention of diseases (e.g., use of condoms) ● It aids the sustained adoption of quality, evidence-based Self-care interventions can reduce morbidity and mortality and improve health and wellbeing.
Key Content/ Message	● Adopt Self-care interventions and practice to have improved health and live a quality life. ● Visit your healthcare provider for more information. ● See your healthcare provider today to start your Self-care journey.

Target Audience: Secondary/Parents; Partner/Spouse; Peers; Health Workers	
Audience Characteristics	● Parents: Father, mother, and guardian. ● Partners/Spouse: Husband, wife, boy/girlfriend. ● Healthcare providers: facility-based providers, community-based providers.

	● Peers: friends, classmates.
Desired Behaviour	● **Parents:** To see parents practice Self-care in the context of SRMH and talk more about SRMH Self-care interventions to their wards. ● **Partner/Spouse**: To practice Self-care and use their knowledge to motivate partners to adopt SRMH Self-care interventions. Also, to increase Spousal and partner support to practice Self-care interventions. ● **Peers:** Increase awareness and information about SRMH Self-care interventions.
Barriers	● **Parents:** Inadequate information on Self-care interventions relating to SRMH. ● **Partner/spouse:** Misconceptions about Self-care interventions as well as lack of knowledge on these interventions. ● **Peers:** Inadequate information on Self-care interventions relating to SRMH.
Communication Objectives	● **Parents:** By end of 2024, there will be a 20% increase in Self-care health literacy amongst parents. ● **Partner/spouse:** By end of 2024, there will be a 20% increase in Self-care health literacy amongst partners/spouse ● **Peers:** By end of 2024, there will be a 20% increase in Self-care health literacy among young people ● **Health workers:** By end of 2024, there will be a 20% increase in Self-care health literacy amongst health workers
Communication Channel & format *(which channels will be used and in what way* e.g., Social media – Comedy skits)	● **Parents:** Radio-jingles, adverts, short drama; Television- adverts, jingles; Newspaper- adverts, pictures, articles; Social media-short write-ups on products & services, video clips; SMS; Religious influence- counselling of followers ● **Partner/spouse:** Radio-jingles, adverts, short drama; Television- adverts, jingles; Newspaper- adverts, pictures, articles; Social media-short write-ups on products & services, video clips; SMS, Religious influence-counselling of followers ● **Peers:** Radio-jingles, adverts, short drama; Television-adverts, jingles; Magazines- adverts, pictures, articles;

	Social media-short write-ups on products & services, video clips, TikTok & hashtag challenges; SMS ● **Healthcare workers:** Training, Association meetings, regulatory agencies' meetings, facilities, advocacy visits, Facebook, WhatsApp, Instagram, Twitter, YouTube, health-related apps Television, Radio, Newspapers, Magazines, online professional websites
Key Benefit	**Parents** ● Wards will have access to quick health services at their disposal. ● Self-care interventions give peace of mind and confidence that the adolescents and wards can take care of themselves **Partner/spouse** ● Information on Self-care interventions will be easily accessible to help their loved ones live a healthier life **Peers** ● Self-care interventions will empower you to take care of yourself.
Support Points	Information on Self-care interventions will assist the target audience to be knowledgeable about Self-care products and services which may lead to uptake of Self-care SRMH services
Key Content/ Message	● Support your wards with adequate information about Self-care interventions ● Support your partner to access Self-care products and interventions ● Friends that practice Self-care together, live healthily together

Target Audience: Tertiary/Social Media Influencers; Traditional Media Hosts; Support groups	
Audience Characteristics	● Has content that they deliver to influence the decision-making of followers ● Has large followership on social media channels ● Must be able to influence positive societal change

	● Must be free from online/offline controversy
Desired Behaviour	● Integrating Self-care SRMH content into their far-reaching platforms to positively engage followers on Self-care interventions. ● Lead active community engagement on their social media channels on Self-care interventions
Barriers	● Unclear value proposition for the influencers (What is in it for them?) ● Potential risk of reputational damage for some (e.g., messages on Self-care interventions may be inappropriate in some areas in the North and may lead to some influencers losing followership)
Communication Objectives	● To achieve a 20% increase in the proportion of known social media influencers promoting Self-care interventions for SRMH on their platforms by 2024
Communication Channel & format *(which channels will be used and in what way* e.g., Social media – Comedy skits)	E-mail: Self-care taskforce to send messages to engage the social media influencers or their promoters/managers Social media: Pre-recorded stills, audio-visual, text, podcasts and comedy skits (Twitter, Facebook, Instagram, TikTok, vSkit, WhatsApp, LinkedIn, Tumblr, YouTube) Online communities: Facebook groups, Twitter spaces, Clubhouse app
Key Benefit	● **If you** post content on Self-care interventions for SRMH on your platforms, **then** your audience will perceive you as a responsible citizen who is contributing to a better health system
Support Points	● **P**osting content on Self-care interventions for SRMH on your platforms will empower you and your followers to take positive health decisions and increase your social media relevance.
Key Content/ Message	Don't be left out! Be a pace-setter by propagating Self-care SRMH information to add value to your online audience now!

IMPLEMENTATION PLAN & DELIVERY MECHANISM

As widely acknowledged, Self-care is a relatively new approach. It is therefore imperative to roll out the Self-care SRMH interventions campaign in phases. Each phase will include themes based on the communication objectives already identified which will run through the messaging, but each phase will approach those themes slightly differently, according to the audience and overall messaging need. A phased approach also speaks to the reality of an individual's behavioural journey (Awareness, Decision, Initiation, Continuation, Championing) to Self-care SRMH practice as advanced by the SBC Conceptual framework for Self-care.

The monitoring and evaluation plan will help ascertain the level of achievements at the end of each phase. This would affect the implementation of the next phase by incorporating field realities to enhance message effectiveness.

- Phase I (Awareness phase) will aim to raise **Awareness** about Self-care SRMH campaign and its benefits
- Phase II (Adoption phase) will address perceptions, and knowledge on the use and access/availability of Self-care products to get them to the **Decision & Initiation** phase
- Phase III (Consolidation phase) will encourage repeat, correct and consistent Self-care SRMH practice as well as recommending Self-care SRMH to other potential users thus completing the journey with **Continuation & Championing** Self-care for SRMH

Below are key activities to consider in implementing this plan

Phase I & II: These will be implemented simultaneously as shown in the table below.

#	Activity Area	Mechanism	Responsible
1	Review & Validation of SBC strategy by multi-stakeholders	Review SBC strategy, adopt and validate	FMOH (led by RH and HP Divisions) & relevant Stakeholders
2	Review SBC materials for print (Posters, Information leaflet, FAQs) and electronic copy	Finalize SBC Materials in two (2) categories 1. Specific materials and job aids for Service Providers. 2. Awareness creation materials for the target audience such as	FMOH (led by RH and HP Divisions) & relevant Stakeholders

		pictorial based flip charts for community sensitization **Note that advocacy materials already exist which can be used for advocacy visits to community gatekeepers.*	
3	Plan at the state level	1. Engagement of key stakeholders at all levels 2. Adapt SBC strategy at the State level 3. Plan state training for healthcare workers at all levels including community-based health actors such as CHIPS, PPMVs, TBAs etc. Plans will be specific to each state	Led by SMOH/SPHCDA and supported by Implementation Partners (IPs)
4	Conduct DG and SBC training at State level	Training will commence in 6 pilot states. Based on available support, training will be extended to additional states* **Note: Project supported states will be chosen to reflect geo-political representation and determined by the FMOH*	Led by FMOH/SMOH/SPHCDA and supported by IPs
5	Community sensitization & Awareness creation, including distribution of printed SBC materials	Community-wide sensitization at the community level and creation of awareness about Self-care for SRMH. • IPC & Community engagements. Activities such as Health talks; one-to-one or door-to-door sensitization, community theatre, compound meetings, in-school and out-of-school activities can be considered here based on their merits and potential value.	SMOH & SPHCDA Community stakeholders and IPs

		• Radio and television jingles should be produced to garner the attention of viewers and listeners as well as reinforce the IPC and community efforts. • Sensitization meetings with media stakeholders and key messages for journalists to use will be developed as a team. They will all create a work plan with commitments of how they will support good coverage on Self-care for SRMH. • Social media can be harnessed as a veritable tool to reinforce Self-care SRMH messaging. Information will be curated in formats ideal for social media dissemination. Some of these include comedy skits, posts, chats, sponsored ads, social media challenges, hashtag contests etc.	
6	Monitoring and evaluation	A periodic evaluation of what has been done so far should be carried out to evaluate what worked and what needs to be improved upon or started	FMOH, SMOH/SPHCDA and supported by IPs
7	Review of Phase I & II to learn lessons to guide the implementation of Phase III	A reflection session to review the outcome of the evaluation, share experiences and learnings from the initial outing and use the feedback for Phase III	FMOH (led by RH and HP Division), SMOH/SPHCDA LGAs, Relevant community stakeholders, and IPs

Phase III: Lessons learnt from the implementation of phases I & II will guide phase III implementation as shown in the table below.

#	Activity Area	Mechanism	Responsible
1	Sustained IPC and community engagement activities	Create different touchpoints for people practising Self-care to share their testimonials	FMOH (led by RH and HP Division), SMOH/SPHCDA and relevant stakeholders
2	Sustained mass media activities based on lessons learnt	Create different touchpoints for people practising Self-care to share their testimonials	FMOH (led by RH and HP Division) and relevant stakeholders
3	Sustained social media engagement activities	Create different touchpoints for people practising Self-care to share their testimonials	FMOH (led by RH and HP Division) and relevant stakeholders
4	Monitoring and evaluation	An evaluation to understand what worked and other learnings that will be plugged into subsequent implementation activities	FMOH, SMOH/SPHCDA and supported by IPs

MONITORING AND EVALUATION PLAN

The core of the monitoring and evaluation plan is to understand how the SBC interventions directly contribute to the overall Demand Generation goal of increasing the practice of Self-care for SRMH which in turn, contributes to improved health indices and the attainment of UHC. The table below shows a summary of what the big picture of the intervention looks like.

Problem	Even though Self-care SRMH Interventions will contribute to improving UHC, there is low literacy about Self-care for SRMH among men, women, adolescents and young people due to limited access to information.
Solution	Launch Self-care SRMH Social Behaviour Change efforts to address behaviour and generate demand using targeted materials, community efforts and strategic partnerships to sensitize community members about Self-care and elicit practice for improved health outcomes
Success	Increased sustained adoption of Self-care SRMH practice among target populations which reflects positively in health care indices and UHC

INDICATORS

To define indicators for tracking the progress towards achieving the objectives of this SBC strategy, we will use a mix of various categories of indicators. The input indicators will help us understand the resources needed to take off considering that this is a novel area of intervention. The process indicators will monitor if activities are being implemented as planned, while outcome indicators monitor if sensitization activities made a difference. Ultimately, the impact indicators will look at the overall long-term progress made as a result of the intervention.

Input Indicators

1. Number of policy and guiding documents on Self-care for SRMH available
2. Number of service providers sensitized and trained
3. Number of SDPs of Self-care services available per location
4. Number of SDPs with Self-care information and products per time
5. Number of SBC materials on Self-care for SRMH produced and disseminated

Process Indicators

1. Number of Mass media and Social Media Influencer partnerships built
2. Number of community engagements held on Self-care for SRMH
3. Number of SBC materials on Self-care for SRMH produced and disseminated
4. Number of media spots aired on radio and television
5. Number of social media content on Self-care for SRMH posted
6. Number of in-school activities on Self-care conducted for Adolescents and Young People
7. Number of out-of-school activities on Self-care conducted for Adolescents and Young People

Outcome Indicators

1. % of the target population* who have received information on Self-care through any community engagement activity
2. % of the target population who have received information on Self-care through any of the social media channels
3. % of the target population who have received information on Self-care through any of the mass media channels
4. % of the population who have received information on Self-care through any of the SBC materials

Impact Indicators

1. % of the target population who practice Self-care
2. % of the target population who encourage others to uptake Self-care practice

* Target population refers to Men and Women (aged 25 and above) as well as Young people (aged 10 – 25)

DATA COLLECTION METHODS AND TIMELINE

Indicator	Data Source (s)	Frequency	Responsible
Input Indicators			
1. Number of policy and guiding documents on Self-care for SRMH available	Specific tools; Report from taskforce.	Annually	FMOH (led by RH and HP Division
2. Proportion of health workers and SDPs sensitized and trained	Activity sheet/ Specific M&E tools	Quarterly	FMOH (led by RH and HP Division), SMOH/SPHCDA and other relevant MDAs
3. Proportion of SDPs that receive referral for self-care interventions, per LGA	Mapping tool, Activity sheet/ Specific M&E tools	Monthly & Quarterly	FMOH (led by RH and HP Division, SMOH/SPHCDA other relevant MDAs
4. Number of self-care interventions available per LGA	Specific M&E tools	Quarterly	FMOH (led by RH and HP Division, SMOH/SPHCDA other relevant MDAs
5. Availability of Self-care information and products at SDPs	Specific M&E tools	Monthly	SMOH/SPHCDA
6. Number of social media content created	Specific social media monitoring tools	Monthly & Quarterly	FMOH (led by RH and HP Division, other relevant MDAs
7. Number of SBC materials on Self-care for SRMH produced and disseminated (by type/category)	Activity sheet/ Specific M&E tools	Monthly & Quarterly	FMOH (led by RH and HP Division, SMOH/SPHCDA other relevant MDAs & Partners
Process Indicators			

1. Number of stakeholder engagements conducted with community gatekeepers	Mapping tool, Activity sheet/ Specific M&E tools	Quarterly	FMOH (led by RH and HP Division), SMOH/SPHCDA other relevant MDAs and IPs
2. Number of Media agencies engaged	Mapping tool, Activity sheet/ Specific M&E tools	Quarterly	FMOH (led by RH and HP Division), other relevant MDAs and IPs
3. Number of SM Influencers engaged with Terms of Reference and/or Memorandum of Understanding signed	Mapping tool, Activity sheet/ Specific M&E tools	Quarterly	FMOH (led by RH and HP Division), other relevant MDAs and IPs
4. Number of community engagements held on Self-care for SRMH	Activity sheet/ Specific M&E tools	Quarterly	FMOH (led by RH and HP Division), SMOH/SPHCDA other relevant MDAs and IPs
5. Number of SBC materials on Self-care for SRMH produced and disseminated	Specific M&E tools	Annually	FMOH (led by RH and HP Division), SMOH/SPHCDA other relevant MDAs and IPs
6. Number of media spots aired on radio and television.	Broadcast Run Certificates; Media Monitoring reports; Research reports; Specific M&E tools	Quarterly	FMOH (led by RH and HP Division), other relevant MDAs and IPs
7. Number of social media content on Self-care for SRMH posted	Social media monitoring reports; Social media analytics; Research reports; Specific M&E tools	Monthly & Quarterly	FMOH (led by RH and HP Division), other relevant MDAs and IPs

8. Number of in-school activities on Self-care conducted for Adolescents and Young People	Activity sheet/ Specific M&E tools	Quarterly	FMOH (led by RH and HP Division), SMOH/SPHCDA other relevant MDAs and IPs
9. Number of out-school activities on Self-care conducted for Adolescents and Young People	Activity sheet/ Specific M&E tools	Quarterly	FMOH (led by RH and HP Division), SMOH/SPHCDA other relevant MDAs and IPs
Outcome Indicators			
1. % of the target population who have received information on Self-care through any community engagement activity	Research findings (formative and longitudinal); Report from taskforce	Quarterly & Annually	FMOH (led by RH and HP Division)
2. % of the target population who have received information on Self-care through any of the social media channels.	Research findings (formative and longitudinal); Report from taskforce	Quarterly & Annually	FMOH (led by RH and HP Division)
3. % of the target population who have received information on Self-care through any of the mass media channels.	Research findings (formative and longitudinal); Report from taskforce	Quarterly & Annually	FMOH (led by RH and HP Division)
4. % of the target population who have received information on Self-care through any other channel	Research findings (formative and longitudinal); Report from taskforce	Quarterly & Annually	FMOH (led by RH and HP Division)
Impact Indicators			
1. % of the target population who practice Self-care	Research findings (formative and longitudinal); HMIS; NDHS	Annually &/or 5-yearly	FMOH (led by RH and HP Division)

2. % of the target population who encourage others to take up Self-care practice	Research findings (formative and longitudinal); HMIS; NDHS	Annually &/or 5-yearly	FMOH (led by RH and HP Division)

REFERENCES

1. Atkin, C. & Rice, R. (2013). Theory and principles of public communication campaigns. In R. Rice & C. Atkin *Public communication campaigns* (pp. 2-19). 55 City Road, London: SAGE Publications, Inc. doi: 10.4135/9781544308449.n1. Available online at: https://sk.sagepub.com/books/public-communication-campaigns-fourth-edition/i138.xml
2. Brady, M. (2018). Women's self-care: a new take on an old practice. Blogpost available online at: https://www.path.org/articles/womens-self-care-a-new-take-on-an-old-practice/
3. Brown B, Folayan MO, Imosili A, *et al*. (2015). HIV self-testing in Nigeria: public opinions and perspectives. *Glob Public Health* 2015;10(3):354-65. doi: 10.1080/17441692.2014.947303. Epub 2014 Sep 3. PMID: 25186234. Available online at: https://pubmed.ncbi.nlm.nih.gov/25186234/
4. Cumming, Graeme. (2014). Theoretical Frameworks for the Analysis of Social-Ecological Systems. Available online at: https://www.researchgate.net/publication/266027764_Theoretical_Frameworks_for_the_Analysis_of_Social-Ecological_Systems
5. Drivers and Barriers to Self-care, Opportunities for uptake to self-care in Nigeria (2022). [Unpublished raw data on Drivers and Barriers to Self-care, Opportunities for uptake to self-care in Nigeria]. Nigeria
6. F. Modibbo, K. C. Iregbu, J. Okuma. *et al.* (2017). Randomized trial evaluating self-sampling for HPV DNA based tests for cervical cancer screening in Nigeria. *Infect Agent Cancer.* 2017; 12: 11. Published online 2017 Feb 6. doi: 10.1186/s13027-017-0123-z. Available online at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5294803/#
7. Federal Ministry of Health, Nigeria. (2019). National Health Promotion Policy (Revised). Available online at: https://www.health.gov.ng/doc/NHPP_2019.pdf
8. Federal Ministry of Health, Nigeria. (2020). National Guideline on Self-Care for Sexual, Reproductive and Maternal Health. November 2021. Abuja, Nigeria.
9. Hausmann M. S. et al. (2003). Health-seeking behaviour and the health system. DCPP Working Paper, 2003; 14. Available online at: https://pdfs.semanticscholar.org/3511/6a3c0a88898a531ce214e4448861ae00e320.pdf
10. Havaei, M., Esmaelzadeh, S. & Salehi, L. (2021). Sexual and reproductive health self-care: a theory-based intervention. Health Education. ahead-of-print. 10.1108/HE-04-2020-0024. Available Online at: https://www.researchgate.net/publication/348461748_Sexual_and_reproductive_health_self-care_a_theory-based_intervention
11. Logie C H, Khoshnood K, Okumu M, *et al.* (2019). Self-care interventions could advance sexual and reproductive health in humanitarian settings.

BMJ 2019; 365 :l1083 doi:10.1136/bmj.l1083 Available online at: https://www.bmj.com/content/365/bmj.l1083

12. Martínez, N., Connelly, C., Pérez, A., & Calero, P. (2021). Self-care: A concept analysis. *International journal of nursing sciences*, 8(4), 418-425. Available online at: https://escholarship.org/uc/item/90m796g5
13. Moon, P. (2021). The Four Dimensions of Self-Care. Published 30th May 2019. Available Online at: https://www.psi.org/project/self-care/the-four-dimensions-of-self-care/
14. Narasimhan M, Allotey P, Hardon A. (2019). Self-care interventions to advance health and wellbeing: a conceptual framework to inform normative guidance BMJ 2019; 365: l688. Available online at: https://www.bmj.com/content/365/bmj.l688
15. Narasimhan M., Logie C., *et al.* (2020). Self-care interventions for sexual and reproductive health and rights for advancing universal health coverage. Sexual and Reproductive Health Matters. Issue2 Volume 28, 2020. Available online at: https://doi.org/10.1080/26410397.2020.1778610
16. National Agency for the Control of AIDS, (2022). National HIV self-testing (HIVST) and Pre-Exposure Prophylaxis (PrEP) Communication Strategy. Abuja, Nigeria
17. National Cancer Institute (U.S.). (1995). *Theory at a glance: A guide for health promotion practice*. Bethesda, M.D.: U.S. Dept. of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute. Available online at: https://www.thecompassforsbc.org/sbcc-tools/theory-glance-guide-health-promotion-practice
18. Obiezu-Umeh, C., Gbajabiamila, T., Ezechi, O. *et al.* (2021).Young people's preferences for HIV self-testing services in Nigeria: a qualitative analysis. *BMC Public Health* **21,** 67 (2021). Available online at: https://doi.org/10.1186/s12889-020-10072-1
19. Odorume, A. (2015). Mass Media Health Communication: Imperative for Sustainable Health Development in Nigeria. *Mgbakoigba: Journal of African Studies,* Volume 4, 2015. Available online at: https://www.ajol.info/index.php/mjas/article/view/118513
20. Odugbemi, B., Ezeudu, C., Ekanem, A. *et al.* (2018). Private sector malaria RDT initiative in Nigeria: lessons from an end-of-project stakeholder engagement meeting. *Malar J* **17,** 70 (2018). Available online at: https://doi.org/10.1186/s12936-018-2222-8
21. Osinowo K, Sambo-Donga F *et al.* (2013). Knowledge, Perception, and Practice Of DMPA-SC/Self-Injectable Contraceptive among Women: Findings from Mixed-Method Study in South-West and North-Central Nigeria**.** *Texila International Journal of Public Health* Vol. 9 Issue 3. Available online at: https://www.texilajournal.com/public-health/article/1911-knowledge-perception-and
22. Osinowo K, Sambo-Donga F, Ojomo O, *et al* (2021). Resilient and Accelerated Scale-Up of Subcutaneously Administered Depot–Medroxyprogesterone Acetate in Nigeria (RASuDiN): A Mid-Line Study in COVID-19 Era. 2021. *Open Access J Contracept*. 2021; 12:187-199. Available online at: https://doi.org/10.2147/OAJC.S326106

23. Remme M, Narasimhan M, *et al.* (201)9. Self-care interventions for sexual and reproductive health and rights: costs, benefits, and financing BMJ 2019; 365: l1228 doi:10.1136/bmj.l1228 Available online at: https://www.bmj.com/content/365/bmj.l1228
24. Ryan P. (2009). Integrated Theory of Health Behaviour Change: background and intervention development. *Clinical nurse specialist CNS*, *23*(3), 161–172. Available online at: https://doi.org/10.1097/NUR.0b013e3181a42373
25. Self-Care Trailblazer Group. (2019). Self-Care in Sexual and Reproductive Health and Rights: A New Frontier in Healthcare. Available online https://www.psi.org/wp-content/uploads/2019/05/SelfCare4SRHR_Brochure_WD2019.pdf
26. Tran, N.T., Tappis, H., Moon, P. *et al.* (2021). Sexual and reproductive health self-care in humanitarian and fragile settings: where should we start? *Confl Health* **15,** 22(2021). https://doi.org/10.1186/s13031-021-00358-5
27. Wakefield, M. A., Loken, B., & Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. *Lancet (London, England)*, *376*(9748), 1261–1271. Available at: https://doi.org/10.1016/S0140-6736(10)60809-4
28. Wendy Levinson, Cara S. Lesser, and Ronald M. Epstein. (2010). Developing Physician Communication Skills for Patient-Centred care. Health Affairs 2010 29:7, 1310-1318. Available online at: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2009.0450?rfr_dat=cr_pub%3Dpubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org
29. White Ribbon Alliance Nigeria. 2021. Self-care Stakeholder Engagement plan
30. White Ribbon Alliance. (2017). Self-Care: A Cost-Effective Solution for Maternal, Newborn & Child Health for All. White Ribbon Alliance policy brief on Self-care. Available online at: https://www.whiteribbonalliance.org/wp-content/uploads/2017/11/White-Ribbon-Alliance-Self-care-Policy-Brief.pdf
31. PATH (2017). Women's Self-Care: Products and practices. *Outlook on reproductive Health.* November 2017. Available online at: https://path.azureedge.net/media/documents/RH_Outlook_Nov_2017.pdf
32. World Health Organization. (2021). WHO Guideline on Self-Care Interventions for Health and Well-Being. Available online at: https://app.magicapp.org/#/guideline/Lr21gL
33. World Health Organization. (2017). Determinants of Health. Q&A Published 13th February 2017. Available online at: https://www.who.int/news-room/questions-and-answers/item/determinants-of-health
34. World Health Organization. (2021). Nigeria and Sierra Leone join hands to implement self-care interventions**.** Published 30th March 2021. Available online at: https://www.afro.who.int/news/nigeria-and-sierra-leone-join-hands-implement-self-care-interventions
35. World Health Organization. Social Determinants of Health Factsheet. Available online at: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_3

Appendix A

Group photograph of Participants at the Stakeholders review and validation workshop held 9th – 11th May at Corinthia Villa Hotel, Abuja, Nigeria

World Health Organization Nigeria

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